

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

RECEIVED

MAY 14 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? Johnson Controls
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? Johnson Controls
Name 5757 N Green Bay Ave, LD-9
Number Street
Milwaukee WI 53209
City State ZIP Code
Contact phone 414-524-7215
Contact email Brian.J.Wilderman@jci.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? \$ 84,231.72. 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.
HVAC services

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

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 05/10/2019
MM / DD / YYYY



Signature

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

Name Brian Wilderman
First name Middle name Last name

Title Credit Analyst

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

Address 5757 N Green Bay Ave, LD-9
Number Street

Milwaukee WI 53209
City State ZIP Code

Contact phone 414-524-7215 Email Brian.J.Wilderma@jci.com



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-63557292192 Invoice Date: 03/28/2018
 PO #/Auth: 101545 Service Request: 1-63551708000
 Customer WO#: SR Type: L&M
 Customer Acct: 1230062 Branch Name: JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Service Site:
 FAYETTE MEMORIAL HOSPITAL -
 CONNERSVILLE
 1941 VIRGINIA AVE ,
 CONNERSVILLE IN 47331-2833

Contractor/License Information :

Requested By: JENNIE WELLMAN

Proposal : Fayette Memorial Hospital
 Chiller Billing

Phone: 7658277714

Proposal Date: 03/28/2018

Accepted By: JENNIE WELLMAN

Service Requested: Billing for (1) Stock York YVAA VSD Chiller.
 (Work Scope) Mod# YVAA0273XXX46 Ser# 11551B84796963

Delivered to site on 3/29/2018.

Balance of chiller installation to be invoiced upon completion and startup.

Service Provided: Per approved quote, we completed the above scope work.
 Thank you for your business.

Total Quote Price	\$109,653.58
Taxes	\$0.00
Total Amount Due	USD \$109,653.58

*138,054.95
 remaining balance*

Direct Billing Inquiries: (866) 656-8521

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

Disposable, Environmental & Usage (DEU) fee listed on this invoice may include charges for one or more of the following miscellaneous: Electrical, pneumatic, welding supplies, hardware materials, cleaning supplies, or refrigerant reclaim disposal. A lump sum charge was applied rather than itemizing usage.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

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Customer WO#:		SR Type:	L&M
Customer Acct:	1230062	Branch Name:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Please reference the invoice number and amount with all payments. Remit to only the address below.

Payment Terms: Due Upon Receipt Of Invoice

Direct Billing Inquiries

To Service Department: (866) 656-8521

To Remit Via Credit Card:

Call the phone number listed above.

INVOICE#: 1-63557292192

AMOUNT DUE: USD \$109,653.58

Remit Payment To:

JOHNSON CONTROLS

PO BOX 730068

DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:

JP Morgan Chase

One Chase Manhattan Plaza

New York, NY 10005

Credit to: Johnson Controls Inc.

ABA# 071-000013 Depositor Acct #55-14347

Type of Account: Checking



**Building Efficiency
Interactive Business Systems**

EU: 28 Oct | NA: 13 Oct

AR Summary

Systems

Service

BE Operations

Reporting

Related Sites

Invoice Detail

Invoice: 1-63557292192

NXGEN_STANDARD

Transaction Class: INV

Customer: N20-1230062-01

FAYETTE MEMORIAL HOSPITAL

ACCOUNTS PAYABLE DEPT, 1941 VIRGINIA AVENUE, CONNERSVILLE, IN, 47331, US
CONNERSVILLE, IN, 47331

Billing Address: Attn: FAYETTE MEMORIAL HOSPITAL - CONNERSVILLE

Job: 1-63551708000

Project Name: Unknown

Consolidated Bill Number:

Purchase Order: 101545

Non-Payment Reason: Status -- No Customer Contact

Non-Payment Reason Date:

Invoiced Currency: USD

Payment Term: NET 30

Printed Payment Term : NET 30

Comments:

Change Invoice View To:

Date	Type	Amount	Balance	Details
03/28/2018	Invoice	\$109,653.58	\$109,653.58	NXGEN_STANDARD
07/30/2018	Payment	(\$43,315.20)	\$66,338.38	Check #: 143793
08/31/2018	Payment	(\$28,283.43)	\$38,054.95	Check #: 144121
Remaining Balance			\$38,054.95	

Customer's Undistributed Cash: \$0.00

Invoice Notes

Note: The data on this page may be updated in real time. Transactions which have been posted since the last summarization may cause the totals on this page to be out of sync with the totals on summary pages elsewhere in A/R Summary and other applications. These transactions will be incorporated in the next recalculation.

