

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: \_\_\_\_\_ District of \_\_\_\_\_

Case number 18-07762-JJG-11

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MAR 19 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?	<u>ORCHARD SOFTWARE CORPORATION</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>  <u>ORCHARD SOFTWARE CORPORATION</u> Name <u>701 CONGRESSIONAL BLVD., SUITE 360</u> Number Street <u>CARMEL</u> <u>IN</u> <u>46032</u> City State ZIP Code  Contact phone <u>800-856-1948</u> Contact email <u>qlaw@orchardsoft.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>  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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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: 6 9 5 4

7. How much is the claim? \$ 9,600.00. 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.

MIDDLEWARE INTERFACE

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).

☐ 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.

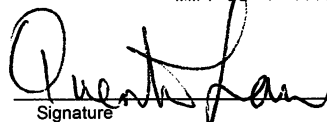
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 03/13/2019  
MM / DD / YYYY

  
Signature

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

Name QUENTIN LAW  
First name Middle name Last name  
Title CFO  
Company ORCHARD SOFTWARE CORPORATION  
Identify the corporate servicer as the company if the authorized agent is a servicer.  
Address 701 CONGRESSIONAL BLVD, SUITE 360  
Number Street  
CARMEL IN 46032  
City State ZIP Code  
Contact phone 800-856-1948 Email qlaw@orchardsoft.com

Orchard Software Corporation  
701 Congressional Blvd., STE 360  
Carmel, IN 46032  
(800) 856-1948



Invoice Number: 0146954-IN  
Invoice Date: 9/30/2018  
Invoice Due Date: 10/30/2018

Salesperson: Will Renn  
Customer Number: F078

**Sold To:**

Fayette Regional Health System  
Attn: Accounts Payable  
1941 Virginia Ave.  
Connersville, IN 47331-2833

**Ship To:**

Fayette Regional Health System  
Attn: Accounts Payable  
1941 Virginia Ave.  
Connersville, IN 47331-2833

Confirm To:

Customer P.O.	Ship VIA	F.O.B.	Terms			
			Net 30 days			
Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
/INST ESOF		1.00	1.00	0.00	9,600.00	9,600.00
Instrument Intf eSoftware						
Middleware Interface ( Bactec FX / BD Epicenter)						

If paying by ACH, please use the following Banking Information:

Bank Name: CIBC  
Account Name: Orchard Software Corporation  
Routing #: 071006486  
Account #: 2428717

Net Invoice: 9,600.00

Sales Tax: 0.00

Invoice Total: 9,600.00

Date: July 10, 2018  
 From: Will Renn  
 To: Fayette Regional Health System  
 Account Number: F078

## OrchardSoftware



Harvest the Power

### Subject: Quote for Analyzer Interface

*This document will serve as the quote for the item listed below:*


One (1) Bactec FX /Epicenter Interface: \$2,600.00

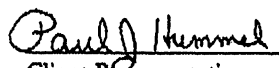
- A site visit is required to install the interface.
- Includes the necessary hardware (cables & connectors) and software
- On-site Working Week: A week consists of 32 on-site hours and 8 hours of travel for a total of 40 hours. Weeks with multiple Orchard staff members on-site will be counted as multiple weeks, one per person.
- Orchard personnel's main focus during this week on-site will be to install, test and validate the Bactec FX/Epicenter interface. If any time is remaining, the Orchard personnel will provide additional Harvest assistance.
- All hardware (workstations and server) must be in place and connected to the network.
- All instruments must be in place and operational prior to the Orchard Representative coming on site and is the sole responsibility of the client.
- Some analyzer interfaces require Harvest version 8.5 or later, and may require a software upgrade for proper installation
- Includes travel, transportation, lodging and meals.
- Please allow eight (8) to ten (10) weeks for the scheduling of the site visit from the time Orchard receives this quote signed with a purchase order number.

#### Payment Terms

Scheduling of the site visit for the delivery of the interface will be done upon receipt of payment or a signed purchase order along with a signed copy of this quote. Upon completion of the onsite time, an invoice will be sent with terms of net 30 days. Any delay in the testing or go live of the interface on the part of the other vendor or client will not cause delay in payment to Orchard for the project. Payment should be sent to the attention of Orchard Accounts Receivable at the following address: Orchard Software Corporation 701 Congressional Blvd., Suite 360 Carmel, IN 46032

To expedite this process you may fax a signed copy of this document and the purchase order number to the attention of Will Renn at 1-317-573-2528 or via email at [orders@orchardsoft.com](mailto:orders@orchardsoft.com).

 CFO \_\_\_\_\_  
 Orchard Representative Title Date

 Team leader - Lab 7-11-18 \_\_\_\_\_  
 Client Representative Title Date Purchase Order  
 Number\*

\*To be issued by the company responsible for payment

**PRICING VAILD UNTIL September 15, 2018**

**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**