

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 May 1, 2019 through August 31, 2019 ONLY.

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| Name of Creditor (The person or other entity to whom the debtor owes money or property): Bionomics Inc. | <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: P.O. Box 817 Kingston, TN 37763 | <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): SAME AS ABOVE | <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |
| Telephone number: 665-220-8501 | |

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

| | |
|--|--|
| 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 _____ (date) - to _____ (date) |
|--|--|

RECEIVED
 SEP 25 2019
 FMHA GROUP

2. Date(s) debt was incurred: 7-9-19 3. If court judgment, date obtained: _____

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 4,200.00

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: _____ |
|--|--|

| | |
|--|---|
| 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. |
|--|---|

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: 9-23-19 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):
Karen Mc Cormick, President

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.
KAREN Mc Cormick



UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)
)
FAYETTE MEMORIAL HOSPITAL) Case No. 18-07762-JJG-11
ASSOCIATION, INC. d/b/a FAYETTE)
REGIONAL HEALTH SYSTEMS,)
Debtor.)
)

**NOTICE OF DEADLINE FOR FILING ADMINISTRATIVE CLAIMS ARISING
DURING THE PERIOD BETWEEN MAY 1, 2019 AND AUGUST 31, 2019**

PLEASE TAKE NOTICE. The United States Bankruptcy Court for the Southern District of Indiana, Indianapolis Division, has entered an Order Establishing Claims Bar Date (the “**Bar Date Order**”) setting **October 18, 2019** (the “**Claims Bar Date**”) as the deadline for all persons and entities, including individuals, partnerships, corporations, estates, trusts and governmental units (except those persons and entities described below), who have or may have any claim against Fayette Memorial Hospital Association, Inc., d/b/a Fayette Regional Health Systems (the “**Debtor**”) that arose **during the period between May 1, 2019 and August 31, 2019** to file a request for allowance and/or payment of such claim pursuant to 11 U.S.C. § 503 (an “**Administrative Expense Claim**”).

Pursuant to 11 U.S.C. § 503, “after notice and a hearing, there shall be allowed, administrative expenses, other than claims allowed under section 502(f) of [title 11], including – the actual, necessary costs and expenses of preserving the estate. . .”

Any person or entity asserting an Administrative Expense Claim against the Debtor’s bankruptcy estate shall file such claim on or before the Claims Bar Date. Each proof of claim must substantially conform to the **Administrative Proof of Claim Form attached to this Notice**. Proofs of Claim may be filed by sending them to Debtor’s Claims Agent, BMC Group, Inc., either: (1) by regular mail to BMC Group, Inc., Attn: FMHA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHA Claims Processing, 3732 West 120th Street, Hawthorne, CA 90250, so as to be **RECEIVED on or before October 18, 2019**. Facsimile, email or other electronic submission will not be accepted. Proofs of claim shall be deemed filed when actually received by BMC Group, Inc. Timely filed proofs of claim that are entitled to prima facie validity will be deemed allowed unless and until objected to by the Debtor or other party in interest. Should an objection be filed, you will receive notice and an opportunity to respond.

If you have previously filed an Administrative Expense Claim with the Bankruptcy Court seeking allowance and/or payment of a claim against the Debtor, or if the Bankruptcy Court has entered an order allowing or otherwise resolving your claim against the Debtor, you do NOT need to file anything further unless you have an additional or different claim.

ANY PERSON OR ENTITY THAT IS REQUIRED TO FILE A CLAIM ON OR BEFORE THE CLAIMS BAR DATE, BUT FAILS TO DO SO, MAY BE FOREVER BARRED, ESTOPPED AND ENJOINED FROM (A) ASSERTING ANY SUCH CLAIM AGAINST THE DEBTOR AND/OR ITS BANKRUPTCY ESTATE AND (B) RECEIVING PAYMENT FROM THE DEBTOR’S ESTATE OR A DISTRIBUTION ON ACCOUNT OF SUCH CLAIM UNDER ANY PLAN CONFIRMED IN THIS CASE.

