Fill in this in	formation to identify the case:
Debtor 1	Fayette Regional Health
Debtor 2 (Spouse, if filing)	
United States B	Bankruptcy Court for the: Southern District of Indiana
Case number	18-07762-JJG-11

RECEIVED
JUN 0 3 2019

BMC GROUP

Official Form 410

Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

١.	Who is the current creditor?	Koorsen Fire & Se Name of the current credit	or (the person or e					
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?						
	Where should notices and payments to the creditor be sent?	Where should notices Koorsen Fire & Se		r be sent?	Where should different)	ıld payments to the creditor	be sent? (if	
	Federal Rule of	Name			Name			
	Bankruptcy Procedure (FRBP) 2002(g)	2719 N Arlington	Ave					
	(11(B)) 2002(g)	Number Street	0.0.00000		Number	Street		
		Indianapolis	IN	46218				
		City	State	ZIP Code	City	State	ZIP Code	
		Contact phone 317-28	5-0895		Contact phone		_	
		Contact email kyle.ric	n@koorsen.d	com	Contact email		_	
		Uniform claim identifier for	electronic payme	nts in chapter 13 (if you u	use one):			
	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numbe	r on court claim	s registry (if known) _		Filed on	/ YYYY	
	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made th	e earlier filing?					

	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 7 0 0 7							
7.	How much is the claim?	\$\$. Does this amount include interest or other charges?							
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).							
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.							
	Claniff	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).							
		Limit disclosing information that is entitled to privacy, such as health care information.							
		Services Performed							
9.	Is all or part of the claim secured?	☑ No ☐ Yes. The claim is secured by a lien on property.							
		Nature of property:							
		 Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle 							
		Other. Describe:							
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for							
		example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)							
		Value of property: \$							
		Amount of the claim that is secured: \$							
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7							
		Amount necessary to cure any default as of the date of the petition: \$							
		Annual Interest Rate (when case was filed)% Fixed Variable							
		<u> </u>							
10	. Is this claim based on a								
10	. Is this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition.							

_									
12	2. Is all or part of the claim	☑ No							
	entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	one:			Amount entitled to priority			
	A claim may be partly priority and partly		c support obligations (including c. § 507(a)(1)(A) or (a)(1)(B).	alimony and child support) under	\$			
	nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3 personal	\$						
	enutied to phonty.	bankrupt	salaries, or commissions (up to cy petition is filed or the debtor' c. § 507(a)(4).	\$13,650*) earned within 1 s business ends, whichev	80 days before the er is earlier.	\$			
			penalties owed to government	al units. 11 U.S.C. § 507(a	ı)(8).	\$			
		☐ Contribu	tions to an employee benefit pla	ın. 11 U.S.C. § 507(a)(5).		\$			
		_	pecify subsection of 11 U.S.C. §			\$			
			e subject to adjustment on 4/01/22		or cases begun on or afte	er the date of adjustment.			
		ON THE PROPERTY OF THE PROPERT							
ŀ	Part 3: Sign Below								
	The person completing his proof of claim must	Check the approp	priate box:						
S	ign and date it.	1 am the cree	ditor.						
F	FRBP 9011(b).	l am the cree	ditor's attorney or authorized ag	ent.					
	f you file this claim	am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
	electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
t	o establish local rules								
	pecifying what a signature s.		an authorized signature on this im, the creditor gave the debtor						
	A person who files a								
f	raudulent claim could be ined up to \$500,000, mprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
y	rears, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the forego	ing is true and correct.					
	3571.	Executed on date	05/29/2019						
		Executed on date	MM / DD / YYYY						
			/ 1/2//						
			1/1///	a Coallo	dit + Collect	1/2			
		Signature	yy // -co	7 Corp Gre	CITE T COILECT	(0) 1119r			
		Print the name of	of the person who is completi	ng and signing this clair	n:				
		·	•						
		Name	Kyle First name	Todd Middle name	Rich Last name				
			Corporate Credit & Coll		Last Hame				
		Title	•						
		Company	Koorsen Fire & Security Identify the corporate servicer as		agent is a servicer.				
		Addrone	2719 N Arlington Ave						
		Address	Number Street						
			Indianapolis	IN	46218				
			City	Sta	te ZIP Code				
		Contact phone	317-285-0898	Em	ail kyle.rich@koo	rsen.com			
		Contact phone							



4479061 No.:

Date of Work:

06/27/2018 Cust. Order #:

125409

REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322

QUANTITY 1

Invoice Date: 1-888-KOORSEN Include invoice # on check.

06/28/2018

SO#: 3139677

Date

INVOICE

07/23/2018 Due:

Cust ID 07FAY7007

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

JOB#

Location:

SERVICE07/24

JE HENRY BLDG/CONN IMMED CARE 2025 VIRGINIA AVE *E-MAIL INV*

CONNERSVILLE, IN 47331

					AUGAUTU
	JUNE FIRE EXTINGUISHER SER	V Annual			
	WORK ORDER SIGNED BY RAMON	A NEWTON			
12.00	INSP-FE-A INSPECTION OF FI	RE EX	PINGUIS	5.35	64.20
12.00	CIKT000 TAG, INSPECTION-KOO			3.33	01.20
12.00	CIKT003 TAG, OSHA-KOORSEN	PAPER MONTI		1.40	16.80
12.00	BRKSY SEAL, TAMPER KOORSEN			50.00	50.00
1.00	KFPD5LB-AL-VB EXTINGUISHER 99MATLGPB SERVICE MATERIAL		ALUM N PROD	69.00 10.00	69.00 10.00
2.00	January Black toll Hills Relief	5	TROD	10.00	=======
	TOTA	L SALES/SERV	ICES XMP# 0018	188800	160.00
38.55					
			TOTAL		160.00
	_				
	Pay online @ www.koorsen.com. To pay by	credit card, please p	hone or return to us:		
	Circle: VISA MC AMEX Card Number				
	Name on Card		Expiration Da	ate/	
Total Sa	es Taxable Sales	Tax Amount	Shipping Charge	1	
160.0		0.00	Supplied Strange	Invoice Total ⊏>	160.00

RICHMOND, IN 47374 765/935-7781



N25

		lech #	= 07-373134		
07FAY7007	Sales Tax	. = 0.00%	WORK ORDER #	803139677	24
INVOICE TO FAYETTE REGIONAL	HEALTH SY	STEM	SERVICE LOCATION	BLDG/CONN IMMED	CARE
1941 VIRGINIA AVI	3		2025 VIR *E-MAIL	RGINIA AVE	
CONNERSVILLE, IN			CONNERSU	VILLE, IN 47331	
CUSTOMER CASH CHECK-#_			AMEX CARD#		EXP DATE
(12) L2/L3/NO-STC A	LSO IMMED	IATE CARE	AREA 2 STES W/	2	
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*CALL BELINDA FOR APPI					
0702 PO = PO REQ			06/30/2019	765/827-7714-	
THME ETDE EVERNOUTCHER	CEDII Am				

JUNE FIRE EXIINGUISHER SERV Annual QTY QTY OTY 6 YM/RE HYDRO TOTAL HNIT TOTAL QTY SIZE / TYPE ITEM DESCRIPTION QTY RECH 6 YEAR HYDRO PRICE PRICE PRICE PRICE PRICE 2.5# ABC VALVE STEMS 12 | 5/6# ABC BR6092A BR6093A 10# ABC BRASVS4 **BRASVS5** 20# ABC BR19010B BR103215W 10# PURPLE K O-RING 20# PURPLE K BROR27 BROR29 BROR39 BROR37 **HALON 1211** BRQR40 BRQR41 **HALOTRON** FE-36 SIGNS BRBL109 BRBL108 BRBL105 5 CO2 10 CO2 LABELS 15 CO2 CIKL040 CIKL011 20 CO2 CIKL053_ H20 MIST 6L / 2.5 GAL TAGS/COLLARS CIKTOO1 12 K CLASS 6L / 2.5 GAL CIKT077 17 CIKTOO3_\Z_BRPTAG_ TOTAL **CIKT 002** 1.5 UNIT PRICE INSPECTIONS A M S Q CIKT023 CIKT024 GAUGE QTY QTY QTY 6 YM/RE HYDRO TOTAL QTY SIZE / TYPE RECH 6 YEAR **HYDRO** PRICE PRICE PRICE **BRG195** WHLD# MISCELLANEOUS / ADD'L PARTS CART OP# PULL PIN-BRNPP FIRE SOFT 100FT AM14776 STRAP/CLIP SM UNIT PRICE AM14778 ST/RAP/CLIP LG BRKS ZY DR DW #S RECAPTURE 12 #S NEW CLEAN AGENT CONDUCTIVITY TEST **EXIT / EMERGENCY LIGHTS DISPOSAL PER UNIT** QUICK CHECK / ANNUAL BATTERY TEST/90 MIN EE25A H / S EESAH/S/R CIKLO08 LABEL **BULBS/BATTERIES** EE10A H / S / R EE20A H / S BRBT6 BRBT65S EEK-H 6V 12 AMP FE 12345678910 KEPDS LB SLB ABC-6 V 7 AMP 6 V 4 AMP TOTAL RIGHT

Please read carefully. We are not an insurer. Our maximum liability is limited to \$250,00. Vendor shall TOTAL LEFT not be responsible for the improper operation on any inspected equipment that, after serviceman has left premises, has been discharged, vandailzed, tampered with or damaged. User acklowledges receipt of copy and that he has read and understands reverse side of agreement. TOTAL RIGHT SUB TOTAL CUSTOMER HAMONA NEWTON PRINT CUSTOMER NAME TAXABLE AMOUNT TAX SPECIALIST CONTUNTS DATE 6/27/18 TRUCK # UTUS TOTAL \$ BILLING DEPARTMENT KF-011C REV. 4/13



REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue

Indianapolis, IN 46218-3322 1-888-KOORSEN Include Involce # on check.

Invoice Date:

4481255

Date of Work:

06/29/2018 Cust. Order

125409

1041.00

06/29/2018

SO#: 3169295

Date 07/24/2018

Due:

Cust ID 07FAY7007

Sold To:

1,041.00

0.00

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

JOB#

SERVICE07/21

Location:

CONNERSVILLE MEDICAL CTR 420 W 24TH ST *E-MAIL INV*

CONNERSVILLE, IN 47331

07-HOUSE / 07-000432 / TK07-08

	ADDED SMOKE DETECTORS WORK ORDER PER JENNIE		IN THE LAB AREA		
4.00	CEFP-11 DETECTOR, INTL			189.00	750
1.00	99LABOR-49 LABOR FIRE	ALARM REPAIR	REGULAR	285.00	285
		TOTAL SALES/SEE	RVICES XMP# 001818880	0	1041
			TOTAL		1041
	Pay online @ www.koorsen.com. To	o pay by credit card, pleas	e phone or return to us:		
	Circle: VISA MC AMEX Card No				
	Name on Card				

0.00

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Company Name Last Service Date								1			
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Print Customer Name	Dor_	PILLIE	Well	MALL				Total	Due		



REMIT TO: Koorsen Fire & Security

1-888-KOORSEN Include invoice # on check.

REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322

Invoice Date:

4482482

Date of 06/29/2018 Cust. Order #:

125409

06/29/2018

SO#: 3138093

Date Due:

07/24/2018

Cust ID 07FAY7007

JOB#

SERVICE07/0

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331 Location:

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

INVOICE

E-MAIL INV

CONNERSVILLE, IN 47331

QUANTITY	ing Congress of the Spatial Conference of the Co		are the twenty of a	AMOUNT
	JUNE RESTAURANT SYS SERVICE Semi-Annual			
	WORK ORDER SIGNED BY RANDY TELKER			
1.00	INSP-REST3-S INSPECTION OF RESTAURANT SYS -		167.65	167.65
1.00	INSP-RESTPIPE-S INSPECTION-DISCHARGE PIPE /A	C	29.90	29.90
1.00	BRGTL1 LINK, FUSIBLE, TEST LINK MODELS ML,	К	5.95	5.95
16.00	AN77695 CAP, BLOW OFF, REST, RUBBER R-102 ANSU	Ĺ	6.90	110.40
1.00	BRG45 GASKET, REPLACEMENT REST ANSUL (181) / A	M	4.75	4.75
3.00	AN417911 BURSTING DISC		10.20	30.60
7.00	ANV439088 LINK, FUSIBLE, 360K, *5 STAR MODEL SL	,	14.50	101.50
1.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW			
3.00	CIKT023 COLLAR, SERVICE VERIFICATN SMALL			
1.00	99MATLGPB SERVICE MATERIALS GEN PROD		10.00	10.00
1.00	99SCREST1 SERVICE CALL RESTAURANT/ KITCHEN	L	47.00	47.00
1.00	99FUELSC FUEL CHARGE		3.95	3.95
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	TOTAL SALES/SERVICES X	MP# 0018188800		511.70
				=======
	TO	TAL		511.70
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	Pay online @ www.koorsen.com. To pay by credit card, please phone or re	turn to us:		
	Circle: VISA MC AMEX Card Number			l
	Name on Card	Expiration Date _/_		
	Hallo VII Vara			
Total Sale	s Taxable Sales Tax Amount Shipp	ing Charge Invoice	Total ⊏>	
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1450 NW 117H ST

RESTAURANT SYSTEMS WORK ORDER RICHMOND, IN 47374

765/935-7781

N 25

Tech # = 07-373134 FIRE & SECURIT

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Sales Tax = 0.00%

WORK ORDER #

S03138093

INVOICE PAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

CONNERSUILLE, IN 47331

SERVICE LOCATION REGIONAL HEALTH SYSTEM

1941 VIRGINIA AVE *E-MAIL INV*

CONNERSULLIE. IN 47331

7,551	OUTHEROVILLE, IN STOUT
CUSTOMER CASH CHECK-# VISA MC	□ AMEX CARD# EXP
ANSUL RIO2 9-GAL** *CALL BELINDA FIRS	ST FOR APPT & PO 827-7714#
*EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIO	

0705 PO = PO REQ JUNE RESTAURANT SYS	SERVI			0/31/2018 76	5/827	-7714-	
RESTAURANT INS	PECTION	SERVICE		EXIT & EME	RGENCY	LIGHT SERVIC	Sandy and the
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PART NUMBER	QTY	UNIT PRICE	TOTAL	QCK CHK/ANL BAT TEST/90 MIN			
CYLINDERS	3			LIGHT INSTALLATION			
99-TEST-REG				BRBT6			
HT-REST				BRBT65S			211
SYSTEM RECHARGE				BRPRB64			
ACT / PIPE INSP				BRPRB67			
PIRANHA FLOW TEST				BPPRB612			
DISCHARGE PROTECTION				PIL	DT CART	RIDGES	
	LINKS		ALCON TO THE	PART NUMBER	QTY	UNIT PRICE	TOTAL
DISCHAR	GE PROTECT	ПОИ		BRPCC			
PART NUMBER	QTY	UNIT PRICE	TOTAL	BRKRC			
BRG360 (A K ML)						и 8	
BRG500ML					TAGS /	LABELS	
TEST LINK BRGTL1				PART NUMBER	QTY	UNIT PRICE	TOTAL
NOZZ	LES / CAPS	6 / OTHER		KL021 KL022			
PART NUMBER	QTY	UNIT PRICE	TOTAL	KL023 KL024	1.		
AN77695 (CAPS)	16			KL059 KL028	2		
AN 433208 (METAL CAPS)				KT077			
AM12334 (RUBBER CAP)				KT009 (INSPECTION TAG)	1		
BG9197290 (CAPS)				KT008 (RED TAG)			
BRKR97054 (FOILS)				BRKS (R W Y) PULL SEAL			
BRG45 (CART GASKET)	1			KT023 (NECK COLLARS)	3		
AN56909 ("O" RING GASKET)				KT003KT001			
AN417911 BURST DISC	3			KL008KL011			
AN68800 VENT PLUG				MISCEI	LANEOU	S PARTS	
FIRE EXTINGUISH	ER INSP. AI	ND SERVICE		PART NUMBER	QTY	UNIT PRICE	TOTAL
QTY SIZE / TYPE GYEAR RECH	QTY HYDRO	6YM/RE HY	DRO TOTAL	BRASBR (BREAK ROD)			
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K CLASS				EE5A H S R			
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\mathcal{I}	TAX
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	TOTAL \$



REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue

4503856

07/27/2018 Cust. Order

87523

325.00

0.00

Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check. Invoice Date:

07/27/2018 _{SO#:} 3190524

Date Due:

08/21/2018

325.00

Cust ID 07FAY7007

JOB#

SERVICE07/13

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

Location:

FAYETTE REGIONAL CARE PAVILION

450 ERIE ST *E-MAIL INV*

CONNERSVILLE, IN 47331

07-HOUSE / 07-HOUSE / STOCK07

	FIRE TRAINING VIDEO A				
	WORK ORDER SIGNED BY	EMILY FOSTER		•	
1.00	99TRAINING TRAINING C	LASS, FIRE		325.00	325
		TOTAL SALES/SERVICES XM	P# 0018188800		325
					=====
		TOTA	AL		325
:					
	Pay online @ www.koorsen.com. T	pay by credit card, please phone or retu	ım to us:		
	Circle: VISA MC AMEX Card No	ımber			
	Name on Card	Ex	piration Date/_		

0.00



Koors	sen Fire 6	سيست 🐣 سند	y, inc.	P.C	. 8750	3)	Po	# SysT	em Pi 26-6-46
branch	ı#	(/2		4 7H	·	– Pacl		/Delivery R	¥.
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PLEASE NO	TIFY US IMME	DIATELY IF EF	ROR IS FOUND IN	SHIPMENT	/ 4	41		iervice <i>l</i> Shipping Charge	
Emile	S. Fost	er.	and the second	1 2/0	me fa	Kes	. 1	tub-Total	
Customer St	_			Packed /Deliver	0		1	ales Tax	1
reverse of th	als agreement is	incomprated h	erein. Please read (carefully. We are n	ne made within 5 da not an insurer. Our r s reverse side of ag	naximum liability is	voice. The limited to	otal Due	



No.:

4511451

Date of Work:

EMAIL

/16

12

REMIT TO: Koorsen Fire & Security

Invoice Date:

08/01/2018 SO#: 4511451

Date Due:

08/26/2018

Cust ID 07FAY7007

1-888-KOORSEN Include invoice # on check.

10B= Location: SERVICE07/ 27

Sold To:

2719 N Arlington Avenue

Indianapolis, IN 46218-3322

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

KAPOOR, DR SHIV (OLD) 1728 VIRGINIA AVE

E-MAIL INV

CONNERSVILLE, IN 47331

QUANTITY		07-DBLUNK
	QUARTERLY BILLING COMM BURG MON BASE SVC SEPTEMBER 01, 2018 THRU NOVEMBER 30, 2018	60.00
	PO: EMAIL 12/16 QUARTERLY BILLING COMM BURG MON CELL/NET SEPTEMBER 01, 2018 THRU NOVEMBER 30, 2018 PO: MAIL 12/16	15.00
	Total	75.00

Total Sales

Taxable Sales

Tax Amount

Shipping Charge

75.00

75.00

75.00

0.00

MONITORING and ALARM SERVICES AGREEMENT KO888128 Monitoring Account No: Customer Account No: 07FAY7007 -27 2 SECURIT Customer Name and Address: (equipment location) Koorsen Fire & Security, Inc. (appears as KFS) n body of agreement) DR. SHIV & SEEMA KAPOOR 1728 VIRGINIA AVE 1450 NW 11TH ST RICHMOND, IN 47374 CONNERSVILLE, IN 47331 Phone: 765/825-4044 Ren: DEREK BLUNK Phone: 765/935-7781 KFS will install or cause to be installed the equipment and furnish the services indicated herein: ☐ Attach Security Quotation No: Or Describe Installation and/or Set-up Services Below: Setup Charges \$ % Tax \$ Total Charges \$ Koorsen Fire & Security can connect smoke, heat, and fire initiating devices to your security panel. These initiating devices can be placed in any location that the owner chooses. Engineered drawings of your system are not being made or submitted to the Authority Having Jurisdiction for approval. This approval process is a guideline put forth by the National Fire Protection Association for building fire alarm systems. It is Koorsen's intent to provide a security system that will have initiating devices attached, which meets the approval of the owner. It is further understood that existing smoke detectors installed by the builder, electrical contractor, or any party other than KFS are not connected to the security alarm panel and will not transmit signals to the central station. Please initial to indicate you have read and understand this paragraph: Not applicable for Commercial Fire Alarm System Monitoring. CENTRAL STATION MONITORING SERVICES: (CHECK ALL THAT APPLY) AGREEMENT SUMMARY Commercial Burglar Alarm Monthly Base Monitoring Charge \$ 20.00 Periodic Service Payment Calculation ☐ Fire Alarm □ Sprinkler Flow □ Sprinkler Tamper Total of All Monthly Service Charges \$ 25.00 Residential Alarm Res. Smoke Test Frea: % Service Tax \$ Open / Close Superv. Report Freq: Total Monthly Service Charge plus Tax \$ Monthly Auto Debit (attach authorization) Other: INTERNET COMMUNICATOR Accept Decline Initials: Billed Quarterly at 75.00 I understand that the reliability of internet transmission of alarm signals is dependent on the ☐ Billed Annually at \$ availability of local and wide area networks outside the control of KFS. Other: \$ Monthly Internet Service Charge \$ CELLULAR COMMUNICATOR Accept Decline Initials: Total Equip., Installation, Setup, and Taxes \$ I understand that the installation of a cellular communicator will aid in the transmission of alarm signals in the event the primary communication line (telephone Less Deposit of \$ or internet) is out of service for any reason. Monthly Cellular Service Charge \$ Equipment Balance Due Upon Completion \$ ☐ Accept ☑ Decline Initials: EXTENDED WARRANTY Initial Periodic Svc. Due Upon Completion \$ Covers Parts & Labor (Mon-Fri / 8:00am - 5:00pm) for full term of agreement. trip charge applies to each service call. Monthly Service Charge \$ 75.00 Grand Total Due Upon Completion Term, Renewal & Expiration: This agreement shall remain in full force for the period covered by this agreement and shall thereafter continue on a year-to-year basis unless written notice of termination is given by either party to the other at least (60) days prior to the expiration of the initial term. The initial term of this agreement expires 3 years from the date initial central station testing is completed. Customer agrees that at any time following expiration of this agreement, Koorsen may increase the annual fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount greater than 5%, Customer may terminate the agreement upon written notice to Koorsen within fifteen (15) days of notification of such increase. If customer moves out of KFS' service area, or closes business operations in city specified above, the customer has the right to provide 30 days prior written notice of termination and agrees to pay an early Customer agrees to pay, in addition to the service charges above, any false alarm assessments, taxes, fees or charges that are imposed by any governmental body, relating to the installation or service provided under this Agreement and to pay any increase in charges to KFS for facilities required for transmission of signals under this Agreement. Entire Agreement - Customer acknowledges that he is aware that no alarm system can guarantee prevention of loss; that human error on the part of KFS or the municipal authorities is always possible, and that signals may not be received if the transmission mode is cut, interfered with, or otherwise damaged. This agreement constitutes the entire agreement between the customer and KFS. In executing this agreement, customer is not relying on any advice or advertisement of KFS. Customer agrees that any representation, promise, condition, inducement or warranty, express or implied, not included in writing in this agreement shall not be binding upon any party, and that the terms and conditions hereof apply as printed without alteration or qualification, except as specifically modified in writing. The terms and conditions of this agreement shall govern notwithstanding any inconsistent or additional terms and conditions or any purchase order or other document submitted by the customer. It is understood that KFS is not an insurer, that it shall specifically be the obligation of the customer to purchase any insurance which customer desires to protect itself from loss, damage or injury due directly or indirectly to occurrences or consequences therefrom, which the service or system is designed to detect or avert. Section 6 of this agreement limits KFS' liability to \$500.00 or 10% of the annual service charge if customer or anyone else suffers any harm (damage or loss of property, personal injury, or death) because the system failed to operate properly or KFS was careless or acted improperly. Attention is directed to the limited warranty, limit of liability and other conditions on PAGE 2. INITIALS: Koorsen Fire & Security, Inc. Title Date Customer P.O. Number (if required) or S.S.N. SEC DIVISION 12/13/13 **Customer's Printed Name** Customer's Acceptance Title Date Duner 12-1613 By acceptance, I acknowledge that I have received a copy of this agreement and I hereby authorize KFS to check my credit information. I also understand that I may cancel this transaction any time prior to the end of the third business day after the date of this transaction. To cancel, mail (or deliver) a signed notice of cancellation to Koorsen Fire & Security (see local branch address above.)

