Fill in this information to identify the case:

Debtor 1 __Fayette Memorial Hospital Association, Inc.__

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

10/16/2018

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?

North Mechanical Services, Inc.
_____
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?

☑ No
☐ 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?

North Mechanical Services, Inc.
_____
Name

2627 North Emerson
Indianapolis, IN 46218

Contact phone _____3176102627_____

Contact email
___jeremyk@northmechanical.com___

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
_____

Where should payments to the creditor be sent? (if different)

_____
Name

Contact phone _____

Contact email _____

4. Does this claim amend one already filed?

☑ No
☐ 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?

☑ No
☐ Yes. Who made the earlier filing? _____

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FMHA POC

00006

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: FAYE

7. **How much is the claim?**	$ 4767.25	**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.

    Services Performed

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:

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12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**	☑ No ☐ Yes. *Check all that apply*:	**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   10/16/2018

MM / DD / YYYY

/s/ Jeremy Kauffman

Signature

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

Name   Jeremy Kauffman

First name   Middle name   Last name

Title   Controller

Company   North Mechanical Services, Inc

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

Address   2627 N Emerson Ave

Number   Street

Indianapolis, IN 46218

City   State   ZIP Code

Contact phone   317–610–2627   Email   jeremyk@northmechanical.com

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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: (15027450) **Claim No: 6** *Status:*
North Mechanical Services, Inc. *Original Filed* *Filed by:* CR
2627 North Emerson *Date*: 10/16/2018 *Entered by:* Administrator
Indianapolis, IN 46218 *Original Entered* *Modified:*
  Date: 10/16/2018

 Amount claimed: $4767.25

History:

Details 6-1 10/16/2018 Claim #6 filed by North Mechanical Services, Inc., Amount claimed: $4767.25 (adm)

Description:

Remarks: (6-1) Account Number (last 4 digits):FAYE

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*	$4767.25
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		