



UCC

LIEN NO. 92707434

CVISO MANAGEMENT COM

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px;"> <p><b>First Interstate Bank</b>  <b>Medford Barnett Road</b>  <b>2646 Barnett Rd</b>  <b>Medford, OR 97504</b></p> </div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
<b>CVISO MANAGEMENT COMPANY, LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>520 MEDICAL CENTER DRIVE, SUITE 150</b>		<b>MEDFORD</b>	<b>OR</b>	<b>97504</b>
				COUNTRY
				<b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
<b>First Interstate Bank</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>2646 Barnett Rd</b>		<b>Medford</b>	<b>OR</b>	<b>97504</b>
				COUNTRY
				<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**IGS 530 Cardiovascular Imaging Machine, including but not limited to the attached Exhibit "A"; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.**

5. Check only if applicable and check only one box: Collateral is  held in a Trust (see UCC1A6, item 17 and Instructions)  being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction     Manufactured-Home Transaction     A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien     Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor     Consignee/Consignor     Seller/Buyer     Bailee/Bailor     Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Finastra  
555 SW Morrison, Suite 300, Portland, OR  
97204-1440



**GE HEALTHCARE**

GE Precision Healthcare LLC  
 FEIN: 83-0849145  
 9900 W Innovation Dr.  
 Wauwatosa, WI 53226

**SOLD TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN OREGON  
 RADIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500759351**

Invoice Amount	
<b>\$760,216.11</b>	
Invoice Date:	22-Nov-2019
Due Date:	22-Dec-2019
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

**SHIP TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN ORE  
 RADIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

CUSTOMER ACCT#: 113424	CUSTOMER PO#: CP18-001
GEHC SALES REP OR FE: Seattle Sales	CARRIER: MFGN
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4731497	WAYBILL:
BILLING TERMS: 80% delivery or Shipment / 20% Acceptance or Installation	PAYMENT TERMS: Due On RCPT

Net Contract Price (w/o Tax) **950,270.14**

Net Billed to Date (w/o Tax) **760,216.11**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
		This is your 80% invoice			
1	S18741TN	INNOVA SUB3D APPLICATION	1	4,908.00	4,908.00
2	S18461NR	Large Display Solution with video server 10 inputs	1	56,491.37	56,491.37
3	S18391PM	Mavig Monitor Suspension for Large Display Monitor with 36m Cable	1	13,088.00	13,088.00
4	S18461LV	LINKSET IVUS	1	785.28	785.28
5	S18461LG	LINKSET DIGITAL and ANALOG US	1	1,668.72	1,668.72
6	S18461LY	Linkset Open 2	1	1,243.36	1,243.36
7	S18461LX	Linkset Open 3	1	1,243.36	1,243.36
8	S18461AD	Analog to Digital convertor kit	1	997.96	997.96
9	S18461JB	Additional Ctrl Room 48 cm-19 inch Live LCD HB Monitor - with pedestal	1	2,944.80	2,944.80
10	S18061RE	OMEGA V FOOT END RAIL	1	1,636.00	1,636.00
11	M81521ED	Integrated Registration - Full Fusion Package	1	18,400.00	18,400.00
12	E7058AB	Anti Fatigue Floor Mat - Gray 3 x 5 x .625 in.	1	304.00	304.00
13	W0004CV	4 DAYS XR ONSITE	3	7,200.00	21,600.00
14	S18101TT	OMEGA 5 or ELEGANCE TABLE PLATE	1	743.73	743.73
15	S18121RD	228 by 578CM I.B RAILS	1	0.00	0.00
16	S18111BD	Long In Board Monitor Bridge with long rails GEMSAM	1	1,636.00	1,636.00
17	S18101AT	TEMPLATE	1	995.67	995.67
18	S1875PK	FLUORO UPS 20 KVA UL	1	13,088.00	13,088.00

Goods and services or reimbursements associated with the ordered products or services and provided under contract without separately identified charges constitute discounts or other reductions in price under applicable federal law. It is the customer's responsibility to disclose such discounts or other reductions in price in the manner required under state or federal program which provides reimbursement to the customer for or related to the products or services under the contract.