Original: Corporate Office

Provide copies as follows:

Copy 1: Branch Office

Copy 2: Customer

KF-029 (10/06)

1. LIMITED WARRANTY- Any part of the system, including the wring, installed under this Agreement which proves to the detective in material or workmanship within 90 days of the date of completion of installation will be repaired replaced at KFS option with a new or functionally operative part. Labor required to repair or replace such detective components or to make mechanical adjustments to the system will be free of charge for a period of ninety (90) days following the completion of the original installation. This warranty is extended only to the original consumer purchaser of the system and may be enforced only by such person. To obtain service under this warranty, call or write our local KFS Service Department at the telephone number or address found in your local yellow pages.

Service pursuant to the warranty will be furnished only during KFS' normal working hours 8:00 A.M. to 4:45 P.M., exclusive of Saturdays, Sundays, and holidays. Services rendered outside the normal working hours of KFS are not within the scope of this warranty and any services requested to be performed at such times shall be charged for at KFS' then applicable rates for labor and material.

This Warranty does not apply to the conditions listed below and in the event Customer calls KFS for service under the Warranty and upon inspection it is found that one these conditions has led to the inoperability or apparent inoperability of the system, a charge will be made for the service call of the KFS representative whether or not he actually works on the system. Should it actually be necessary to make repairs to the system due to one of the 'Conditions not covered by Warranty,' a charge will be made for such work at KFS' then applicable rates for labor and material.

CONDITIONS NOT COVERED BY WARRANTY: A Damage resulting from accidents, acts of God, alterations, misuse, tampering or abuse. B. Failure of the Customer to properly follow close or secure a door, window, or other point protected by a burglar adam device. C. Faiture of Customer to properly follow operating instructions provided by KFS at time of installation or at a later date. D. Trouble in leased telephone lines. E. Trouble due to Interruption of commercial power. F. Battery replacements, security screens, exterior mounted devices. G. The expense of ordinary maintenance and repair of said system due to normal wear and tear. H. The expense of extraordinary maintenance and repair due to alterations in the Customer's premises, alterations of the system made at the request of the Customer or made necessary by changes in the Customer's premises, damage to the premises or alarm system, or to any cause beyond the control of KFS.

THE ABOVE LIMITED WARRANTY AND BELOW EXTENDED LIMITED WARRANTY ARE IN LIEU OF ALL OTHER EXPRESSED WARRANTIES. ANY IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICUTIAR PURPOSE SHALL CORNCIDE IN DURANTON WITH THE ONE (I) YEAR LIMITED WARRANTY. THE EXCLUSIVE REMEDY TO THE CUSTOMER HEREUNDER SHALL BE REPAIR OR REPLACEMENT AS STATED ABOVE. UNDER NO CIRCUMSTANCES SHALL KFS BE LIABLE TO THE CUSTOMER OR ANY OTHER PERSON FOR INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY NATURE, INCLUDING WITHOUT LIMITATION, DAMAGES FOR PERSONAL INJURY OR DAMAGES TO PROPERTY, WHETHER ALLEGED AS RESULTING FROM BREACH OF WARRANTY BY KFS, THE NECLIGENCE OF KFS OR OTHERWISE, KF LIBBILITY WILL IN NO EVENT EXCEED THE PURCHASE PRECE OF THE SYSTEM SOME STATES MAY NOT ALLOW LIMITATIONS ON HOW LONG AN IMPLIED WARRANTY LASTS, OR THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES TO THE ABOVE LIMITATIONS AND EXCLUSION MAY NOT APPLY TO YOU.

No agent, employee or representative of KFS or any other person is authorized to modify this Warranty in any respect. This Warranty gives you specific legal rights and you may also have other rights which vary from state to state.

This vertainty gives you specific legal rights and you may also have durier rights which vary from state to state.

2. INSTALLATION – KFS agrees to install the equipment listed on the reverse side of this Agreement in a workmartise manner in accordance with the following conditions: A. Customer will make premises available without interruption during KFS normal working hours, 8:00 A.M. to 4:45 P.M., exclusive of Saturdays, Sundays, and holdays. B. Customer understands that the installation will necessitate drilling into various parts of the premises. KFS intends, generally, to conceal writing in the finished areas of the premises, however, there may be areas in which due to construction, decoration, or furnishing of the premises, KFS determines, in its sole discretion, that it would be impractical to conceal the wiring and in such cases, whe will be exposed. C. Customer agrees to provide 110 AC electrical outlets at designated locations for equipment requiring AC power. D. Customer agrees to provide for litting and replacing carpeting, if required, for installation of floor mats or writing. Customer warrants that Customer owns the premises in which the equipment is being installed and that the Customer has the authority to engage KFS to carry out the installation in the premises.

The Customer agrees to furnish any necessary electric current through the Customer's meter and at the Customer's own expense. Customer will obtain and keep in effect all permits or licenses that may be required for the installation and operation of the system.

Customer has the affirmative duty to Inform KFS, prior to beginning of Installation, of every location at the premises where KFS' employees or agents should not (because of concealed obstructions or hazards such as pipes, wires or asbestos) enter or drill holes. If asbestos or other health hazardous material is encountered during Instalation, KFS will cease work until Customer, at its sole expense, obtains clearance from a Ecensed asbestos removal or hazardous material contractor and that continuation of work will not pose any danger to KFS personnel. In no case shall KFS be liable for discovery or exposure of hidden asbestos or other hazardous material, and Customer shall indemnify and hold KFS and its employees harmless from any claims brought against KFS andfor its employees by third parties for damages, personal injury, death, emotional injury, whether actual or prospective, altegodity caused by the presence, spread, ingestion or inhalation of any substance/vapor on or originating from Customer's premises.

If Customer or any governmental agency or insurance interest wants KFS to change the system described herein, or change it after it is installed, Customer agrees to pay KFS' standard parts and labor charges for such changes. CUSTOMER AGREES THAT CUSTOMER HAS CHOSEN THIS SYSTEM AND UNDERSTANDS THAT ADDITIONAL OR DIFFERENT PROTECTION IS AVAILABLE FOR A HIGHER PRICE.

3. EXTENDED LIMITED WARRANTY- If the reverse side of this agreement indicates that extended limited warranty is being furnished, KFS will extend the limited warranty set forth in paragraph 1 above for the period of 9 months from the date of expiration of the Limited Warranty and this Extended Limited Warranty will be automatically renewed yearly thereafter for an annual term at the then applicable annual charge, subject to termination as provided on the reverse side of the Agreement. Excluded from Extended Limited Warranty are conditions not covered by the Limited Warranty listed above in paragraph 1. To obtain service under this Extended Limited Warranty call or write our local KFS Service Department at the telephone number or address found in your local yellow pages. It is mutually agreed that the work of installation and repairs of the system under the Extended Limited Warranty shall be performed between the hours of 8:00 A.M. and 4:45 P.M. exclusive of Saturdays, Sundays, and holidays.

It is understood and agreed that KFS' obligation relates solely to the specified detection system, and that KFS is in no way obligated to meintain, repair, sentice, replace, operate, or assure the operation of any devices of the Customer or of others not installed by KFS. If not contracted prior to the expiration of the Limited Warranty, KFS may subsequently enter into an Extended Limited Warranty with Customer at KFS' then prevailing prices and subject to the terms and conditions of this Agreement.

4. SIGNAL RECEIVING AND NOTIFICATION SERVICE shall be provided by KFS if the reverse side of this Agreement includes a charge for Central Station Monitoring Services. KFS will connect the system to an independently owned and operated monitoring facility (herein referred to as the CS). Under such service, in the event a burglary or hold-up signal, or fire signal registers at the Central Station, the CS shall endeavor to notify promptly the appropriate police or fire department and the designated representative of the customer. To avoid false alarms, the CS may elect to call your premises first to determine if an actual emergency exists before calling any authorities or Customer's representatives. If the CS has reason to believe that no actual emergency exists, the CS may choose not to place such notification calls. The CS may discontinue any part of this service if required to do so by governmental or insurance authorities. Customer consents to the tape recording of all telephoric communications between the CS office and your premises.

In the event a supervisory signal or trouble signal registers at the Central Station, the CS shall endeavor to notify promptly the designated representative of the customer.

