

**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>Johnson Controls</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>5757 N Green Bay Ave, LA-9</u> <u>Milwaukee WI 53209</u>	<input 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):	<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone number: <u>414-524-7215</u>	

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

<b>1. Basis for Administrative Claim</b> <input checked="" type="checkbox"/> Goods sold <input 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 _____ (date) to _____ (date)
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JUN 12 2019  
BMC GROUP

2. Date(s) debt was incurred: <u>3/18/2019</u>	3. If court judgment, date obtained: _____
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4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIMS: 403.35

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.

<b>5. Please identify the property of the Debtor that secures the claim.</b>  Description of Property: _____ Basis for Perfection: _____ Value of Property: _____	<b>6. Offsets, Credits and Setoffs:</b>  <input type="checkbox"/> All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein <input checked="" 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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<b>7. This Administrative Proof of Claim:</b> <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 _____.	<b>8. Assignment</b>  <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>6/10/2019</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>B. Wilder, Brian Wilderman, Credit Analyst</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.





**JOHNSON CONTROLS**  
**Building Efficiency**  
**Federal ID 39-0380010**

**ORIGINAL INVOICE**

**Invoice #:** 1-85224849418    **Invoice Date:** 03/18/2019  
**PO #/Auth:** 125476    **Service Request:** 1-85115611283  
**Customer WO#:**    **SR Type:** Material Only  
**Customer Acct:** 1230062    **Branch Name:** JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

**Bill To:**  
 FAYETTE MEMORIAL HOSPITAL  
 ACCOUNTS PAYABLE DEPT  
 1941 VIRGINIA AVENUE  
 CONNERSVILLE IN 47331

**Service Site:**  
 FAYETTE MEMORIAL HOSPITAL -  
 CONNERSVILLE  
 1941 VIRGINIA AVE ,  
 CONNERSVILLE IN 47331-2833

**Contractor/License Information :**

**Requested By:** JENNIE WELLMAN  
**Phone:** 7658277714  
**Proposal:**

**Service Requested:** MATERIAL SALE

**Service Provided:** (1) 028 09551 050 GASKET, SERVICE REPL 50 F  
 Thank you for your business.

Qty	Description	UOM	Unit Price	Sub Total	Tax	Net Price
<b>Materials</b>						
1	028 09951 050 GASKET, SERVICE REPL 50 F	Each	\$386.08	\$386.08	\$0.00	\$386.08
<b>Sub-Total</b>				<b>\$386.08</b>	<b>\$0.00</b>	<b>\$386.08</b>
<b>Fees</b>						
1	Freight	Each	\$17.27	\$17.27	\$0.00	\$17.27
<b>Sub-Total</b>				<b>\$17.27</b>	<b>\$0.00</b>	<b>\$17.27</b>
				<b>Invoice Sub-Total</b>		<b>\$403.35</b>
				<b>Taxes</b>		<b>\$0.00</b>
				<b>Total Due</b>	<b>USD</b>	<b>\$403.35</b>

**Direct Billing Inquiries: (866) 656-8521**

Terms: If any invoice is not paid in full upon receipt, the Customer hereby agrees to pay interest at a rate of 1.5% per month (18% annually) upon the unpaid portion of the invoice. If action or suit is brought by Johnson Controls to collect any amount due or owing under this bill, Customer agrees to pay all costs of collection including attorney's fees.

All invoice payments greater than \$25,000 must be made via wire transfer, check or money order. Seller will not accept payment in the form of a credit card, debit card or other similar payment device on amounts greater than \$25,000.

Disposable, Environmental & Usage (DEU) fee listed on this invoice may include charges for one or more of the following miscellaneous: Electrical, pneumatic, welding supplies, hardware materials, cleaning supplies, or refrigerant reclaim disposal. A lump sum charge was applied rather than itemizing usage.

We hereby certify that these goods are produced in compliance with all applicable requirements of sections 6, 7 and 12 of the Fair Labor Standards Act of 1938, as amended, and of regulations and orders of the Administrator of the Wage and Hour Division issued under section 14 thereof.



**JOHNSON CONTROLS**  
**Building Efficiency**  
**Federal ID 39-0380010**

**ORIGINAL INVOICE**

<b>Invoice #:</b>	<b>1-85224849418</b>	<b>Invoice Date:</b>	<b>03/18/2019</b>
<b>PO #/Auth:</b>	125476	<b>Service Request:</b>	1-85115611283
<b>Customer WO#:</b>		<b>SR Type:</b>	Material Only
<b>Customer Acct:</b>	1230062	<b>Branch Name:</b>	JOHNSON CONTROLS INDIANAPOLIS IN CB - 0N20

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**Please reference the invoice number and amount with all payments. Remit to only the address below.**

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**Payment Terms: Due Upon Receipt Of Invoice**  
**Direct Billing Inquiries**  
**To Service Department: (866) 656-8521**

**To Remit Via Credit Card:**  
Call the phone number listed above.

**INVOICE#: 1-85224849418**

**AMOUNT DUE: USD \$403.35**

**Remit Payment To:**  
JOHNSON CONTROLS  
PO BOX 730068  
DALLAS, TX, 75373

**To Remit Via ACH Wire Transfers:**

JP Morgan Chase  
One Chase Manhattan Plaza  
New York, NY 10005  
Credit to: Johnson Controls Inc.  
ABA# 071-000013 Depositor Acct #55-14347  
Type of Account: Checking