

**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.**

<b>Name of Creditor (The person or other entity to whom the debtor owes money or property):</b> Canon Financial Services, Inc.	<input checked="" 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. Proof of Claim filed on 11/26/18 (FMHA POC 00045)
<b>Name and address where notices should be sent:</b> Eisenberg, Gold & Agrawal, P.C. - Attn: Amar A. Agrawal, Esquire 1040 North Kings Highway, Suite 200 Cherry Hill, New Jersey 08034	<input type="checkbox"/>	Check box if you have never received any notices from the bankruptcy court in this case.
<b>Name and address where payment should be sent (if different):</b> Canon Financial Services, Inc. - Attn: Irene Giuseppini 158 Gaither Drive, Suite 200 Mount Laurel, NJ 08054	<input type="checkbox"/>	Check box if the address differs from the address on the envelope sent to you by the court.
<b>Telephone number:</b> 800-220-0200		

**Last four digits of account or other number by which creditor identifies debtor:** 8001 and 8002

<b>1. Basis for Administrative Claim</b> <input 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 checked="" type="checkbox"/> Other Equipment Lease	<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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**2. Date(s) debt was incurred:** 10/10/18 to 4/30/19

**3. If court judgment, date obtained:**

**4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:** \$ 56,801.72

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: <u>Equipment</u>  Basis for Perfection: <u>UCC Financing Statement</u>  Value of Property: <u>\$216,148.53</u>	<b>6. Offsets, Credits and Setoffs:</b> <input checked="" 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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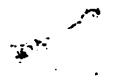
<b>7. This Administrative Proof of Claim:</b> <input type="checkbox"/> is the first filed proof of claim evidencing the claim asserted herein.  <input checked="" type="checkbox"/> amends/supplements a proof of claim <sup>FMHA</sup> <u>POC 00045</u> filed on <u>11/26/2018</u> or <input type="checkbox"/> 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.

<b>Date:</b> <u>6/27/19</u>	<b>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):</b> Amar A. Agrawal, Esquire - Attorney for Canon Financial Services, Inc. <div style="text-align: right; margin-top: 10px;"> </div>
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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.



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**ATTACHMENT TO ADMINISTRATIVE PROOF OF CLAIM**

Debtor Name: Fayette Memorial Hospital Association, Inc.  
Case Number: 18-07762-JJG-11  
Petition Filing Date: 10/10/2018

**Calculation of Arrears for Lease No. 001-0770268-001**

Rentals Payments Due	\$20,971.14
Maintenance and Service Fees	\$11,268.10
Late Charges	\$20,077.79
<b>Total Amount of Arrears (10/10/18 to 4/30/19)</b>	<b>\$52,317.03</b>

**Calculation of Arrears for Lease No. 001-0770268-002**

Rentals Payments Due	\$2,414.52
Maintenance and Service Fees	\$ 331.20
Late Charges	\$1,738.97
<b>Total Amount of Arrears (10/10/18 to 4/30/19)</b>	<b>\$4,484.69</b>

**Total *Arrears* for both Leases: \$56,801.72**



**Eisenberg, Gold  
& Agrawal**

*A Professional Corporation*

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June 27, 2019

BMC Group  
Attn: FMHA Claims Processing  
PO Box 90100  
Los Angeles, CA 90009

**Re: In Re: Fayette Memorial Hospital Association, Inc.  
Case No. 18-18-07762-JJG  
Our File No.: CB-937-A**

Dear Sir/Madam:

Our firm represents Creditor, Canon Financial Services, Inc., with regard to the above matter.

Enclosed please find an original and one (1) copy of an Administrative Expense Claim Form. Kindly please file the same and return a copy so marked in the enclosed self-addressed stamped envelope.

Should you have any questions, please feel free to contact me.

Thank you.

Very truly yours,

**EISENBERG, GOLD & AGRAWAL, P.C.**



**AMAR A. AGRAWAL, ESQUIRE**

AAA/ks  
*Enclosure(s)*