COMMUNICATION FACILITIES - A AUTHORIZATION-Customer authorizes KFS to make requests for information service, orders or equipment in any respect on behalf of Customer to a telephone company (the Telephone Company') or other entity providing facilities or services for transmission of signals under this Agreement. B. DIGITAL COMMUNICATOR - The Customer understands that if a digital communicator is installed under this Agreement, it uses standard telephone lines as the transmission mode of sending signals and eliminates the need for dedicated telephone facilities and the large cost increases frequently imposed on such facilities. Customer also understands that the CS does not receive signals when the transmission mode is or becomes non-operational and that signals from the digital communicator cannot be received if the transmission mode is or becomes non-operational and that signals from the digital communicator cannot be received if the transmission mode is cut, interfered with or otherwise damaged. KFS recommends the use of an RJ31X telephone jack or equivalent jack to give the system priority over other telephones on the premises; however, other calls (including calls to the 911 emergency operator) cannot be made when the system is activated, and therefore Customer may wish to nave the system connected to a separate telephone service. C. DERIVED LOCAL CHARNEL - The facilities and services provided by the Telephone Company, in connection with the services toos facilities and services relate to the provision of fires, signal paths, scanning and terministion. The Customer agrees that the liability of the Telephone Company is limited in accordance with, and the Telephone Company may invoke, the provisions of Paragraph 6 Limit of Liability of the General Terms and Conditions of this Agreement.

5. CANCELLATION - This Agreement may be terminated at the option of KFS at any time in the event that the Central Station is destroyed or so substantially damaged by fire or other catastrophe that it is impractical to continue service, or in the event that the CS is unable either to secure or retain the connections or privileges escassary for the transmission of signals by means of conductors between the Customer's premises and the Central Station or between the Central Station and the Manicipal Fire or Potice Department and KFS shall not be liable for any damages or subject to any penalty as a result of such termination. It is understood and agreed that this Agreement may be terminated by KFS in the event that the Customer fails to follow the operating instructions provided at the time this system was installed which results in an undue number of failse alarms or if the premises in which the system is installed an so modified or alberd after instatlation on to render confirmation of service impractical, or in the event of default in payment of any monies due under this Agreement. In the event of such termination, KFS will refund to the Customer any advance payments made for service to be supplied subsequent to the date of such termination less any amount still due for the sale of equipment.

CUSTOMER DUTIES — Customer will instruct all other persons who may use the system on its proper use. Customer will test the system's protective devices and send test signals to the Central Station in accordance with KFS' instructions at least monthly. If the system includes space protection (i.e. utrasonic, microwace, indired, photo beans, under carpet mats or other such detectors) Customer will turn off, control or remove all things such as air conditioning systems, heaters, and pets that might interfere with such devices when they are turned on. Customer will complete and give KFS an emergency information form which val include the name, telephone number and relationship of each person the CS may call in the event they believe there is an emergency at Customer's premises, and other information KFS and/or the CS may require. Customer will notify KFS in writing of any changes in the persons or telephone numbers on the emergency call list. Customer wal notify KFS and/or the CS and visions the information on the emergency information form to any governmental agency having jurisdiction over the use and operation of the system. IF THE SYSTEM INCLUDIES ANY WIRELESS DEVICES, Customer will notification over the use and operation of the system.

6. IT IS UNDERSTOOD THAT KFS IS NOT AN INSURER, THAT IT SHALL SPECIFICALLY BE THE OBLIGATION OF CUSTOMER TO PURCHASE ANY INSURANCE WHICH CUSTOMER DESIRES TO PROTECT ITSELF FROM LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES OR CONSEQUENCES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT.

THE AMOUNTS PAYABLE TO KFS HEREIN UNDER ARE BASED UPON THE VALUE OF THE SERVICES AND THE SCOPE OF LIABILITY AS HEREIN SET FORTH AND ARE UNRELATED TO THE VALUE OF THE CUSTOMER'S PROPERTY OF ROPERTY OF OTHERS LOCATED IN CUSTOMER'S PREMISES. KFS MAKES NO GUARANTY OR WARRANTY, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS THAT THE SYSTEM OR SERVICES SUPPLIED, WILL AVERT OR PREVENT OCCURRENCES OR THE CONSEQUENCES THEREFROM WHICH THE SYSTEM OR SERVICES IS DESIGNED TO DETECT. IT IS IMPRACTICAL AND EXTREMELY DIFFICULT TO FIX THE ACTUAL DAMAGES, IF ANY, WHICH MAY PROXIMATELY RESULT FROM FAILURE ON THE PART OF KFS TO PERFORM ANY OF ITS OBLIGATIONS HEREUNDER. THE CUSTOMER DOES NOT DESIRE THIS CONTRACT TO PROVIDE FOR FULL LIABILITY OF KFS AND AGREES THAT KFS SHALL BE EXEMPT FROM LIABILITY FOR LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURENCES, OR CONSEQUENCES THEREFROM WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT. THAT IF KFS SHOULD BE FOUND LIABIL FROM LOSSYSTEM IS DESIGNED TO DETECT OR AVERT. THAT IF KFS SHOULD BE FOUND LIABIL FROM LOSSYSTEM IS DESIGNED TO DETECT OR AVERT. THAT IF KFS SHOULD BE FOUND LIABIL FROM LOSSY, DAMAGE OR INJURY DUE TO A FAILURE OF SERVICE OR EQUIPMENT IN ANY RESPECT, ITS LIABILITY SHALL BE LIMITED TO A SUM EQUAL TO 10% OF THE ANNUAL SERVICE CHARGE OR \$500.00, WHICHEVER IS GREATER, AS THE AGREED UPON DAMAGES AND NOT AS A PENTALTY, AS THE EXCLUSIVE REMEDY, AND THAT THE PROVISIONS OF THIS PARAGRAPH SHALL APPLY IF LOSS, DAMAGE OR INJURY, RRESPECTIVE OF CAUSE OR ORGIN, RESULTS DIRECTLY OR INDIRECTLY TO PERSON OR PROPERTY FROM PERFORMANCE OR NONPERFORMANCE OF OBLIGATIONS IMPOSED BY THIS CONTRACT OR FROM NEGLIGENCE, ACTIVE OR OTHERWISE, OF KFS, ITS AGENTS OR EMPLOYEES. NO SUIT OR ACTION SHALL BE BROUGHT AGAINST KFS MORE THAN ONE (1) YEAR AFFER THE ACCRUAL OF THE CAUSE OF ACTION THEREFORE IF THE CUSTOMER DESIRES KFS TO ASSUME A GREATER LIABILITY, KFS SHALL AMEND THE AGDITIONAL MOUNT PAYABLE BY THE CUSTOMER FOR THE ASSULAPTION BY KFS OF SICH GREATER LIABILITY FROV

SO FAR AS IT IS PERMITTED BY CUSTOMER'S PROPERTY INSURANCE COVERAGE, CUSTOMER HEREBY RELEASES, DISCHARGES AND AGREES TO HOLD KFS HARMLESS FROM ANY AND ALL CLAIMS, LIABILITES, DAMAGES, LOSSES OR EXPENSES, ARISING FROM OR CALSED BY ANY HAZARD COVERED WINSURANCE IN OR ON THE CUSTOMER'S PREMISES WHETHER SAID CLAIMS ARE MADE BY CUSTOMER, HIS AGENTS, OR INSURANCE COMPANY OR OTHER PARTIES CLAIMING UNDER OR THROUGH CUSTOMER. CUSTOMER AGREES TO IDEMNIFY KFS AGAINST AND DEFEND AND HOLD KFS HARMLESS FROM ANY ACTION FOR SUBROGATION WHICH MAY BE BROUGHT AGAINST KFS BY ANY INSURER OR INSURANCE COMPANY OR ITS AGENTS OR ASSIGNS INCLUDING THE PAYMENT OF ALL DAMAGES, EXPENSES, COSTS AND ATTORNEYS FEES. IT IS FURTHER AGREEO THAT THE LIMITATIONS ON LIABILITY AND THE DBIGATIONS OF THE CUSTOMER, EXPRESSED HEREIN, SHALL INURE TO THE BENEFIT OF AND APPLY TO ALL PARENT, SUBSIDIARY AND AFFILIATED KFS COMPANIES AS WELL AS TO FIRST ALERT PROFESSIONAL SECURITY SYSTEMS, MICHIGAN MONITORING SERVICE, AND TO ANY OTHER COMPANY WITH WHICH KFS MAY CONTRACT TO PROVIDE ANY OF THE SERVICES SET FORTH HEREIN. IF THIS AGREEMENT PROVIDES FOR A DIRECT CONNECTION TO A MERICIPAL POLICE OR FIRE DEPARTMENT, OR OTHER ORGANIZATION, THAT DEPARTMENT, OR OTHER ORGANIZATION MAY INVOKE THE PROVISIONS HEREOF AGAINST ANY CLAIMS BY THE CUSTOMER DUE TO ANY FAILURE OF SUCH DEPARTMENT OR ORGANIZATION, THAT DEPARTMENT, OR OTHER ORGANIZATION MAY INVOKE THE PROVISIONS HEREOF AGAINST ANY CLAIMS BY THE CUSTOMER DUE TO ANY FAILURE OF SUCH DEPARTMENT OR ORGANIZATION.

- 7. KFS ASSUMES NO LIABILITY FOR DELAYS IN INSTALLATION OF THE EQUIPMENT, OR FOR INTERUPTIONS OF SERVICE DUE TO STRIKES, RIOTS, FLOODS, FIRES, ACTS OF GOD OR ANY CAUSES BEYOND THE CONTROL OF KFS AND WILL NOT BE REQUIRED TO SUPPLY SERVICE TO THE CUSTOMER WHILE INTERUPTION OF SERVICE DUE TO ANY SUCH CAUSE SHALL CONTINUE.
- 8. UNLESS A LONGER PERIOD IS REQUIRED, BY APPLICABLE LAW, ANY ACTION AGAINST KFS IN CONNECTION WITH THIS SYSTEM MUST BE COMMENCED WITHIN ONE YEAR AFTER THE CAUSE OF THE ACTION HAS ACCRUED.



4517307 No.:

08/07/2018 Cust. Order #: Data of W. rk:

125409

REMIT TO: If sorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check.

Invoice Date:

08/08/2018 SO#: 3183162

Date Due:

09/02/2018

Cust ID 07FAY7007

JOB#

SERVICE07/22

Soid To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

Location:

FAYETTE REGIONAL HEALTH SYSTEM 3135 VIRGINIA AVE/ERB LUMBER B *E-MAIL INV*

CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

- 17	QUANTITY	Mark the second					AMOUNT
		AUGUST SPRINKLER INSPE	CTION Quarte	rly			
		WORK ORDER SIGNED BY R	ANDY TELKER				
	1.00	INSP-SPK-Q INSPECTION				150.00	150.00
	1.00	BRKSY-18 SEAL, TAMPER S				0.00	0.00
	1.00	99MATLSHA SERVICE MATE	KIALS	SPCL HAZ		8.00	8.00
			TOTAL SALES/	SERVICES XMP#	0018188800		158.00
				TOTAL			158.00
		Pay online @ www koorsen.com. To			to us:		
		Circle: VISA MC AMEX Card Num	nber			_	
		Name on Card		Expir	ation Date/		
	Total Sal		Tax Amo		harge Invoice	e Total ⇒	
	158.0	0.00	0.	00			158.00

1450 NW 11TH ST RICHMOND, IN 47374 765/935-7781



N25

Tech # = 07-005474

07FAY7007

Sales Tax = 0.00%

WORK ORDER #

Problems Found:

S03183162

INVOICEATO ETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

CONNERSVILLE, IN

SERVICE A DEATION REGIONAL HEALTH SYSTEM 3135 VIRGINIA AVE/ERB LUMBER B *E-MAIL INV* CONNERSUILLE, IN 47331

DATE DUE: 8.7.18

CUSTOMER AUTHORIZATION: X

Q150 CALL BELINDA 827-7714 FOR PO# & APPT

EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG

FAX INSP REPORT TO BELINDA 765-827-7746

0716 PO = PO REQ .

Renewal 11/30/2019

765/825-5423-

AUGUST SPRINKLER INSPECTION Quarterly

(1) WET

Type of System

Manufacturer

Trouble Call Routine Inspection

Description of Work Performed:

Sprinkles Test & Inspection of (1) WET Fire System.

