

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association
Debtor 2 (Spouse, if filing) _____
United States Bankruptcy Court for the: Southern District of Indiana
Case number 18-07762-JJG-11

RECEIVED
MAR 26 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? Connersville Utilities
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? Connersville Utilities
Name 216 Vine Street, P.O. Box 325
Number Street
Connersville IN 47331
City State ZIP Code
Contact phone (765) 825-2158
Contact email office@connersvilleutilities.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? \$ 20,511.50. 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.
Water, Sewer, Storm Water, Fire Protection

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:

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 \$2,850* 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 03/01/2019
MM / DD / YYYY



Signature

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

Name David R. Butsch
First name Middle name Last name

Title Connersville City Attorney

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

Address 500 N. Central Avenue
Number Street
Connersville IN 47331
City State ZIP Code

Contact phone (765) 827-4270 Email cityattorney@connersvillein.gov



CONNSVILLE UTILITIES

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216 Vine Street, PO Box 325
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Phone: (765) 825-2158
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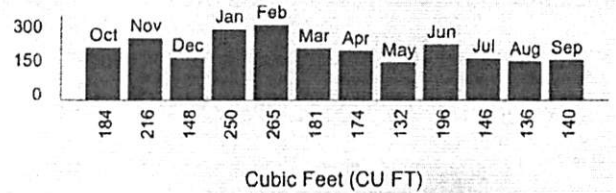


% JERRY MUELLER
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	09*0810*1
Customer Name	% JERRY MUELLER
Service Address	212 W 20TH ST
Current Charges Due Date	10/29/2018
Amount Due	\$99.81
Amount Due After Due Date	\$99.81

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	16394	16556	162	Previous Balance	\$51.67
					Current Charges	
					Water	\$14.07
					Sewer	\$26.92
					Storm Water	\$7.15
					Total Amount Due	\$99.81

FINAL BILL

AMAZING WATER FACT!

Nearly 97% of the world's water is salty or otherwise undrinkable. Another 2% is locked in ice caps and glaciers. That leaves just 1% for all of humanity's needs!

Report storm water complaints involving flooding, erosion, water quality, dumping, and construction sites to the Storm Water Hotline at 765-825-2158.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

PLEASE CHECK BOX IF MAILING ADDRESS OR PHONE NUMBER HAS CHANGED AND INDICATE CHANGES ON REVERSE SIDE



FINAL BILL

Account Number	09*0810*1
Customer Name	% JERRY MUELLER
Service Address	212 W 20TH ST
Current Charges Due Date	10/29/2018
Amount Due	\$99.81
Amount Due After Due Date	\$99.81
Amount Paid	

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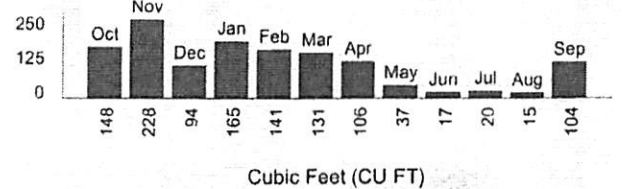


FAYETTE MEMORIAL HOSPITAL 7
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	09*1360*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1920 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$118.72
Amount Due After Due Date	\$118.72

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	10790	10949	159	Previous Balance	\$60.65
					Current Charges	
					Water	\$14.07
					Sewer	\$26.85
					Trash	\$10.00
					Storm Water	\$7.15
					Total Amount Due	\$118.72

FINAL BILL

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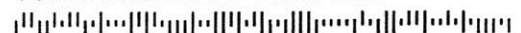
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FINAL BILL

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CONNSVILLE UTILITIES
PO BOX 325
CONNSVILLE IN 47331-0325



Account Number	09*1360*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1920 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$118.72
Amount Due After Due Date	\$118.72
Amount Paid	



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FAYETTE MEMORIAL HOSPITAL 8
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833



Account Number	09*1400*3
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	2010 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$44.44
Amount Due After Due Date	\$44.44

