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):  Weather by Medical Staffing  Name and address where notices should be sent:				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:				Check box if you have never received any notices from the bankruptcy court in this case.	
Name and address where payment should be sent (if different):				Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone number:					
Last four digits of account or other number by which creditor identifies 7258					
Services performed  Money loaned Personal injury/wrongful death Taxes Other			ages, salaries, and compensation (fill out below) our digits of your SS #: d compensation for services performed from		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 304, 004.93  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.					
5. Please identify the property of the Debtor that secures the claim. 6. Offsets, Credits					
			nade on this claim by the Debtor have been credited and RECEIVED		
Value of Property:			not subject to any setoff or counterclaim. MAY 2 9 2019		
				setoff or counterclaim as follows:	BMC GROU
7. This Administrative Proof of Claim:  Solution is the first filed proof of claim evidencing the claim asserted herein.  8. Assignment  If the claiman			has obt	ained this claim by Assignment, a copy is att	ached hereto.
amends/supplements a proof of claim filed on or					
replaces/suspends a proof of claim filed on					
9. Supporting Documentation:  Filers must leave out or redact information that is entitled to predocuments that support the claim, such as promissory notes, judgments, mortgages, and security agreements. Do not send or available.	purchase	orders, i uments;	nvoic they i	es, itemized statements of running ac nay be destroyed after scanning. If t	counts, contracts,
Date: 5/22/2019  Sign and print the name and tit power of attorney, if any):	tle, if any,	of the cre	editor (	or other person authorized to file this of arcia - Legal Collect	claim (attach copy of Fron Specialist

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.



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