

Fill in this information to identify the case:

Debtor 1 Covidien Payette Memorial Hospital Association Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Indiana

Case number 18-07762-JJG-11

FILED
U.S. BANKRUPTCY CT.
INDIANAPOLIS DIVISION
2018 OCT 15 AM 10:43
SOUTHERN DISTRICT
OF INDIANA
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?	Covidien 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? Covidien Name 15 Hampshire Street Number Street Mansfield MA 02048 City State ZIP Code Contact phone 508-452-4152 Contact email Debra.m.ford@medtronic.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): 3 4 1 0 3 9	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
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: 1 0 3 9

7. How much is the claim? \$ 1,304.59 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 health care 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)?

☒ No☐ Yes. Check one:

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.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ 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).

\$ _____

☐ 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).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ 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 10/11/2018
MM / DD / YYYY

Debra Ford
Signature

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

Name	<u>Debra</u>	<u>M</u>	<u>Ford</u>
	First name	Middle name	Last name
Title	<u>Credit Supervisor</u>		
Company	<u>Covidien</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>15 Hampshire Street</u>		
	Number	Street	
	<u>Mansfield</u>	<u>MA</u>	<u>02048</u>
	City	State	ZIP Code
Contact phone	<u>508-452-4152</u>	Email	<u>debra.m.ford@medtronic.com</u>

**COVIDIEN**15 Hampshire Street
Mansfield, MA 02048

CORP ACCT #	STATEMENT DATE	PAGE NO.
341039	10/12/18	1 of 1

Bill To # 341039
FAYETTE MEMORIAL HOSPITAL
1941 VIRGINIA AVE
CONNERSVILLE IN 47331-2833

ATTENTION: ACCOUNTS PAYABLE

STATEMENT OF ACCOUNT

INVOICE DATE	DUE DATE	INVOICE	TRANS.	PO NO.	AMOUNT
04/24/18	05/24/18	26647092	INV INVOICE	273001	1,304.59
TOTAL BALANCE					\$1,304.59

Current	1 - 30	31 - 60	61 - 90	Over90
0.00	0.00	0.00	0.00	1,304.59

Remit To: COVIDIEN
DEPARTMENT 00 10318
PALATINE IL 60055-0318Any questions regarding this notice should be
referred to the Credit Department Immediately.DOREEN KIRBY
508-261-8279

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: (15033143)
Covidien
15 Hampshire Street
Mansfield, MA 02408

Claim No: 3
Original Filed
Date: 10/15/2018
Original Entered
Date: 10/15/2018

Status:
Filed by: CR
Entered by: Kelley Brown
Modified:

Amount claimed: \$1304.59

History:

[Details](#) [3-1](#) 10/15/2018 Claim #3 filed by Covidien, Amount claimed: \$1304.59 (krb)

Description: (3-1) Goods Sold

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*	\$1304.59
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		