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018				Previous Balance	\$23.28
					Current Charges	
					Storm Water	\$21.16
					Total Amount Due	\$44.44

FINAL BILL

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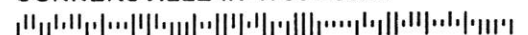


FINAL BILL

Account Number	09*1400*3
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	2010 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$44.44
Amount Due After Due Date	\$44.44
Amount Paid	

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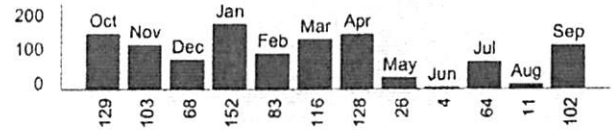


FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	09*1420*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	2016 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$141.42
Amount Due After Due Date	\$141.42

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	11319	11609	290	Previous Balance	\$70.61
					Current Charges	
					Water	\$14.07
					Sewer	\$29.59
					Trash	\$20.00
					Storm Water	\$7.15
					Total Amount Due	\$141.42

FINAL BILL

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Report storm water complaints involving flooding, erosion, water quality, dumping, and construction sites to the Storm Water Hotline at 765-825-2158.

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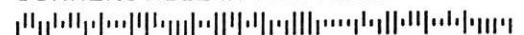


FINAL BILL

Account Number	09*1420*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	2016 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$141.42
Amount Due After Due Date	\$141.42
Amount Paid	

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FAYETTE MEMORIAL HOSPITAL 10
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	09*1960*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1829 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$15.02
Amount Due After Due Date	\$15.02

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018				Previous Balance	\$7.87
					Current Charges	
					Storm Water	\$7.15
					Total Amount Due	\$15.02

FINAL BILL

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FINAL BILL

Account Number	09*1960*2
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1829 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$15.02
Amount Due After Due Date	\$15.02
Amount Paid	

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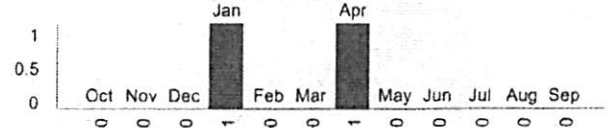


FAYETTE REGIONAL FOUNDATION 20
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*0740*2
Customer Name	FAYETTE REGIONAL FOUNDATION
Service Address	2230 N PARK RD
Current Charges Due Date	10/29/2018
Amount Due	\$411.63
Amount Due After Due Date	\$411.63

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	7055	7056	1		
Previous Balance						\$213.66
Current Charges						
Water						\$14.07
Fire Protection						\$33.08
Sewer						\$23.55
Storm Water						\$127.27
Total Amount Due						\$411.63

FINAL BILL

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Report storm water complaints involving flooding, erosion, water quality, dumping, and construction sites to the Storm Water Hotline at 765-825-2158.

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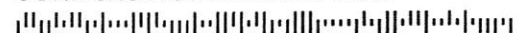


FINAL BILL

Account Number	33*0740*2
Customer Name	FAYETTE REGIONAL FOUNDATION
Service Address	2230 N PARK RD
Current Charges Due Date	10/29/2018
Amount Due	\$411.63
Amount Due After Due Date	\$411.63
Amount Paid	

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FAYETTE MEMORIAL HOSPITAL 21
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*1130*6
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	3135 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$831.35
Amount Due After Due Date	\$831.35

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018				Previous Balance	\$428.15
					Current Charges	
					Fire Protection	\$153.66
					Storm Water	\$249.54
					Total Amount Due	\$831.35

FINAL BILL

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FINAL BILL

Account Number	33*1130*6
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	3135 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$831.35
Amount Due After Due Date	\$831.35
Amount Paid	

PLEASE MAKE CHECKS PAYABLE TO:

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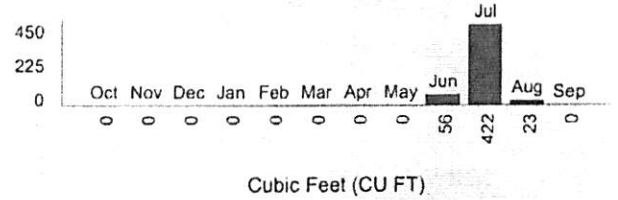


% ACCOUNTS PAYABLE 22
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*1830*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	420 W 24TH ST
Current Charges Due Date	10/29/2018
Amount Due	\$369.52
Amount Due After Due Date	\$369.52

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	23300	23300	0	Previous Balance	\$192.17
					Current Charges	
					Water	\$45.33
					Sewer	\$50.51
					Storm Water	\$81.51
					Total Amount Due	\$369.52

FINAL BILL

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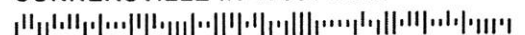


FINAL BILL

Account Number	33*1830*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	420 W 24TH ST
Current Charges Due Date	10/29/2018
Amount Due	\$369.52
Amount Due After Due Date	\$369.52
Amount Paid	

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FAYETTE REGIONAL HEALTH SYSTEM

DR SHIV S KAPOOR

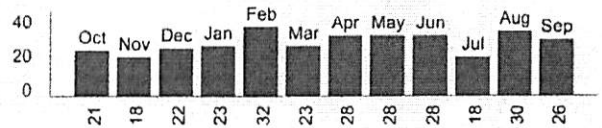
1941 VIRGINIA AVE

CONNSVILLE IN 47331-2833



Account Number	33*2000*3
Customer Name	FAYETTE REGIONAL HEALTH SYSTEM
Service Address	1728 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$95.91
Amount Due After Due Date	\$95.91

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	1784	1812	28	Previous Balance	\$49.85
					Current Charges	
					Water	\$14.07
					Sewer	\$24.12
					Storm Water	\$7.87
					Total Amount Due	\$95.91

FINAL BILL

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FINAL BILL

Account Number	33*2000*3
Customer Name	FAYETTE REGIONAL HEALTH SYSTEM
Service Address	1728 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$95.91
Amount Due After Due Date	\$95.91
Amount Paid	

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FAYETTE MEMORIAL HOSPITAL 24
DBA FAYETTE REGIONAL HEALTH
ATTN: ACCOUNTS PAYABLE
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833



Account Number	33*2060*5
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1926 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$48.05
Amount Due After Due Date	\$48.05

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018				Previous Balance	\$25.17
					Current Charges	
					Storm Water	\$22.88
					Total Amount Due	\$48.05

FINAL BILL

AMAZING WATER FACT!

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Report storm water complaints involving flooding, erosion, water quality, dumping, and construction sites to the Storm Water Hotline at 765-825-2158.

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

PLEASE CHECK BOX IF MAILING ADDRESS OR PHONE NUMBER HAS CHANGED AND INDICATE CHANGES ON REVERSE SIDE

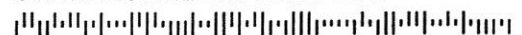


FINAL BILL

Account Number	33*2060*5
Customer Name	FAYETTE MEMORIAL HOSPITAL
Service Address	1926 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$48.05
Amount Due After Due Date	\$48.05
Amount Paid	

PLEASE MAKE CHECKS PAYABLE TO:

CONNERSVILLE UTILITIES
PO BOX 325
CONNERSVILLE IN 47331-0325





CONNSVILLE UTILITIES

Water • Sewer • Storm Water

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Connersville IN 47331-0325

Phone: (765) 825-2158

www.connersvilleutilities.com

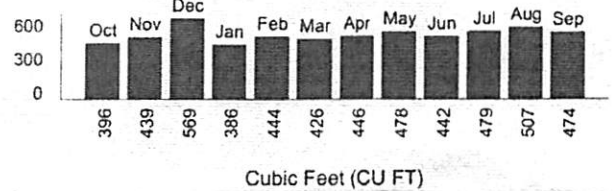


% ACCOUNTS PAYABLE 25
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*2120*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE A
Current Charges Due Date	10/29/2018
Amount Due	\$429.87
Amount Due After Due Date	\$429.87

