

Proof of 503(b)(9) Claim Form

Debtor: Fayette Memorial Hospital Association, Inc. Case No. 18-07762-JJG-11

11 U.S.C. § 503(b)(9) provides that "[a]fter notice and a hearing, there shall be allowed administrative expenses. . . including . . . the value of any goods received by the debtor within 20 days before the date of commencement of a [bankruptcy case] in which the goods have been sold to the debtor in the ordinary course of such debtor's business."

The Debtor's case commenced on October 10, 2018. Your receipt of this form does not mean you hold a valid 503(b)(9) claim.

Claimants should submit a signed original of this form in order to assert a claim pursuant to section 503(b)(9) of the Bankruptcy Code, together with the accompanying documentation required pursuant to the order of the Bankruptcy Court establishing procedures for the assertion, resolution, allowance and satisfaction of any claims asserted pursuant to section 503(b)(9) of the Bankruptcy Code to the following address:

If by regular mail to: 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

NOTE: This form must be delivered to BMC Group, Inc. at the above-referenced address **on or before to June 12, 2019**. This form may be submitted in person or by mail, hand delivery, or overnight courier. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

ARTEC Environmental

Name and Address Where Notices and Payment Should Be Sent:

ARTEC Environmental
 Attn: Accounts Receivable
 8047 Castleton Road
 Indianapolis IN 46250

Telephone No.:

317-577-7000

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.

Check this box if you have asserted a reclamation demand for any of the Goods referenced on this claim form. Attach statement identifying any such goods.

Check this box if you have filed any other claim against any of the Debtors regarding the goods underlying your claim asserted herein.

Check this box if the alleged value of the goods underlying your claim asserted herein represents a combination of goods and services. If you checked this box, provide the percentage of alleged value related to services and to goods on the following line: 29% goods 71% services

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____

Check here if this claim: replaces amends a previously filed claim, dated: _____

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 4,305.00

2. DATE GOODS WERE RECEIVED BY DEBTOR: 6/26/18, 7/12/18, 7/11/18

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

Environmental Testing / med Gas Certifications and med Gas Parts

Attach particular invoices for which any of the amounts described in this form was applied.

4. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as invoices, receipts, bills of lading and the like, identifying the goods for which the claim is being asserted, the date such goods were received by the Debtor, and the alleged value of such goods. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. Any attachments must be 8-1/2" by 11".

5. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

6. ORDINARY COURSE CERTIFICATION: By signing this claim form, you are certifying that the goods, for which payment is sought hereby, were sold to the Debtor in the ordinary course of the Debtor's business and were received by the Debtor within twenty days prior to October 10, 2018, as required by 11 U.S.C. § 503(b)(9).

Print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Date: 5/14/19

Name: R. Ross Williams

Title: President

RECEIVED R. Williams

MAY 20 2019

BMC GROUP

FMHA POC
 00118

ARTEC

ENVIRONMENTAL

8047 Castleton Road
 Indianapolis, IN 46250
 317.577.7000 * 800.727.8321 * FAX: 317.577.7005

SOLD TO

Fayette Memorial Hospital
 Attn: Accounts Payable
 1941 Virginia Avenue
 Connersville, IN 47331

INVOICE NUMBER:	143433
INVOICE DATE:	6/29/2018

SHIP TO

Fayette Memorial Hospital
 Jennie Wellman, Plant Ops
 1941 Virginia Avenue
 Connersville, IN 47331

A 1.5% per month finance charge, 18% per annum will be added to all past due balances beyond 30 days.
 There will be a 3% surcharge for all Credit Card payments.

JOB NAME	CUSTOMER PO	PAYMENT TERMS	
Fayette Mem Hosp	125379	Net 30 Days	
SALES REP ID	SHIPPING METHOD	SHIP DATE	DUE DATE
Mike		6/26/2018	7/29/2018

QTY	ITEM NO	DESCRIPTION	UNIT PRICE	TOTAL PRICE
6	4580	VAPORIZER VERIFICATION	40.00	240.00
9	4585	VENTILATION TESTING - ICU #8, Room 308, Room 337, Decontamination Room, Central Sterile, Cardio Soiled Utility, Anesthesia Workroom, Recovery Soiled Utility, 3 Surgery	115.00	1,035.00
3	4570	WASTE ANESTHETIC GAS TESTING - Surgery	78.00	234.00

**Rec'd partial payment of \$276.00 on 12/17/18. \$1233.00 is remaining balance.*

PLEASE NOTE: PRODUCT CAN NOT BE RETURNED WITHOUT PROPER AUTHORIZATION. RESTOCKING FEES MAY APPLY. NO CASH REFUNDS/ONLY CREDITS ON RETURNED PRODUCT. CREDITS EXPIRE AFTER 12 MONTHS.

