

Fill in this information to identify the case:

Debtor 1 Fayette Regional Health System

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Indiana



Case number 18-07762-JJG-11

RECEIVED

APR 02 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?

Custom Ultrasonics, 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)

Where should notices to the creditor be sent?

Custom Ultrasonics, Inc.

Name

144 Railroad Drive

Number Street

Ivyland

PA

18974

City

State

ZIP Code

Contact phone 215-364-1477

Contact email dave.clark@customultrasonics.com

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

Same

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: E T T E

7. How much is the claim? \$ 4,518.29 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.
Services Performed and Good 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 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 03/28/2019
MM / DD / YYYY


Signature

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

Name	David W Clark		
	First name	Middle name	Last name
Title	Finance Director		
Company	Custom Ultrasonics		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	144 Railroad Drive		
	Number	Street	
	Ivyland	PA	18974
	City	State	ZIP Code
Contact phone	215-364-1477		Email dave.clark@customultrasonics.com

INVOICE

Page 1

CUSTOM ULTRASONICS, INC.

144 RAILROAD DRIVE
IVYLAND, PA 18974
(215) 364-1477
Fax: (215) 364-7674

INVOICE NUMBER: 0278569-IN
INVOICE DATE: 10/3/2018

ORDER NUMBER:
ORDER DATE:
SALESPERSON: SMD
CUSTOMER NO: 01-FAYETTE
LOT NO:

SOLD TO:

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE.
ACCOUNTS PAYABLE
CONNERSVILLE, IN 47331

SHIP TO:

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE.
CONNERSVILLE, IN 47331

JEFF WADDELL

CUSTOMER P.O.		SHIP VIA.	TERMS		SHIPMENT/SERVICE DATE	
180810-GHZD			NET 30 DAYS		8/10/2018	
ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	EXT PRICE
/SERVICE CALLS	EACH	6	6	0	160.0000	960.00
SERVICE CALL TIME AND TRAVEL						
/SERVICE LABOR	EACH	6	6	0	160.0000	960.00
SERVICE CALLS LABOR						
REPAIR SERIAL #113007-G						
/11016	EACH	1	1	0	80.5300	80.53
PVC DRAIN ASSEMBLY WITH TEE						
<i>If Part Returned: 20% Restocking Fee</i>						
/71235P3	EACH	2	2	0	298.0700	596.14
1/4" NPT - 1/8" ORIFICE S/S RB						
<i>If Part Returned: 20% Restocking Fee</i>						
/06-1019R	EACH	2	2	0	119.2400	238.48
3/8" BR.REPLACEMENT KIT-SCREEN						
<i>If Part Returned: 20% Restocking Fee</i>						
/11085	EA	1	1	0	812.7300	812.73
75R DUAL HEAD AIR COMPRESSOR						
<i>If Part Returned: 50% Restocking fee</i>						
/12035	EACH	2	2	0	198.3100	396.62
ELECTRO-OPTIC SENSORS - 3/8"						
<i>If Part Returned: 20% Restocking Fee</i>						
/12036	EACH	1	1	0	329.7000	329.70
OPTO-PAK VENT CONTROLLER BOARD						
<i>If Part Returned: 20% Restocking Fee</i>						

****Effective immediately**, our ACH/EFT bank account changed. Please email accounting@customultrasonics.com for updated account information.**

Remit to: Custom Ultrasonics, Inc., 144 Railroad Drive, Ivyland, PA 18974

All product returns must be made within 60 days of purchase / shipment.
RMA's can be obtained by calling (215) 364-1477.

Net Invoice:	4,374.20
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Invoice Total (USD):	\$4,374.20

INVOICE

Page 1

CUSTOM ULTRASONICS, INC.

144 RAILROAD DRIVE
IVYLAND, PA 18974
(215) 364-1477
Fax: (215) 364-7674

INVOICE NUMBER: 0276252-IN
INVOICE DATE: 6/13/2018

ORDER NUMBER: 0067690
ORDER DATE: 6/11/2018
SALESPERSON: SMD
CUSTOMER NO: 01-FAYETTE

LOT NO:

SOLD TO:

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE.
ACCOUNTS PAYABLE
CONNERSVILLE, IN 47331

SHIP TO:

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE.
RECV
CONNERSVILLE, IN 47331

CUSTOMER P.O.	SHIP VIA.	TERMS	SHIPMENT/SERVICE DATE
180611-F1HW	UPS GROUND	NET 30 DAYS	6/11/2018

ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	EXT PRICE
13020	CAS4	1	1	0	110.0000	110.00
Tergal 800 Detergent (4 Gal. C		<i>If Part Returned, 50% Restocking Fee</i>				
Lot Number: 050818		1				

Remit to: Custom Ultrasonics, Inc., 144 Railroad Drive, Ivyland, PA 18974

All product returns must be made within 60 days of purchase / shipment.
RMA's can be obtained by calling (215) 364-1477.

Net Invoice:	110.00
Less Discount:	0.00
Freight:	34.09
Sales Tax:	0.00
Invoice Total (USD):	\$144.09

**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 120th Street
Hawthorne, CA 90250**