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	23420	23959	539	Previous Balance	\$222.80
					Current Charges	
					Water	\$20.69
					Sewer	\$34.80
					Storm Water	\$151.58
					Total Amount Due	\$429.87

FINAL BILL

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FINAL BILL

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CONNSVILLE UTILITIES
PO BOX 325
CONNSVILLE IN 47331-0325



Account Number	33*2120*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE A
Current Charges Due Date	10/29/2018
Amount Due	\$429.87
Amount Due After Due Date	\$429.87
Amount Paid	



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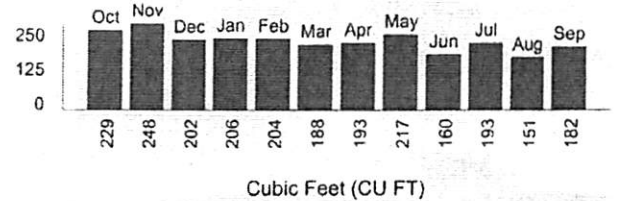


% ACCOUNTS PAYABLE 26
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*2130*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE B
Current Charges Due Date	10/29/2018
Amount Due	\$87.53
Amount Due After Due Date	\$87.53

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	13010	13260	250	Previous Balance	\$44.70
					Current Charges	
					Water	\$14.07
					Sewer	\$28.76
					Total Amount Due	\$87.53

FINAL BILL

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FINAL BILL

Account Number	33*2130*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE B
Current Charges Due Date	10/29/2018
Amount Due	\$87.53
Amount Due After Due Date	\$87.53
Amount Paid	

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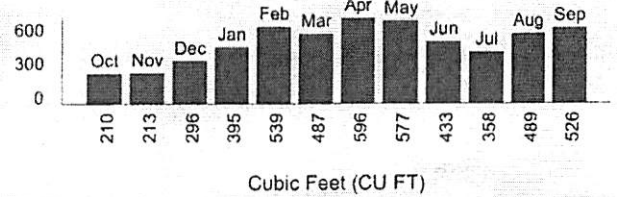
FAYETTE MEMORIAL HOSPITAL ASSO

27
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*2950*2
Customer Name	FAYETTE MEMORIAL HOSPITAL ASSO
Service Address	2004 INDIANA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$165.06
Amount Due After Due Date	\$165.06

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	27593	28340	747	Previous Balance	\$79.36
					Current Charges	
					Water	\$27.97
					Sewer	\$39.14
					Storm Water	\$18.59
					Total Amount Due	\$165.06

FINAL BILL

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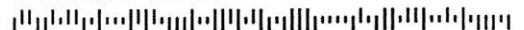


FINAL BILL

Account Number	33*2950*2
Customer Name	FAYETTE MEMORIAL HOSPITAL ASSO
Service Address	2004 INDIANA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$165.06
Amount Due After Due Date	\$165.06
Amount Paid	

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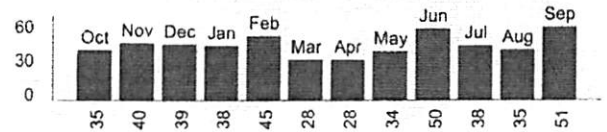


% ACCOUNTS PAYABLE 28
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833



Account Number	33*2970*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2140 INDIANA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$209.46
Amount Due After Due Date	\$209.46

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	2182	2230	48	Previous Balance	\$109.37
					Current Charges	
					Water	\$14.07
					Sewer	\$24.53
					Storm Water	\$61.49
					Total Amount Due	\$209.46

FINAL BILL

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FINAL BILL

PLEASE MAKE CHECKS PAYABLE TO:

