

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA	PROOF OF CLAIM
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In Re (Name of debtor) Fayette Memorial Hospital Association, Inc.	Case Number 18-07762-JJG-11
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NOTE: this form should not be used to make a claim for an administrative expense arising after commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503

Name of Creditor (The person or entity to whom the debtor owes money or property) Medtronic USA Name and Address where notices should be sent Medtronic USA Inc. Attention: Credit Department 800 53 rd Ave NE, M.S. SLK 27 Columbia Heights, MN 55421-1200 Telephone No.	<input type="checkbox"/> Check here if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check here if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check here if this address differs from the address on the envelope sent to you by the court
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FILED
 U.S. BANKRUPTCY COURT
 INDIANAPOLIS DIVISION
 2018 OCT 17 AM 10:21
 SOUTHERN DISTRICT
 OF INDIANA
 KEVIN P. DEMPSEY
 CLERK

THIS SPACE IS FOR
COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 1132066	<input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
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1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Taxes <input type="checkbox"/> Services performed <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114 <input type="checkbox"/> Money loaned <input type="checkbox"/> Other (Describe briefly) <input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Wage, salaries and compensation (Fill out below) Your Social Security No: _____ Unpaid compensation for services performed From _____ (date) to _____ (date)
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2. DATE DEBT WAS INCURRED: 5/10/18	3. IF COURT JUDGMENT, DATE OBTAINED:
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4. CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: 1) Unsecured nonpriority; 2) Unsecured priority; 3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE ITEM OR ITEMS that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE WAS FILED. <input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief description of collateral: <input type="checkbox"/> Real estate <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>\$475.80</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of the property is less than the amount of the claim.	<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$1800* of deposits toward purchase, lease or rental of property or services for personal, family or household use. 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child. 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units. 11 USC § 507(a)(8) <input type="checkbox"/> Other-- Specify applicable paragraph of 11 USC § 507(a) _____ * Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	\$ <u>475.80</u> (Unsecured)	\$ _____ (Secured)	\$ _____ (Priority)	\$ <u>475.80</u> (TOTAL)
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Check here if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	THIS SPACE IS FOR COURT USE ONLY
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Date 10/11/2018	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach power of attorney, if any) Patrick McCoy Credit Manager
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ENVELOPE NOT PROVIDED

Penalty for Presenting Fraudulent Claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 USC §§ 152 and 3571

COPIES NOT PROVIDED

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: (15036106)
 Medtronic USA Inc.
 Attn: Credit Dept.
 800 53rd Ave NE, M.S. SLK 27
 Columbia Heights, MN 55421-1200

Claim No: 7
Original Filed
Date: 10/17/2018
Original Entered
Date: 10/17/2018

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

Amount claimed: \$475.80

History:

[Details](#) [7-1](#) 10/17/2018 Claim #7 filed by Medtronic USA Inc., Amount claimed: \$475.80 (krb)

Description: (7-1) 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*	\$475.80
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		