

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: FAYETTE MEMORIAL HOSPITAL

Case Number: 18-07762-JJG-11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
STANDARD TEXTILE CO., INC.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

ONE KNOLLCREST DRIVE
CINCINNATI, OHIO 45237

Court Claim Number (If known)

Telephone number:

513-761-9256 EXT 2318

Filed on:

Name and address where payment should be sent (if different from above):

SAME AS ABOVE

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 19,811.84

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

2. Basis for Claim: GOODS SOLD
(See instruction #2 on reverse side.)

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

3. Last four digits of any number by which creditor identifies debtor: 3001

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate % _____

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ _____ Basis for perfection: _____

Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____

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

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

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

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

Amount entitled to priority:

\$ _____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date:

12-10-18

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Gladys A. Humes (GLADY A. HUMES) CREDIT MGR.

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Document	Invoice Date	Due Date	Gross Amount	Open Amount
5957603	05/22/18	07/06/18	\$208.92	\$208.92
5962257	05/25/18	07/09/18	\$2,518.56	\$2,518.56
5985628	06/25/18	08/09/18	\$144.00	\$144.00
5986706	06/26/18	08/10/18	\$3,328.56	\$3,328.56
5986920	06/26/18	08/10/18	\$3,635.04	\$3,635.04
5989092	06/28/18	08/12/18	\$729.60	\$729.60
5990093	06/29/18	08/13/18	\$569.76	\$569.76
6000097	07/13/18	08/27/18	\$83.28	\$83.28
6005053	07/19/18	09/02/18	\$1,070.04	\$1,070.04
6005974	07/20/18	09/03/18	\$2,338.80	\$2,338.80
6015912	08/02/18	09/16/18	\$178.10	\$178.10
6021645	08/09/18	09/23/18	\$494.22	\$494.22
6027705	08/16/18	09/30/18	\$250.56	\$250.56
6034520	08/24/18	10/08/18	\$3,600.36	\$3,600.36
6038027	08/29/18	10/13/18	\$432.00	\$432.00
6044914	09/07/18	10/22/18	\$142.44	\$142.44
6045707	09/10/18	10/25/18	\$87.60	\$87.60
			Balance	\$19,811.84