

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 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property): Door Equipment Company, Inc.	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: Ryan Sharpe - Door Equipment Company 2518 Data Dr Louisville Ky 40299	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. Notice of Deadline is first notice received
Name and address where payment should be sent (if different): Same	<input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: 502 499 1133	

Last four digits of account or other number by which creditor identifies debtor: N/A

1. Basis for Administrative Claim

<input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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2. Date(s) debt was incurred: 4/6/19

3. If court judgment, date obtained: N/A

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 547.94 see attached

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 addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

<p>5. Please identify the property of the Debtor that secures the claim.</p> <p>Description of Property: _____</p> <p>Basis for Perfection: _____</p> <p>Value of Property: _____</p>	<p>6. Offsets, Credits and Setoffs:</p> <input checked="" type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input checked="" type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows: _____
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<p>7. This Administrative Proof of Claim:</p> <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____	<p>8. Assignment</p> <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto. N/A
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9. Supporting Documentation:

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.

Date: 5/14/19

Sign and 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):

CFO Door Equipment Company

RECEIVED
MAY 21 2019
DMC GROUP

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.

DEC - DOOR EQUIPMENT COMPANY, INC

2518 DATA DRIVE
 LOUISVILLE, KY 40299
 USA

INVOICE

Invoice Number: 48136
 Invoice Date: Apr 8, 2019
 Page: 1

Duplicate

Voice: 502-499-1133
 Fax: 502-499-5894

Bill To:
FAYETTE MEMORIAL HOSPITAL ATTN: ACCOUNTS PAYABLE 1941 VIRGINIA AVE. CONNERSVILLE, IN 47331

Ship to:
FAYETTE MEMORIAL 1941 VIRGINIA AVE. CONNERSVILLE, IN 47331

Customer ID	Customer PO	Payment Terms	
FAYMEM		Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
I3	WILL CALL		5/8/19

Quantity	Item	Description	Unit Price	Amount
1.00		SG- PER JL. JENNY CALLED. WIRE ELECTRIC STRIKE TO LCN OPERATOR.		
1.50	TRAVEL	TRAVEL	108.50	162.75
2.00	LABOR	LABOR	106.50	213.00
1.00	USBR3	Module,3 Relay Logic Programbl	172.19	172.19

Subtotal	547.94
Sales Tax	
Total Invoice Amount	547.94
Payment/Credit Applied	
TOTAL	547.94

Check/Credit Memo No:



1 877 DOOR DOC

service call update - Friday, April 05, 2019 12:38:37 PM (JOHN LASTER)

User Name JOHN LASTER
User # 3173393251
Form Started 4/5/2019 12:38:37 PM
Form Submitted 4/5/2019 1:03:00 PM
TECH NAME JOHN LASTER
ARRIVAL TIME ON SITE 11:00:00 AM
SO/WO# 33825 ; PO: 125486
STORE NAME/# Fayette Memorial Hospital
STREET ADDRESS 1941 Virginia Ave
CITY Connersville
STATE INDIANA

DOORS SERVICED

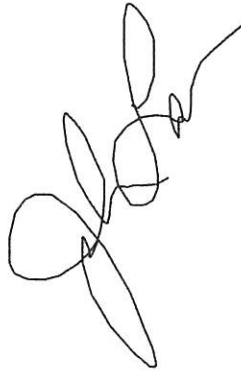
1 DOOR LOCATION Cardiac rehab door
SINGLE OR DUAL? SINGLE
DOOR NUMBER N/A
HANDING LH
BRAND OF DOOR OTHER
TYPE OF DOOR LCN senior swing
MODEL OF DOOR Senior swing
TYPE OF DOOR SWINGING
ACTIVATION TYPE N/A
SAFETY TYPE None
STATUS REPAIRED - PARTS USED
PARTS USED USBR3 MODULE 3 RELAY LOGIC
HOW MANY OF THIS PART USED 1
DID YOU USE OTHER PARTS? NO
NOTES ON DOOR Wired BR3 module to work the electric strike installed by maintenance. Working as designed
DOOR RATING 2
PHOTO 1 Not available
PHOTO 2 Not available
PHOTO OF DEC STICKER ON DOOR Not available

EMAIL FOR INVOICE AND TICKET Signed ticket was emailed to office

NAME OF APPROVER Jenny Wellman

DID YOU REVIEW DAILY YES
SAFETY CHECKS WITH
MANAGER ON
DUTY/SIGNATOR AND
LEAVE DAILY SAFETY
CHECK FORM?

