

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):

Havel, a division of Shambaugh & Son, LP

Name and Address Where Notices and Payment Should Be Sent:

Havel, 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: \$ 3,443.34

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

3. BRIEF DESCRIPTION OF CLAIM AND GOODS: HVAC Service

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:
5/24/2019

Name: Angela R Perkey
 Title: Collections Manager

Signature:

Angela R Perkey



Havel

An EMCOR Company

Remit To: P.O. Box 1287
Fort Wayne, IN 46801
(260) 487-7900
(260) 489-2119 FAX

BILLED BY: ROBERTA 317-872-4242/4613
rfeeney@shambaugh.com

INVOICE DATE
16690014 6/07/18

56063

FAYETTE REGIONAL HEALTH
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Customer PO No.: J WELLMAN

Ticket Number: 642961-000000164
Bill Contract: 0181403005

REFERENCE DESCRIPTION	AMOUNT
FAYETTE REGIONAL PHARMACY REPLACEMENT CONTROLLER OA-T CONFIGURATION	
LABOR	642.00
TRUCK TRIP	71.00

THANK YOU FOR YOUR BUSINESS

SUB-TOTAL	713.00
TAX	.00
AMOUNT PAID	.00
AMOUNT DUE	713.00
ORIGINAL DUE UPON RECEIPT	





Havel

An EMCOR Company

REMIT TO:
P.O. Box 1287
Fort Wayne, IN 46801
Phone: 260-487-7777
Fax: 260-487-7701

OR

ACH
Bank: PNC
Routing: 071921891
Account#: 4622190919
Account Name: Shambaugh & Son, LP

BILLED BY:ROBERTA 317-872-4242/4613

INVOICE DATE
16733318 8/09/18

56063

FAYETTE REGIONAL HEALTH
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Customer PO No.: 76477

Ticket Number: 642961-000000131
Bill Contract: 181402957A

REFERENCE DESCRIPTION	AMOUNT
MSC-MPS OATA CONTROLLER ROOM	
TOTAL COST TO DATE	1,783.00

THANK YOU FOR YOUR BUSINESS
NO SALES TAX APPLIED IF RESALE
CERTIFICATE IS ON FILE.

SUB-TOTAL	1,783.00
TAX	119.84
AMOUNT PAID	.00
AMOUNT DUE	1,902.84
ORIGINAL DUE UPON RECEIPT	



Havel

An EMCOR Company

REMIT TO:
P.O. Box 1287
Fort Wayne, IN 46801
Phone: 260-487-7777
Fax: 260-487-7701

OR

ACH
Bank: PNC
Routing: 071921891
Account#: 4622190919
Account Name: Shambaugh & Son, LP

BILLED BY: JANE A C 317-872-4242/4139
janeacarpenter@shambaugh.com

INVOICE DATE
17183569 8/29/18

56063

FAYETTE REGIONAL HEALTH
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Customer PO No.: 125391

Ticket Number: 642961-000000276
Bill Contract: 0181403174

REFERENCE DESCRIPTION	AMOUNT
FAYETTE REGIONAL HEALTH 1ST FL REHAB HEATING VALVE OPERATION	
LABOR	642.00

THANK YOU FOR YOUR BUSINESS

SUB-TOTAL	642.00
TAX	.00
AMOUNT PAID	.00
AMOUNT DUE	642.00
ORIGINAL DUE UPON RECEIPT	



Havel

An EMCOR Company

REMIT TO:
P.O. Box 1287
Fort Wayne, IN 46801
Phone: 260-487-7777
Fax: 260-487-7701

OR

ACH
Bank: PNC
Routing: 071921891
Account#: 4622190919
Account Name: Shambaugh & Son, LP

BILLED BY:RFEENEY
rfeeney@shambaugh.com

INVOICE DATE
16766212 9/26/18

56063

FAYETTE REGIONAL HEALTH
1941 VIRGINIA AVE
CONNERSVILLE, IN 47331

Customer PO No.: J WELLMAN

Ticket Number: 642961-000000366
Bill Contract: 0181403292

REFERENCE DESCRIPTION	AMOUNT
FAYETTE REGIONAL HEALTH BMS IS OFFLINE	
LABOR	160.50
REMOTE IN	25.00

THANK YOU FOR YOUR BUSINESS

SUB-TOTAL	185.50
TAX	.00
AMOUNT PAID	.00
AMOUNT DUE	185.50
ORIGINAL DUE UPON RECEIPT	



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

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