

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

MAR 22 2019

BMC GROUP

Official Form 410
Proof of Claim

12/15

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? Office Three Sixty Inc.
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Rubin & Levin, P.C.</u> Name <u>135 N. Pennsylvania St., Ste. 135</u> Number Street <u>Indianapolis</u> <u>IN</u> <u>46204</u> City State ZIP Code Contact phone <u>317/860-2891</u> Contact email <u>mbarr@rubin-levin.net</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
--	--

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: 8 1 0 7

7. How much is the claim? \$ 119,811.02. 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.
Goods sold

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 all that apply:

Amount entitled to priority

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

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

\$ _____

Up to \$2,775* 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 \$12,475*) 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)(2) that applies.

\$ 6,811.90

* Amounts are subject to adjustment on 4/01/16 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 3/13/2019
MM / DD / YYYY



Signature

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

Name Leonard Alan Nahmias
First name Middle name Last name

Title Secretary

Company Office Three Sixty Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7301 Woodland Drive
Number Street

Indianapolis IN 46278
City State ZIP Code

Contact phone 317/378-8633 Email l.nahmias@office3sixty.com

OFFICE THREE SIXTY INC.
dba FRANCIS OFFICE SUPPLY
v.
FAYETTE MEMORIAL HOSPITAL ASSOCIATION, INC.
dba FAYETTE REGIONAL HEALTH SYSTEM
Case No. 18-07762-JJG-11

Account #x7515

Principal:	\$ 36,128.18
Interest at 8% per annum from 8-1-18 to petition date:	<u>554.29</u>
Sub-total:	\$ 36,682.47

Account #x8107

Principal:	\$ 81,328.19
Interest at 8% per annum from 7-1-2018 to petition date:	<u>1,800.36</u>
Sub-Total:	\$ 83,128.53

Total Due on Accounts #x7515 and #x8107: \$119,811.02

EXHIBIT "A"

Office360
7301 Woodland Drive
Indianapolis, IN 46278

Phone : 317.632.1360
Toll Free : 800.824.5891
Fax : 317.632.9360

www.office3sixty.com

Statement of Account



Your Office360 Accounts Receivable Contact
Accounts Receivable
317.632.1360
billing@office3sixty.com

Attn: Karen
Fayette Regional Health System
Accounts Payable
1941 Virginia Ave
Connersville, IN 47331

Acct No	Terms	Sales Representative	Date	Page
7515	Net 60 Days	Tony Pettit	10-22-18	1

Invoice#	Customer Order Reference	Date	Charges	Payments	Credits/Adjustments	Balance	Days Past Due
865082		06-14-17	4.99	-385.15	0.00	-380.16	465
973323		12-20-17	63.96	0.00	0.00	63.96	246
1031088		03-21-18	250.44	0.00	0.00	250.44	155
1050707	272953	04-18-18	2,408.94	0.00	0.00	2,408.94	127
1063824	180504-E9IS	05-07-18	933.60	0.00	0.00	933.60	108
1071270	DEPT 954	05-17-18	24.35	0.00	0.00	24.35	98
1075335	180516-EHSF	05-23-18	2,379.20	0.00	0.00	2,379.20	92
1078882		06-01-18	63.93	0.00	0.00	63.93	83
1079588		06-01-18	1,037.40	0.00	0.00	1,037.40	83
1093589	180618-F7GA	06-20-18	1,049.85	0.00	0.00	1,049.85	64
1093751	180619-F95S	06-20-18	2,652.10	0.00	0.00	2,652.10	64
1098278	180626-FES3	06-27-18	518.70	0.00	0.00	518.70	57
1101515		07-03-18	265.87	0.00	0.00	265.87	51
1101574		07-03-18	41.79	0.00	0.00	41.79	51
1101576		07-03-18	173.39	0.00	0.00	173.39	51
1101577		07-03-18	56.36	0.00	0.00	56.36	51
1101578		07-03-18	32.31	0.00	0.00	32.31	51
1101579		07-03-18	55.80	0.00	0.00	55.80	51
1101580		07-03-18	21.58	0.00	0.00	21.58	51
1103041		07-05-18	6.13	0.00	0.00	6.13	49
1103042		07-05-18	56.85	0.00	0.00	56.85	49
1103043		07-05-18	43.61	0.00	0.00	43.61	49
1103044		07-05-18	143.89	0.00	0.00	143.89	49
1103045	180703-FKD3	07-05-18	691.60	0.00	0.00	691.60	49
1106558		07-11-18	56.43	0.00	0.00	56.43	43
1106559		07-11-18	15.78	0.00	0.00	15.78	43
1106560		07-11-18	2.95	0.00	0.00	2.95	43
1106562		07-11-18	26.26	0.00	0.00	26.26	43
1106563		07-11-18	7.99	0.00	0.00	7.99	43
1106564		07-11-18	72.15	0.00	0.00	72.15	43
1106566		07-11-18	27.12	0.00	0.00	27.12	43
1106567	180709-FOF6	07-11-18	401.79	0.00	0.00	401.79	43
1106568		07-11-18	29.99	0.00	0.00	29.99	43
1111417	NORTH STAR	07-18-18	95.58	0.00	0.00	95.58	36
1111419		07-18-18	76.31	0.00	0.00	76.31	36
1111420		07-18-18	57.07	0.00	0.00	57.07	36
1111421		07-18-18	30.55	0.00	0.00	30.55	36
1111422		07-18-18	13.98	0.00	0.00	13.98	36
1111423		07-18-18	33.37	0.00	0.00	33.37	36
1111424		07-18-18	274.42	0.00	0.00	274.42	36
1111425		07-18-18	5.19	0.00	0.00	5.19	36
1111426		07-18-18	11.20	0.00	0.00	11.20	36

