

Fill in this information to identify the case:

Debtor 1 FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762-JJG-11

RECEIVED

JAN 31 2019

BMC GROUP

## 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?

CIMA ENERGY, LP

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor CIMA ENERGY, LTD.

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?

Collin Chance

Name

100 Waugh Street Suite 500

Number Street

Houston

TX

77401

City

State

ZIP Code

Contact phone 713-739-6490

Contact email cvc@cimaenergy.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City

State

ZIP Code

Contact phone \_\_\_\_\_

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? \$ 19,103.49. 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.

Natural Gas

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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ 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).

Amount entitled to priority

\$ \_\_\_\_\_

☐ 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.

\$ \_\_\_\_\_

\* 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 01/25/2019  
MM / DD / YYYY

Signature

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

Name	Collin Chance
	First name Middle name Last name
Title	Treasurer
Company	CIMA ENERGY, LP
	Identify the corporate servicer as the company if the authorized agent is a servicer.
Address	100 Waugh Suite 500
	Number Street
	Houston TX 77007
	City State ZIP Code
Contact phone	713-826-6574
	Email cvc@cimaenergy.com



**CIMA ENERGY, LP.**  
100 Waugh Dr., Suite 500  
Houston, TX 77007  
Phone:(713) 209-1112 Fax:(713) 759-1186

Attn: Debra Michalek  
**FAYETTE REGIONAL HEALTH SYSTEM**  
1941 Virginia Av.  
Connersville, IN 47331

**Thank You for your business!**

**PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT**

FAYETTE REGIONAL HEALTH SYSTEM  
1941 Virginia Av.  
Connersville, IN 47331

<b>CUSTOMER</b>	<b>FAYETTE REGIONAL HEALTH SYSTEM</b>
-----------------	---------------------------------------

**Total Including Past Due: \$8,239.87**

**Remit Payment by Wire Transfer to**

<b>Remittance Amount</b>	
--------------------------	--

CAPITAL ONE BANK  
ABA No.: 111901014  
Account: 3822731103  
Credit To: CIMA ENERGY, LP

<b>Aging</b>				
<b>0 to 30</b>	<b>31 to 60</b>	<b>61 to 90</b>	<b>Over 90</b>	<b>Total</b>
\$8,239.87	\$0.00	\$0.00	\$0.00	\$8,239.87



## NATURAL GAS DELIVERIES

Page 1 of 1

### CIMA ENERGY, LP.

100 Waugh Dr., Suite 500

Houston, TX 77007

Phone:(713) 209-1112 Fax:(713) 759-1186

Attn: Debra Michalek

### FAYETTE REGIONAL HEALTH SYSTEM

1941 Virginia Av.

Connersville, IN 47331

#### CUSTOMER SERVICE

9245 N. Meridian Street, Suite 130

Indianapolis, IN 46260

Phone: (317) 510-CIMA

CustomerService@cima-energy.com

#### REFERENCE INFORMATION

Invoice No.: 0818-792654-398497

Invoice Date: 09-13-2018

Due Terms: NET 30

CIMA Contract #: 3106

Usage Period: August 2018

US DOLLARS

Purchase Order No.:

#### PAYMENT INFORMATION

Payment Method: Wire Transfer

CAPITAL ONE BANK

ABA No.: 111901014

Account: 3822731103

Credit To: CIMA ENERGY, LTD

FACILITY ACCT. #	TRANS. #	ITEM DESCRIPTION	FLOW DAYS	QUANTITY	PRICE	AMOUNT
FAYETTE-451031204	1941 Virginia Av.					
4-51-0312-0-4	287739	Aug 2018 Baseload Gas	01 To 31	2,300 Dth	\$3.498	\$8,045.40
	466310	Aug 2018 Incremental Gas	01 To 25	25 Dth	\$3.228	\$80.70
		Aug 2018 State URT - IN			1.4	\$113.77
		1941 Virginia Av. SUB-TOTAL:		2,325		\$8,239.87
		TOTAL CURRENT PERIOD CHARGES:		2,325		\$8,239.87

Current Period Pre-Tax Charges: \$8,126.10

Applicable Taxes: \$113.77

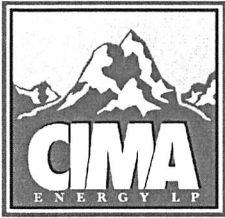
Sub-total for Current Period: \$8,239.87

Prior Period Adjustments: \$0.00

Prior Balance: \$0.00

Total Due: \$8,239.87

**Note:** In some circumstances invoices may be sent via various medium's (Print, Email or Fax). In the event you receive multiple invoices please pay only once.