	Fire Alarm	Sprinkler	Clean Agent	C02/FM200/Inerger	Alarm Monitoring	Access Control	Security System	Video Surveillance
Company Name Last Service Date								
Oty. Material Use	KSY18)	Each	Amount Dat	7/18 Farray 7/18 Atthough	B III	Rate Labo	or Charge
s sie to	Mate	rial Total Forward						e 17
The above inspection is determine or guarantee				electrical operation of	f the equipment and		8 4	M
Vendor shall not be res has been discharged, v			y inspected equip	ment that, after servi	ceman has left premi	Labo	tal r Hrs.	1500
The reverse of this agree limited to \$250.00. Use						Tot Mate	rial	
Customer's Signatur	9	Date	Technician	's Signature	Date	Sub-		
×	and the	con	Jarry	Bennett	δ -	7 -1 8 Sales	s Tax	
Print Customer Name	and Rand	1 Telk	ler		TK	0701 Tota	al Due	
KF-018C Rev. 1/13	§	7	BILLING	DEPARTMENT				



Date

Due:

REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322

No.: invoice Date: 4529457

Date of Work:

08/21/2018 Cust Order #:

125409

09/18/2018

1-888-KOORSEN Include invoice # on check. Cust ID 07FAY7007

SO#: 3183163

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

JOB#

Location:

08/24/2018

SERVICE07/13

FAYETTE REGIONAL CARE PAVILION 450 ERIE ST

E-MAIL INV

CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

	AUGUST SPRINKLER INSPECTION Quarterly WORK ORDER SIGNED BY RANDY TELKER		
1.00 3.00	INSP-SPK-Q INSPECTION OF SPRINKLER *WET* SY BRKSY-18 SEAL, TAMPER SPRINKLER 18" YELLOW 201	200.00	20
1.00	99MATLSHA SERVICE MATERIALS SPCL HAZ	8.00	====
	TOTAL SALES/SERVICES XMP# 00181888	300	208
	TOTAL		201
	•		
	Pay online @ www.kcorsen.com. To pay by credit card, please phone or return to us:		
	Circle: VISA MC AMEX Card Number	. 	
	Name on Card Expiration Date/	<u>. </u>	

1450 NW TITH ST RICHMOND, IN 47374 765/935-7781



N25

Tech 11 = 07-005474

07FAY7007

Sales Tax = 0.00%

WORK ORDER#

503/83/63

INVOIGETOETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

> CONNERSVILLE, IN 47331

SERVICE A VEATION: REGIONAL CARE PAULLION 450 ERIE ST *E-MAIL INV* CONNERSUILLE, IN 47331

CUSTOMER AUTHORIZATION: X

DATE DUE:

Problems Found

(1) WET / 1-PIV/2-OSY **Q200** CALL BELINDA 827-7714 FOR PO# EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG *CALL BELINDA FOR APPT *FAX INSP REPORT TO BELINDA 765-827-7746

> ☐ Trouble Call Routine Inspection

PO = PO REO

No. of Technicians

Print Customer Name KF-018C Rev. 1/13

Renewal 12/31/2018

800/959-4929-

AUGUST SPRINKLER INSPECTION Quanterly

Portal to Portal Travel Hrs.

Manufacturer

en test and unspec Security System C02/FM200/Inergen Alarm Monitoring Video Survelliance Fire Alarm Sprinkler Clean Agent Access Control Company Name Last Service Date Each Amount Labor Charge Material Total Forward The above Inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to determine or guarantee proper capacity, engineering or original installation. 200 00 Total Vendor shall not be responsible for the improper operation of any inspected equipment that, after serviceman has left premises, Labor Hrs. has been discharged, vandalized, tampered with or damaged. The reverse of this agreement is incorporated herein. Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement. Tota! Material Sub-Total echnician's Signature Customer's Signature Sales Tax Randy Telker Total Due

BILLING DEPARTMENT



REMP TO: Koorsen Fire & Security 2719 N Arlington Avenue Indianapolis, IN 46218-3322

Indianapolis, IN 46218-3322

1-888-KOORSEN Include invoice # on check.

4529924 Date of Work:

08/23/2018 Oust Order

125409

Date

Due:

09/18/2018

Cust ID 07FAY7007

JOB#

08/24/2018

SERVICE07/21

SO#: 3166502

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331 Location:

CONNERSVILLE MEDICAL CTR 420 W 24TH ST *E-MAIL INV* CONNERSVILLE, IN 47331

	1 - 1-10 1/2 (1-10-10-10-10-10-10-10-10-10-10-10-10-10		
CUANTITY			AMOUNT
	HIDD BUNTAGUITANED GERM A		
	FIRE EXTINGUISHER SERV Annual		
	WORK ORDER SIGNED BY RANDY TELKER		
6.00	INSP-FE-A INSPECTION OF FIRE EXTINGUIS	5.35	32.10
6.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW		
6.00	CIKT003 TAG, OSHA-KOORSEN PAPER MONTHLY INS	1.40	8.40
4.00	BRKSY SEAL, TAMPER KOORSEN LOGO YR 2018		
1.00	EE5A EXCHANGE EXTINGUISHER 5# ABC	39.00	39.00
1.00	EE10A EXCHANGE EXTINGUISHER 10# ABC	58.00	58.00
1.00	99MATLGPA SERVICE MATERIALS GEN PROD	8.00	8.00
			========
	TOTAL SALES/SERVICES XMP# 0018188800		145.50
	State of the Committee		=======
	TOTAL		145.50
			113.30

		88			
Pay online	@ www.koorsen.com. To pa	y by credit card, please p	hone or return to us:		
	A MC AMEX Card Numb	er			
Circle: VIS.			Expiration Da	ite _ /	
Circle: VIS.	ard		Expiration be		
	ard	Tax Amount	Shipping Charge	Invoice Total ⇒	

FIRE EXTINGUISHER WORK ORDER 1450 NW 11TH ST RICHMOND, IN 47374

765/935-7781



N25

			_			Tech	(† =	7273124 RK ORDER #. S0310			-
1811/01	07FAY7007		Sa	Les 1	ax =	0.00%			56502	21	
INVO		TOTAN	A 1 11 T		011077		SERV	/ICE LOCATION		_	
	FAYETTE R			ALIH	SYSTE	M		CONNERSVILLE MED.	ICAL CT	R	
	1941 VIRG	PINIA	AVE					420 W 24TH ST			
•								*E-MAIL INV*			
CHET	CONNERSVI	LLE,	IN 4	7331			1 1	CONNERSVILLE, IN	47331		
PAV	OMER CASH	CHECK	(-#		☐ VISA	MC	☐ AMEX	CARD #		EXP DATE	<u>-</u>
	1.0.4.0	*-				-				DAII	•
								7-7714 FOR PO			
FMAT	L INV: ACCO	นหารษ	AAARL	E@FAY	EIIER	EGION	AL.ORG	*CALL BELINDA FOR	: APPI		
							07/31	/2019 765/827-	-6882-		
TIILY	FIRE EXTI								,		
QTY	SIZE / TYPE	QTY 6 YEAR	RECH			HYDRO	PRICE	ITEM DESCRIPTION	QTY	UNIT	TOTAL PRICE
	2.5# ABC							VALVE STEMS			
3	5/6# ABC	:		 	 	 		BR6092ABR6093A			
3	10# ABC	 		 	 	 		BRASVS4BRASVS5			
	20# ABC		-		 	 		BR19010B BR103215W	=		
	10# PURPLE K	 			 	 		O-RING			
	20# PURPLE K					+		BROR27 BROR29			
-						ļ	-	BROR37BROR39			
	HALON 1211	-		ļ		- 		BRQR40 BRQR41	- 	 	
	HALOTRON	 				 					
	FE-36	<u>.</u>				 		BRBL105 BRBL109 BRBL108	··		
	5 CO2 10 CO2			-		-			'	 	
	15 CO2			ļ	-			LABELS CIKL040 CIKL011		 	
				 		 		CIKL053			
	20 CO2 H20 MIST 6L / 2.5	GAI	X-	1		 		TAGS/COLLARS			
	K CLASS 6L / 2.5		1201	HAA		 		CIKT001_C CIKT077			
TOTAL	R CLASS OL / 2.5	GAL	KIN	NOGO	///// / " \	NIT PRICÊ		CIKT003	ط) (ن)		
CIAL	INSPECTIONS	A) M	•	Q	. 0	NII PHICE			<u> </u>		
	marrollone (100,000,000,000	aka mot in a	CONTRACTOR	GAUGE CIKT024	-		
QTY	SIZE / TYPE	QTY 6 YEAR	RECH			HYDRO	TOTAL	BRG195			
	WHLD#	1		11,5110	1.1.102	111102	(IBOL	MISCELLANEOUS / ADD'L PARTS		-	
\vdash	CART OP#			 				PULL PIN-BRNPP	'		
 i	FIRE 50FT 75I	FT 100	DFT			 		AM14776 STRAP/CLIP SM			
	HOSE COI I		· ·	· ;;	110	NIT PRICE		AM14778 STBAP/CLIP LG			
\vdash	#S RECAPTURE			<u>;</u>	- 1	11105		BRKS DY DR DW	 u		
	#S NEW CLEAN A	SENT						CONDUCTIVITY TEST			
	EXIT / EMERGENC							DISPOSAL PER UNIT			
 	QUICK CHECK /AN			ST/90 MII	, 		-	EE25A H / S			
\vdash		10/12 0/1		21,00 1911	`			EE5A(H) S / R	- , 	 	
	BULBS / BATTERI	ES		_	+			EE10A(H) S / R	- }		
	BRBT6	· -		-				EE20A H / S		┝──┼	
	BRBT65S							EEK-H	-		
	6V 12 AMP				— 			FE 1 2 3 4 5 6 7 8 9 10			-
\vdash	6 V 7 AMP							12 12 3 4 3 0 7 0 3 10			
 	6 V 4 AMP										-
L1	0 1 4711111				TOT	ALLEET			TOTAL R	IGHT	
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not be r	road carefully. We are not esponsible for the improper	operation on a	any inspected	i equipment ü	al, after sen	dceman has le	ft		TOTA	LLEFT [
premise	s, has been discharged , v d that he has read and und	andalized, tam	pered with or	rdamaged. U	ser acklowie	dges recolpt of	Ī		TOTAL	.RIGHT	
copy di	7							1	SUR	TOTAL [
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CUSTO	OMER / W	11/	XXV.	PR	IN I CUST	TOMER NA	ME		IAVADLE A	=	
	K# 0/770K	, DDCO!	110- /	731 11.	~ S	DATE	8/73/18		:	TAX	
TRUC	N.#	SPECIA	4LIS1	marting	<u> سال</u>	DATE	N ~ 11(1)		TOT	AL \$	
KF-011C F	REV. 4/13				BI	LLING DEF	PARTMENT				



REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue

Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check. 4529925

Invoice Date:

08/23/2019 Cust. Order #: Date of Work

125409

08/24/2018

SO#: 3166509

Date Due:

09/18/2018

Cust ID 07FAY7007

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

JOB#

SERVICE07/28

Location:

NESBITT, WILLIAM MD OFFICE 1550 ST RD 44 E *E-MAIL INV* CONNERSVILLE, IN 47331

QUANTITY	to the \$100 to the term of the control of the contr		F. Winner Filet 191	AMOUNT
	FIRE EXTINGUISHER SERV Annual			
	WORK ORDER SIGNED BY RANDY TELKER			
5.00	INSP-FE-A INSPECTION OF FIRE EXTINGUIS		5.35	26.75
5.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW			
5.00	CIKT003 TAG,OSHA-KOORSEN PAPER MONTHLY INS		1.40	7.00
4.00	EE5A EXCHANGE EXTINGUISHER 5# ABC		39.00	156.00
1.00	EE10A EXCHANGE EXTINGUISHER 10# ABC		58.00	58.00
1.00	99MATLGPA SERVICE MATERIALS GEN PROD		8.00	8.00
				========
	TOTAL SALES/SERVICES			255.75
	TAX: INDIANA SALES TAX	ON	229.00	16.03
				=======
	TOTAL			271.78

Total Sales	Taxable Sales	Tax Amount	Shipping Charge	Invoice Total 🖘	
N	ame on Card		Expiration Da	ate/	
С	ircie: VISA MC AMEX Card Num	ber		-	
P	ay online @ www.koorsen.com. To p	pay by credit card, please pl	none or return to us:		

FIRE EXTINGUISHER WORK ORDER 1 450 NW 11TH ST

50 NW 111H ST RICHMOND, IN 47374 765/935-7781



N25 Tech # = WORK ORDER # Sales Tax = 7.00%07FAY7007 S03166509 28 INVOICE TO SERVICE LOCATION FAYETTE REGIONAL HEALTH SYSTEM NESBITT, WILLIAM MD OFFICE 1550 ST RD 44 E 1941 VIRGINIA AVE . *E-MAIL INV* CONNERSVILLE, IN 47331 CONNERSVILLE, IN 47331 CUSTOMER CASH CHECK-# VISA MC AMEX CARD # FXP DATE *GIVE OFFICE OLD OSHA TAGS* L2/L3 1-BASEMENT CALL OFFICE FOR APPT 765-827-1800 - CALL BELINDA FOR PO 765-827-7714 E-MAIL INVS ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG 765/825-1803-0702 PO = PO REQRenewal 07/31/2019 <u> IIII V FIRF FXTINGUISHER SERU Annual</u> QTY QTY QTY 6 YM/RE HYDRO TOTAL UNIT TOTAL SIZE / TYPE OTY ITEM DESCRIPTION RECH 6 YEAR HYDRO PRICE PRICE PRICE 2.5# ABC VALVE STEMS 5/6# ABC BR6092A **BR6093A** 10# ABC BRASVS4 **BRASVS5** 20# ABC BR19010B BR103215W 10# PURPLE K O-RING 20# PURPLE K BROR27 BROR29 **BROR39** BROR37 **HALON 1211** BRQR41 HALOTRON BRQR40 FE-36 SIGNS BRBL109 BRBL108 5 CO2 **BRBL105** 10 CO2 LABELS 15 CO2 CIKL040 CIKL011 20 CO2 CIKL053 H20 MIST 6L / 2.5 GAL TAGS/COLLARS CIKT001_3 K CLASS 6L/2.5 GAL CIKT077 CIKTOO3 5 BRPTAG IOTAL **CIKT 002** UNIT PRICE INSPECTIONS M S ្ត CIKT023 CIKT024 **GAUGE** QTY 6 YM/RE HYDRO QTY QTY TOTAL SIZE / TYPE OTY RECH **6 YEAR** HYDRO PRICE PRICE PRICE **BRG195** WHLD# MISCELLANEOUS / ADD'L PARTS CART OP# PULL PIN-BRNPP FIRE 50FT **75FT** 100FT AM14776 STRAP/CLIP SM **UNIT PRICE** AM14778 STRAP/CLIP LG BRKS ZEYY □R □W #S RECAPTURE **#S NEW CLEAN AGENT** CONDUCTIVITY TEST DISPOSAL PER UNIT **EXIT / EMERGENCY LIGHTS** QUICK CHECK / ANNUAL BATTERY TEST/90 MIN EE25A H / S EESA H /(S') R CIKLOOS LABEL **BULBS/BATTERIES** EE10A H / 5) R. EE20A H / S BRBT6 BRBT65S EEK-H 6V 12 AMP FE 1 2 3 4 5 6 7 8 9 10 6 V 7 AMP 6 V 4 AMP **TOTAL RIGHT** Please read carefully. We are not an insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after serviceman has loft premises, has been discharged, vandalizad, tampered with or damaged. User acklowledges receipt of copy and that he has read end understands reverse side of agreement. TOTAL LEFT **TOTAL RIGHT SUB TOTAL** TAXABLE AMOUNT CUSTOMER TRUCK # 0705 DATE TOTAL \$

DILLING DEPARTMENT



REMIT TO: Koorseo Fire & Security 2719 N Ariington Avenue

Indianapolis, IN 46218-3322 Invoice Date: 1-888-KOORSEN Include invoice # on check.

Date of

08/28/2018 Cust. Order #:

125408

#:

Date 09/23/2018 Due:

AMOUNT

Cust ID 07FAY7007

4533380

SERVICE07/0

SO#: 3183161

Sold To:

"CHANTITY "" ... I

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331 JOB# Location:

08/29/2018

FAYETTE REGIONAL HEALTH SYSTEM

1941 VIRGINIA AVE

E-MAIL INV

CONNERSVILLE, IN 47331

07-HOUSE / 07-005474 / TK07-01

1.00 1.00	INSP-SPK-Q INSPECTION OF SPRINKI 99MATLSHB SERVICE MATERIALS	ER *WET* SY SPCL HAZ	400.00 14.00	40(14
	TOTAL SALE	S/SERVICES XMP# 0018188	3800	414
		TOTAL:		414
	Pay online @ www.koorsen.com. To pay by credit care	d, please phone or return to us:		

765/935-7781



N25 Sales Tax = 0.00% 07FAY7007 S03183161 WORK ORDER # INVOIGEAT PETTE REGIONAL HEALTH SYSTEM SERVICE LOCATION: FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE 1941 VIRGINIA AVE *E-MAIL INV* CONNERSUILLE. IN CONNERSVILLE, IN 47331 47331 CUSTOMER AUTHORIZATION: X (1) WET SYSTEM Q400**MUST FLUSH FIRE HYDRANT**MUST CK WITH DISPATCH FOR SIGNALS RECD @ INSP EMAIL INV:accountspayable@fayetteregional.org *FAX INSP RPT TO BELINDA 827-7746*CALL BELINDA FOR APPT & PO # 0716 PO = PO REQ Renewal 11/30/2019 765/827-7714-AUGUST SPRINKLER INSPECTION Quanterly Problems Found: Portal to Service Zone Portal Travel Hrs. Manufacturer agani kmo ta Fire Alarm C02/FM200/Inergen Alarm Monitoring Video Surveillance Sprinkler Clean Agent Access Control Security System Company Name Last Service Date Rate Labor Charge Each Amount Hrs. Material Used Qty. Material Total Forward The above inspection is made for the purpose of checking the mechanical and/or electrical operation of the equipment and not to are or guarantee proper capacity, engineering or original installation. Total Vendor shall not be responsible for the Improper operation of any inspected equipment that, after servicemen has left premises, Labor Hrs. has been discharged, vandalized, tampered with or damaged. Total The reverse of this agreement is incorporated herein. Please read carefully, We are not an insurer. Our maximum liability is Material limited to \$250,00. User acknowledges receipt of copy and that he has read and understands reverse side of agreement. Sub-Total Danmord Sales Tax **Total Due** Hammono

Print Customer Name KF-018C Rev. 1/13

BILLING DEPARTMENT



REMIT TO: Koorsen Fire & Security

2719 N Arlington Avenue Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check.

4538722 No.:

EMAIL 10/13

Invoice Date:

09/04/2018 SO#: 4538722

Date 09/29/2018 Due:

Cust ID 07FAY7007

JOB# Location: SERVICE07/ 13

Sold To:

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

FAYETTE REGIONAL CARE PAVILION 450 ERIE ST *E-MAIL INV*

CONNERSVILLE, IN 47331

07-HOUSE

		07 1100011
QUANTITY		I AMOUNT
	G FIRE ALM MON BASE SVC , 2018 THRU SEPTEMBER 30, 2019 10/13	300.00
	Total	300.00

Shipping Charge



07 FAY 7007 - 13 K590733 SALES PROPOSAL/MONITORING AGREEMENT

To: (Customer Name and Address)	Koorsen Protection Services, Inc.
White Water Farillion 450 Erie Steet Attn: Cornersville, In. Tel No. 765 827 787	536 N.W. L. STEEL BIRLANDIN
750000	Reduced & HIGNA THE
Attn: Tel. No. 765 827 787	From: Tel. No.
Price for Equipment and Service:	. Equipment \$
	Set-up Fee \$
CENTRAL STATION MONITORING: (CHECK ALL THAT APPLY)	Labor \$
☐ Burglar Alarm ☐ Open / Close (Activity Report) ☐ Open / Close (Supervised)	☐ Secured Monitoring (UPLINK) ☐ Smoke/Heat Detectors
Fire Alarm Test Daily / Weekly Sprinkler Flow	□ Sprinkler Tamper □
Full term of Central Station monitoring agreement isyears.	pe is \$Billed O.A.D. O Quarterly Annually at \$ 300
Monthly Central Station Monitoring Charge is \$UPLINK monthly charge	je is \$ Billed CLA.D. Clauanerry 2 Annually at \$
Covers Parts & Labor (Mon-Fri / 8:00 – 5:00) for one full year.	
Monthly Extended Warranty fee	
Secured Monitoring (UPLINK) I the undersigned accept / decline the installation of an UPLINK unit to aid in the	AGREEMENT SUMMARY: Balance (totals from above) \$
I transmission of my alarm signals in the event my house phone line is out of ser-	Taxable amount \$ Sales tax: \$
vice for any reason. I understand this service is an additional monthly fee.	Less Deposit of 10% \$
□ Accept ②Decline	Payment Due Upon Completion: \$
761	Next Quarterly Annual Payment Due: \$ 300
Customer Signature	Automatic Debit Monthly withdrawal is \$
KPS proposes to install or cause to be installed the equipment and furnish the service	· · · · · · · · · · · · · · · · · · ·
approval of the owner.	nt to provide a security system that will have initiating devices attached, which meets the Please sign to indicate you have read this
KOORSEN PROTECTION SERVICES INC	APPEARS AS KPS IN BODY OF CONTRACT
Term, Renewal & Expiration:	
This agreement shall remain in full force for the period covered by this agreement and shall thereafter cor (60) days prior to the expiration of the initial term.	tlinue on a year-to-year basis unless written notice of termination is given by either party to the other at least
Customer agrees that at any time following expiration of this agreement, Koorsen may increase the annual a 5% increase over the previous annual fee. In the event Koorsen increases the annual fee by an amount days of notification of such increase.	fee for the renewal thereof. Customer agrees to pay the full amount of such increase, which does not exceed greater than 5%, Customer may terminate the agreement upon written notice to Koorsen within fifteen (15)
Customer agrees to pay, in addition to the service charges above, any false alarm assessments, taxes, feet this Agreement and to pay any increase in charges to KPS for facilities required for transmission of signals	or charges that are imposed by any governmental body, relating to the installation or service provided under under this Agreement.
In the event KPS's representative is sent to the Customer's premises in response to a service call or alar secure a window, door or other protected point, or improperly adjusting CCTV cameras, monitors or acces	m signal caused by the Customer improperly following operating instructions or, failing to close or properly sory components, there shall be a service charge to the Customer.
Title to the equipment shall pass to Customer when the full term of this agreement is fulfilled. Failure to other liability, to repossess that equipment with or without notice and to avail itself of any legal remedy.	fulfill this agreement shall give KPS the right, without obligation to redecorate or repair the premises or any
This agreement is not binding unless approved in writing by an authorized Representative of KPS. In the e paid to KPS upon signing of this Agreement.	vent of failure of such approval the only liability of KPS shall be to return to the Customer the amount, if any
ENTIRE AGREEMENT - CUSTOMER ACKNOWLEDGES THAT HE IS AWARE THAT NO ALARM SYSTEM CO	AN GUARANTEE PREVENTION OF LOSS; THAT HUMAN ERROR ON THE PART OF KPS OR THE MUNICIPAL ION MODE IS CUT, INTERFERED WITH, OR OTHERWISE DAMAGED. THIS AGREEMENT CONSTITUTES THE
ENTIRE AGREEMENT RETWEEN THE CLISTOMER AND KPS. IN EXECUTING THIS AGREEMENT, CLISTOMER IS	not relying on any advice or advertisement of KPS. Clistomer agrees that any representation
HEREOF APPLY AS PRINTED WITHOUT ALTERATION OR QUALIFICATION. EXCEPT AS SPECIFICALLY MODI) in this agreement shall not be binding upon any party, and that the terms and conditions Fied in writing, the terms and conditions of this agreement shall govern notwithstanding
ANY INCONSISTENT OR ADDITIONAL TERMS AND CONDITIONS OR ANY PURCHASE ORDER OR OTHER DOCU	MENT SUBMITTED BY THE CUSTOMER. N OF THE CUSTOMER TO PURCHASE ANY INSURANCE WHICH CUSTOMER DESIRES TO PROTECT ITSELI
THIS DINDERSTOOD THAT RPS IS NOT AN INSUREN, THAT IT STALL SPECIFICALLY BE THE OBLIGATION FROM LOSS, DAMAGE OR INJURY DUE DIRECTLY OR INDIRECTLY TO OCCURRENCES OR CONSEQUENT ATTENTION IS DIRECTED TO THE LIMITED WARRANTY. LIMIT OF LIABILITY AND OTHER CONDITIONS O	CES THEREFROM, WHICH THE SERVICE OR SYSTEM IS DESIGNED TO DETECT OR AVERT.
	D BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. TO CANCEL, MAIL (OR DELIVER) A SIGNEL
Koorsen Projection Services, Inc.	Date
By: A BY Skenk SI'M	a 10-501
Customer's Acceptance Title	Date Purchase Order Number (If Required)
By: X/201/2010	

White - Corp. Copy

White - Branch Copy

Canary - Customer Copy



REMIT TO: Koorsen Fire & Security

2719 N Arlington Avenue Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check. No.: 4563723

Date of Work Cust. CONTRACT

0414

Invoice Date:

10/01/2018 SO#: 4563723

Date Due:

10/26/2018

Cust ID 07FAY7007

Sold To:

JOB#

SERVICE07/ 0

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE *E-MAIL INV*

CONNERSVILLE, IN 47331

07-HOUSE

THE STREET				07-HOUSE
QUANTITY				! AMOUNT
(QUARTERLY BILLING FIRE A NOVEMBER 01, 2018 THE PO: CONTRACT 0414	RU JANUARY 31, 2019		1,262.50
		Total		1,262.50
Total Sales	Taxable Sales 1,262.50	Tax Amount Shipping Charge 0.00	Invoice Total <	1,262.5



Service Agreement				N	0.	
Submitted To:		F	rom:	_		•
Fayette Regional Hospital		_	Ko	orsen F	ire & Securi	<u>y</u>
1941 Virginia Avenue	_	_		4840 Pr	ogress Drive	
Connersville, IN 47331		_		Columbi	us, IN 47201	
Jennie off fax HWV		_	Billy Findley	812) 376-	7586 off (812) :	372-0682 fax
Period Covered By This Agreement (🎉) Years Beg	ginning on	the Date of Cust	omer Acceptant	28		
Service Location (if Different From Above) Main heapital but	ilding		BI	iling: 🔲	Annual th	ne of service
De	escription	on of Service	9		***************************************	
		CY OF INSPECTION QUARTER BY		A LEU	nnual Due Date	april
Option 1. Inspection Only (labor for repairs and parts, i	lf necesser,	, will be sold separ	ately)			
Option 2. Comprehensive Service which includes 2 full during normal business hours. All emergency of	l Inspection	s per year and all p	erts and labor to m			
Detector sensitivity shall be checked within 1 year after insta	llation and	every alternate year	thereafter.			
is Sensitivity due this year?						
A PIS 30 H/6 SID 315 DID 89 H/D	T/8	F/6 D/H	F/P EVAC	NAC	N/CALL_	
Is Koorsen Monitoring Agreement attached?					Annual Fee	Acceptance
Additional Work:	•				\$ -6,050,00	
SPRINKLER (FIRE SYSTEM)	DEVIEN	Y OF INSPECTIO	M.			
TYPE OF SYSTEM:		Quarterly		ual 🔲 Ar	nual Due Date	:
☐ WEY Qly, Risere ☐ C	DRY	Qty. Risers	,	_		*
	BELUGE	Qty. Risers		<u> </u>		
	. Pumpe	GPN	Dara	Date:		
	. Hydrants			Date:		
STANDPIPE INSPECTION Qty	. Valves	-		Date:		
BACKFLOW PREVENTER INSPECTION Q	. Backflow		Dite	Date:		
Additional Work:					Annual Fee	Acceptance
(Landr for part's and repair, if necessary, will be eithed separa	TELY				30.00_	
FIRE EXTINGUISHERS F	REQUENC	Y OF INSPECTION	4			
NUMBER OF EXTINGUISHERS:] Monthly	Semi Ann	ual 🔲 Annuel		Due Date	:
Option 1. Inspection only per unit. All part			-			
Option 2. Comprehensive Service, includes all inspection business hours, for an entire year. (Recharges						
FIRE HOSE Inspection (Including Hose Re-rack)		EXIT A	ND EMERGENCY	LIGHTING	П	
Qty. Fire Hose Due Date:		Qty.	Exit Lights	C	tty. EM Lights	
Hydro testing Hose Re-rack			ec, Quick Test in, Test (AC Pow		ry Load Test	
Additional Work:					Annual Fee	Acceptance
(INSPECTION ONLY) LABOR FOR PARTS AND REPAIR, IF NECESSARY, WILL.	BE BILLED OF	PARATELY			s0.00	
Billing: An invoice for the total annual for will be sent upon aigned accounty reserves the right not to pro				ys efter date	\$ 6,050.00	
Term, Renewal, Expiration & Returned Merchandise;	7 M					a subarras laura MAL
This agreement ehalf comein in force for the parted covered by this Agreement and shall days prior to the expiration of the initial form. Knowson may commisse this Agreement at	sul gate nhou	thirty (180) days notice of	termination.			
Customer agrees that on the ome of any renowed of this Agreement, Koorsen may becau 6% increase over the provious annual fee, in the event Koorsen increases the annual te	e by an amou the by an amou	too for the renowed there It greater than SN, Curte	of. Curtomer agrees to ; mor may terminate the /	rdiyeideny abou Tak iyo big swon	in al such morgaso, which unitien notice to Koorsen v	dour noi excess a dibin ensen (15)
deys of notification of such increase. No commed merchandise accopied for crosh unico THE ATTACKED CONDITIONS ARE INCORPORATED IN THIS AGREEMENT, PLHAS	es qualenzod. A ES READ CARE	VI cielms must be stade : FULLY. KOORSEN (8 N	mithin 8 days of invoice. OT AN INSURER, OUR	MAXIMUM LIAB	ILITY IS LIMITED TO THE	Creater of 10%
of the annual service charge or \$250.00. User acknowledges reoep Variety Size & Servick Tulk 2006.	OF COPY A		<u>.</u> .	ine condition	no up the agreement.	
Koorson Fire & Bocurity Title Brita	Deser	Tille hh Afanadar	Date 02/4 D/00			
Cuatomor a Acceptance	ರಚಾಗ	h Manager Tido	03/10/09 Date		Printed Gustomer Na	ime
Br. A la Beca	Deer.	Admor	3/24/09	PAT	Printed Gustomer No	
. ,~	7	·- ·-	7-7-1		~	



REMIT TO: Koorsen Fire & Security

2719 N Arlington Avenue Indianapolis, IN 46218-3322

1-888-KOORSEN Include invoice # on check.

4563632 No.:

Date of Work

EMAIL

Invoice Date:

10/01/2018 SO#: 4563632

Date Due:

10/26/2018

Cust ID 07FAY7007

JOB# Location: SERVICE07/ 21

Sold To:

FAYETTE REGIONAL HEALTH SYSTEM 1941 VIRGINIA AVE

CONNERSVILLE, IN 47331

CONNERSVILLE MEDICAL CTR 420 W 24TH ST

E-MAIL INV

CONNERSVILLE, IN 47331

07-HOUSE

QUANTITY					07-HOUSE
	ANNUAL BILLING COMM NOVEMBER 01, 2018 PO: EMAIL				300.00
			Total		300.00
Total Sale	s Taxable Sales 300.00	Tax Amount 0.00	Shipping Charge	Invoice Total	300.00

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Acct No.	MONITORING and	ALARI	SERVICES	AGREEM	ENT	Acet N		
Customer Name and Address: Fayette Memorial Hosp	oital		Koorsen Fire & Se	curity (appears a	s KFS in I	body of	agreeme	nt)
320 West 24th Street			1450 N.W. 11 Stree		MA	1/20		
Connersville In.			Richmond In.	ALL H R B CONT.	H H A	Action 1		
Attn: Pat Bean	Tel. No.		Rep: Rick Blunk		****			
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Or: Attach Security Quota	onnect smoke, heat, and fire initiating	-,-,				al Char		
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	als in the event the primary commu		Less Deposit of	%	Taxes	\$		
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EXTENDED WARRANTY	Accept Decline Initials		Initial Service Charge	a mus ahati catubi	edOH .	\$		-0-0
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Ψnip charge applies to e	acir service call. Monthly Charge \$		Lorar Due Ohou Court	notion		Ψ		
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REMIT TO: Koorsen Fire & Security 2719 N Arlington Avenue

4569407 No.:

Date of

10/04/2018 Order

125421

Indianapolis, IN 46218-3322 1-888-KOORSEN Include invoice # on check.

