

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):

Clark's Eastside Market, Inc

Name and Address Where Notices and Payment Should Be Sent:

Clark's Eastside Market, Inc
 1449 E 5th St
 Comersville, IN 47331

Telephone No.:

765-425-6012

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: _____

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 531

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

RECEIVED

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 809.65

MAY 21 2019

2. DATE GOODS WERE RECEIVED BY DEBTOR: 5/12/18 + 8/2/18

BMC GROUP

3. BRIEF DESCRIPTION OF CLAIM AND GOODS: Potted flowers, Hanging Baskets, Boxed Wreath

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:

5/16/19

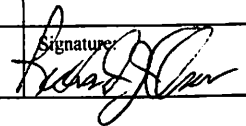
Name:

Richard Owen

Title:

CEO

Signature:



CLARK'S MARKET & FLOWER SHOF

1449 E 5TH ST
CONNERSVILLE, IN 47331
765-825-5151
Fax: 765-825-1682
rich@clarks1.com
05/16/19 03:28 PM
Station ID: 1

Invoice #: w787
Company: FAYETTE REGIONAL HOSPITAL
Shipping Address:
1941 VIRGINIA AVE
CONNERSVILLE, IN
47331

Shipping Method: Truck
Delivery Date: Thursday, April 12, 2018
Terms: Net 30
Due Date: 05/12/2018
Sales Rep: CASH 1 REGISTER

HANGING BASKET	89086400004	\$74.95
5 @ \$14.99		
Open Item	2219	\$239.70
30 @ \$7.99		

Subtotal:	\$314.65
Tax:	\$0.00
Total:	\$314.65
Balance Due:	\$314.65

Signature: x _____

ALL ACCOUNTS > 30 DAYS OLD SUBJECT TO
1.5% SURCHARGE, COMPOUNDED MONTHLY

Clark's Eastside Market, Inc

1449 E 5TH ST
IN 47331

Invoice

Date	Invoice #
8/2/2018	171

Bill To
Fayette Memorial Hospital Attn: Renee Nesbitt 1941 Virginia Ave Connersville, IN 47331

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
62.5	Boxed Lunches for Senior Citizens at Free Fair	6.00	375.00
20	Boxed Lunches for Pattern Mill	6.00	120.00
Total			\$495.00