Total Due	\$1,509.00
Payments/Credits	\$0.00
Balance Due	\$1,509.00

THANK YOU FOR CHOOSING ARTEC ENVIRONMENTAL MONITORING
 WE APPRECIATE YOUR BUSINESS

\$1233.00

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ENVIRONMENTAL

8047 Castleton Road
 Indianapolis, IN 46250
 317.577.7000 * 800.727.8321 * FAX: 317.577.7005

INVOICE NUMBER:	143508
INVOICE DATE:	7/12/2018

SOLD TO

Fayette Regional Hospital
 Attn: Accounts Payable
 1941 Virginia Avenue
 Connersville, IN 47331

SHIP TO

Fayette Regional Hospital
 Jennie Wellman, Plant Ops
 1941 Virginia Avenue
 Connersville, IN 47331

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JOB NAME	CUSTOMER PO	PAYMENT TERMS	
Fayette Reg Hosp	125387	Net 30 Days	
SALES REP ID	SHIPPING METHOD	SHIP DATE	DUE DATE
House	UPS Next Day	7/11/2018	8/11/2018

QTY	ITEM CODE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
1	FMO-15U-DH	FLOWMETER, 0-15 LPM , DISS HANDTIGHT - OXYGEN	40.00	40.00
1	SSA-CIUT-DH	SUCTION REGULATOR, ANALOG, CONTINUOUS/INTERMITTENT, TUBING NIPPLE, DISS HANDTIGHT	684.00	684.00
	FREIGHT	SHIPPING & HANDLING	98.00	98.00

Total Due	\$822.00
Payments/Credits	\$0.00
Balance Due	\$822.00

PLEASE NOTE: PRODUCT CAN NOT BE RETURNED WITHOUT PROPER AUTHORIZATION. RESTOCKING FEES MAY APPLY. NO CASH REFUNDS/ONLY CREDITS ON RETURNED PRODUCT. CREDITS EXPIRE AFTER 12 MONTHS.

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ARTEC

ENVIRONMENTAL

8047 Castleton Road
 Indianapolis, IN 46250
 317.577.7000 * 800.727.8321 * FAX: 317.577.7005

INVOICE NUMBER:	143816
INVOICE DATE:	7/31/2018

SOLD TO

Fayette Memorial Hospital
 Attn: Accounts Payable
 1941 Virginia Avenue
 Connersville, IN 47331

SHIP TO

Fayette Memorial Hospital
 Jennie Wellman, Plant Ops
 1941 Virginia Avenue
 Connersville, IN 47331

A 1.5% per month finance charge, 18% per annum will be added to all past due balances beyond 30 days.
 There will be a 3% surcharge for all Credit Card payments.

JOB NAME	CUSTOMER PO	PAYMENT TERMS	
Fayette Reg	125381	Net 30 Days	
SALES REP ID	SHIPPING METHOD	SHIP DATE	DUE DATE
SPLIT		7/11/2018	8/30/2018

QTY	ITEM NO	DESCRIPTION	AMOUNT	TOTAL
1	4592	MEDICAL GAS VERIFICATION - Master and Area Alarms Services provided by Shane, Eric and Clif on 7.11.18	2,250.00	2,250.00

PLEASE NOTE: PRODUCT CAN NOT BE RETURNED WITHOUT PROPER AUTHORIZATION. RESTOCKING FEES MAY APPLY. NO CASH REFUNDS/ONLY CREDITS ON RETURNED PRODUCT. CREDITS EXPIRE AFTER 12 MONTHS.

Total Due	\$2,250.00
Payments/Credits	\$0.00
Balance Due	\$2,250.00

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