Office360
7301 Woodland Drive
Indianapolis, IN 46278

Phone : 317.632.1360
Toll Free : 800.824.5891
Fax : 317.632.9360

www.office3sixty.com

Statement of Account



Your Office360 Accounts Receivable Contact
Accounts Receivable
317.632.1360
billing@office3sixty.com

Attn: Karen
Fayette Regional Health System
Accounts Payable
1941 Virginia Ave
Connersville, IN 47331

Acct No	Terms	Sales Representative	Date	Page
7515	Net 60 Days	Tony Pettit	10-22-18	2

Invoice#	Customer Order Reference	Date	Charges	Payments	Credits/ Adjustments	Balance	Days Past Due
1111427		07-18-18	37.46	0.00	0.00	37.46	36
1111429		07-18-18	17.73	0.00	0.00	17.73	36
1111430		07-18-18	232.97	0.00	0.00	232.97	36
1111432		07-18-18	31.25	0.00	0.00	31.25	36
1111435		07-18-18	59.98	0.00	0.00	59.98	36
1116221		07-25-18	16.63	0.00	0.00	16.63	29
1116222	180718-FWZ3	07-25-18	345.80	0.00	0.00	345.80	29
1116223		07-25-18	19.71	0.00	0.00	19.71	29
1116224		07-25-18	44.86	0.00	0.00	44.86	29
1120798		08-01-18	83.97	0.00	0.00	83.97	22
1120799		08-01-18	22.32	0.00	0.00	22.32	22
1120800		08-01-18	52.80	0.00	0.00	52.80	22
1120801		08-01-18	29.15	0.00	0.00	29.15	22
1120802		08-01-18	43.35	0.00	0.00	43.35	22
1120804		08-01-18	50.03	0.00	0.00	50.03	22
1120805		08-01-18	9.86	0.00	0.00	9.86	22
1120807	180726-G4R1	08-01-18	3,343.70	0.00	0.00	3,343.70	22
1120808		08-01-18	17.95	0.00	0.00	17.95	22
1120810		08-01-18	9.52	0.00	0.00	9.52	22
1120811		08-01-18	75.37	0.00	0.00	75.37	22
1120812		08-01-18	110.19	0.00	0.00	110.19	22
1120813		08-01-18	34.99	0.00	0.00	34.99	22
1120814		08-01-18	5.99	0.00	0.00	5.99	22
1120815		08-01-18	305.39	0.00	0.00	305.39	22
1120816	180731-G83S	08-01-18	864.50	0.00	0.00	864.50	22
1125981		08-08-18	9.85	0.00	0.00	9.85	15
1125982		08-08-18	68.31	0.00	0.00	68.31	15
1125984		08-08-18	36.00	0.00	0.00	36.00	15
1125986		08-08-18	22.14	0.00	0.00	22.14	15
1125987		08-08-18	9.99	0.00	0.00	9.99	15
1125988		08-08-18	45.81	0.00	0.00	45.81	15
1125989		08-08-18	24.97	0.00	0.00	24.97	15
1125990		08-08-18	20.89	0.00	0.00	20.89	15
1125990B1		08-08-18	21.41	0.00	0.00	21.41	15
1125991		08-08-18	18.52	0.00	0.00	18.52	15
1125993	180806-GD4G	08-08-18	864.50	0.00	0.00	864.50	15
1125994		08-08-18	116.97	0.00	0.00	116.97	15
1125995		08-08-18	6.42	0.00	0.00	6.42	15
1125996		08-08-18	34.66	0.00	0.00	34.66	15
1131494		08-15-18	38.98	0.00	0.00	38.98	8
1131494B1		08-15-18	0.81	0.00	0.00	0.81	8
1131495		08-15-18	21.81	0.00	0.00	21.81	8