This system and all applications and information provided through this system are for the sole use of individuals authorized by Johnson Controls Inc. By using this system, each user agrees that he or she is aware of and will fulfill all responsibilities for protecting all corporate and business information accessed with this system. Use of the system without authority, or in violation of the Johnson Controls Inc. terms of use, is prohibited. All users are subject to monitoring and recording of all activities by system personnel. Each user of this system expressly consents to such monitoring and is advised that if such monitoring reveals evidence of inappropriate or criminal activity, the user will be subject to disciplinary action, and civil and/or criminal prosecution under national, state, provincial or other applicable laws.



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-64308330877	Invoice Date:	04/18/2018
PO #/Auth:	101545	Service Request:	1-62412552772
Customer WO#:		SR Type:	L&M
Customer Acct:	1230062	Branch Name:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Service Site:
 FAYETTE MEMORIAL HOSPITAL -
 CONNERSVILLE
 1941 VIRGINIA AVE ,
 CONNERSVILLE IN 47331-2833

Contractor/License Information :

Requested By: JENNIE WELLMAN

Proposal : Fayette Hospital Stock AC
 Chiller Replacement

Phone: 7658277714

Proposal Date: 03/14/2018

Accepted By: JENNIE WELLMAN

Service Requested: 2ND INVOICE FOR START UP AND LABOR
 (Work Scope)

Chiller Replacement: \$139,388.00
 Original Quotation \$122,791.00
 Expedited Stock Chiller \$16,597.00

Stock York YVAA VSD Chiller. Shipping within two weeks.
 Unit will ship directly to Fayette Memorial Hospital.
 Install before the Outside Air Temperature becomes too warm.

Turnkey Install.
 JCI will perform the following turnkey Chiller replacement of the York YCAS330 Chiller.
 JCI is going to install a High Efficient Variable Speed Drive York YVAA Chiller.
 JCI and our contractors will perform the following scope of work.
 Demo and Disposal of the existing chiller.
 Rig and Install the new chiller on the existing structural frame.
 Make necessary modifications to the CHW piping for the YVAA Chiller.
 Insulate the new CHW supply and return piping.
 JCI's preferred Chiller Technician will complete the Startup and Training of the new VSD YVAA Chiller.
 JCI will work with Structural Engineer to verify structural requirements.
 JCI will assist in apply for Energy Rebates if available.
 Exclusion
 Electrical Modifications Excluded
 Controls Integration Excluded.
 Structural Modifications, if necessary Excluded
 Sales Tax if necessary Excluded

Service Provided: Per approved quote, we completed the above scope work from 3/22/18-4/12/18.
 Thank you for your business.

Total Quote Price
Taxes

\$29,734.32
\$0.00



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-64308330877	Invoice Date:	04/18/2018
PO #/Auth:	101545	Service Request:	1-62412552772
Customer WO#:		SR Type:	L&M
Customer Acct:	1230062	Branch Name:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Total Amount Due	USD	\$29,734.32
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Direct Billing Inquiries: (866) 656-8521

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Please reference the invoice number and amount with all payments. Remit to only the address below.

Payment Terms: Due Upon Receipt Of Invoice

Direct Billing Inquiries

To Service Department: (866) 656-8521

To Remit Via Credit Card:

Call the phone number listed above.

INVOICE#: 1-64308330877

AMOUNT DUE: USD \$29,734.32

Remit Payment To:

JOHNSON CONTROLS

PO BOX 730068

DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:

JP Morgan Chase

One Chase Manhattan Plaza

New York, NY 10005

Credit to: Johnson Controls Inc.

ABA# 071-000013 Depositor Acct #55-14347

Type of Account: Checking



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #: 1-67064938971 **Invoice Date:** 05/30/2018
PO #/Auth: ok per jennie **Service Request:** 1-64128677211
Customer WO#: **SR Type:** L&M
Customer Acct: 1230062 **Branch Name:** JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Service Site:
 FAYETTE MEMORIAL HOSPITAL -
 CONNERSVILLE
 1941 VIRGINIA AVE ,
 CONNERSVILLE IN 47331-2833

Contractor/License Information :

Requested By: JENNIE WELLMAN
Phone: 7658277714

Service Requested: Chiller 3 won't stay running.

Service Provided: 4/13—Changed oil filter and set oil pressure. Set at 40 PSIG. Need to monitor.
 Picked up filter from shop. Used O-ring that was on site.
 Thank you for your business.

