

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):

Dalmatian Fire Protection, a division of Shambaugh & Son, LP

Name and Address Where Notices and Payment Should Be Sent:

Dalmatian Fire, a division of Shambaugh & Son LP
Attn: Angie Perkey
PO Box 1287
Fort Wayne, IN 46801

Telephone No.: 260-487-7777

☐ 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: _____

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

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$ 913.00

2. DATE GOODS WERE RECEIVED BY DEBTOR: May 30, 2018

3. BRIEF DESCRIPTION OF CLAIM AND GOODS: Fire Sprinkler Inspection

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:
5/20/2019

Name:
Angela R Perkey

Title:
Collections Manager

Signature:

Angela R Perkey

FMHA POC

00148



Dalmatian Fire, a division of Shambaugh & Son, L.P.
5670 West 73rd Street
Indianapolis, Indiana 46278
Office: (317) 299-3889
Fax: (317) 299-4078

Invoice #: 9318-148A
Job #: 509318
Customer #: 61248
Date: June 27, 2018

FAYETTE REGIONAL HEALTH SYSTEM
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Job Name: Fayette Memorial Hospital
Inspection

Customer PO #:

Attention: Accounts Payable

Date Ordered: 5/30/2018

Fire Protection Service Completed

MATERIAL	\$0.00
SUBCONTRACT	\$0.00
TRUCK TRIP	\$85.00
EQUIPMENT	\$0.00
MISC. CHARGES	\$0.00
FIELD LABOR	\$828.00
	<hr/>
	\$913.00

Total Due:

Thank You!

Terms are Net 30 Days

PLEASE PAY THIS AMOUNT

\$913.00

All accounts not paid within 30 days of the invoice date are subject to a 1.5% monthly service charge. Please reference invoice number on your check. If you have a question in regards to your invoice, or would like to change your method of invoice to email, please notify Sarah Golden

Material prices do include any applicable state, local or federal sales or similar taxes if you are not exempt

sgolden@dalmatianfire.net



TRANSMITTAL SHEET

☐ 7614 OPPORTUNITY DRIVE • P.O. BOX 1287 • FORT WAYNE, IN 46801 • (219) 487-7777

☐ _____

DATE: May 24, 2019

TO: BMC Group, Inc
Attn: FMHA Claims Processing
PO BOX 90100
LOS ANGELES, CA 90009
ATTN: FMHA CLAIMS

RE: Case# 18-07762-JJG-11
OUR P.O. NO. _____
OUR JOB NO. _____
JOB NAME _____
LOCATION _____

IN CONNECTION WITH THE ABOVE, WE ARE FORWARDING:

_____ PRINTS	_____ FOR APPROVAL	_____ APPROVED AS SUBMITTED
_____ SHOP DRAWINGS	_____ FOR USE IN FIELD	_____ APPROVED AS NOTED
_____ PLANS	_____ FOR USE/DISTRIBUTION	_____ APPROVED WITH CORRECTIONS
_____ SPECIFICATIONS	_____ FOR INFORMATION	_____ NOT APPROVED
_____ INSPECTION TEST REPORTS	_____ FOR COMMENT	_____ REVISE & RESUBMIT
_____ NEW PRINTS, VOID ALL OTHERS	_____ PER YOUR REQUEST	_____ OTHER _____

2 COPIES OF Proof of 503 Claim Form

1 COPIES OF Self addressed envelope

_____ COPIES OF _____

_____ COPIES OF _____

PLEASE RETURN 1 COPIES TO THE ATTENTION OF: Angie Perkey

REMARKS: Please return a Date Stamped Copy

RELEASE FOR SHIPMENT: _____

Very truly yours,

SHAMBAUGH & SON, L.P.

Angie Perkey