Office360
7301 Woodland Drive
Indianapolis, IN 46278

Phone : 317.632.1360
Toll Free : 800.824.5891
Fax : 317.632.9360

www.office3sixty.com

Statement of Account



Your Office360 Accounts Receivable Contact
Accounts Receivable
317.632.1360
billing@office3sixty.com

Attn: Karen
Fayette Regional Health System
Accounts Payable
1941 Virginia Ave
Connersville, IN 47331

Acct No	Terms	Sales Representative	Date	Page
7515	Net 60 Days	Tony Pettit	10-22-18	3

Invoice#	Customer Order Reference	Date	Charges	Payments	Credits/ Adjustments	Balance	Days Past Due
1131496		08-15-18	33.04	0.00	0.00	33.04	8
1131497		08-15-18	19.37	0.00	0.00	19.37	8
1131498		08-15-18	21.51	0.00	0.00	21.51	8
1131499	180813-GJKW	08-15-18	864.50	0.00	0.00	864.50	8
1131500		08-15-18	21.26	0.00	0.00	21.26	8
1131502		08-15-18	9.99	0.00	0.00	9.99	8
1131503		08-15-18	65.16	0.00	0.00	65.16	8
1131504		08-15-18	105.25	0.00	0.00	105.25	8
1131837		08-15-18	13.16	0.00	0.00	13.16	8
1137511		08-22-18	6.40	0.00	0.00	6.40	1
1137511B1		08-22-18	6.40	0.00	0.00	6.40	1
1137512		08-22-18	25.89	0.00	0.00	25.89	1
1137514		08-22-18	47.97	0.00	0.00	47.97	1
1137515		08-22-18	13.08	0.00	0.00	13.08	1
1137516		08-22-18	35.87	0.00	0.00	35.87	1
1137517		08-22-18	42.64	0.00	0.00	42.64	1
1137519		08-22-18	15.88	0.00	0.00	15.88	1
1137520		08-22-18	100.22	0.00	0.00	100.22	1
1137521		08-22-18	5.99	0.00	0.00	5.99	1
1137625		08-22-18	77.56	0.00	0.00	77.56	1
1142887		08-29-18	22.13	0.00	0.00	22.13	0
1142888		08-29-18	35.29	0.00	0.00	35.29	0
1142889		08-29-18	30.09	0.00	0.00	30.09	0
1142890		08-29-18	23.97	0.00	0.00	23.97	0
1142891		08-29-18	53.39	0.00	0.00	53.39	0
1142892		08-29-18	14.27	0.00	0.00	14.27	0
1142892B1		08-29-18	0.81	0.00	0.00	0.81	0
1142893		08-29-18	6.92	0.00	0.00	6.92	0
1142894		08-29-18	110.11	0.00	0.00	110.11	0
1142896		08-29-18	18.99	0.00	0.00	18.99	0
1142897		08-29-18	11.11	0.00	0.00	11.11	0
1143596		08-30-18	49.96	0.00	0.00	49.96	0
1146825	180830-HOKR	09-05-18	3,539.73	0.00	0.00	3,539.73	0
1147348		09-05-18	17.20	0.00	0.00	17.20	0
1147350		09-05-18	64.94	0.00	0.00	64.94	0
1147351		09-05-18	13.96	0.00	0.00	13.96	0
1147353		09-05-18	10.50	0.00	0.00	10.50	0
1147354		09-05-18	64.23	0.00	0.00	64.23	0
1152609		09-12-18	62.86	0.00	0.00	62.86	0
1152610		09-12-18	152.12	0.00	0.00	152.12	0
1152611		09-12-18	65.88	0.00	0.00	65.88	0
1152612		09-12-18	127.35	0.00	0.00	127.35	0

Office360
7301 Woodland Drive
Indianapolis, IN 46278

Phone : 317.632.1360
Toll Free : 800.824.5891
Fax : 317.632.9360

www.office3sixty.com

Statement of Account



Your Office360 Accounts Receivable Contact
Accounts Receivable
317.632.1360
billing@office3sixty.com

Attn: Karen
Fayette Regional Health System
Accounts Payable
1941 Virginia Ave
Connersville, IN 47331

Acct No	Terms	Sales Representative	Date	Page
7515	Net 60 Days	Tony Pettit	10-22-18	4

