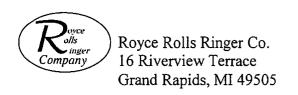
Proof of 503(b)(9) Claim Form

	Debtor: Fayette Memorial Hospital Associ	ation, Inc. Case No. 18-07762-JJG-11	
any goods received by the debtor in the ordina	provides that "[a]fter notice and a hearing, there shall the debtor within 20 days before the date of commen- ary course of such debtor's business." case commenced on October 10, 2018. Your receipt of	cement of a [bankruptcy case] in which the goo	ds have been sold to
Claimants should subn together with the accor assertion, resolution, a address:	nit a signed original of this form in order to assert a cla npanying documentation required pursuant to the orde llowance and satisfaction of any claims asserted pursua	im pursuant to section 503(b)(9) of the Bankrup r of the Bankruptcy Court establishing procedur ant to section 503(b)(9) of the Bankruptcy Code	tcy Code, es for the to the following
If by regular mail to: E	MC Group, Inc., Attn: FMHA Claims Processing, PC	Box 90100, Los Angeles, CA 90009	
If by messenger or over	ernight delivery: BMC Group, Inc., Attn: FMHA Clain	ns Processing, 3732 West 120th Street, Hawtho	orne, CA 90250
2019. This form electronic submit Group, Inc.	n must be delivered to BMC Group, Inc. at t may be submitted in person or by mail, han ssion will not be accepted. Proofs of claim s	d delivery, or overnight courtier. Facs	imile, email or other
	on or other entity to whom the debtor owes money or property):		
Koyce Koll	s Kinger (b.	Dich dai bari	1 1 5
Name and Address Where	Notices and Payment Should Be Sent:	 □ Check this box if you are aware that anyone proof of claim relating to your claim. Attach a giving particulars. □ Check this box if you have asserted a recla 	copy of statement
		for any of the Goods referenced on this claim statement identifying any such goods.	form. Attach
		☐ Check this box if you have filed any other the Debtors regarding the goods underlying you herein. ☐ Check this box if the alleged value of the goods.	our claim asserted
Telephone No.:		claim asserted herein represents a combination If you checked this box, provide the percentage related to services and to goods on the follows	n of goods and services.
ACCOUNT OR OTHER NU IDENTIFIES DEBTOR:	JMBER BY WHICH CREDITOR FACONO	Check here if this claim: ☐ replaces ☐ amend a previously filed claim, dated:	5
1. TOTAL AMOUNT OF	SECTION 503(b)(9) CLAIM: \$ / 068.38		
2. DATE GOODS WERE	RECEIVED BY DEBTOR: 4-14-18		RECEIVED
	OF CLAIM AND GOODS:	· ,	MAY 29 2019
Stainless Ste	el environimental Cleaning Co	avt	
Attach particular invoices fo	r which any of the amounts described in this form was applied.		MC GROUP
laim is being asserted, the	MENTS: Attach copies of supporting documents, such as in date such goods were received by the Debtor, and the alleged, explain. Any attachments must be 8-1/2" by 11".		
6. ORDINARY COURSE	PY: To receive an acknowledgement of the filing of your cle CCERTIFICATION: By signing this claim form, you are c se of the Debtor's business and were received by the Debtor	ertifying that the goods, for which payment is sought	hereby, were sold to the
	Print the name and title, if any, of the creditor or other person a power of attorney, if any)	authorized to file this claim (attach copy of	
Date: 5 23 19	Name: Angelice M Tant Sectreas	Office May	Signature: angles Mari
'	1		71 '



Invoice

Bankarist

Date	Invoice #
6/22/2018	97906

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

Ship To

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

Total

\$1,068.38

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 1 FREIGHT 93.38 93.38	P.O. Number		Terms	Due Date	Ship	Via	F.O.B.		Contact	Phone Number
FREIGHT 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 93.38 93.3 0.00% Out-of-state sale, exempt from sales tax 800-253-9638	PO0031		Net 30	7/22/2018	6/11/2018	TRUCK LINE		KAREN		765-827-7750
x 36" Base, 16" x 20" x 36" Cabinet with Two Shelves, Snap Rack, Lockable Door, Zip Bag and Trash Lid 93.38 Out-of-state sale, exempt from sales tax 93.00% 93.00% 93.38 93.38 93.38 93.38	Quantity Item Code Description			otion		•	Price Each	Amount		
www.RoyceRolls.net	1	F36	x 36" Base, Rack, Lock	, 16" x 20" ; rable Door, e sale, exer	eel Folding x 36" Cabi Zip Bag ar mpt from s	Housekeepin net with Two S nd Trash Lid ales tax			975.00 93.38	975.00
Thank you from Royce Rolls Net 30 Days	Thank you from Poyer Polls					ons.net	1			

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 Bales 765-827-7750 Karinba

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

Order Date: 06/08/2018 Terms: Net 30

Due Date: 07/08/2018 Nendor Id: 11532

Chaus Bet

Page 1