

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 IndianaCase number 18-07762-JJG-11

RECEIVED

APR 04 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?

OPUSING LLC

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?

OPUSING LLC

Name

101 Federal Street Suite 1900

Number Street

BostonMA02110

City

State

ZIP Code

Contact phone 617-649-9669Contact email ar@opusingllc.com

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

OPUSING LLC

Name

101 Federal Street Suite 1900

Number Street

BostonMA02110

City

State

ZIP Code

Contact phone 617-649-9669Contact email ar@opusingllc.com

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? \$ 1,896.00. 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.

Services performed, document attached

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 04/02/2019

MM / DD / YYYY

Aseem Anand

Signature

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

Name Aseem Anand
First name Middle name Last name

Title Managing Director

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

Address 101 Federal Street Suite 1900
Number Street

Boston MA 02110
City State ZIP Code

Contact phone 617-649-9669 Email ar@opusingllc.com



COLLABORATIVE EFFORT SYNERGISE

INVOICE

Number 2018 / 237	Invoice Date 07/17/2018
Purchase Order No	FOB Point
Sales Person Paul Adams	Telephone 781-207-1427

PO. Box 26470
San Francisco, CA 94126
Phone: +1 781.207.1427
Fax: +1 844.678.7464
Fed EIN: 20-8440791
Email: ar@opusingllc.com
Website: www.opusing.com

CUSTOMER

Name: Medefis, Inc.
Address: 2121N 117th Ave, 2nd Floor
Omaha, NE 68164

S. No.	Description	QTY	Unit Price	Total
1.	Being fees for talent search of the following resource Name: Ruby Bolton (Period-07.02.2018 to 07.08.2018)	39.50	\$48.00	\$1,896.00
		0.00	\$0.00	\$0.00
2	Wire Transfer			On Actual
Total:				\$1,896.00

Opusing LLC

Payment options:

- A) Wire Transfer: (Preferred)
Bank: City National Bank
105 California Street
San Francisco, CA 94111
Account: Flexible Funding
Account No: 432689107
Routing No: 122016066

- B) Through account payee check.

PO. Box 26470

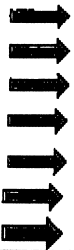
This is a computer generated invoice and hence required no signature



OPUSING LLC

Employee Weekly Time

Instructions:



Timesheet should be completed by the Employee at the end of each work
Once completed, submit to Supervisor for review and signature.
Employee will send signed/dated timesheet via email to hroperations@opusing.com
Any hours worked over 40 hrs will be paid at time and half unless otherwise
When less than a full hours is worked, the time is rounded and paid to the
On-Board payroll is processed weekly with a Thursday check date.
Should you have any payroll related concerns, please contact hroperations

Name (Last & First)

Bolton Ruby

Employee File #

Client:

Fayette Regional Health
Connersville, IN

Location:

Workweek: From Sunday (date)

To Saturday (date)

Day of Week	Date	Time In	Lunch Starts	Lunch Ends	Time Out
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday	7/5/18	1600	30hr		0730
Friday	7/6/18	1845	30		0730
Saturday	7/7/18	1845	30		0730

Employee Signature:

Ruby Bolton
Denise Couch, BSN, RN

Date:

7/11/18
7-11-18

UNITED STATES BANKRUPTCY COURT
Southern District of Indiana
46 E. Ohio St., Rm. 116
Indianapolis, IN 46204

SF00100 (rev 11/2016)

In re:

Fayette Memorial Hospital Association, Inc.,
Debtor.

Case No. 18-07762-JJG-11

NOTICE

A Motion to Extend Exclusivity Period to File Ch 11 Plan/Disclosure Statement was filed on February 7, 2019, by Debtor Fayette Memorial Hospital Association, Inc. to extend the time for filing to May 8, 2019.

NOTICE IS GIVEN that your rights may be affected. You should read these documents carefully and discuss them with your attorney. If you do not have an attorney, you may want to consult one.

NOTICE IS FURTHER GIVEN that if you do not want the Court to enter an order on the Motion to Extend Exclusivity Period to File Ch 11 Plan/Disclosure Statement or you want the Court to consider your views, an objection, explaining your position, must be filed with the Court by February 28, 2019. A copy must be sent to the party or party's attorney requesting relief at the following address:

Wendy D Brewer
Fultz Maddox Dickens PLC
333 N. Alabama Street
Suite 350
Indianapolis, IN 46204

If you mail your objection, it must be mailed early enough so that the Court receives it on or before February 28, 2019. Objections must comply with S.D.Ind. B-9013-1(d).

If these steps are not taken, the Court may decide that you do not oppose the relief sought and may enter an order granting that relief.

Any referenced document can be found at pacer.insb.uscourts.gov or may be requested from the filing party.

Dated: February 7, 2019

Kevin P. Dempsey
Clerk, U.S. Bankruptcy Court

SAT-53904 0756-I SF00100 18-07762
Wendy D Brewer
333 N. Alabama Street
Suite 350
Indianapolis, IN 46204

022490 22490 I AB 0.409 94126 4 I 8739-1-22490



Opusing, LLC
PO Box 26470
San Francisco, CA 94126-6470

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**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**