Invoice#	Customer Order Reference	Date	Charges	Payments	Credits/Adjustments	Balance	Days Past Due
1152613		09-12-18	45.03	0.00	0.00	45.03	0
1154238		09-13-18	145.24	0.00	0.00	145.24	0
1154239		09-13-18	53.98	0.00	0.00	53.98	0
1149261		09-14-18	24.47	0.00	0.00	24.47	0
1155177	180913-HCWL	09-14-18	1,729.00	0.00	0.00	1,729.00	0
1158411		09-19-18	145.24	0.00	0.00	145.24	0
1158412		09-19-18	89.24	0.00	0.00	89.24	0
1163387		09-26-18	15.39	0.00	0.00	15.39	0
1163388		09-26-18	36.76	0.00	0.00	36.76	0
1163390		09-26-18	38.17	0.00	0.00	38.17	0
1163391		09-26-18	30.99	0.00	0.00	30.99	0
1163393		09-26-18	3.16	0.00	0.00	3.16	0
1163395		09-26-18	10.82	0.00	0.00	10.82	0
1163396		09-26-18	17.96	0.00	0.00	17.96	0
1163401		09-26-18	73.12	0.00	0.00	73.12	0
1163406		09-26-18	4.28	0.00	0.00	4.28	0
1163862		09-26-18	264.39	0.00	0.00	264.39	0
1163888B1		09-27-18	7.47	0.00	0.00	7.47	0
1168922		10-03-18	19.47	0.00	0.00	19.47	0
1168937		10-03-18	75.46	0.00	0.00	75.46	0
1174854		10-10-18	16.31	0.00	0.00	16.31	0
1174855		10-10-18	24.90	0.00	0.00	24.90	0
1174856		10-10-18	18.33	0.00	0.00	18.33	0
1174857		10-10-18	192.64	0.00	0.00	192.64	0
1174858		10-10-18	25.08	0.00	0.00	25.08	0
1175384	181002-HU8S	10-11-18	5,937.20	0.00	0.00	5,937.20	0

Current	0-30 Days	31-60 Days	61-90 Days	90+ Days	Balance
13,539.91	8,379.26	3,725.40	4,803.28	5,680.33	36,128.18

Please contact your accounting representative listed above with any questions or concerns regarding this statement.

<ARM211>

A/R Item Xref Inquiry
Office360 offTrac

16:22:52

00 Acct # : 8107

FAYETTE REGIONAL HLTH SYSTEM - FURNITURE
Page 1 of 1 (26 items on file)

###	Item.....	Desc....	Reference.....	Date....	Amount....	Balance..	Past Due.
1	1032569	Purch	101547	04/11/18	3,050.00	3,050.00	164
2	1032569B1	Purch	101547	04/26/18	5,489.00	5,489.00	149
3	1055064	Purch	101554	06/26/18	65,235.00	65,235.00	88
4	1076768	Purch	101554	06/26/18	1,278.00	1,278.00	88
5	1093719	Purch	180618-F7ZZ	06/27/18	298.00	298.00	87
6	1095750	Purch	180618-F7ZZ REPL	06/27/18	149.00	149.00	87
7	1098609	Purch	REPLACEMENT-101554	07/02/18	975.00	975.00	82
8	1115428	Purch	180712-FRCC	07/30/18	163.19	163.19	54
9	1105290	Purch	PO0037	08/08/18	1,227.00	1,227.00	45
10	1115434	Purch	PO0041	09/06/18	3,464.00	3,464.00	16

Enter sequence number to detail, "R" to return : _

RUBIN & LEVIN
A Professional Corporation
LAWYERS
135 N. Pennsylvania St., #1400
Indianapolis, IN 46204
(317) 634-0300

James E. Rossow Jr., Esq.
email: jim@rubin-levin.net
Direct Dial: (317) 860-2893
Fax No. (317) 453-8619

March 18, 2019

BMC Group
Attn: FMHA Claims Processing
• P. O. Box 90100
Los Angeles, CA 90009

Re: Fayette Memorial Hospital
Association, Inc.
Case No. 18-07762-JJG
Our Client: Office Three Sixty Inc.
Our File #: 82535601

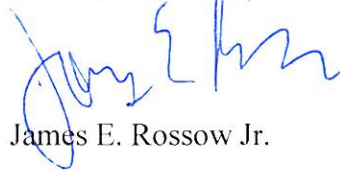
Gentlemen:

Enclosed is our client's Proof of Claim which we would appreciate you filing in the above proceeding. Please return a file-marked copy to our office in the enclosed, self-addressed envelope provided for your convenience.

Thank you for your assistance.

Sincerely yours,

RUBIN & LEVIN, P.C.



James E. Rossow Jr.

JER/lkd

Enclosure

cc: Michasel T. McNelis, Esq. (via email)
Lenny Nahmias (via email)