

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
 10/17/2018
 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>Stryker Medical, A Division of Stryker 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>Stryker Medical, A Division of Stryker Corporation</u> Name c/o Lori L Purkey Purkey & Associates, PLC 5050 Cascade Road, SE, Ste. A Grand Rapids, MI 49546 Contact phone <u>6169400553</u> Contact email <u>purkey@purkeyandassociates.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	_____ Name _____ 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

<p>6. Do you have any number you use to identify the debtor?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<p>5420</p>
<p>7. How much is the claim?</p>	<p>\$ 645.20</p>	<p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Sale of goods</p>	
<p>9. Is all or part of the claim secured?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<p>10. Is this claim based on a lease?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<p>11. Is this claim subject to a right of setoff?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 645.20
* 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 10/17/2018
MM / DD / YYYY

/s/ Lori L Purkey

Signature

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

Name Lori L Purkey

First name Middle name Last name

Title Attorney

Company Stryker Medical, a Division of Stryker Corporation

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

Address 5050 Cascade Road, SE, Ste. A

Number Street

Grand Rapids, MI 49546

City State ZIP Code

Contact phone 6169400553 Email purkey@purkeyandassociates.com

INVOICE



SHIP TO: 1066626	MAKE PAYMENT TO:
FAYETTE MEMORIAL HOSP 1941 VIRGINIA AVE ATTNI: JENNY CONNERSVILLE IN 47331-2833	STRYKER SALES CORPORATION P.O. BOX 93308 CHICAGO, IL 60673-3308 PH - 1-800-733-2383
BILL TO: 1066626	The price shown on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to rebates or additional discounts, for which documentation is provided by Stryker. You must properly report and appropriately reflect discounts and rebates in Medicare/Medicaid cost reports and all claims for payment filed with third party payors as required by law or contract, and provide agents of the United States or a state agency with access to all information from Stryker concerning discounts and rebates upon request.
FAYETTE MEMORIAL HOSP 1941 VIRGINIA AVE CONNERSVILLE IN 47331-2833	

STRYKER MEDICAL
1901 Romence Rd Parkway
Portage, MI 49002
Phone Number: (800) 327-0770
Fax Number: (866) 551-2618
www.stryker.com

INVOICE NUMBER	DATE	CUSTOMER P.O.	SALES REP	ORDER NUMBER	PAGE
2506580 M	10/02/18	125420	CULLINA, KRISTINE	6861048 SO	1 of 1
TERMS			SHIPPING METHOD		
Net 30 days					
SHIPPING INSTRUCTIONS					

LINE NO.	DESCRIPTION	ITEM NUMBER	GTIN	SERIAL NUMBER	QUANTITY SHIPPED	UNIT PRICE	EXTENDED PRICE
1.000	Jenny Wellman DOME HEAD POP RIVET 3/16	765 825-5131 0025079000	07613327401004		4	2.0300	8.12
2.000	SPINDLE SPACER, RIGHT	0785011013			4	1.0300	4.12
3.000	LATCH SPINDLE WELDMNT, RT - OO	0785011043			1	53.4700	53.47
4.000	SIDERAIL SPRING, RIGHT	0785011047	07613327408874		4	1.0300	4.12
5.000	PIVOT BLOCK/NUT ASSY, WHITE	1105011197			4	6.0800	24.32
6.000	SIDERAIL ASSEMBLY, RIGHT, GRAY Prod End 7/2010	0785011040			1	540.9900	540.99
7.000	GENERAL FREIGHT	5555522000			1	10.0600	10.06

CLAIMS FOR SHORT SHIPMENT MUST BE MADE WITHIN 30 DAYS OF RECEIPT. NO MERCHANDISE MAY BE RETURNED TO STRYKER FOR CREDIT WITHOUT OUR EXPRESS PERMISSION IN ADVANCE. Subject to applicable shipping and handling charges	CURRENCY	SUBTOTAL	SALES TAX	TOTAL
	USD	645.20		645.20

FINANCE CHARGE OF 1 1/2% (ANNUAL PERCENTAGE RATE IS 18%) IS ADDED TO ALL PAST DUE ACCOUNTS.
* Lease payment plans are available. If interested, please contact A/R immediately to start the application process.

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: (15036174)
 Stryker Medical, A Division of Stryker Corporation
 c/o Lori L Purkey
 Purkey & Associates, PLC
 5050 Cascade Road, SE, Ste. A
 Grand Rapids, MI 49546

Claim No: 8
Original Filed
Date: 10/17/2018
Original Entered
Date: 10/17/2018

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

Amount claimed: \$645.20
 Priority claimed: \$645.20

History:

[Details](#) 8-1 10/17/2018 Claim #8 filed by Stryker Medical, A Division of Stryker Corporation, Amount claimed: \$645.20 (adm)

Description:

Remarks: (8-1) Account Number (last 4 digits):5420

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*	\$645.20
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	\$645.20	
Administrative		