Qty	Description	UOM	Unit Price	Sub Total	Tax	Net Price
Labor						
3	04/13/2018 Regular Chiller Heavy	Hour	\$155.70	\$467.10	\$0.00	\$467.10
Sub-Total				\$467.10	\$0.00	\$467.10
Materials						
1	026 11225 000 CTG, FLT 15 MICRON	Each	\$44.60	\$44.60	\$0.00	\$44.60
Sub-Total				\$44.60	\$0.00	\$44.60
Fees						
1	Zone Charges	Each	\$150.00	\$150.00	\$0.00	\$150.00
Sub-Total				\$150.00	\$0.00	\$150.00
Invoice Sub-Total					\$661.70	
Taxes					\$0.00	
Total Due					USD	\$661.70

Direct Billing Inquiries: (866) 656-8521

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

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We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-67064938971	Invoice Date:	05/30/2018
PO #/Auth:	ok per jennie	Service Request:	1-64128677211
Customer WO#:		SR Type:	L&M
Customer Acct:	1230062	Branch Name:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.

Please reference the invoice number and amount with all payments. Remit to only the address below.

Payment Terms: Due Upon Receipt Of Invoice
Direct Billing Inquiries
To Service Department: (866) 656-8521

To Remit Via Credit Card:
 Call the phone number listed above.

INVOICE#: 1-67064938971

AMOUNT DUE: USD \$661.70

Remit Payment To:
 JOHNSON CONTROLS
 PO BOX 730068
 DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
 JP Morgan Chase
 One Chase Manhattan Plaza
 New York, NY 10005
 Credit to: Johnson Controls Inc.
 ABA# 071-000013 Depositor Acct #55-14347
 Type of Account: Checking



Fayette Regional Health System

PURCHASE ORDER #: 700018 PAGE 1

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE.
CONNERSVILLE, IN 47331
HOSP PHONE: 765-825-5131
PUR PHONE.: 765-827-7750
FAX.....: 765-825-7444

The order number must appear on all invoices, packages, & correspondence.

MIN PO AMT.:
TAX EXEMPT #: 0018188800000
ACCOUNT #. . .:

DATE VEND ----TERMS----
03/29/17 02461
----SHIP VIA--- ----FOB-----

TO: JOHNSON CONTROLS-CC
PO BOX 730068
DALLAS, TX 75373
VEND PHONE: 800-382-2804
VEND FAX. . .:

SHIP: FAYETTE REGIONAL HEALTH SYSTEM
TO: 1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

LINE#/DESCRIPTION	DEPARTMENT	HOSPITAL #	CATALOG # GL NUM.	UNIT	QTY	ORD	UNIT CST EXT CST
1 YEAR 1 SERVICE ON BUILDING SYSTE			QUARTERLY PYMTS	EA	4		5565.00
PLANT OPERATIO	95499999		43056830				<u>22260.00</u> <i>ye 1</i>
2 YEAR 2 SERVICE ON BUILDING SYSTE			QUARTERLY PYMTS	EA	4		5732.00
PLANT OPERATIO	95499999		43056830				<u>22928.00</u> <i>ye 2</i>
3 YEAR 3 SERVICE ON BUILDING SYSTE			QUARTERLY PYMTS	EA	4		5904.00
PLANT OPERATIO	95499999		43056830				<u>23616.00</u> <i>ye 3</i>

EMAILED COPY OF PURCHASE ORDER AND QUOTE # 1-J09K10J DATED 02/10/17 TO MICHAEL JONES - michael.e.jones@jci.com ON 03/29/17
APPROVED BY ALISON GATES AND JENNIE WELLMAN - 3 YEAR CONTRACT.

*** TOTALS ***

12 68804.00

COMMENT: FAX ORDER CONFIRMATI
EFFECTIVE 04/01/17 I

AUTH. SIGNATURE: 
ENTERED BY: KB



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-63751477595	Invoice Date:	04/02/2018
PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Service Site:
 See Locations listed below

Contractor/License Information :

Planned Service Agreement Services Performed: For period from 01-Apr-2018 to 30-Jun-2018.

Locations included in your Agreement

FAYETTE MEMORIAL HOSPITAL - CONNERSVILLE	1941 VIRGINIA AVE	CONNERSVILLE, USA IN	47331- 2833
FAYETTE REGIONAL CARE CENTER	450 ERIE AVE	CONNERSVILLE, USA IN	47331- 3176

Sub Total	\$5,260.25
Taxes	\$0.00
Total Amount Due	USD \$5,260.25

Direct Billing Inquiries: (866) 656-8521

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JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

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Invoice #:	1-63751477595	Invoice Date:	04/02/2018
PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Please reference our Invoice Number and amount with your payment and send **ONLY** to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 656-8521

To Remit Via Credit Card:
Call the phone number listed above.