YOUR RIGHTS MAY BE AFFECTED BY THIS NOTICE and you should read these papers carefully and consult with your attorney. If you do not have an attorney, you may wish to consult one.

Dated: September 6, 2019

/s/ Wendy D. Brewer
Wendy D. Brewer (#22669-49)
FULTZ MADDON DICKENS PLC
333 N. Alabama Street, Ste. 350
Indianapolis, IN 46204
Tel: (317) 215-6220
E-Mail: wbrewer@fmdlegal.com

-and-

Laura M. Brymer (#30989-10)
FULTZ MADDON DICKENS PLC
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor

Bionomics, Inc.
Aged Receivables
As of Sep 23, 2019

Filter Criteria includes: 1) IDs from Fayette Regional to Fayette Regional; 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 |
|--|--------------|--------|---------|----------|--------------|------------|
| Fayette Regional Fayette Regional Health System 765-827-7981 | 19522 | | | 4,200.00 | | 4,200.00 |
| Fayette Regional Fayette Regional Health System | | | | 4,200.00 | | 4,200.00 |
| Report Total | | | | 4,200.00 | | 4,200.00 |

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

FEIN# 85-0366891
DUNS# 61-010-2410

Invoice

Invoice Number:
19522

Invoice Date:
Jul 24, 2019

PHONE: 865-220-8501
FAX: 865-220-8532

Bill To:

Fayette Regional Health System
Accounts Payable
1941 Virginia Ave
Connersville, IN 47331

Pickup Location:

Fayette Regional Health System
Melissa Jennings
1941 Virginia Ave
Connersville, IN 47331

| Customer ID | | P.O. Number | | Payment Terms | |
|------------------|------|--------------------------------------|------------|---------------|----------|
| Fayette Regional | | 0000300909 | | Net 30 Days | |
| Sales Rep ID | | Shipping Method | | Service Date | Due Date |
| Kevin Guerra | | Bionomics | | 7/9/19 | 8/23/19 |
| Quantity | Item | Description | Unit Price | Amount | |
| 1.00 | | Low Level Radioactive Waste Disposal | 4,200.00 | 4,200.00 | |

Payment Terms are 100% Net 30 days. After 30 days, interest shall accrue at 1.5 Percent per month or 18 Percent per Annum.

REMIT PAYMENT TO:

Bionomics, Inc.
PO Box 817
Kingston, TN 37763

Subtotal 4,200.00
Sales Tax
Total Invoice Amount 4,200.00

Questions: Contact Jerry Noll @ 865-220-8501 or Email at jnoll@bionomics-inc.com

Order for BIONOMICS

Order Info

System PO #
190624-PJO9
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Custom Purchase Order #
0000300909
Order Date
06/24/2019 11:33 AM
Charge Code
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Vendor

Name
BIONOMICS
Contact
CHRISTOPHER HLADIS
Phone
865-220-8501
Fax

Email
purchasing@fayette regional.org

Customer

Name
Fayette Regional Health System
Contact
Steve Powell
Phone
7658277981
Email
stevep@fayette regional.org
Bill To Account Number

Ship Information

Ship To Location
FAYETTE REGIONAL HEALTH SYSTEM
Contact
Steve Powell
Phone Number
7658277981
Email
stevep@fayette regional.org

Account #
Address 1
1941 VIRGINIA AVE
Address 2
City
CONNERSVILLE
State
IN Postal Code
47331

Delivery Instructions
RECEIVING HOURS MONDAY-
FRIDAY 8AM-3PM
Vendor Note

| Product # | Custom # | Bin # | Description | UOM | Unit Price | Quantity | Extended Price | Memo |
|-----------|----------|-----------|-----------------------------|-----|------------|----------|----------------|------|
| 95499021 | 95499021 | Bionomics | Radiology radioactive waste | EA | \$4,200.00 | 1 | \$4,200.00 | |

Total Price

\$4,200.00

