

**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): <b>ENVIRONMENTAL COMPLIANCE SOURCE LLC</b>	<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: <b>ATTN: JEANIFER KOENIG</b> <b>PO BOX 6849</b> <b>NEW ALBANY, IN 47151</b> Name and address where payment should be sent (if different): <b>SAME</b>	<input checked="" type="checkbox"/>	Check box if you have never received any notices from the bankruptcy court in this case.
Telephone number: <b>812-945-1541</b>	<input type="checkbox"/>	Check box if the address differs from the address on the envelope sent to you by the court.

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

<b>1. Basis for Administrative Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed - <b>FILING IDEM + IDHS REPORTS</b> <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes - <b>PAYING CHEMICAL INVENTORY FEE TO IDHS</b> <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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**RECEIVED**  
**MAY 22 2019**  
**BMC GROUP**

2. Date(s) debt was incurred: **1/22/19**      3. If court judgment, date obtained: \_\_\_\_\_

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ **527.25**

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.

<b>5. Please identify the property of the Debtor that secures the claim.</b>  Description of Property: _____  Basis for Perfection: _____  Value of Property: _____	<b>6. Offsets, Credits and Setoffs:</b>  <input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein  <input 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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<b>7. This Administrative Proof of Claim:</b> <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 _____	<b>8. Assignment</b>  <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
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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: <b>5/14/19</b>	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): <b>JM Jeanifer Koenig, Managing Member</b>
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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.



# Environmental Compliance Source LLC

dba ECS Audit & Compliance Svc  
PO Box 6849, New Albany, IN 47151

# Invoice

Date	Invoice #
1/22/2019	31355

Phone # 812-945-1541 Fax # 812-748-5264

Bill To

Fayette Memorial Hospital  
Belinda Suggs  
1941 Virginia Ave  
Connersville, IN 47331

P.O. No.	Terms	Project
	Net 15	

Quantity	Description	Rate	Amount
	File Tier 2 Report 2018	275.00	275.00
	Annual Air Certification Report	150.00	150.00
	HC-500 Chemical Inventory Fee (prepaid)	102.25	102.25
	Sales Tax (if applicable)	0.00%	0.00

Thank you for your continued business!	<b>Total</b>	<b>\$527.25</b>
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