

ADMINISTRATIVE EXPENSE CLAIM FORM
Debtor: Fayette Memorial Hospital Association, Inc., Case No. 18-07762-JJG-11

NOTE: This form should only be used to make a claim for an Administrative Expense arising or accruing from October 10, 2018 through and including April 30, 2019. IT SHOULD NOT BE USED FOR CLAIMS ARISING PRIOR TO OCTOBER 10, 2018.

Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Scientific Instrument Center Inc.</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
Name and address where notices should be sent: <u>Scientific Instrument Center</u> <u>8624 Industrial Parkway, Suite 6</u> <u>Plain City, Ohio 43064</u>	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.
Name and address where payment should be sent (if different): <u>Same</u>	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <u>614/771-4700</u>	

Last four digits of account or other number by which creditor identifies debtor:

1. Basis for Administrative Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
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2. Date(s) debt was incurred: <u>4/7/19</u>	3. If court judgment, date obtained:
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 2,450.00

If all or part of your claim is secured, also complete Item 5 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Please identify the property of the Debtor that secures the claim. Description of Property: _____ Basis for Perfection: _____ Value of Property: _____	6. Offsets, Credits and Setoffs: <input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input type="checkbox"/> This claim is not subject to any setoff or counterclaim. <input type="checkbox"/> This claim is subject to setoff or counterclaim as follows:
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7. This Administrative Proof of Claim: <input checked="" type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein. <input type="checkbox"/> amends/supplements a proof of claim _____ filed on _____ or _____ <input type="checkbox"/> replaces/suspends a proof of claim filed on _____.	8. Assignment <input type="checkbox"/> If the claimant has obtained this claim by Assignment, a copy is attached hereto.
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9. Supporting Documentation:
 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.

Date: <u>6/5/19</u>	Sign and 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): <u>Debbie S. Lapos, Debbie S. Lapos, Office Manager</u>
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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.

FMHA POC
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SCIENTIFIC INSTRUMENT CENTER, INC.
 8624 Industrial Parkway, Suite 6
 Plain City, OH 43064
 (614) 771-4700 Fax # (614) 771-8684

Invoice

Date	Invoice #
4/17/2019	35294

Bill To
RENOVO SOLUTIONS LLC Accounts Payable Department 4 Executive Circle Suite 185 Irvine, CA 92614

Ship To
Location: Fayette Regional Health System 1941 Virginia Avenue Connersville, IN 47331

Account #	Ship	Via	Due Date	Terms	P.O. Number	Our #	Sales Rep
	4/17/2019		5/17/2019	Net 30	116464-2114698	PM	CB/PH

Description	Quantity	Price Each	Amount
Preventive Maintenance performed on four (4) pieces of laboratory equipment on April 17, 2019.			
Total PM Charge		2,450.00	2,450.00

Thank you for your business.

Subtotal \$2,450.00
Sales Tax (0.0%) \$0.00
Total \$2,450.00

Balance Due \$2,450.00