CONNERSVILLE UTILITIES
PO BOX 325
CONNERSVILLE IN 47331-0325



Account Number	33*2970*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2140 INDIANA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$209.46
Amount Due After Due Date	\$209.46
Amount Paid	



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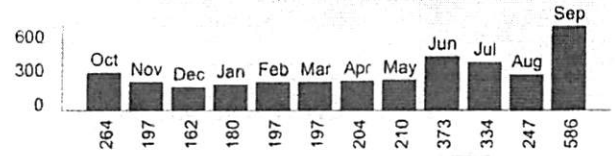


% ACCOUNTS PAYABLE 29
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*3630*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE C
Current Charges Due Date	10/29/2018
Amount Due	\$236.23
Amount Due After Due Date	\$236.23

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	12618	15431	2813	Previous Balance	\$61.61
					Current Charges	
					Water	\$92.30
					Sewer	\$82.32
					Total Amount Due	\$236.23

FINAL BILL

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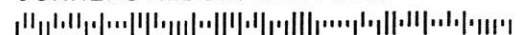
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FINAL BILL

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CONNSVILLE IN 47331-0325



Account Number	33*3630*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE C
Current Charges Due Date	10/29/2018
Amount Due	\$236.23
Amount Due After Due Date	\$236.23
Amount Paid	



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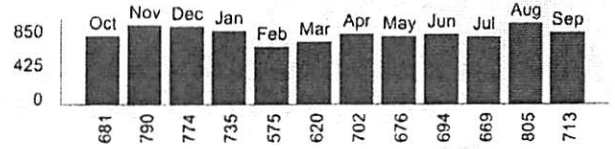


% ACCOUNTS PAYABLE 30
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*3640*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE D
Current Charges Due Date	10/29/2018
Amount Due	\$135.80
Amount Due After Due Date	\$135.80

Consumption History



Cubic Feet (CU FT)

Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	34827	35544	717	Previous Balance	\$70.36
					Current Charges	
					Water	\$26.92
					Sewer	\$38.52
					Total Amount Due	\$135.80

FINAL BILL

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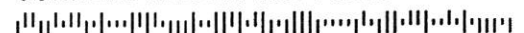


FINAL BILL

Account Number	33*3640*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	2025 VIRGINIA AVE, SUITE D
Current Charges Due Date	10/29/2018
Amount Due	\$135.80
Amount Due After Due Date	\$135.80
Amount Paid	

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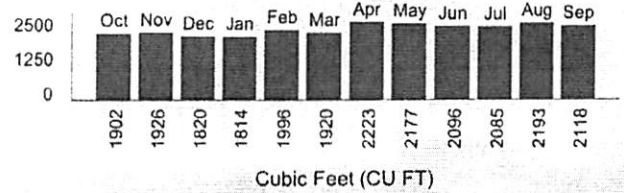


% ACCOUNTS PAYABLE 31
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Account Number	33*3680*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	3542 WESTERN AVE
Current Charges Due Date	10/29/2018
Amount Due	\$1,291.14
Amount Due After Due Date	\$1,291.14

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	81539	84580	3041	Previous Balance	\$660.22
					Current Charges	
					Water	\$184.78
					Sewer	\$249.51
					Storm Water	\$196.63
					Total Amount Due	\$1,291.14

FINAL BILL

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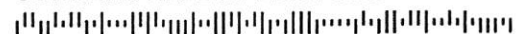
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FINAL BILL

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PO BOX 325
CONNSVILLE IN 47331-0325



Account Number	33*3680*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	3542 WESTERN AVE
Current Charges Due Date	10/29/2018
Amount Due	\$1,291.14
Amount Due After Due Date	\$1,291.14
Amount Paid	