**CIMA ENERGY, LP.**

100 Waugh Dr., Suite 500

Houston, TX 77007

Phone: (713) 209-1112 Fax: (713) 759-1186

Attn: Debra Michalek

**FAYETTE REGIONAL HEALTH SYSTEM**

1941 Virginia Av.

Connersville, IN 47331

**Thank You for your business!**

**PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT**

FAYETTE REGIONAL HEALTH SYSTEM

1941 Virginia Av.

Connersville, IN 47331

**CUSTOMER**

**FAYETTE REGIONAL HEALTH SYSTEM**

**Total Including Past Due:**

**\$16,476.92**

**Remit Payment by Wire Transfer to**

**Remittance Amount**

UNION BANK

ABA No.: 122000496

Account: 0071879076

Credit To: CIMA ENERGY, LP

**Aging**

<b>0 to 30</b>	<b>31 to 60</b>	<b>61 to 90</b>	<b>Over 90</b>	<b>Total</b>
\$16,476.92	\$0.00	\$0.00	\$0.00	\$16,476.92



# NATURAL GAS DELIVERIES

Page 1 of 1

## CIMA ENERGY, LP.

100 Waugh Dr., Suite 500

Houston, TX 77007

Phone:(713) 209-1112 Fax:(713) 759-1186

Attn: Debra Michalek

### FAYETTE REGIONAL HEALTH SYSTEM

1941 Virginia Av.

Connersville, IN 47331

CUSTOMER SERVICE	REFERENCE INFORMATION	PAYMENT INFORMATION
9245 N. Meridian Street, Suite 130 Indianapolis, IN 46260 Phone: (317) 510-CIMA CustomerService@cima-energy.com	Invoice No.: 0918-794513-399962 Invoice Date: 10-12-2018 Due Terms: NET 30 CIMA Contract #: 3106 Usage Period: September 2018 US DOLLARS Purchase Order No.:	Payment Method: Wire Transfer UNION BANK ABA No.: 122000496 Account: 0071879076 Credit To: CIMA ENERGY, LP

FACILITY ACCT. #	TRANS. #	ITEM DESCRIPTION	FLOW DAYS	QUANTITY	PRICE	AMOUNT
FAYETTE-451031204	1941 Virginia Av.					
4-51-0312-0-4	287739	Sep 2018 Baseload Gas	01 To 30	2,300 Dth	\$3.498	\$8,045.40
	473098	Sep 2018 Incremental Gas	01 To 30	23 Dth	\$3.388	\$77.92
		Sep 2018 State URT - IN			1.4	\$113.73
		1941 Virginia Av. SUB-TOTAL:		2,323		\$8,237.05
		TOTAL CURRENT PERIOD CHARGES:		2,323		\$8,237.05

Current Period Pre-Tax Charges:	\$8,123.32
Applicable Taxes:	\$113.73
Sub-total for Current Period:	\$8,237.05
Prior Period Adjustments:	\$0.00
Prior Balance:	\$8,239.90
Total Due:	\$16,476.92

Note: In some circumstances invoices may be sent via various medium's (Print, Email or Fax). In the event you receive multiple invoices please pay only once.



**Gas Sales Invoice**  
October 2018 Production

CIMA ENERGY, LP  
100 Waugh Drive, Suite 500  
Houston, TX 77007

TO Fayette Regional Health System  
1941 Virginia Ave.  
Connersville, IN 47331

Invoice Date: November 19, 2018  
Invoice No: Fayette GD 1-9  
Payment Terms: 12/19/18  
Payment Method: ACH/Wire/Check

**Purchases:**

Reference #	Date	Pipeline	Pricing Reference	MMBTU	Price/MMBTU	Amount
484168	10/1/2018 - 10/9/2018	TGT	VNNEC RGP	54	\$ 2.6880	\$ 145.15
484168	10/1/2018 - 10/9/2018	TGT	IN State URT Tax		1.40%	\$ 2.03
Total Purchases:						\$ 147.18

**SALES:**

Reference #	Date	Pipeline	Pricing Reference	MMBTU	Price/MMBTU	Amount
409030	10/1/2018 - 10/9/2018	TGT	Fuel Charge	819	\$ 3.3400	\$ 2,735.46
409030	10/1/2018 - 10/9/2018	TGT	IN State URT Tax		1.40%	\$ 38.30
TOTAL SALES:						\$ 2,773.76

TOTAL DUE CIMA

\$ 2,626.57

**Wiring Instructions:**

Union Bank

ABA # 122000496

Account # 0071879076

Please contact Nicole Robinson at (713) 209-1112 to confirm payments



**PROOF OF CLAIM FILING INFORMATION FOR  
FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.**

**CASE NO. 18-07762-JJG**

**US BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF INDIANA**

Debtor Name	Case Number
Fayette Memorial Hospital Association	18-07762-JJG

**General Bar Date:** TBD

**General Administrative Bar Date:** TBD

**Governmental Bar Date:** TBD

**NOTE: The Bar Date motion has not been filed. Please print and mail completed Proofs of Claim to:**

**If by regular mail:**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
PO Box 90100  
Los Angeles, CA 90009**

**If by messenger or overnight delivery**

**BMC Group, Inc.  
Attn: FMHA Claims Processing  
3732 West 120<sup>th</sup> Street  
Hawthorne, CA 90250**