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 FEIN: 83-0849145  
 9900 W Innovation Dr.  
 Wauwatosa, WI 53226

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 RADIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500759351**

**Invoice Amount**

**\$760,216.11**

Invoice Date: 22-Nov-2019

Due Date: 22-Dec-2019

**Questions?**

Email: GEHCAR.Helpdesk@ge.com

Phone: 1 (800) 581-5600

**SHIP TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN ORE  
 RADIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

<b>CUSTOMER ACCT#:</b> 113424	<b>CUSTOMER PO#:</b> CP18-001
<b>GEHC SALES REP OR FE:</b> Seattle Sales	<b>CARRIER:</b> MFGN
<b>GEHC REFERENCE# (CONTRACT/SR/ORDER #):</b> 4731497	<b>WAYBILL:</b>
<b>BILLING TERMS:</b> 80% delivery or Shipment / 20% Acceptance or Installation	<b>PAYMENT TERMS:</b> Due On RCPT

Net Contract Price (w/o Tax) **950,270.14**

Net Billed to Date (w/o Tax) **760,216.11**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
19	TI_VAS_TRADE_IN	TI_VAS_TRADE_IN	-1	32,000.00	-32,000.00
20	Y0000EZ	IGS preinstall tracker	1	0.00	0.00
21	S18061EF	Dual IPX8 Footswitch	1	818.00	818.00
22	S18121VR	Vessel ASSIST	1	22,080.00	22,080.00
23	S18941EN	IGS 540 with Omega V	1	392,301.51	392,301.51
24	S18751SJ	Sub-No Sub Fluoro Display Kit	1	2,880.29	2,880.29
25	S18061TP	S-P INNOVA IGS or OMEGA SMART BOX	2	1,636.33	3,272.65
26	S18061RE	OMEGA V FOOT END RAIL	1	1,636.33	1,636.33
27	S18061EF	Dual IPX8 Footswitch	1	760.30	760.30
28	S18021VH	Volume Viewer Interventional	1	33,488.37	33,488.37
29	S18761PP	NPA PDU Main Transformer-24KVA	1	4,908.00	4,908.00
30	S18021CFED	Cardiac Xray Analysis Digital Kit	1	10,304.37	10,304.37
31	S18121LA	Liver ASSIST V.I.	1	22,080.37	22,080.37
32	S18121NB	Needle ASSIST	1	12,880.37	12,880.37
33	S18951DM	Dose Map	1	4,320.29	4,320.29
34	S18701CZ	3D CT HD FOR IGS X40	1	43,200.00	43,200.00
35	S18021DY	3D CT HD Motion Freeze	1	17,280.00	17,280.00
36	S18351AN	In-Room AW mouse interface kit	1	5,760.29	5,760.29
37	E3053JA	Mavig Single Pivot Lower Body Protector	2	1,727.36	3,454.72
38	E7058AB	Anti Fatigue Floor Mat - Gray 3 x 5 x .625 in.	1	304.00	304.00
39	S18751BR	BLENDED ROADMAP APPLICATION	1	6,544.00	6,544.00

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 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500759351**

Invoice Amount	
<b>\$760,216.11</b>	
Invoice Date:	22-Nov-2019
Due Date:	22-Dec-2019
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

**SHIP TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN ORE  
 CARDIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

CUSTOMER ACCT#: 113424	CUSTOMER PO#: CP18-001
GEHC SALES REP OR FE: Seattle Sales	CARRIER: MFGN
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4731497	WAYBILL:
BILLING TERMS: 80% delivery or Shipment / 20% Acceptance or Installation	PAYMENT TERMS: Due On RCPT

Net Contract Price (w/o Tax) **950,270.14**

Net Billed to Date (w/o Tax) **760,216.11**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
40	S18811PA	Quantitative Analysis package	1	13,088.00	13,088.00
41	S18921LE	PCI Assist	1	35,992.00	35,992.00
42	S18741BX	INNOVABREEZE OPTION	1	13,088.00	13,088.00

<b>PLEASE REMIT PAYMENT TO:</b> REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	<b>TOTAL</b>	<b>760,216.11</b>
	<b>TAX</b>	<b>0.00</b>
	<b>SHIPPING/HANDLING</b>	<b>0.00</b>
	<b>TOTAL AMOUNT</b>	<b>760,216.11</b>
PAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.		Please include the Invoice / Credit Memo number for proper credit: <b>500759351</b>

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 RADIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500763420**

Invoice Amount	
<b>\$190,054.03</b>	
Invoice Date:	16-Jan-2020
Due Date:	15-Feb-2020
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

**SHIP TO:**  
 RADIOVASCULAR INSTITUTE OF SOUTHERN ORE  
 RADIO VASCULAR INSTITUTE OF  
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 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

CUSTOMER ACCT#: 113424	CUSTOMER PO#: CP18-001
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GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4731497	WAYBILL:
BILLING TERMS: 80% delivery or Shipment / 20% Acceptance or Installation	PAYMENT TERMS: Due On RCPT