CONNSVILLE UTILITIES

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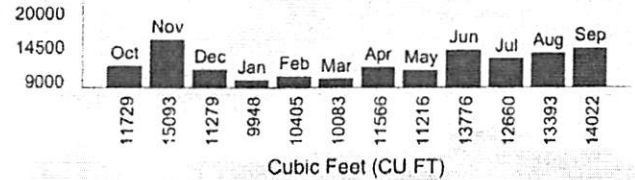
Phone: (765) 825-2158

www.connersvilleutilities.com

Account Number	33*3720*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	450 ERIE AVE
Current Charges Due Date	10/29/2018
Amount Due	\$5,306.65
Amount Due After Due Date	\$5,306.65

Consumption History

% ACCOUNTS PAYABLE 32
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNSVILLE IN 47331-2833



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/10/2018	831731	847873	16142	Previous Balance	\$2,693.11
					Current Charges	
					Water	\$847.49
					Fire Protection	\$289.16
					Water Surcharge	\$284.16
					Sewer	\$1,084.30
					Sewer Surcharge	\$108.43
					Total Amount Due	\$5,306.65

FINAL BILL

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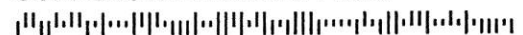
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FINAL BILL

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Account Number	33*3720*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	450 ERIE AVE
Current Charges Due Date	10/29/2018
Amount Due	\$5,306.65
Amount Due After Due Date	\$5,306.65
Amount Paid	



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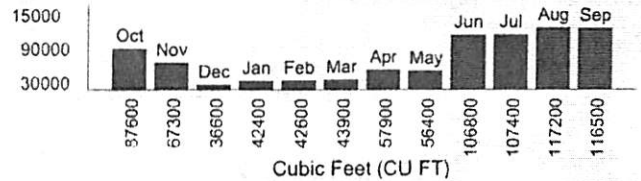


% ACCOUNTS PAYABLE 33
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833



Account Number	33*4380*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	1941 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$10,473.89
Amount Due After Due Date	\$10,473.89

Consumption History



Service Period		Meter Readings		Usage (CU FT)	Service Type	Amount
From	To	Previous	Present			
09/05/2018	10/12/2018	14877500	15003900	126400	Previous Balance	\$5,151.03
					Current Charges	
					Water	\$2,559.68
					Fire Protection	\$33.08
					Sewer	\$2,243.18
					Storm Water	\$486.92
					Total Amount Due	\$10,473.89

FINAL BILL

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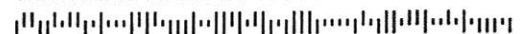
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Account Number	33*4380*1
Customer Name	% ACCOUNTS PAYABLE
Service Address	1941 VIRGINIA AVE
Current Charges Due Date	10/29/2018
Amount Due	\$10,473.89
Amount Due After Due Date	\$10,473.89
Amount Paid	

City of
Connersville
Indiana

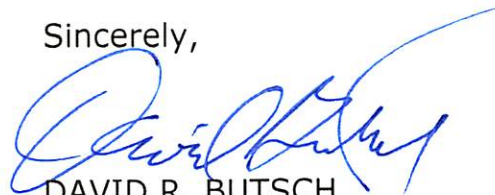
March 18, 2019

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

RE: *Fayette Memorial Hospital Association*
U.S. Bankruptcy Court
Southern District of Indiana
Case No. 18-07762-JJG

I have enclosed a Proof of Claim in the amount of \$20,511.50, along with copies of supporting documentation, on behalf of Connersville Utilities in the above referenced matter. This claim is for unpaid pre-filing water, sewer, storm water and fire protection services.

Sincerely,



DAVID R. BUTSCH
Connersville City Attorney

DRB:ph
Enclosure

MAYOR
Harold W. Gordon
mayor@connersvillein.gov

Executive Assistant
Melissa K. Callahan
mcallahan@connersvillein.gov



CITY COUNCIL

Connie Durham
District #1

Chad Frank
District #2

Debbie Montgomery
District #3

Diana Phillips
District #4

David Nutty
District #5

Mike Bishop
Councilman At Large

Gabe Nobbe
Councilman At Large

David Butsch
Attorney

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(765) 825-4211
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