APPROVED BY: Jenny Wellman
TECHNICIAN SIGNATURE Attached Data

A handwritten signature in black ink, appearing to read 'Jenny Wellman', is written over the 'TECHNICIAN SIGNATURE' label.

TIME LEFT SITE - SUBMIT 1:00:00 PM
THIS FORM NOW PLEASE



Door Equipment Company, Inc.

721 S. Eisenhower Dr.
Edinburgh, IN 46124
Phone (317) 782-9191
Fax (502) 499-5894

TOLL FREE
877-366-7362

2518 Data Drive
Louisville, KY 40299
Phone (502) 499-1133
Fax (502) 499-5894

ORDER ENTRY #

INDIANA **KENTUCKY**

JOB NAME <i>Fayette Memorial Hospital</i>		DATE <i>4/5/19</i>	CUSTOMER SERVICE OVERTIME <input type="checkbox"/> EMERGENCY SERVICE NEEDS QUOTE <input type="checkbox"/>
STREET <i>1941 Virginia Ave</i>	CITY <i>Combsville</i> STATE <i>IN</i>	SERVICE ORDER # <i>125486</i>	

PARTS SUMMARY

DOOR #	QTY	PART NUMBER	DESCRIPTION	NEW SERIAL	OLD SERIAL
	1	<i>Track 14</i>	<i>Mor. Hardware</i>		
	1	<i>USBR3</i>	<i>Relay module</i>		

DOOR # <i>Cardiac rehab</i>	BRAND & MODEL OF DOOR: <i>LCN Senior Swing LH</i>
<i>entry</i>	BRAND & MODEL OF SENSOR/MATS: <i>Push Plates</i>
WORK PERFORMED: <i>wired electric strike to operator unit using BR3 relay module, @ 120v adjusted - working as designed @ this time.</i>	

LABOR SUMMARY:

START TIME *11:00am*

FINISH TIME *1:00pm*

NET JOB *2 hrs*

ZONE _____

TRAVEL TIME _____

OTHER *man*

TOTAL TIME _____

DOOR # _____	BRAND & MODEL OF DOOR: _____
	BRAND & MODEL OF SENSOR/MATS: _____
WORK PERFORMED: _____	

DOOR # _____	BRAND & MODEL OF DOOR: _____
	BRAND & MODEL OF SENSOR/MATS: _____
WORK PERFORMED: _____	

DOOR # _____	BRAND & MODEL OF DOOR: _____
	BRAND & MODEL OF SENSOR/MATS: _____
WORK PERFORMED: _____	

NOTES:

CUSTOMER ACCEPTANCE:

Jennie Wellman
PRINT NAME: *Jennie Wellman*

TECH *John G. Adams*

WH *774*

DATE *4/5/19*

COMPLETE

DEC - DOOR EQUIPMENT COMPANY, INC

2518 DATA DRIVE
 LOUISVILLE, KY 40299
 USA

Voice: 502-499-1133
 Fax: 502-499-5894

SALES ORDER

Sales Order Number: 33825
 Sales Order Date: Apr 5, 2019
 Ship By: Apr 5, 2019
 Page: 1

To:
FAYETTE MEMORIAL HOSPITAL ATTN: ACCOUNTS PAYABLE 1941 VIRGINIA AVE. CONNERSVILLE, IN 47331

Ship To:
FAYETTE MEMORIAL 1941 VIRGINIA AVE. CONNERSVILLE, IN 47331

Customer ID	PO Number	Sales Rep Name
FAYMEM		I3
Customer Contact	Shipping Method	Payment Terms
CINDY	WILL CALL	Net 30 Days

Quantity	Item	Description	Unit Price	Amount
1.00		SG- PER JL. JENNY CALLED. WIRE ELECTRIC STRIKE TO LCN OPERATOR.		
1.50	TRAVEL	TRAVEL	108.50	162.75
1.00	LABOR	LABOR	106.50	106.50
Subtotal				269.25
Sales Tax				
Freight				0.00
TOTAL ORDER AMOUNT				269.25