

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):

Royce Rolls Ringer Co.

Name and Address Where Notices and Payment Should Be Sent:

Telephone No.:

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: 93.38

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: FACON Ø

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

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 1,068.38

2. DATE GOODS WERE RECEIVED BY DEBTOR: 6-14-18

RECEIVED

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:
Stainless Steel environmental Cleaning Cart

MAY 29 2019

Attach particular invoices for which any of the amounts described in this form was applied.

BMC GROUP

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: 5/23/19

Name: Angelica M Taut Title: SecTreas / Office Mgr

Signature: Angelica M Taut



Royce Rolls Ringer Co.
16 Riverview Terrace
Grand Rapids, MI 49505

Invoice

Bankrupt

Date	Invoice #
6/22/2018	97906

Bill To
FACON0 FAYETTE MEMORIAL HOSPITAL 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

Ship To
FAYETTE MEMORIAL HOSPITAL ATTN RECEIVING 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

P.O. Number	Terms	Due Date	Ship	Via	F.O.B.	Contact	Phone Number
PO0031	Net 30	7/22/2018	6/11/2018	TRUCK LINE		KAREN	765-827-7750

Quantity	Item Code	Description	Price Each	Amount
1	F36	Standard Stainless Steel Folding Housekeeping Cart with 23" x 36" Base, 16" x 20" x 36" Cabinet with Two Shelves, Snap Rack, Lockable Door, Zip Bag and Trash Lid	975.00	975.00
1	FREIGHT	Out-of-state sale, exempt from sales tax	93.38 0.00%	93.38 0.00
800-253-9638 www.RoyceRolls.net				

<i>Thank you from Royce Rolls</i>	<i>Net 30 Days</i>	Total	\$1,068.38
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A5123

Fayette Regional Health System
1941 Virginia Ave
Connersville, IN 47331

Purchase Order

Order # : PO0031
Order Date : 06/08/2018
Due Date : 07/08/2018
Ship Via : GROUND

Pay to :
ROYCE ROLLS
PO BOX 1831
GRAND RAPIDS, MI 49501
United States

Return to :
ROYCE ROLLS
PO BOX 1831
GRAND RAPIDS, MI 49501
United States

Karen Bates 765-827-7750 Kambal

Reference # : NORTH STAR
RECOVERY CENTER

Vendor Document # : PRICE PER
C.SERVICE

Terms : Net 30

Item	Description	Unit	Quantity	Unit Price	Amount
F36	HOUSEKEEPING CART - ROYCE ROLLS	Each	1	\$975.00	\$975.00
CAPITAL SHIPPING	CAPITAL SHIPPING CHARGE	Each	1	\$100.00	\$100.00
				SUBTOTAL	\$1,075.00
				TOTAL	\$1,075.00

EMAILED COPY OF PURCHASE ORDER TO angiet@roycerolls.net ON 06/08/18

765-825-5131 A @Fayette Reg
Order Date: 06/08/2018 Terms: Net 30 Due Date: 07/08/2018 Vendor Id: 11532

Kambal