Net Contract Price (w/o Tax) 943,488.08

Net Billed to Date (w/o Tax) 190,054.03

			QTY	UNIT PRICE	EXTENDED AMOUNT
		This is your 20% invoice			
1	S18741TN	INNOVA SUB3D APPLICATION	1	1,227.00	1,227.00
2	S18461NR	Large Display Solution with video server 10 inputs	1	14,122.85	14,122.85
3	S18391PM	Mavig Monitor Suspension for Large Display Monitor with 36m Cable	1	3,272.00	3,272.00
4	S18461LV	LINKSET IVUS	1	196.32	196.32
5	S18461LG	LINKSET DIGITAL and ANALOG US	1	417.18	417.18
6	S18461LY	Linkset Open 2	1	310.84	310.84
7	S18461LX	Linkset Open 3	1	310.84	310.84
8	S18461AD	Analog to Digital convertor kit	1	249.49	249.49
9	S18461JB	Additional Ctrl Room 48 cm-19 inch Live LCD HB Monitor - w/with pedestal	1	736.20	736.20
10	S18061RE	OMEGA V FOOT END RAIL	1	409.00	409.00
11	M81521ED	Integrated Registration - Full Fusion Package	1	4,600.00	4,600.00
12	E7058AB	Anti Fatigue Floor Mat - Gray 3 x 5 x .625 in.	1	76.00	76.00
13	W0004CV	4 DAYS XR ONSITE	3	1,800.00	5,400.00
14	S18101TT	OMEGA 5 or ELEGANCE TABLE PLATE	1	185.93	185.93
15	S18121RD	228 by 578CM I.B RAILS	1	0.00	0.00
16	S18111BD	Long In Board Monitor Bridge with long rails GEMSAM	1	409.00	409.00
17	S18101AT	TEMPLATE	1	248.92	248.92
18	S1875PK	FLUORO UPS 20 KVA UL	1	3,272.00	3,272.00

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**GE HEALTHCARE**

GE Precision Healthcare LLC  
 FEIN: 83-0849145  
 9900 W Innovation Dr.  
 Watertown, WI 53226

**SOLD TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN OREGON  
 CARDIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500763420**

Invoice Amount	
<b>\$190,054.03</b>	
Invoice Date:	16-Jan-2020
Due Date:	15-Feb-2020
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

**SHIP TO:**  
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 CARDIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

CUSTOMER ACCT#: 113424	CUSTOMER PO#: CP18-001
GEHC SALES REP OR FE: Seattle Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4731497	WAYBILL:
BILLING TERMS: 80% delivery or Shipment / 20% Acceptance or Installation	PAYMENT TERMS: Due On RCPT

Net Contract Price (w/o Tax) **943,488.08**

Net Billed to Date (w/o Tax) **190,054.03**

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
19	TI_VAS_TRADE_IN	TI_VAS_TRADE_IN	-1	8,000.00	-8,000.00
20	Y0000EZ	IGS preinstall tracker	1	0.00	0.00
21	S18061EF	Dual IPX8 Footswitch	1	204.50	204.50
22	S18121VR	Vessel ASSIST	1	5,520.00	5,520.00
23	S18941EN	IGS 540 with Omega V	1	98,075.38	98,075.38
24	S18751SJ	Sub-No Sub Fluoro Display Kit	1	720.07	720.07
25	S18061TP	S-P INNOVA IGS or OMEGA SMART BOX	2	409.09	818.17
26	S18061RE	OMEGA V FOOT END RAIL	1	409.08	409.08
27	S18061EF	Dual IPX8 Footswitch	1	190.08	190.08
28	S18021VH	Volume Viewer Interventional	1	8,372.09	8,372.09
29	S18761PP	NPA PDU Main Transformer-24KVA	1	1,227.00	1,227.00
30	S18021CFED	Cardiac Xray Analysis Digital Kit	1	2,576.09	2,576.09
31	S18121LA	Liver ASSIST V.I.	1	5,520.09	5,520.09
32	S18121NB	Needle ASSIST	1	3,220.09	3,220.09
33	S18951DM	Dose Map	1	1,080.07	1,080.07
34	S18701CZ	3D CT HD FOR IGS X40	1	10,800.00	10,800.00
35	S18021DY	3D CT HD Motion Freeze	1	4,320.00	4,320.00
36	S18351AN	In-Room AW mouse interface kit	1	1,440.07	1,440.07
37	E3053JA	Mavig Single Pivot Lower Body Protector	2	431.84	863.68
38	E7058AB	Anti Fatigue Floor Mat - Gray 3 x 5 x .625 in.	1	76.00	76.00
39	S18751BR	BLENDED ROADMAP APPLICATION	1	1,636.00	1,636.00

