

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.**Name of Creditor (The person or other entity to whom the debtor owes money or property): **GenSet Service, LLC**☐

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:

**GenSet Service, LLC
13749 Townshipline Road
Vevay, IN 47043**☐

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):

**GenSet Service, LLC
13749 Townshipline Road
Vevay, IN 47043**☐

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

Telephone number: **812-534-3027**Last four digits of account or other number by which creditor identifies debtor: **472-1****1. Basis for Administrative Claim**

- ☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

☐ 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 3/7/19 to 3/7/19
(date) (date)**RECEIVED****SEP 30 2019****BMC GROUP****2. Date(s) debt was incurred:****March 7, 2019****3. If court judgment, date obtained:****N/A****4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ 4,730.24**

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:☐ All Payments made on this claim by the Debtor have been credited and deducted from the amount claimed herein☐ This claim is not subject to any setoff or counterclaim.☐ This claim is subject to setoff or counterclaim as follows:**7. This Administrative Proof of Claim:**☒ This 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**☐ 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: **9-23-2019**

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):

GenSet Service, LLC**Debra L. Carter****GENSET SERVICE, LLC****Debra L. Carter**

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. §§ 452, 454, and 457.

FMHA POC



00232

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF INDIANA
INDIANAPOLIS DIVISION

IN RE:)
) Case No. 18-07762-JJG-11
FAYETTE MEMORIAL HOSPITAL)
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: FMHIA Claims Processing, PO Box 90100, Los Angeles, CA 90009 or (2) by messenger or overnight delivery to BMC Group, Inc., Attn: FMHIA 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 MADDUX DICKENS P.L.C.
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 MADDUX DICKENS P.L.C.
101 S. Fifth Street, Ste. 2700
Louisville, KY 40202
Tel: (502) 588-2000
E-mail: lbrymer@fmdlegal.com
Attorneys for the Debtor

Fayette Regional Health System
1941 Virginia Ave.
Connersville, IN 47331

United States Bankruptcy Court
Southern District of Indiana
Indianapolis Division, Case #18-07762-JJG-11
Room 116
Birch Bayh Federal Building and United States Courthouse
46 East Ohio Street
Indianapolis, IN 46204

Laura M. Brymer
Fultz, Maddox, Dickens, PLC
101 South Fifth Street, Ste. 2700
Louisville, KY 40202

GenSet Service, LLC



GENSET SERVICE, LLC

13749 Townshipline Rd., Vevay, In 47043

gensetservice@aol.com

Business: 812-534-3027 Cell 812-583-1691 Fax 812-534-3027

Invoice: 13472 - 2

Customer Name	Fayette Regional Health System	Make	Cummins
Street Address	1941 Virginia Ave	Model	KTA-50-G3
City/State/Zip	Connersville, IN 47331	S.N.	25277728 & 25277345
Phone #	765-825-5131	Hours	654.3 / 649.9
Verbal Per	Jennie	P.O.	125463

Work Performed:

Performed PM Full Services on 2 generators

per P.O.

Labor \$2,500.00

off
cell
Sam Ball
765-827-7709
513-502-6697
Samantha Bell @ Fayette Health.org

Total \$2,500.00

ALL PARTS WILL BE DISCARDED UNLESS REQUESTED BY CUSTOMER

All collection and/or attorney fees incurred by Denzil Cutter in the collection of delinquent invoices will be the responsibility of the debtor.

[Signature]
Signature

3/7/2019
Date



GENSET SERVICE, LLC

13749 Townshipline Rd., Vevay, In 47043

gensetservice@aol.com

Business: 812-534-3027 Cell 812-583-1691 Fax 812-534-3027

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Phone #	765-825-5131	Hours	654.3 / 649.9
Verbal Per	Jennie	P.O.	125463

Complaint

Replace 8 8D batteries on both generators at the hospital.

Description of Work Performed

Batteries.	Parts	\$2,230.24
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Total	\$2,230.24
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ALL PARTS WILL BE DISCARDED UNLESS REQUESTED BY CUSTOMER

All collection and/or attorney fees incurred by Denzil Cutter in the collection of delinquent invoices will be the responsibility of the debtor.


Signature

3/7/2019
Date

EWBANK & KRAMER

ATTORNEYS AT LAW

JAMES H. EWBANK (1865-1961)
GERALD H. EWBANK (1918-1979)

FRANK G. KRAMER
ROBERT J. EWBANK
PATRICIA J. COGHILL
ANTHONY M. SMART*
JARED J. EWBANK

TELEPHONE: (812) 537-2522
FACSIMILE: (812) 537-2531
EMAIL: contact@ewbankkramer.com
www.ewbankkramer.com

September 25, 2019

*Licensed in Indiana and Ohio

Ms. Wendy D. Brewer
Fultz, Maddox, Dickens, PLC
333 North Alabama St., Ste. 350
Indianapolis, IN 46204

Re: GenSet Service, LLC
Invoice No. 13472-1 and 13472-2

Dear Ms. Brewer:

Thank you for your email dated September 24, 2019.


Per my telephone message via conference call on September 25, which included Mr. Denzil Cutter of GenSet Service, LLC, the enclosed invoices dated March 7, 2019 were presented to Fayette Regional Health System at the time the service was performed. Mr. Cutter, sole member of GenSet Service, LLC, was informed by Jennie of Fayette Regional Health System that the invoices were all that was needed to process the claim. GenSet Service, LLC has been waiting for payment ever since.

Mr. Cutter was not aware that a further Administrative Expense Claim Form had to be submitted. Nonetheless, I am enclosing Administrative Expense Claim Form signed by Mr. Cutter on behalf of GenSet Service, LLC on September 23, 2019.

If there is anything further needed to process these invoices, please let me know.

Very truly yours,

EWBANK & KRAMER



Frank G. Kramer

FGK:ba
Enclosure
pc: BMC Group, Inc.
Attn: FMHA Claims Processing
P. O. Box 90100
Los Angeles, CA 90009