## ADMINISTRATIVE EXPENSE CLAIM FORM Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018

	OT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBE			
Name of Creditor (The person or other entity to whom the debtor property):  MD Technologies inc.		claim relating to your claim. Attach copy of statement giving		
Name and address where notices should be sent:  POBX60  Calmod IL 61036  Name and address where payment should be sent (if different):	Check box if you have never received any notices bankruptcy court in this case.	from the		
	Check box if the address differs from the addressent to you by the court.	ss on the envelope		
Telephone number: 815-598-3143				
Last four digits of account or other number by which creditor identifies debtor:				
1. Basis for Administrative Claim Goods sold Services performed Money loaned	Retirce benefits as defined in 11 U.S.C. § 1114(a)  Wages, salaries, and compensation (fill out below) Last four digits of your SS #:			
Personal injury wrongful death	Unpaid compensation for services performed from - to			
Other	(date) (date)			
2. Date(s) debt was incurred: 3 1 20 9 4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 140.5	3. If court judgment, date obtained:			
If all or part of your claim is secured, also complete Item 5 below.  Check this box if claim includes interest or other charges in addi additional charges.  5. Please identify the property of the Debtor that secures the claim.  Description of Property:	6. Offsets, Credits and Setoffs:  All Payments made on this claim by the Debtor have been credited and	st or		
Basis for Perfection:	deducted from the amount claimed herein	RECEIV		
Value of Property:	This claim is not subject to any setoff or counterclaim.  This claim is subject to setoff or counterclaim as follows:	MAY 202		
7. This Administrative Proof of Claim:	8. Assignment	DIVÍC GRO		
is the first filed proof of claim evidencing the claim asserted herein.	If the claimant has obtained this claim by Assignment, a copy is attached hereto.			
amends/supplements a proof of claim filed on or				
replaces suspends a proof of claim filed on  9. Supporting Documentation:				
Filers must leave out or redact information that is entitled to p documents that support the claim, such as promissory notes judgments, mortgages, and security agreements. Do not send o	privacy on this form or on any attached documents. Attach redacted is, purchase orders, invoices, itemized statements of running accounting in a documents; they may be destroyed after scanning. If the doe, explain in an attachment.	ts, contracts,		
Date: 5/14/19 Sign and print the name and to power of attorney, if any):  Meussa J.	itle, if any, of the creditor or other person authorized to file this claim of the Secretary  Make - Corporate Secretary	attach copy of		

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.

P.O. BOX 60 • GALENA, ILLINOIS 61036 PH: (815) 598-3143 • FAX: (815) 598-3110

> Date: 1 March 2019 Invoice No: 190484 P.O. No: 190301-M4YO

Terms: Net 30 Days Add 4% for Credit Cards 1.5% per month late charge

## INVOICE

#### BILLING ADDRESS

Fayette Regional Health System ATTN: Accounts Payable 1941 Virginia Avenue Connersville, IN 47331

### SHIPPING ADDRESS

Fayette Regional Health System ATTN: Receiving 1941 Virginia Avenue Connersville, IN 47331

ITEM	QUANTITY	DESCRIPTION	PRICE EA	AMOUNT
1	50	PT20 SINGLE SPECIMEN COLLECTOR	\$2.50	\$125.00
		(INDIVIDUALLY PACKAGED)		
2	1 .	FREIGHT - SHIPPING/HANDLING- UPS GROUND DELIVERY SERVICE	\$15.00	\$15.00
		•		•
			TOTAL	\$140.00

PLEASE REMIT TO ABOVE ADDRESS.

# Order for MD TECHNOLOGIES

Order Info

System PO# 190301-M4YO

ED) 10 (0 (0 (0 ) (0 ) (0 ) (0 ) (0 (0 ) (0 ) (0 ) (0 ) (0 ) (0 ) (0 ) (0 ) (0 )

Custom Purchase Order#

Order Date

03/01/2019 11:40 AM

**Charge Code** 

DI CONTRÀ CO UN COLUI CA CERTAD O CA

Vendor

Name

**MD TECHNOLOGIES** 

Contact

Phone

1-815-598-3143

Fax

1-815-598-3110

Email

purchasing@fayettereglonal.org

Customer

Name

Fayette Regional Heath System

Contact

Debble Pce

Phone

7658278891

**Email** 

debblep@fayetteregional.org

**Bill To Account Number** 

TAX EXEMPT # 0018198800000

Ship To Information

Ship To Location

**FAYETTE REGIONAL HEALTH** 

**SYSTEM** 

Contact

Debble Poe

Phone Number

7658278891

Emall

debbiep@fayetteregional.org

Account # D. /. P.

Address 1

1941 Virginia Ave.

Address 2

City

Connersville

State

IN

**Postal Code** 

47331

**Delivery Instructions** 

**Vendor Note** PK TKT # 224746

Products

95266027 PT20

**MD TECHNOLOGIES** 

Description

**MUCOUS TRAP PT20** 

**ENVIRONMATE** 

EA

MOU Unit Price \$2.50

Quantity 50

Extended Price Memo

\$125.00 SURGERY

Total Price

\$125.00

Shank you Dellin Pac

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