Invoice Date:

10/05/2018 SO#: 3249753

Date

10/30/2018 Due:

Cust ID 07FAY7007

JOB#

SERVICE07/13

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

Location:

FAYETTE REGIONAL CARE PAVILION

450 ERIE ST *E-MAIL INV*

CONNERSVILLE, IN 47331

QUANTITY			AMQUNT
	Odmoded bediever and debyton deal access		
	OCTOBER RESTAURANT SYS SERVICE Semi-Annual		
	WORK ORDER SIGNED BY RANDY TELKER		
1.00	INSP-REST1-S INSPECTION OF RESTAURANT SYS -	108.65	108.65
1.00	INSP-RESTPIPE-S INSPECTION-DISCHARGE PIPE /AC	29.90	29.90
1.00	BRGTL1 LINK, FUSIBLE, TEST LINK MODELS ML, K	5.95	5.95
1.00	BRG45 GASKET, REPLACEMENT REST ANSUL (181) / AM	4.75	4.75
1.00	CIKT000 TAG, INSPECTION-KOORSEN YELLOW	4.75	4.75
1.00	SRKSY SEAL, TAMPER KOORSEN LOGO YR 2018		
1.00	CIKTO23 COLLAR, SERVICE VERIFICATN SMALL		
4.00	ANV439088 LINK, FUSIBLE, 360K, *5 STAR MODEL SL,	14.50	58.00
1.00	99MATLGPA SERVICE MATERIALS GEN PROD	8.00	8.00
1.00	JONATEGEA SERVICE MATERIALD GEN FROD	8.00	8.00
	TOTAL SALES/SERVICES XMP# 0018188800		215.25
	TOTAL SALES/BERVICES AMER OUTSIGOOD		========
	TOTAL		215.25
	TOTAL		413.43
			19
	Pay online @ www.koorsen.com. To pay by credit card, please phone or return to us:		
	Circle: VISA MC AMEX Card Number — — — —		
	Name on Card Expiration Date _ /_		
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Total St	HIMDIE I	otal ⊏>	215 25
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1811-986/991

NSR

Tech # = 107-373134

Sales Tax = 0.00%

TOOTKATTO

BTAG EXP CONNERSAITTE' IN 47331 *E-MAIL INU* 420 ESTE S.L SERVICE LOCATION REGIONAL CARE PAULLE мокк окрек #

-6767-656/008

1941 UIRGINIA AUE INVOICE TO YETTE REGIONAL HEALTH SYSTEM

CONNERSAILLE, IN 47331

EMAIL INV: ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG *CALL BELINDA FOR PO#* (1) ANSUL RIOZ 3 GAL **NO STC** CALL BELINDA FOR APPT 765-827-7714 PAYMENT ☐ CASH ☐ CHECK-#

RANDY 765-265-4240

OCTOBER RESTAURANT SYS SERVICE Semi-Annual Renewal 10/01/2019 0105 PO = PO REQ

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			EEQA H S R				-		<u> </u>	CLASS	
			DISPOSAL PER UNIT		185				ļ	0#VBC	
			ьогг ый вкирр		PRICE	PRICE	ORDAH	HELIZH.	BASE 2	9/6#ABC	
74101	7001111110		BRASBR (BREAK ROD)	JATOT	NUM	- 6YM/RE	- אוט	YTD HOBE	1 710	SIZE / TYPE	YTO
JATOT	UNIT PRICE	YTO	PART NUMBER	1. 10. 10. 10. 10.	EOI	D SERV	ASHRIU	EXTING	The state of the s		
	STAAGS	LANEOUS	The second secon							8800 VENT P	
			KF008 KF011					1/17		NB "O") 8086 17911 BURS	
		1	KT003 KT001 KT0S3 (NECK COLLARS)		_		,	(13		45 (CART GF	
		<u> </u>	BRKS (R WY) PULL SEAL	ļ	_			-		197054 (FOIL	
		7	KT008 (RED TAG)	<u> </u>				-		197290 (CAP	
		1	KT009 (INSPECTION TAG)					-		2334 (RUBBE	
		}}	K1077							33208 (MET	
	-		KL059 KL028							(CAPS) (695	
			KL023 KL024	JATOT	אורד	4 HNU	YTD			NUN TAA9	-2147
			KLO21 KLO22				S / CAPS	HIZZON			
JATOT	ПИП РЯІСЕ	YTD	ЯЗВМОИ ТЯАЧ				.)			T LINK BRGT	TEST
	ABELS	1/SDAT					-			200ML	
	, ,							- (K WL	390	BRG
			BKKKC	JATO:	RICE 1	9 TINU	YTD		NUMBER	TAA9	
			ВКРСС			NOI	PROTECT	∃ 9AAHC	DISC	2	
JATOT	UNIT PRICE	YTD	язамии тяда				AKS				
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			S198A998							WOJA AHMA	
			7987978							ASNI BAIA/	
			PRPRB64						RGE	TEM RECHA	
			BRBT65S							SEST SEST	
	-		BRBT6							EST-REG	
			LIGHT INSTALLATION QCK CHKVANL BAT TEST/90 MIN	JATOT	17013	4 TINU	YTO	+-,	TOMON	INDERS	CVI
JATOT	UNIT PRICE	YTD	PART NUMBER	107707	י ויייום	a TIMII	YTO	1 6	NUMBE	TEM MFG.	2121
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REMIT TO Hoorsen Fire & Security 2719 N Arlington Avenue indianapolis, IN 46218-3322

No.:

Invoice Date:

4569409

Date of

10/05/2018 _{SO#:} 3251900

10/04/2018 Cust. Order #:

10/30/2018

1-888-KOORSEN Include invoice # on check. Cust ID 07FAY7007

Date Due:

Sold To:

FAYETTE REGIONAL HEALTH 1941 VIRGINIA AVE CONNERSVILLE, IN 47331

JOB# Location: SERVICE07/13

FAYETTE REGIONAL CARE PAVILION

450 ERIE ST *E-MAIL INV*

CONNERSVILLE, IN 47331

GUANTITY				AMOUNT
	OCTOBER FIRE EXTINGUISH	ER SERV Annual		
	WORK ORDER SIGNED BY RAI			
11.00	INSP-FE-A INSPECTION OF	FIRE EXTINGUIS	5.35	F. 0F
11.00	CIKT000 TAG, INSPECTION-		3.33	58.85
11.00	CIKT003 TAG, OSHA-KOORSEN		1.40	15.40
3.00	BRKSY SEAL, TAMPER KOORS		2.55	
7.00	EE10A EXCHANGE EXTINGUIS	SHER 10# ABC	58.00	406.00
1.00	EE20A EXCHANGE EXTINGUIS		77.00	77.00
1.00	AMB417T EXTINGUISHER 2.5		46.00	46.00
1.00	99MATLGPA SERVICE MATERI	IALS GEN PROD	8.00	8.00
	TC	OTAL SALES/SERVICES XMP# 0018188	800	611.25
		, , , , , , , , , , , , , , , , , , , ,		55555555
		TOTAL		611.25
	Рау опіїле @ www.koorsen.com. То ра	y by credit card, please phone or return to us:		
	Circle: VISA MC AMEX Card Number	er		
	Name on Card	Expiration Date		
1 ca Sa 611.2		Tax Amount Shipping Charge In	voice Total ⊏>	611.25
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1450 NW 111H ST RICHMOND, IN 47374 765/935-7781



TOTAL \$

N25

Tech # = 07-373124 07FAY7007 Sales Tax = 0.00%WORK ORDER # S03251900 13 INVOICE TO SERVICE LOCATION FAYETTE REGIONAL HEALTH SYSTEM FAYETTE REGIONAL CARE PAVILION 1941 VIRGINIA AVE 450 ERIE ST *E-MAIL INU* CONNERSVILLE, IN 47331 CONNERSVILLE, IN 47331 CUSTOMER CASH CHECK# VISA MC AMEX CARD# DATE (11) L2/L3 (1-IN ATTIC CONTROL ROOM) *INCL GERI PHYCH BLDG NURSE STA* 827-7714 FOR PO# *CALL BELINDA FOR APPT EMAIL INV:ACCOUNTSPAYABLE@FAYETTEREGIONAL.ORG 0702 PO = PO REQ 800/959-4929-Renewal 12/31/2018 OCTOBER FIRE EXTINGUISHER SERV Annual QTY QTY QTY 6 YM/RE HYDRO TOTAL JINU TOTAL PRICE SIZE / TYPE ITEM DESCRIPTION S YEAR RECH HYDRO PRICE PRICE PRICE 2.5# ABC **VALVE STEMS** 5/6# ABC **BR6092A** BR6093A 10# ABC **BRASVS4** BRASVS5 20# ABC BR19010B BR103215W 10# PURPLE K O-RING 20# PURPLE K BROR27 BROR29 BROR37 BROR39 **HALON 1211** BRQR41 BRQR40 **HALOTRON** 14 (K) FE-36 SIGNS BRBL109___BRBL108 BRBL105 5 CO2 10 CO2 LABELS 15 CO2 CIKL040 CIKL011 20 CO2 CIKL053 H20 MIST 6L / 2.5 GAL TAGS/COLLARS K CLASS 6L / 2.5 GAL CIKTOO1_\lambda CIKT077 UNIT PRICE CIKT003_11_ BRPTAG_ Ы TOTAL INSPECTIONS M S a À CIKT023_ CIKT024 GAUGE OTY. 6 YM/RE HYDRO PRICE PRICE QTY QTY. TOTAL OTY SIZE / TYPE 6 YEAR RECH HYDRO PRICE **BRG195** WHLD# MISCELLANEOUS / ADD'L PARTS CART OP# PULL PIN-BRNPP HOSE 50FT 75FT 100FT AM14776 STRAP/CLIP SM UNIT PRICE AM14778 STAAP/CLIP LG **#S RECAPTURE** BRKS ZÍY □R **#S NEW CLEAN AGENT** CONDUCTIVITY TEST EXIT / EMERGENCY LIGHTS DISPOSAL PER UNIT QUICK CHECK / ANNUAL BATTERY TEST/90 MIN EE25A H / S CIKLOOS LABEL BEADULEUM E. E. LIOA Tes **BULBS/BATTERIES** EE1CA H (S)/R. 5.34 EE20A(H)/S -**BRBT6** EEK-H BRBT65S 6V 12 AMP FE 1 2 3 4 5 6 7 8 9 10 6 V 7 AMP BUTT 2.518 9A 6 V 4 AMP **TOTAL RIGHT** Please read carefully. We are not en insurer. Our maximum liability is limited to \$250.00. Vendor shall not be responsible for the improper operation on any inspected equipment that, after servicemen has left premises, has been discharged, vendelized, tampered with or damaged. User acklowledges receipt of copy and that he has read and understands reverse side of agreement. TOTAL LEFT **TOTAL RIGHT SUB TOTAL** TAXABLE AMOUNT CUSTOMER PRINT CUSTOMER NAME SPECIALIST - CONTINUES TRUCK # 5005