

**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):

TRUE Fitness Technology, Inc.

Name and Address Where Notices and Payment Should Be Sent:

TRUE Fitness Technology, Inc.  
865 Hoff Road  
O'Fallon, MO 63366

Telephone No.:

636-980-4327

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: --- ENA000208

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

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 6160.00

RECEIVED

2. DATE GOODS WERE RECEIVED BY DEBTOR: 8/17/2018 & 9/1/2018

JUN 03 2019

3. BRIEF DESCRIPTION OF CLAIM AND GOODS:

Delivered Various Types of exercise equipment

BMC GROUP

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: 5/28/2019

Name: Dana Wideman Title: Accounts Receivable

Signature: Dana R. Wideman



# INVOICE

Invoice #: 0000767005	Order #: CO-1393967	Customer #: INA000208	PO #: PO0013	Invoice Date: 7/18/2018	Page: 1 of 1
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FAYETTE HEALTH ATTN BIOMED  
1941 VIRGINIA AVE  
CONNERSVILLE IN, 47331  
USA

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BOB BLOCK FITNESS  
8128 CASTLEWAY CT. WEST  
  
INDIANAPOLIS IN, 46250  
USA

Terms: NET 30		Net Due Date: 8/17/2018	Ship Date: 7/18/2018	Shipped Via: DAFG 00035177481			
ITEM NUMBER	DESCRIPTION	QTY ORD	QTY SHIP	QTY B.O.	Unit Price U.S. Dollar	Extended Price U.S. Dollar	
TC400	TREADMILL - COMMERCIAL - 400	1	1	0	\$3,351.00	\$3,351.00	
Serial Number(s): 18-TC4000851E							
CNLEDTM	CONSOLE-LED 4 WINDOW TREADMILL - NUCLEUS	1	1	0	\$300.00	\$300.00	
Serial Number(s): 18-393051G							
RC400	RECUMBENT BIKE - COMMERCIAL - 400	1	1	0	\$1,650.00	\$1,650.00	
Serial Number(s): 18-RC4000352F							
CNLEDBL	CONSOLE-LED 4 WINDOW BIKE/LATERAL TRAINER - NUCLEUS	1	1	0	\$300.00	\$300.00	
Serial Number(s): 18-392788G							

REMIT TO: True Fitness | P.O. BOX 419161 | Creve Coeur MO 63141

Overnight Delivery: Pulaski Bank | 12300 Olive Boulevard | St. Louis MO 63141  
Reference: True Fitness, Lockbox # 535473

This invoice is subject to Terms and Conditions. To view the latest Term and Conditions, please visit <http://terms.truefitness.com>

Total Order:	\$5,601.00
Sales Tax:	\$0.00
Installation:	\$0.00
Shipping:	\$154.05
Discount:	\$0.00
Total Sale:	\$5,755.05
Total Applied:	\$0.00
Total Amt Due:	\$5,755.05

Printed on 5/28/2019 1:42:38 PM

True Fitness | 865 Hoff Road | O'Fallon, MO 63366 | Phone: 800.426.6570 | Fax: 636.272.7148 | email: [accounting@truefitness.com](mailto:accounting@truefitness.com)



# INVOICE

Invoice #: 0000768491	Order #: CO-1393967	Customer #: INA000208	PO #: PO0013	Invoice Date: 8/2/2018	Page: 1 of 1
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FAYETTE HEALTH ATTN BIOMED  
 1941 VIRGINIA AVE  
 CONNERSVILLE IN, 47331  
 USA

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BOB BLOCK FITNESS  
 8128 CASTLEWAY CT. WEST  
  
 INDIANAPOLIS IN, 46250  
 USA

Terms: NET 30	Net Due Date: 9/1/2018	Ship Date: 8/2/2018	Shipped Via: MULTIPLE CARRIERS
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ITEM NUMBER	DESCRIPTION	QTY ORD	QTY SHIP	QTY B.O.	Unit Price U.S. Dollar	Extended Price U.S. Dollar
00601100	KIT, REHAB RAILS, TCS400/TCS200	1	1	0	\$399.00	\$399.00

REMIT TO: True Fitness | P.O. BOX 419161 | Creve Coeur MO 63141

Overnight Delivery: Pulaski Bank | 12300 Olive Boulevard | St. Louis MO 63141  
 Reference: True Fitness, Lockbox # 535473

This invoice is subject to Terms and Conditions. To view the latest Term and Conditions, please visit <http://terms.truefitness.com>

Total Order:	\$399.00
Sales Tax:	\$0.00
Installation	\$0.00
Shipping:	\$5.95
Discount:	\$0.00
Total Sale:	\$404.95
Total Applied:	\$0.00
Total Amt Due:	\$404.95

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True Fitness | 865 Hoff Road | O'Fallon, MO 63366 | Phone: 800.426.6570 | Fax: 636.272.7148 | email: [accounting@truefitness.com](mailto:accounting@truefitness.com)

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Pro #



00035177481

**Shipper: Ship Date 7/18/2018**

True Fitness Technology 865 Hoff Rd O Fallon, MO 63366-1900 RCV 6:30-12;SHPG 12-4pm (636) 272-7100 Reference Number:
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Carrier:	Dayton Freight Lines Inc (LTL Only)
Pro#:	00035177481
Load#:	270529858
Ship ID#:	CO-1393967

