

Fill in this information to identify the case:

Debtor 1 Clarksdale Regional Medical Center Inc
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Middle District of Tennessee
Case number 18-05678

FILED

JAN 22 2019

U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Johnson Controls
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Johnson Controls</u> Name	_____ Name
<u>5757 N Green Bay Ave, LD9</u> Number Street	_____ Number Street
<u>Milwaukee WI 53209</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>414-524-7215</u>	Contact phone _____
Contact email <u>Brian.J.Wilderma@JCI.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 2,094.90 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
HVAC services

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 01/15/2019
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Brian Wilderman
First name Middle name Last name

Title Credit Analyst

Company Johnson Controls
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 5757 N Green Bay Ave, LD-9
Number Street
Milwaukee WI 53209
City State ZIP Code

Contact phone 414-524-7215 Email Brian.J.Wilderman@jci.com



**Building Efficiency
Interactive Business Systems**

EU: 28 Oct | NA: 12 Nov

COMPACT TABLE SIZE

AR Summary Systems Service BE Operations Reporting Related Sites

Invoice Detail

Invoice: 1-75673846991 NXGEN_STANDARD
 Transaction Class: INV
 Customer: N76-2631592-01 CLARKSDALE REGIONAL MEDICAL CENTER INC
 7680.48|1-75540936950|7680.48|7680.48|DBA NORTHWEST MS MEDICAL CENTER, PO BOX 1218, CLARKSDALE, MS, 38614, US
 CLARKSDALE, MS, 38614
 Attn: NORTHWEST MISSISSIPPI MEDICAL 2018 YR 2 OF
 Billing Address: 3|JCISSUS_USD|1A00
 Job: 1-75540936950
 Project Name: Unknown
 Consolidated Bill Number:
 Purchase Order: Signed Agreement
 Non-Payment Status -- No Customer Contact
 Reason:
 Non-Payment Reason Date:
 Invoiced Currency: USD
 Payment Term: NET 30
 Printed Payment Term : NET 30
 Comments:

Change Invoice View To: Invoice Copy Load

Date	Type	Amount	Balance	Details
08/31/2018	Invoice	\$7,420.75	\$7,420.75	NXGEN_STANDARD
	Tax	\$259.73	\$7,680.48	
10/30/2018	Adjustment	(\$5,585.58)	\$2,094.90	Netting - General Accounting
Remaining Balance			\$2,094.90	

Customer's Undistributed Cash: \$0.00
[Invoice Notes](#)

Note: The data on this page may be updated in real time. Transactions which have been posted since the last summarization may cause the totals on this page to be out of sync with the totals on summary pages elsewhere in A/R Summary and other applications. These transactions will be incorporated in the next recalculation.

This system and all applications and information provided through this system are for the sole use of individuals authorized by Johnson Controls Inc. By using this system, each user agrees that he or she is aware of and will fulfill all responsibilities for protecting all corporate and business information accessed with this system. Use of the system without authority, or in violation of the Johnson Controls Inc. terms of use, is prohibited. All users are subject to monitoring and recording of all activities by system personnel. Each user of this system expressly consents to such monitoring and is advised that if such monitoring reveals evidence of inappropriate or criminal activity, the user will be subject to disciplinary action, and civil and/or criminal prosecution under national, state, provincial or other applicable laws.



JOHNSON CONTROLS
 Building Efficiency
 Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-75673846991 Invoice Date: 08/31/2018
 PO #/Auth: Signed Agreement Your Agreement: NORTHWEST MISSISSIPPI MEDICAL 2018 YR 2 OF 3
 Customer Acct: 2631592 Agreement Number: 1-75540936950
 Customer WO#: Service Request:
 Branch: JOHNSON CONTROLS MEMPHIS TN CB - 0N76

Bill To:
 CLARKSDALE REGIONAL MEDICAL CENTER INC
 DBA NORTHWEST MS MEDICAL CENTER
 PO BOX 1218
 CLARKSDALE MS 38614

Service Site:
 NORTHWEST MISSISSIPPI MEDICAL
 CENTER
 1970 HOSPITAL DR
 CLARKSDALE MS
 38614-7202

Contractor/License Information :

Planned Service Agreement Services Performed: For period from 01-Aug-2018 to 31-Oct-2018.

Sub Total		\$7,420.75
Taxes		\$259.73
Total Amount Due	USD	\$7,680.48

Direct Billing Inquiries: (866) 680-8102

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-75673846991	Invoice Date:	08/31/2018
PO #/Auth:	Signed Agreement	Your Agreement:	NORTHWEST MISSISSIPPI MEDICAL 2018 YR 2 OF 3
Customer Acct:	2631592	Agreement Number:	1-75540936950
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS MEMPHIS TN CB - 0N76

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 680-8102

To Remit Via Credit Card:
Call the phone number listed above.

INVOICE #: 1-75673846991

AMOUNT DUE: USD \$7,680.48

Remit Payment To:
JOHNSON CONTROLS
PO BOX 730068
DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking