

ARKANSAS STATE CLAIMS COMMISSION  
Phone #682-1619-Fax #682-2823  
NOTICE OF LOST OUTDATED WARRANT(S)

MAR 10 2025

RECEIVED

Part I

The records of the  of Arkansas, Phone

Agency Address

Reflect that

Payee/Payees

Payee's Address  City  was/were issued.  
State Zip Code

State Warrant number  dated

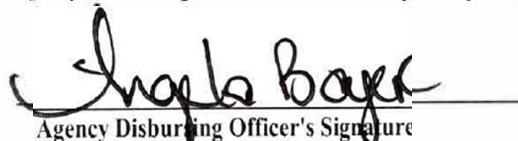
in the amount of \$

Include your current Agency No.  Cost Center

Appropriation No.  Character Code

Fund Code  and Fund Center

Agency Disbursing Officer's Full Name (please print)



Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY  
(FORGED WARRANTS ONLY)

I/We \_\_\_\_\_, state that:

- \_\_\_\_\_ 1. I/we received and lost.
- \_\_\_\_\_ 2. I/we did not receive, endorse nor cash.
- \_\_\_\_\_ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
- \_\_\_\_\_ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- \_\_\_\_\_ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

Have you checked your name in the ARKANSAS TREASURE HUNT lately?  
Look today at ClaimItAR.com

TOTALS THIS WARRANT 19,648.30



THIS WARRANT VOID AFTER JUNE 30, 2022  
**Auditor of State of Arkansas**  
To the State Treasurer, Little Rock, Ark

W [REDACTED]  
[REDACTED]  
BANK OF AMERICA

AGENCY	MO.	DAY	YEAR
0630	05	02	2021

PAY TO THE ORDER OF:  
STRONG COMPANY INC, THE

- PAY THIS AMOUNT -  
\$\*\*\*\*\*19648.30

nineteen thousand six hundred forty-eight Dollars & 30/100

DO NOT BEND, FOLD OR MUTILATE



I HEREBY CERTIFY THE SUM HEREIN IS DUE BY THE STATE OF ARKANSAS TO THE PAYEE NAMED HEREIN AND THE STATE TREASURER IS HEREBY REQUESTED TO PAY SAID SUM TO THE ORDER OF THE PAYEE OUT OF THE APPROPRIATION HEREIN SPECIFIED.  
*Andrea Lea*

See reverse side for opening instructions.

DFA-REVENUE SERVICES DIVISION\_  
P.O. BOX: 1272  
LITTLE ROCK AR 72203-1272

PRESORTED  
FIRST CLASS  
US POSTAGE  
PAID  
LITTLE ROCK AR  
PERMIT 2273



W05911

*NO Suite IA*

STRONG COMPANY INC, THE  
200 E 11TH AVE  
PINE BLUFF AR 71601-5063

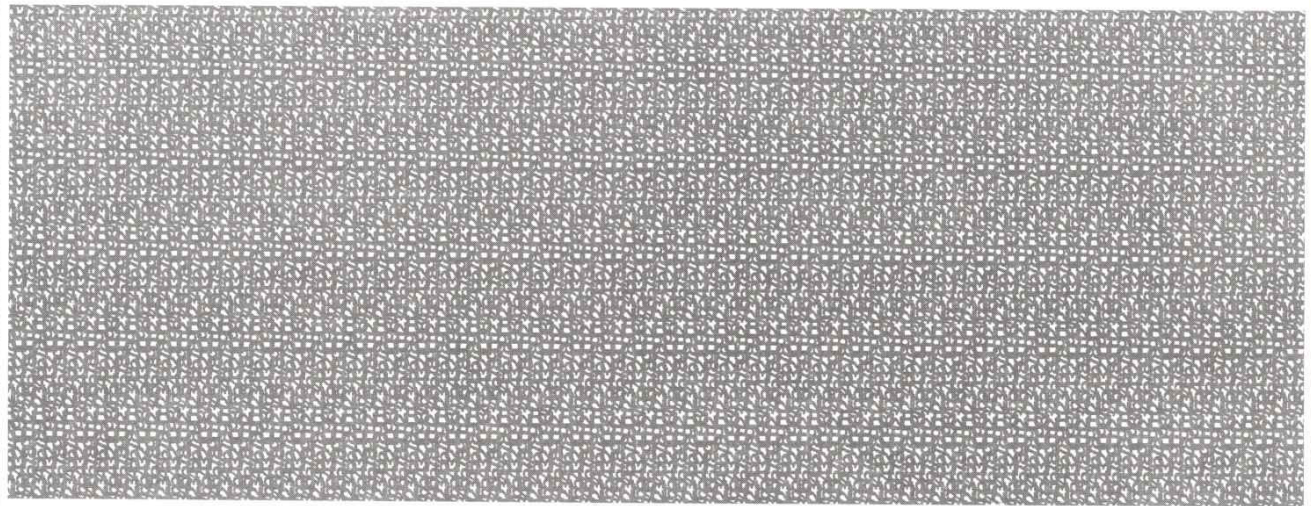
*WAW*  
Arkansas  
State Claims Commission

MAR 10 2025  
RECEIVED

THIS WARRANT MUST BE ENDORSED BY PAYEE  
ENDORSEMENTS

IDENTIFICATION PROCEDURE  
When cashing this warrant for the individual payee you should require full identification and endorsement in your presence, as claims against endorsers may otherwise result.