**Consignee: Due Date 7/19/2018**

BOB BLOCK FITNESS 8128 Castleway Ct W C/O CHRIS LUTZ CO-1365798 INDIANAPOLIS, IN 46250 Reference Number:
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<b>All Freight charges PPD/3rd party bill to:</b> CHRLTL 14800 Charlson Road Suite 2100 Eden Prairie, MN 55347
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Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
	SKU: RC400	RECUMBENT BIKE - COMMERCIAL - 400	1 Cartons		210	Dry	15520- 92.5
	SKU: TC400	TREADMILL - COMMERCIAL - 400	1 Cartons		366	Dry	15520- 92.5
	SKU: CNLED™	CONSOLE-LED 4 WINDOW TREADMILL - NUCLEUS	1 Cartons		10	Dry	15520- 92.5
	SKU: CNLEDBL	CONSOLE-LED 4 WINDOW BIKE/LATERAL TRAINER - NUCLEUS	1 Cartons		10	Dry	15520- 92.5

4 594

**Shipper Special Instructions:**

**Consignee Special Instructions:**

**Comments:**

\*\*ANY ISSUES WITH SHIPMENT please contact TRUEFITNESS@chrobinson.com\*\*\*

\*\*\*Lift Gate and Inside Delivery must be approved by C.H. Robinson at 855-773-0011 or email truefitness@chrobinson.com prior to being performed, unless otherwise requested on the bill of lading.\*\*\*

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X	Date: 7/18/18	Trailer# _____
Consignee Signature X _____	Date: _____	Seal# _____
Driver Signature X	Date: 7-18-18	Seal# _____

Permanent post-office address of shipper.

**Ship From**

Shipper: True Fitness  
 Street: 865 Hoff Road  
 Origin: O'Fallon, MO 63366

Carrier Name:  
 SCAC/ProNumber: **DAFG**

**00035177481**

**Ship To**

Consignee: BOB BLOCK FITNESS  
 Address 1: 8128 CASTLEWAY CT. WEST  
 Address 2:  
 Destination: INDIANAPOLIS, IN 46250

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and the Carrier in effect on the date of shipment, the property described below, in apparent good order, except as noted (contents and condition or contents or packages unknown) marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the Shipper and the Carrier.

Pcs	HM *	Item No	Item Description	CLS	Wt.
1		CNLEDBL	CO-1393967 - CONSOLE-LED 4 WINDOW BIKE/LATERAL TRAINER - NUCLEUS		10
		18-392788G			
1		CNLEDTM	CO-1393967 - CONSOLE-LED 4 WINDOW TREADMILL - NUCLEUS		10
		18-393051G			
1		RC400	CO-1393967 - RECUMBENT BIKE - COMMERCIAL - 400		210
		18-RC4000352F			
1		TC400	CO-1393967 - TREADMILL - COMMERCIAL - 400		366
		18-TC4000851E			
4		BOL Total			596

Subject to Section 7 of conditions, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges

Additional Info: INA000208

Carrier's liability is for actual loss pursuant to 49 U.S.C. 14706 effective October 7, 1997. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:  
 \$ \_\_\_\_\_ per \_\_\_\_\_

**FREIGHT CHARGES**

Freight PrePaid  Collect

Except when box to the right is checked. C.O.D. Amount: \$ \_\_\_\_\_

\* Mark with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations governing the transport of hazardous materials. Use of this column is an optional method for identifying hazardous material on bills of lading per Section 172.201(a)(1)(iii) of Title 49, Code of Federal Regulations

Accepted in good order and condition, unless otherwise stated herein.  
 Exceptions: \_\_\_\_\_ Carrier

Per (driver's signature) \_\_\_\_\_

Date Tendered \_\_\_\_\_



# Pick/Packing List

Order #: CO-1393967	Purchase Order #: PO0013	Customer #: INA000208	Print Date: 7/17/2018 4:26 PM	Page: 1
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S FAYETTE HEALTH ATTN BIOMED  
 O 1941 VIRGINIA AVE  
 L CONNERSVILLE IN, 47331  
 D USA  
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S BOB BLOCK FITNESS  
 H 8128 CASTLEWAY CT. WEST  
 I INDIANAPOLIS IN, 46250  
 P USA  
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 O

SHIP VIA: CHR

Notes:

Partial Ship Allowed: No    Lift Gate: No    Inside Delivery: No    Limited Access: No    PreAssembled Unit: No

LN#	ITEM	DESCRIPTION	REQD DATE	UM	ORDER QTY	ISSUE QTY	B/O QTY	STK/BIN
	00601100	KIT, REPAIR PARTS, TCS400/TCS200	7/18/2018	EA	1	1	0	<i>kan</i>
	CNLEDBL	CONSOLE-LED 4 WINDOW BIKE/LATERAL TRAINER - NUCLEUS	7/18/2018	EA	1	1	0	01FG 0609
	CNLEDTM	CONSOLE-LED 4 WINDOW TREADMILL - NUCLEUS	7/18/2018	EA	1	1	0	01FG 0618
	RC400	RECUMBENT BIKE - COMMERCIAL - 400	7/18/2018	EA	1	1	0	01FG 0515
	TC400	TREADMILL - COMMERCIAL - 400	7/18/2018	EA	1	1	0	01FG 0504