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 Wauwatosa, WI 53226

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**INVOICE 500763420**

Invoice Amount	
<b>\$190,054.03</b>	
Invoice Date:	16-Jan-2020
Due Date:	15-Feb-2020
Questions?	
Email:	GEHCAR.Helpdesk@ge.com
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 520 MEDICAL CTR DR STE 150  
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CUSTOMER ACCT#: 113424	CUSTOMER PO#: CP18-001
GEHC SALES REP OR FE: Seattle Sales	CARRIER:
GEHC REFERENCE# (CONTRACT/SR/ORDER #): 4731497	WAYBILL:
BILLING TERMS: 80% delivery or Shipment / 20% Acceptance or Installation	PAYMENT TERMS: Due On RCPT

Net Contract Price (w/o Tax) 943,488.08

Net Billed to Date (w/o Tax) 190,054.03

LINE	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
40	S18811PA	Quantitative Analysis package	1	3,272.00	3,272.00
41	S18921LE	PCI Assist	1	8,998.00	8,998.00
42	S18741BX	INNOVABREEZE OPTION	1	3,272.00	3,272.00

PLEASE REMIT PAYMENT TO: REMIT TO: GE Precision Healthcare LLC US MAIL: P.O. Box 96483 CHICAGO IL 60693 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892 EMAIL REMITTANCE: Remit.Healthcare@ge.com	<b>TOTAL</b>	<b>190,054.03</b>
	<b>TAX</b>	<b>0.00</b>
	<b>SHIPPING/HANDLING</b>	<b>0.00</b>
	<b>TOTAL AMOUNT</b>	<b>190,054.03</b>
	FAST DUE INVOICES ARE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH, NOT TO EXCEED THE MAXIMUM RATE ALLOWED BY LAW. ALL ORDERS SUBJECT TO GE HEALTHCARE TERMS AND CONDITIONS.	

Please include the Invoice / Credit Memo number for proper credit:  
 500763420

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GE Precision Healthcare LLC  
 FEIN: 03-0849145  
 8900 W Innovation Dr.  
 Wauwatosa, WI 53226

**SOLD TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN OREGON  
 CARDIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

**INVOICE 500763145**

<b>Invoice Amount</b>	
<b>\$1,033.48</b>	
Invoice Date:	13-Jan-2020
Due Date:	12-Feb-2020
<b>Questions?</b>	
Email:	GEHCAR.Helpdesk@ge.com
Phone:	1 (800) 581-5600

**SHIP TO:**

CARDIOVASCULAR INSTITUTE OF SOUTHERN ORE  
 CARDIO VASCULAR INSTITUTE OF  
 SOUTHERN OREGON  
 520 MEDICAL CTR DR STE 150  
 MEDFORD OR 97504-4312

<b>CUSTOMER ACCT#:</b> 113424	<b>CUSTOMER PO#:</b> CP18-001
<b>GEHC SALES REP OR FE:</b> Seattle Sales	<b>CARRIER:</b> PILOT
<b>GEHC REFERENCE# (CONTRACT/SR/ORDER #):</b> 4731497	<b>WAYBILL:</b>
<b>BILLING TERMS:</b> 80% delivery or Shipment / 20% Acceptance or Installation	<b>PAYMENT TERMS:</b> Due On RCPT

Net Contract Price (w/o Tax) 943,488.08

Net Billed to Date (w/o Tax) 1,033.48

LINE #	ITEM #	DESCRIPTION	QTY	NET UNIT PRICE	EXTENDED AMOUNT
1	E46001BA	This is your 20% invoice MDP UL 480V 60Hz 3 phases for Innova Cerber B systems	1	1,033.48	1,033.48

**PLEASE REMIT PAYMENT TO:**  
 REMIT TO: GE Precision Healthcare LLC  
 US MAIL: P.O. Box 96483  
 CHICAGO IL 60693  
 WIRE/EFT INFORMATION: ABA 043000096 ACCOUNT 1424892  
 EMAIL REMITTANCE: Remit.Healthcare@ge.com

<b>TOTAL</b>	<b>1,033.48</b>
<b>TAX</b>	<b>0.00</b>
<b>SHIPPING/HANDLING</b>	<b>0.00</b>
<b>TOTAL AMOUNT</b>	<b>1,033.48</b>

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