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE



NIXIE 722 DE 1270 0005/12/21  
H N M U N I T A R I A N I M P O R T A T I O N  
U N A B L E T O T R A D E I N  
B C: 72203127272 \* 1255-02884-12-44  
722031272

Security features on this document include: Toner Retention, optically dead, bleach reactivity-brown stain, non-poplar solvent reactivity-blue/black stain, acid reaction-pink stain, base reaction-blue green stain, invisible fiber-fluoresces yellow, watermark.

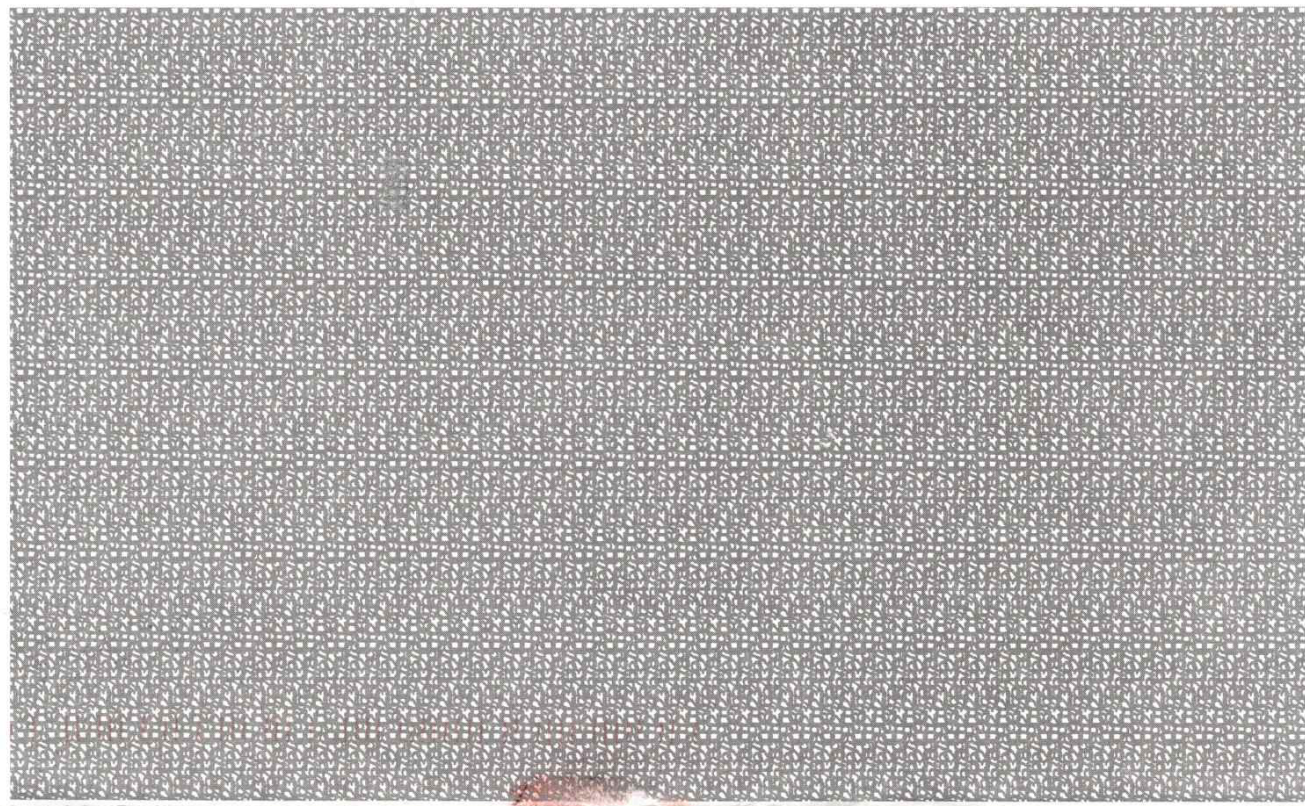
Agency Name: **DFA-REVENUE SERVICES DIVISION\_**  
Address : **P.O. BOX: 1272**  
City,St Zip: **LITTLE ROCK AR 72203-1272**