*WJS*



# True Fitness Technology, Inc.

# Packing List

Order #: CO-1393967	Purchase Order #: PO0013	Customer #: INA000208	Print Date: 8/2/2018 3:06 PM	CTRL#: TF787934ZZ1654	Page: 1
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FAYETTE HEALTH ATTN BIOMED  
1941 VIRGINIA AVE  
CONNERSVILLE IN, 47331  
USA

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BOB BLOCK FITNESS  
8128 CASTLEWAY CT. WEST  
INDIANAPOLIS IN, 46250  
USA

SHIP VIA: UPS Ground

Notes:

LN#	ITEM	DESCRIPTION	REQD DATE	UM	ORD QTY	PICK QTY	B/O QTY	Boxes
*005*	00601100	KIT, REHAB RAILS, TCS400/TCS200	8/3/2018	EA	1	1	0	
*004*	CNLEDBL	CONSOLE-LED 4 WINDOW BIKE/LATERAL TRAINER - NUCLEUS	8/3/2018	EA	1	1	0	
*002*	CNLEDTM	CONSOLE-LED 4 WINDOW TREADMILL - NUCLEUS	8/3/2018	EA	1	1	0	
*003*	RC400	RECUMBENT BIKE - COMMERCIAL - 400	8/3/2018	EA	1	1	0	
*001*	TC400	TREADMILL - COMMERCIAL - 400	8/3/2018	EA	1	1	0	

# Fayette Regional Health System

1941 Virginia Ave  
Connersville, IN 47331

## Purchase Order

Order # : PO0013  
Order Date : 05/29/2018  
Due Date : 07/28/2018  
Ship Via : GROUND

**Pay to :**  
**TRUE FITNESS TECHNOLOGY**  
C/O BOB BLOCK FITNESS  
865 HOFF ROAD  
O'FALLON, MO 63366  
United States

**Return to :**  
**TRUE FITNESS TECHNOLOGY**  
C/O BOB BLOCK FITNESS  
865 HOFF ROAD  
O'FALLON, MO 63366  
United States

*REVISED #3*

Reference # : NORTH STAR  
RECOVERY CENTER

Vendor Document # : QUOTE  
DATED 05/29/18

Terms :

Item	Description	Unit	Quantity	Unit Price	Amount
TRUE 400 TREADMILL	TREADMILL WITH MEDICAL HANDRAILS TAX EXEMPT	Each	1	\$4050.00	\$4,050.00
TRUE 400 BIKE	RECUMBENT BIKE, COMMERCIAL	Each	1	\$1950.00	\$1,950.00
CAPITAL SHIPPING	CAPITAL SHIPPING CHARGE DELIVERY AND INSTALLATION	Each	1	\$160.00	\$160.00
				SUBTOTAL	\$6,160.00
				TOTAL	\$6,160.00

EMAILED COPY OF PURCHASE ORDER AND QUOTE TO JOSHUA BUCY ON 05/29/18





## Karen Bales

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**From:** Chris Lutz <chris.lutz@bobbloockfitness.com>  
**Sent:** Monday, July 16, 2018 6:01 PM  
**To:** Karen Bales  
**Cc:** Marshall A. Hansen  
**Subject:** Fayette Regional Health System

**Importance:** High

Karen, thanks for reaching out today. Good news, the consoles are now available. In the interim period, I have made a new agreement with True Fitness to facilitate order commercial product order fulfillment. Can you please re-issue the PO as follows? Once received, the order will be immediately processed and shipped out to us for installation. All pricing remains the same.

TO:  
True Fitness Technology  
C/O Bob Block Fitness  
865 Hoff Road  
O'Fallon, MO  
Phone # 800-465-6570  
Contact name: Marshall Hansen - [mahansen@truefitness.com](mailto:mahansen@truefitness.com) Phone # 314-324-0765

Remit payment directly to True Fitness Technology, please at the above address.

Bob Block Fitness remains as your local authorized True dealer and on-going service provider for your existing and new True Fitness Equipment. For faster processing and order fulfillment, we now have PO's issued directly to True, goods shipped to us and installed by us in your facility. This is a change that has recently occurred and will significantly improve our order fulfillment timeline going forward. We very much appreciate your business and are working hard at improving our processes to serve you better.

Please advise if you have any questions. I copied Marshall Hansen, our mutual inside contact at True Fitness.

Thanks!

Chris

Marshall, Karen's contact information is below.

**Karen Bales | Materials Management Team Leader**  
Fayette Regional Health System  
1941 Virginia Ave. | Connersville, IN 47331  
765.827.7750 phone 765.825.7444 fax  
[karenb@fayetteregional.org](mailto:karenb@fayetteregional.org)

Fayette Regional Health uses Vendormate for vendor credentialing. Please register at <https://fayetteregional.vendormate.com>