INVOICE #: **1-63751477595**

AMOUNT DUE: **USD \$5,260.25**

Remit Payment To:
JOHNSON CONTROLS
PO BOX 730068
DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-69625184196	Invoice Date:	07/02/2018
PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
FAYETTE MEMORIAL HOSPITAL
ACCOUNTS PAYABLE DEPT
1941 VIRGINIA AVENUE
CONNERSVILLE IN 47331

Service Site:
See Locations listed below

Contractor/License Information :

Planned Service Agreement Services Performed: For period from 01-Jul-2018 to 30-Sep-2018.

Locations included in your Agreement

FAYETTE MEMORIAL HOSPITAL - CONNERSVILLE	1941 VIRGINIA AVE	CONNERSVILLE, USA IN	47331- 2833
FAYETTE REGIONAL CARE CENTER	450 ERIE AVE	CONNERSVILLE, USA IN	47331- 3176

Sub Total	\$5,260.25
Taxes	\$0.00
Total Amount Due	USD \$5,260.25

Direct Billing Inquiries: (866) 656-8521

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Building Efficiency
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PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Please reference our Invoice Number and amount with your payment and send ONLY to the address on this invoice.

Payment Terms: Net Cash-Due Upon Receipt
Direct Billing Inquiries
To Service Department: (866) 656-8521

To Remit Via Credit Card:
Call the phone number listed above.

INVOICE #: **1-69625184196**

AMOUNT DUE: **USD \$5,260.25**

Remit Payment To:
JOHNSON CONTROLS
PO BOX 730068
DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
JP Morgan Chase
One Chase Manhattan Plaza
New York, NY 10005
Credit to: Johnson Controls Inc.
ABA# 071-000013 Depositor Acct #55-14347
Type of Account: Checking



JOHNSON CONTROLS
 Building Efficiency
 Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-79107899819	Invoice Date:	10/02/2018
PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

Bill To:
 FAYETTE MEMORIAL HOSPITAL
 ACCOUNTS PAYABLE DEPT
 1941 VIRGINIA AVENUE
 CONNERSVILLE IN 47331

Service Site:
 See Locations listed below

Contractor/License Information :

Planned Service Agreement Services Performed: For period from 01-Oct-2018 to 31-Dec-2018.

Locations included in your Agreement

FAYETTE MEMORIAL HOSPITAL - CONNERSVILLE	1941 VIRGINIA AVE	CONNERSVILLE, USA IN	47331- 2833
FAYETTE REGIONAL CARE CENTER	450 ERIE AVE	CONNERSVILLE, USA IN	47331- 3176

Sub Total	\$5,260.25
Taxes	\$0.00
Total Amount Due	USD \$5,260.25

Direct Billing Inquiries: (866) 656-8521

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.



JOHNSON CONTROLS
Building Efficiency
Federal ID 39-0380010

ORIGINAL INVOICE

Invoice #:	1-79107899819	Invoice Date:	10/02/2018
PO #/Auth:	700018	Your Agreement:	Fayette Hospital Chiller PSA 2018-19 Yr 2 of 3
Customer Acct:	1230062	Agreement Number:	1-63478024967
Customer WO#:		Service Request:	
		Branch:	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

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INVOICE #: 1-79107899819

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 DALLAS, TX, 75373

To Remit Via ACH Wire Transfers:
 JP Morgan Chase
 One Chase Manhattan Plaza
 New York, NY 10005
 Credit to: Johnson Controls Inc.
 ABA# 071-000013 Depositor Acct #55-14347
 Type of Account: Checking



5757 N Green Bay Ave, LD9
Milwaukee, WI 53209
(414) 524-7215 Phone
Brian.J.Wilderman@jci.com

May 10, 2019

BMC Group, Inc
Attn: FMHA Claims Processing
PO Box 90100
Los Angeles, CA 90009

Re: Proof of Claim for Fayette Memorial Hospital Association (case # 18-07762)

Dear Clerk:

Johnson Controls, Inc. is submitting a proof of claim in the bankruptcy case for Fayette Memorial Hospital Association in the amount of \$84,231.72.

Enclosed is the original proof of claim and along with the invoices. Please acknowledge the proof of claim by signing the copy and sending back to the above address.

If you need additional information or have questions, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "B. Wilderman".

Brian Wilderman
Credit Analyst
Johnson Controls Inc.