Warrant Num: [REDACTED]  
Warrant Date: **5/02/2021**  
Payment Date: **5/02/2021**

Vendor Number: [REDACTED]

<i>Invoice #</i>	<i>Document Text</i>	<i>Net Amount</i>
[REDACTED]	<b>WITHHOLDING WAGE - 501-682-7290 - [REDACTED]</b>	<b>19,648.30</b>

②  
REMOVE SIDE EDGES FIRST  
THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATIONS



**ARKANSAS STATE CLAIMS COMMISSION  
Reissuance of Out-Dated Warrants**

**Date:** 3/27/2025

**Warrant:**



**Name of Payee:** Strong Company Inc, The

**Amount:** \$19,648.30

**Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.**

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CM

**From:** [Angela Boyer](#)  
**To:** [Caitlin McDaniel](#)  
**Subject:** FW: Outdated Warrant  
**Date:** Monday, March 31, 2025 8:02:35 AM  
**Attachments:** [image001.jpg](#)  
[Outdated Warrant sent to ASCC 3-5-2025.xlsx](#)

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Caitlin,  
I sent them to Sabreana.  
My apologies on not sending them to you.

Have a nice day.

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**From:** Angela Boyer  
**Sent:** Wednesday, March 5, 2025 2:19 PM  
**To:** SaBreana Hyche <SaBreana.Hyche@arkansas.gov>  
**Subject:** Outdated Warrant

Hello Sebreana,

Here is a spreadsheet containing outdated warrants that you will be receiving soon.

Let me know if you have any questions or I need to make any corrections.

Have a great day.



**Thank you**  
**Angela Boyer**  
Arkansas Department of Finance and Administration  
Withholding Tax Section  
DFA Division Manager III  
Office: 501-683-4378 | Fax: 501-683-1036  
[angela.boyer@dfa.arkansas.gov](mailto:angela.boyer@dfa.arkansas.gov)  
[www.dfa.arkansas.gov](http://www.dfa.arkansas.gov)

April 1, 2025

Strong Company Inc, The  
4505 Emmett Sander Road  
Pine Bluff, Arkansas 71601-4768

RE: **Claim No. 251387** – Reissuance of Check No. [REDACTED]

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To Whom It May Concern,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure



ARKANSAS CLAIMS COMMISSION

(501)682-1619  
(501)682-2823 FAX



arclaimscommission.arkansas.gov  
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410  
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas  
State Claims Commission

APR 09 2025

RECEIVED

COMPLAINT

1. Claimant

Strong Company Inc, The

(title/last name/first name)

(email)

4505 Emmett Sander Road

(address)

Pine Bluff

AR 71601-

(city)

(state) (zip)

(primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration-Revenue Division

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 05-02-2021 payable to Strong Company Inc, The in the amount of \$19,648.30 payable from the Arkansas Department of Finance and Administration – Revenue Division. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on March 10, 2025.

4. Amount Sought: \$19,648.30

**STOP!**

**The following section MUST be completed in the presence of a Notary Public.**

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by The Strong Company, Inc. (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Tim DeJarnette  
Name of Representative of Business Entity  
(must be printed legibly)

Tim DeJarnette  
Signature of Representative

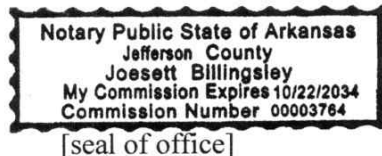
**ACKNOWLEDGEMENT**

State of Arkansas  
County of Jefferson

On this the 1 day of April, 2025, before me, the undersigned notary, personally appeared Tim DeJarnette known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

Joesett Billingsley  
Signature of Notary Public



My Commission Expires: 10/22/2034

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**THE STRONG COMPANY INC.**

**CLAIMANT**

**V.**

**CLAIM NO. 251387**

**ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION-  
WITHHOLDING WAGE**

**RESPONDENT**

**ORDER**

This claim was filed by Strong Company, The (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$19,648.30 payable from Arkansas Department of Finance and Administration-Withholding Wage.

The Arkansas State Claims Commission unanimously allows this claim in the amount of \$19,648.30 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION  
Solomon Graves



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow, Chair



ARKANSAS STATE CLAIMS COMMISSION  
Sylvester Smith

DATE: June 5, 2025

**Notice(s) which may apply to your claim**

- (1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Claims Commission. Ark. Code Ann. § 19-10-211(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (2) If a Claimant is awarded less than \$15,000.00 by the Claims Commission at hearing, that claim is held forty (40) days from the date of disposition before payment will be processed. *See* Ark. Code Ann. § 19-10-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.
- (3) Awards or negotiated settlement agreements of \$15,000.00 or more are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 19-10-215(b).