

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ROME DIVISION

RECEIVED

JAN 29 2016

BMC GROUP

IN RE:)	CHAPTER 11
)	
HUTCHESON MEDICAL CENTER, INC.)	Jointly Administered Under
and HUTCHESON MEDICAL DIVISION,)	CASE NO. 14-42863-pwb
INC.,)	
)	
Debtors.)	

**REQUEST FOR ALLOWANCE AND PAYMENT OF
ADMINISTRATIVE EXPENSE CLAIM PURSUANT TO 11 U.S.C. § 503**

COMES NOW the claimant identified below and hereby requests the allowance of an administrative expense claim pursuant to Section 503 of the Bankruptcy Code, arising from November 20, 2014 through November 20, 2015, showing the following:

CLAIMANT'S NAME AND ADDRESS: Boiler Supply Co Inc
PO Box 40225
Nashville, TN 37204-0225

Amount of 11 U.S.C. § 503 Administrative Expense \$ 1,254.00

1. The undersigned holds an administrative expense claim pursuant to 11 U.S.C. § 503 in the amount identified above against the following Debtor identified in these bankruptcy cases:

☒ Hutcheson Medical Center, Inc.

☐ Hutcheson Medical Division, Inc.

2. The consideration for this debt (or ground for this liability owed by the Debtor is as follows:

Service on boilers

3. The administrative expense is entitled to administrative priority under 11 U.S.C. § 503(b) and 11 U.S.C. § 507(a)(2) because:

Hutcheson Med POC



00392

4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.

5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.

6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated: Jan. 21, 2016

Name of Claimant: Boiler Supply Co Lnc

Signed: Linda Weitman

By (if appropriate): _____

As Its (if appropriate): Accountant

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.



Invoice

Page: 1

Fairburn, GA
770-664-1001

Remit to:
P.O. Box 40225
Nashville, TN
37204-0225
615-244-3504
www.boisco.com

Knoxville/
Chattanooga, TN
865-558-8701

Invoice Number: 0087866-IN
Invoice Date: 1/31/2015
Sales Tax Schedule C
Order Number: 0087866
Order Date: 1/21/2015
Salesperson: 22RK
Customer Number: 03-0010212

Sold To:

Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, Ga 30742

Job Contact:

Greg

Ship To:

Hutcheson Medical Center
100 Gross Crescent Circle
Fort Oglethorpe, GA 30742

Customer P.O. 10996	Ship VIA SERVICE	F.O.B.	Terms NET 30 DAYS			
Item Number	Unit	Ordered	Shipped	Back Ordered	Price	Amount
T&M Set combustion on B#2, #3 on gas & oil. #3 oil pump not in operation.						
/RTJL2	PER	8.00	8.00	0.00	115.00	920.00
Reg Time - John Livesay Jr						
1/30						
/GAMILES	EACH	260.00	260.00	0.00	0.90	234.00
GA MILEAGE						
1/30						
/GA ANALYZ	PER	1.00	1.00	0.00	100.00	100.00
GA Analyzer/Soot Ma. Usage Fee						
Combustion						

Net Invoice: 1,254.00
Less Discount: 0.00
Freight: 0.00
Sales Tax: 0.00
Invoice Total: 1,254.00

If you notice something incorrect with your invoice or would like to receive your invoice via email please contact me at:

Jessica Dytmire
615-915-5694
jdymire@boisco.com



Boiler Supply Company
P.O. Box 40225, Nashville, TN 37204-0225
Phone: (800) 849-5001 • Fax: (615) 248-3794
Email: boilers@boisco.com • Web: www.boisco.com
NASHVILLE • ATLANTA • KNOXVILLE



SERVICE TICKET

DATE OF INITIAL SERVICE CALL		SALES ORDER NUMBER								
1/30/15		87866								
CUSTOMER INFORMATION	CUSTOMER/LOCATION NAME HUTCHESON MEDICAL CENTER		STATE GA							
	SERVICE LOCATION ADDRESS 100 GROSS CRESSENT CIRCLE		CITY FORT OGELTHORPE							
WORK PERFORMED & EQUIPMENT INFORMATION	SET COMBUSTION ON BOILERS #2 & #3 GAS & OIL. #3 OIL PUMP NOT IN OPERATION. REQUEST QUOTE FOR REPLACEMENT. OIL PUMP ON BLR #2 GIVING OIL, CAUSING OIL PRESSURE TO BOUNCE RAPIDLY FROM 10-40 PSI. REQUEST QUOTE FOR REPLACEMENT. OIL STRAINER ON BOILER #2 LEAKING. REQUEST QUOTE. * WILL EMAIL INFO TO PEX, REEF, AND TONY.		Model# / Serial#							
	CHECKOUT/ORDER FORM ATTACHED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		VPOs Assigned							
PARTS & MATERIALS USED	QTY	PART NUMBER	DESCRIPTION	WHSE						
			* COMBUSTION NOT SET ON #2 OIL DUE TO PUMP OPERATION ON BOTH #2 & #3 BOILERS							
LABOR HOURS & MILEAGE	DATE	TECH/BM	START	END	LUNCH (Total Time)	TOTAL RT	TOTAL OT	TRAVELLED FROM	TO	MILEAGE
	1/30	JOHN JL	0730	1530	-	8		AUBURN	FT. OGELTHORPE	210 RT
JOB STATUS REPORT	SUBMITTING TECH/BOILERMAKER: JOHN LUESAY							CPO #:		
	STATUS? Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> Additional Work/Quote Requested <input type="checkbox"/>							SIGNATURE: ACCEPTED BY		
* OIL PUMP: VIKING PUMP S.N.: 2084683 MOD: GP-0514-A 00 1/2 HP 115/1230V FRAME 484Z							PRINTED NAME			
							Telephone#:			
							Email:			

ATTENTION CUSTOMER: BY SIGNING YOU VERIFY THAT THE ABOVE SERVICES WERE PERFORMED, MATERIALS USED, AND ACCEPT THIS SERVICE TICKET IN ITS ENTIRETY.