

Fill in this information to identify the case:

Debtor 1 Fayette Memorial Hospital Association, Inc.
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: Southern District of Indiana
Case number 18-07762-JJG-11

RECEIVED
JUN 05 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.

Part 1: Identify the Claim

1. Who is the current creditor? Electronic Strategies, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor ESI

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Electronic Strategies, Inc.</u> Name	_____ Name
<u>8050 Castleway Drive</u> Number Street	_____ Number Street
<u>Indianapolis IN 46250</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>(317) 596-9891</u>	Contact phone _____
Contact email <u>jward@esiindy.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. 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: 6 4 5 9

7. How much is the claim? \$ 54,135.29. Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. 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.
goods provided and 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

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check one:

- | | Amount entitled to priority |
|--|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/04/2019
MM / DD / YYYY

/s/ Steven M. Lutz
Signature

Print the name of the person who is completing and signing this claim:

Name	Steven M. Lutz		
	First name	Middle name	Last name
Title	Attorney for Creditor		
Company	Church Church Hittle + Antrim		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	Two North Ninth Street		
	Number	Street	
	Noblesville	IN	46060
	City	State	ZIP Code
Contact phone	(317) 773-2190	Email	lutz@cchalaw.com

Electronic Strategies, Inc.
Aged Receivables
As of May 31, 2019

Filter Criteria includes: 1) IDs: 6459; 2) Includes Drop Shipments. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer Bill To Contact Telephone 1	Invoice/CM #	0 - 30	31 - 60	61 - 90	Over 90 days	Amount Due
6459	84460				3,912.90	3,912.90
Fayette Regional Health S	538258				1,093.75	1,093.75
	84711				1,500.00	1,500.00
765-825-5131	84965				305.00	305.00
	84994				13,036.73	13,036.73
	85227				28,002.04	28,002.04
	85234				6,284.87	6,284.87
6459					54,135.29	54,135.29
Fayette Regional Health						
Report Total					54,135.29	54,135.29

SALES INVOICE

Invoice Number: 84460
 Invoice Date: Mar 30, 2018
 Page: 1

Bill To:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Ship to:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	125332	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			4/29/18

Qty	Item	Description	Serial Number	Unit Price	Amount
2.00	EVIP-01	EXACQVISION SINGLE IP CAMERA		112.50	225.00
1.00		LICENSE			
1.00		EXACQVISION SSA CURRENT		238.75	238.75
		(bring system current)			
48.00		EXACQVISION LICENSE SSA (1		21.25	1,020.00
		year of updates)			
2.00	0556-001-S	AXIS M3027-PVE OUTDOOR	ACCC8EA7CFBF	692.08	1,384.15
		READY CAMERA			
			ACCC8EA7CFD5		
2.00		CAT6 CABLING PER DROP		160.00	320.00
1.00		MISC (CONDUIT, HARDWARE,		25.00	25.00
		ETC.)			
1.00	Cabling Services	LABOR		700.00	700.00

Subtotal	\$ 3,912.90
Sales Tax	
Freight	
Total Invoice Amount	3,912.90
Payment/Credit Applied	
TOTAL	\$ 3,912.90

Check/Credit Memo No:



Because you depend on it.

Invoice

Electronic Strategies, Inc.
 8050 Castleway Drive
 Indianapolis, IN 46250
 (317) 596-9891

Bill To:
Fayette Regional Health System Attn: Accounts Payable 1941 Virginia Avenue Connersville, IN 47331

Date	Invoice
04/06/2018	538258
Account	
6459	

Terms	Due Date	PO Number	Reference
Net 30 days	05/06/2018		

Service Order Number	144				
Summary	ExaGrid Project				
Services	Work Type	Staff	Hours	Rate	Amount
<u>Billable Services</u>					
Consultant-Infrastructure	Remote Service	Kyle Kent	1.50	175.00	\$262.50
Consultant-Infrastructure	Onsite Service	Kyle Kent	4.75	175.00	\$831.25
Total Services:					\$1,093.75
WE HAVE A NEW ADDRESS! Please Remit payments to: 8050 Castleway Drive Indianapolis, IN 46250			Invoice Subtotal:	\$1,093.75	
			Sales Tax:	\$0.00	
			Invoice Total:	\$1,093.75	
			Credits:	\$0.00	
			Balance Due:	\$1,093.75	

SALES INVOICE

Invoice Number: 84711
 Invoice Date: Apr 1, 2018
 Page: 1

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	Verb Andy Merida	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
B. Bulthaupt			5/1/18

Qty	Item	Description	Serial Number	Unit Price	Amount
20.00	Labor War/Imag	Laptop Rental for W/E April 16-20. For Training Classes		30.00	600.00
30.00	Labor War/Imag	Laptop Rental for W/E April 23-27. For Training Classes		30.00	900.00

Check/Credit Memo No:

Subtotal	\$	1,500.00
Sales Tax		
Freight		
Total Invoice Amount		1,500.00
Payment/Credit Applied		
TOTAL	\$	1,500.00

SALES INVOICE

Invoice Number: 84965
 Invoice Date: May 31, 2018
 Page: 1

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459		Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
1.00	Cabling Services	PREVENTATIVE MAINTENANCE - NORTH PAVILION		305.00	305.00

Check/Credit Memo No:

Subtotal	\$	305.00
Sales Tax		
Freight		
Total Invoice Amount		305.00
Payment/Credit Applied		
TOTAL	\$	305.00

SALES INVOICE

Invoice Number: 84994
 Invoice Date: May 31, 2018
 Page: 1

Bill To:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Ship to:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
400.00		MDF TO IDF 11 (PH) MICRO ARMORED PLENUM 50M mm 6 COUNT FIBER		2.67	1,066.67
1.00		PANDUIT SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		69.33	69.33
1.00		SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		60.00	60.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 2RU		353.53	353.53
1.00		FIBER ENCLOSURE 1RU		256.13	256.13
2.00		(SC-LC) PATCH CABLE mm 3m 50 MICRON		25.60	51.20
650.00		MDF TO IDF 3 (LAB) MICRO ARMORED PLENUM 50M mm 6 COUNT FIBER		2.67	1,733.33
2.00		PANDUIT SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		48.00	96.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 12 STRAND		117.73	117.73

Subtotal	Continued
Sales Tax	Continued
Freight	
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

Check/Credit Memo No:

SALES INVOICE

Invoice Number: 84994
 Invoice Date: May 31, 2018
 Page: 2

Bill To:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Ship to:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
2.00		WALL MOUNT - BLACK (SC-LC) PATCH CABLE mm 3m 50 MICRON		25.60	51.20
350.00		MDF TO IDF 7 (HIM) MICRO ARMORED PLENUM 50M mm 6 COUNT FIBER		2.67	933.33
2.00		SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		48.00	96.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 1RU LEVITRON		256.13	256.13
2.00		(SC-LC) PATCH CABLE mm 3m 50 MICRON		25.60	51.20
600.00		MDF TO IDF 9 (MED-SURG) MICRO ARMORED PLENUM 50M mm 6 COUNT FIBER		2.67	1,600.00

Check/Credit Memo No:

Subtotal	Continued
Sales Tax	Continued
Freight	
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

SALES INVOICE

Invoice Number: 84994
 Invoice Date: May 31, 2018
 Page: 3

Bill To:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Ship to:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
2.00		SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		48.00	96.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 12 STRAND WALL MOUNT- BLACK		117.75	117.75
2.00		(SC-LC) PATCH CABLE mm 3m 50 MICRON		25.60	51.20
1.00		MISC VELCRO, TIES, CLAMPS, HOOKS, ETC		150.00	150.00
1.00	Cabling Services	LABOR Install (6) strand 50 micron 10G fiber from the MDF to the (4) IDF's. ESI		4,950.00	4,950.00

Check/Credit Memo No:

Subtotal	Continued
Sales Tax	Continued
Freight	
Total Invoice Amount	Continued
Payment/Credit Applied	
TOTAL	Continued

SALES INVOICE

Invoice Number: 84994
 Invoice Date: May 31, 2018
 Page: 4

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
		will terminate, test, and label all strands of fiber. Client will make all cross connections.			

Check/Credit Memo No:

Subtotal	\$	13,036.73
Sales Tax		
Freight		
Total Invoice Amount		13,036.73
Payment/Credit Applied		
TOTAL	\$	13,036.73

SALES INVOICE

Invoice Number: 85227
 Invoice Date: Jun 29, 2018
 Page: 1

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	NA	Net 30 Days	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
B. Bulthaup	3097		6/29/18

Qty	Item	Description	Serial Number	Unit Price	Amount
2.00	VS6-EPL-P-FAY-R	VMWARE RENEWAL VSPHERE 6 ENTERPRISE PLUS FOR (1) PROCESSOR - PRODUCTION SUPPORT / SUBSCRIPTION - ONE YEAR RENEWAL		1,088.94	2,177.88
2.00	HZ-ENTN-100-FAY-R	VMWARE RENEWAL HORIZON ENTERPRISE EDITION - 100 PACK NAMED USERS - PRODUCTION SUPPORT - ONE YEAR		8,825.98	17,651.96
6.00	VS6-OEPL-P-FAY-R	VMWARE RENEWAL VSPHERE 6 WITH OPERATIONS MANAGEMENT ENTERPRISE PLUS FOR (1) PROCESSOR - PRODUCTION SUPPORT - ONE YEAR		1,107.54	6,645.24
1.00	VCS6-STD-P-SSS-C-R	VMWARE RENEWAL VCENTER SERVER 6 STANDARD FOR VSPHERE 6 - PRODUCTION SUPPORT - ONE YEAR NOTE: CO-TERMS AGREEMENT TO 6/29/19		1,511.96	1,511.96
1.00	Handling	Handling/Processing		15.00	15.00

Subtotal	\$ 28,002.04
Sales Tax	
Freight	
Total Invoice Amount	28,002.04
Payment/Credit Applied	
TOTAL	\$ 28,002.04

Check/Credit Memo No:

SALES INVOICE

Invoice Number: 85234
 Invoice Date: Jun 30, 2018
 Page: 1

Bill To:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Ship to:
Fayette Regional Health System 1941 Virginia Ave. Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	C.O.D.	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
610.00		MDF to SURGERY			
		MICRO ARMORED PLENUM 50 M		2.67	1,626.67
		mm 6 COUNT FIBER			
2.00		SC 50 MICRON mm FIBER		48.00	96.00
		COUPLER PLATE 6 PACK			
12.00		FIBER FASTCAM 50 MICRON mm		18.33	220.00
		SC TERMINATIONS			
1.00		FIBER ENCLOSURE 12 STRAND		117.73	117.73
		WALL MOUNT - BLACK			
2.00		(SC-LC) PATCH CABLE mm 3m 50		25.60	51.20
		MICRON			
		MDF to ER			
410.00		MICRO ARMORED PLENUM 50 M		2.67	1,093.34
		mm 6 COUNT FIBER			
2.00		SC 50 MICRON mm FIBER		48.00	96.00
		COUPLER PLATE 6 PACK			
12.00		FIBER FASTCAM 50 MICRON mm		18.33	220.00
		SC TERMINATIONS			
1.00		FIBER ENCLOSURE 12 STRAND		117.73	117.73
		WALL MOUNT - BLACK			
2.00		(SC-LC) PATCH CABLE mm 3m 50		25.60	51.20
		MICRON			

	Subtotal	Continued
	Sales Tax	Continued
	Freight	
Check/Credit Memo No:	Total Invoice Amount	Continued
	Payment/Credit Applied	
	TOTAL	Continued

SALES INVOICE

Invoice Number: 85234
 Invoice Date: Jun 30, 2018
 Page: 1

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	C.O.D.	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
610.00		MDF to SURGERY MICRO ARMORED PLENUM 50 M mm 6 COUNT FIBER		2.67	1,626.67
2.00		SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		48.00	96.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 12 STRAND WALL MOUNT - BLACK		117.73	117.73
2.00		(SC-LC) PATCH CABLE mm 3m 50 MICRON		25.60	51.20
410.00		MDF to ER MICRO ARMORED PLENUM 50 M mm 6 COUNT FIBER		2.67	1,093.34
2.00		SC 50 MICRON mm FIBER COUPLER PLATE 6 PACK		48.00	96.00
12.00		FIBER FASTCAM 50 MICRON mm SC TERMINATIONS		18.33	220.00
1.00		FIBER ENCLOSURE 12 STRAND WALL MOUNT - BLACK		117.73	117.73
2.00		(SC-LC) PATCH CABLE mm 3m 50		25.60	51.20

	Subtotal	Continued
	Sales Tax	Continued
	Freight	
Check/Credit Memo No:	Total Invoice Amount	Continued
	Payment/Credit Applied	
	TOTAL	Continued

SALES INVOICE

Invoice Number: 85234
 Invoice Date: Jun 30, 2018
 Page: 2

Bill To:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Ship to:
 Fayette Regional Health System
 1941 Virginia Ave.
 Connersville, IN 47331

Customer ID	Customer PO	Payment Terms	
6459	101552	C.O.D.	
Sales Rep ID	ESI Quote #	Ship Date	Due Date
M. Herbert			6/30/18

Qty	Item	Description	Serial Number	Unit Price	Amount
1.00		MICRON MISC MISC (VELCRO, TIES, CLAMPS, HOOKS, ETC.)		75.00	75.00
1.00	Cabling Services	LABOR *Install (6) strand 50 micron 10G fiber from the MDF to the (2) IDF's listed. ESI will terminate, test & label all strands of fiber. Client will make all cross connections.		2,520.00	2,520.00

Subtotal	\$ 6,284.87
Sales Tax	
Freight	
Total Invoice Amount	6,284.87
Payment/Credit Applied	
TOTAL	\$ 6,284.87

Check/Credit Memo No:

church church hittle + antrim
ATTORNEYS AT LAW

June 4, 2019

BMC Group, Inc.
Attn: FMHA Claims Processing
3732 West 120th Street
Hawthorne, CA 90250

By Overnight Delivery

Re: Debtor: Fayette Memorial Hospital Association, Inc.
Case No. 18-07762-JJG-11
Creditor: Electronic Strategies, Inc.

Dear Claims Processing Agent,

Please find enclosed the Proof of Claim filing for creditor, Electronic Strategies, Inc., to be filed in the above-referenced debtor's Bankruptcy Case.

Should you have any issues processing this Proof of Claim timely, please contact the undersigned upon receipt.

Thank you.

Respectfully,

Church Church Hittle + Antrim



Steven M. Lutz
Partner | Noblesville Office

Encl.