

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): SHIV SUMAN KAPOR/CONNERVILLE PRIMARY CARE PHYSICIAN

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: 6536 SUNNY DRIVE MASON OH 45040

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): SAME

Check box if the address differs from the address on the envelope sent to you by the court.

Telephone number: 513 417 9838

Last four digits of account or other number by which creditor identifies debtor: FMHA Assn Inc. Ac Above on the form

1. Basis for Administrative Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury wrongful death
- Taxes
- Other LEASE / RENT
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (fill out below)
Last four digits of your SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date(s) debt was incurred:

DECI, 2018 thru 3/8/19

3. If court judgment, date obtained:

N/A

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 1440.00

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.

N/A

6. Offsets, Credits and Setoffs:

N/A

Description of Property: _____

All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein

Basis for Perfection: _____

This claim is not subject to any setoff or counterclaim.

Value of Property: _____

This claim is subject to setoff or counterclaim as follows: _____

7. This Administrative Proof of Claim:

is the first filed proof of claim evidencing the claim asserted herein.

amends/supplements a proof of claim _____ filed on _____ or _____

replaces/suspends a proof of claim filed on _____.

8. Assignment

N/A

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.

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): CCU SHIV SUMAN KAPOR

Date: 6/7/2019

CONNERVILLE PRIMARY CARE PHYSICIAN / SSUMKAP@HOTMAIL.COM

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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