

Fill in this information to identify the case:
Debtor 1 <u>Fayette Memorial Hospital Association, Inc.</u>
Debtor 2 _____ (Spouse, if filing)
United States Bankruptcy Court Southern District of Indiana
Case number: 18-07762

FILED
 U.S. Bankruptcy Court
 Southern District of Indiana
 10/15/2018
 Kevin P. Dempsey, Clerk

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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.

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.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>TRI DIM FILTER CORPORATION</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>TRI DIM FILTER CORPORATION</u>	_____
	Name	Name
	<u>93 Industrial Drive</u> <u>Louisa, VA 23093</u>	_____
	Contact phone <u>540-967-5439</u>	Contact phone _____
	Contact email <u>AcctsRec@tridim.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 1296.25 Does this amount include interest or other charges? No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.
GOODS SOLD

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 10/15/2018
MM / DD / YYYY

/s/ Donna H Sims

Signature

Print the name of the person who is completing and signing this claim:

Name Donna H Sims

First name Middle name Last name

Title Accounts Receivable

Company Tri Dim Filter Corporation

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 93 Industrial Drive

Number Street

Louisa, VA 23093

City State ZIP Code

Contact phone 540 967 5439 Email d.sims@tridim.com

INVOICE

RE-PRINT

Tri-Dim Filter Corp - Louisa
 675 Industrial Dr
 Po Box 466
 Louisa, VA 23093-0466
 United States

REMIT TO: TRI-DIM FILTER CORP.
 PO Box 822001
 Philadelphia, PA 19182-2001
 United States
Email: AcctsRec@tridim.com

Invoice Number	2048309-3
Cust. P.O. No.	125364
Sales Order No.	2048309
Invoice Date	08/08/2018
Credit Card No.	

S T FAYETTE REGIONAL HEALTH SYSTEM
O O 1941 Virginia Ave
L Connersville, IN 47331-2833
D United States

Customer No: 1013522	Pro # 745-495642-7
Ship VIA: YRC Inc	No. of Packages: 1
B.O.L. #: 1012691575	Date Shipped: 08/06/2018
Freight Code: Prepaid & Allowed	
F.O.B.: Destination	Date Entered: 06/21/2018
Fed ID.: 52-1551452	Sales Rep: 985

I T FAYETTE REGIONAL HEALTH SYSTEM
N O 1941 Virginia Ave
V Connersville, IN 47331-2833
O United States
I
C
E

S T FAYETTE REGIONAL HEALTH SYSTEM
H O 1941 Virginia Ave
I Connersville, IN 47331-2833
P United States

MARK:

LINE NO.	ITEM NO./ CATALOG NO.	DESCRIPTION/ CUSTOMER ITEM NO./ CLEI CODE	QTY ORDERED	QTY SHIPPED	SHIP FROM LOC.	T A X	UNIT PRICE/ UOM	DISCOUNT RATE	EXTENDED PRICE
38	8ADMDC24N24N4000	24X24X4 TRI-CELL IV 95% 24X24X4 TRI-CELL IV, MERV 15 (90-95%), DIE CUT FRAME GERI PSYC-ABOVE CEILING PO 125364 ATTN: JENNIE WELLMAN	2.0	2	101	Y	33.01 EA	1	66.02

Customer Service Contact:	Vicki Deaton	SUBTOTAL :	\$ 66.02
Phone #		TAXES:	0.00
FAX #		SHIPPING/HANDLING CHARGES:	0.00
PAYMENT TERMS: Net 30 Days		AMOUNT DUE US DOLLARS	\$ 66.02

DISCLAIMERS

THIS INVOICE IS SUBJECT TO THE TERMS AND CONDITIONS OF SALE ON THE REVERSE SIDE. SELLER REPRESENTS THAT WITH RESPECT TO THE PRODUCTION OF THE ARTICLES AND/OR PERFORMANCE OF THE SERVICES COVERED BY THIS INVOICE, IT HAS FULLY COMPLIED WITH THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

Southern District of Indiana Claims Register

[18-07762-JJG-11 Fayette Memorial Hospital Association, Inc.](#)

Judge: Jeffrey J. Graham **Chapter:** 11
Office: Indianapolis **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (15033050)
 TRI DIM FILTER CORPORATION
 93 Industrial Drive
 Louisa, VA 23093

Claim No: 2
Original Filed
Date: 10/15/2018
Original Entered
Date: 10/15/2018

Status:
Filed by: CR
Entered by: Administrator
Modified:

Amount claimed: \$1296.25

History:

[Details](#) [2-1](#) 10/15/2018 Claim #2 filed by TRI DIM FILTER CORPORATION, Amount claimed: \$1296.25 (adm)

Description:

Remarks:

Claims Register Summary

Case Name: Fayette Memorial Hospital Association, Inc.
Case Number: 18-07762-JJG-11
Chapter: 11
Date Filed: 10/10/2018
Total Number Of Claims: 1

Total Amount Claimed*	\$1296.25
Total Amount Allowed*	

*Includes general unsecured claims

The values are reflective of the data entered. Always refer to claim documents for actual amounts.

	Claimed	Allowed
Secured		
Priority		
Administrative		