

Fill in this information to identify the case:

Debtor 1 FAYETTE MEMORIAL HOSPITAL

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762

FILED
U.S. BANKRUPTCY COURT
INDIANAPOLIS DIVISION

MAY 15 2019

SOUTHERN DISTRICT OF INDIANA
KEVIN P. DEMPSEY, CLERK

Official Form 410
Proof of Claim

12/15

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? ADP 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?	Where should payments to the creditor be sent? (if different)
	<u>ADP LLC</u> Name <u>1851 N. Resler</u> Number Street <u>EL Paso TX 79912</u> City State ZIP Code Contact phone _____ Contact email _____	<u>Same</u> 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? _____

~~ENVELOPE NOT PROVIDED~~
~~COPIES NOT PROVIDED~~

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: 8 7 2 6

7. How much is the claim? \$ 7,808.40. 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

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:

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).

Amount entitled to priority

\$ _____

Up to \$2,775* 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 \$12,475*) 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 4/01/16 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).

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.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

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.

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 _____
MM / DD / YYYY

Signature

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

Name Diana Trejo
First name Middle name Last name

Title Collections Specialist

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

Address 1851 N. Resler
Number Street
El Paso TX 79912
City State ZIP Code

Contact phone 8443216906 Email diana.trejo@adp.com

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

An Application for Compensation and/or Reimbursement of Expenses Pursuant to Sec. 330 was filed on April 26, 2019, by Other Professional Fox Rothschild LLP for the following professionals:

Professional	Expense	Fee
Creditor Comm. Atty Fox Rothschild LLP	\$2,651.82	\$112,811.00

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 Application for Compensation and/or Reimbursement of Expenses Pursuant to Sec. 330 or you want the Court to consider your views, an objection, explaining your position, must be filed with the Court by May 17, 2019. A copy must be sent to the party or party's attorney requesting relief at the following address:

Gordon Elliot Gouveia
Fox Rothschild LLP
321 N. Clark Street
Suite 800
Chicago, IL 60654

If you mail your objection, it must be mailed early enough so that the Court receives it on or before May 17, 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: April 26, 2019

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

ADP, LLC
1851 N RESLER DRIVE MS-100
EL PASO TX 79912

INVOICE

Client Name	: FAYETTE MEMORIAL HOSPITAL
Client Number	: 1538726
Invoice Number	: 534051949
Invoice Date	: 04/19/2019
Invoice Due Date	: 04/26/2019
Total Due This Invoice	: \$3,902.40

Inquiries

For Billing inquiries, please contact southeastservice@adp.com.
For Product/Service inquiries, please contact your Client Service Team.

SAM BELL-JENT
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331-2833

SUMMARY OF CURRENT CHARGES

NAME	COMPANY CODE	PRODUCT	PROCESSING CHARGES	TAX	TOTAL
Fayette Memorial Hospital	0020-1W-2ET	ADP Workforce Now	\$824.40		\$824.40
Fayette Memorial Hospital	0020-3D-2ET	ADP Enterprise eTIME	\$3,078.00		\$3,078.00
Total Due This Invoice					\$3,902.40

WE APPRECIATE YOUR BUSINESS!

- 0 Send your payment with the return stub below in the enclosed return envelope.
- 0 Include on your check , the client number, and invoice number to ensure accurate payment processing.
- 0 Make your check payable to ADP, LLC. and mail to the address listed below.

Return Stub



Mail check payment to:

ADP, LLC
PO Box 842875
Boston, MA 02284-2875

Client Name	: FAYETTE MEMORIAL HOSPITAL
Client Number	: 1538726
Invoice Number	: 534051949
Invoice Date	: 04/19/2019
Invoice Due Date	: 04/26/2019
Total Due This Invoice	: \$3,902.40
Amount Enclosed	: \$ <input type="text"/>

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CURRENT CHARGES

ADP WORKFORCE NOW					
	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 0020-1W-2ET					
Processing Charges for Period Ending Date: 04/15/2019					
Workforce Now Human Capital Management (HCM) Suite Includes: Enhanced HR Onboarding	458	\$1.80 each		\$824.40	
TOTAL CHARGES FOR COMPANY CODE: 0020-1W-2ET					\$824.40

CURRENT CHARGES

ADP ENTERPRISE ETIME					
	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 0020-3D-2ET					
Processing Charges					
Enhanced Time and Attendance	447	\$6.00 each		\$2,682.00	
InTouch Proximity Time Clock	1			\$132.00	
InTouch Proximity Time Clock	1			\$132.00	
InTouch Proximity Time Clock	1			\$132.00	
TOTAL CHARGES FOR COMPANY CODE: 0020-3D-2ET					\$3,078.00

Total Due This Invoice	\$3,902.40
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ADP, LLC
1851 N RESLER DRIVE MS-100
EL PASO TX 79912

INVOICE

Client Name	:	FAYETTE MEMORIAL HOSPITAL
Client Number	:	1538726
Invoice Number	:	532370127
Invoice Date	:	03/22/2019
Invoice Due Date	:	03/29/2019
Total Due This Invoice	:	\$3,906.00

Inquiries

For Billing inquiries, please contact southeastservice@adp.com.
For Product/Service inquiries, please contact your Client Service Team.

SAM BELL-JENT
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331-2833

SUMMARY OF CURRENT CHARGES

NAME	COMPANY CODE	PRODUCT	PROCESSING CHARGES	TAX	TOTAL
Fayette Memorial Hospital	0020-1W-2ET	ADP Workforce Now	\$828.00		\$828.00
Fayette Memorial Hospital	0020-3D-2ET	ADP Enterprise eTIME	\$3,078.00		\$3,078.00
Total Due This Invoice					\$3,906.00

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- 0 Include on your check, the client number, and invoice number to ensure accurate payment processing.
- 0 Make your check payable to ADP, LLC. and mail to the address listed below.

Return Stub



Mail check payment to:

ADP, LLC
PO Box 842875
Boston, MA 02284-2875

Client Name	:	FAYETTE MEMORIAL HOSPITAL
Client Number	:	1538726
Invoice Number	:	532370127
Invoice Date	:	03/22/2019
Invoice Due Date	:	03/29/2019
Total Due This Invoice	:	\$3,906.00
Amount Enclosed	:	\$ <input type="text"/>

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CURRENT CHARGES

ADP WORKFORCE NOW					
	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 0020-1W-2ET					
Processing Charges for Period Ending Date: 03/18/2019					
Workforce Now Human Capital Management (HCM) Suite Includes: Enhanced HR Onboarding	460	\$1.80 each		\$828.00	

TOTAL CHARGES FOR COMPANY CODE: 0020-1W-2ET \$828.00

CURRENT CHARGES

ADP ENTERPRISE ETIME					
	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
COMPANY CODE 0020-3D-2ET					
Processing Charges					
Enhanced Time and Attendance	447	\$6.00 each		\$2,682.00	
InTouch Proximity Time Clock	1			\$132.00	
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TOTAL CHARGES FOR COMPANY CODE: 0020-3D-2ET \$3,078.00

Total Due This Invoice \$3,906.00
