

Arkansas State Claims Commission

JUL 29 2013

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr. Mrs. Ma. Miss

The Bridgeway

Claimant

vs.

State of Arkansas, Respondent DHS/Children & Family Svcs.

Do Not Write in These Spaces Claim No. 14-0077-CC Date Filed July 29, 2013 Amount of Claim \$ 18,144.00 Fund DHS/CFS

COMPLAINT Unpaid Bill

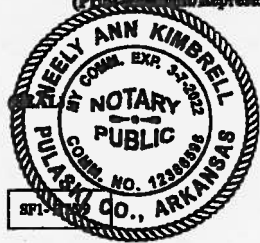
The Bridgeway, the above named Claimant, of 21 Bridgeway Rd. N. Little Rock AR 72113 501-774-8200 Pulaski represented by

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: DCFE Amount sought: \$18,144.00 Month, day, year and place of incident or service: 06/01/13 - 06/19/13 Explanation: Commercial Residential contract to pay for DCFE

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? Yes; when? 6 18 13; to whom? DCFE - Tammy; and that the following action was taken thereon: out of funds - no pay and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address and that the nature thereof is as follows: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true James M. Williams (Print Name) James M. Williams (Signature)



SWORN TO and subscribed before me at North Little Rock, AR on this 26th day of July 2013 My Commission Expires March 2022

**BRIDGEWAY INC THE
21 BRIDGEWAY RD
NORTH LITTLE ROCK, AR 72113**

Bill To:
DHS/Division of Child and Family Services
P. O. Box 1437 - Slot 569
Little Rock, AR 72203-1437

TIN#
Contract# 4600012813
PO# 4501273354
Vendor# 100040191
Invoice# CF0613CRT-001

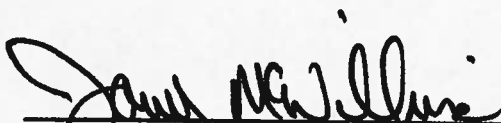
07/26/13

DHS 300 INVOICE

**For: Comprehensive Residential Treatment
FROM 6/1/2013 TO 6/30/2013**

Total Billed Gross:

\$18,144.00



Signature of Responsible Person

Title Date

Adjustment Description DHS Use

County Office Approval Date

DCFS Approval For Payment Date

Total Billed DHS Use

DHS Approval For Payment Date

BRIDGEWAY INC THE

TIN# .

PO# 4501273354

Invoice# CF0613CRT-001

Contract# 4600012813

Vendor# 100040191

07/26/13

CLIENT NAME

CL ID County

A SERVICE

T BEGIN END # RATE AMOUNT

CL ID	County	Service	T	BEGIN	END	#	RATE	AMOUNT
0	06/01/13	06/19/13	19	\$504.00	\$8,568.00			
0	06/01/13	06/19/13	19	\$504.00	\$9,576.00			

Shanks, Samiah Rose

3278189 Pulaski

6 Sub-Acute CRT

Units: 36

Clients: 2 \$18,144.00

BRIDGEWAY INC THE

TIN# _____
Contract# 4600012813

PO# 4501273354
Vendor# 100040191

Invoice# CF0613CRT-001
07/26/13

For Internal Use Only

INTERNAL ORDER	Amount
HS5X00XX	\$18,144.00
Total	\$18,144.00

BEFORE THE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS

THE BRIDGEWAY

CLAIMANT

VS.

CLAIM #14-0077-CC

STATE OF ARKANSAS
DHS/DCFS

RESPONDENT

ANSWER

Comes now the Respondent, Arkansas Department of Human Services, Division of Children and Family Services, and for its Answer states:

1. Respondent admits liability in the amount of \$18,144.00. Payment should be made as follows:

Agency Number:	0710
Cost Center:	417561
Internal Order:	HS5X00XX
Fund:	DCFS - 2600
Fund Center:	883

WHEREFORE, Respondent prays this claim be paid in the amount of \$18,144.00 and for all other proper relief to which Respondent may be entitled.

Respectfully submitted,

ARKANSAS DEPARTMENT
OF HUMAN SERVICES
OFFICE OF POLICY AND LEGAL SERVICES



Nader Afsordeh
Attorney – Bar #2010253
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203
Telephone # (501) 320-6351

Arkansas
State Claims Commission
AUG 21 2013

RECEIVED

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the foregoing Answer on The Bridgeway, 21 Bridgeway Rd., North Little Rock, AR 72113, by depositing same in the U.S. Mail in a properly addressed envelope with adequate postage thereon this 19th day of August, 2013.



Nader Afsordeh
Attorney

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 18,144.00

Claim No. 14-0077-CC

The Bridgeway
Claimant

Attorneys Pro se
Claimant

vs.

DHS/Children & Family Services
Respondent

Nader Afsordeh, Attorney
Respondent

State of Arkansas
Date Filed July 29, 2013

Unpaid bill
Type of Claim

FINDING OF FACTS

This claim was filed for an unpaid bill in the amount of \$18,144.00 against the Department of Human Services, Children and Family Services.

An admission of liability by the Respondent, represented by Nader Afsordeh, was presented to the Claims Commission September 12, 2013, along with the Respondent's recommendation of payment in the amount of \$18,144.00.

The Claims Commission hereby unanimously allowed this admission in the amount of \$18,144.00 following its presentation and a recommendation of approval by the Respondent and will include the claim in a claims payment bill to the 89th Arkansas General Assembly, 2013 Legislative Session for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously allowed this claim in the amount of \$18,144.00 and will include the claim in a claims payment bill to the 89th Arkansas General Assembly, 2013 Legislative Session for subsequent approval and payment.

Date of Hearing September 12, 2013

Date of Disposition September 12, 2013

[Signature]
Chairman
[Signature]
Commissioner
[Signature]
Commissioner

Arkansas
State Claims Commission
JUL 29 2013

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy
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BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

The Bridgemanly Claimant

State of Arkansas, Respondent
DHS/Children & Family Svs.

Do Not Write in These Spaces	
Claim No.	14-0078-CC
Date Filed	July 29, 2013 (Month) (Day) (Year)
Amount of Claim \$	23,688.00
Fund	DHS/CFS

COMPLAINT Unpaid Bill

The Bridgemanly the above named Claimant, of 21 Bridgemanly RD N. Little Rock
(Name) (Street or R.F.D. & No.) (City)
AR 72113 501-771-5580 County of Polaski represented by _____
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of _____ says
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: DCFS Amount sought: \$23,688.00

Month, day, year and place of incident or service: 5/1/13 - 5/21/13

Explanation: Comprehensive Residential Contract with DCFS run out of funds to pay for res.

As part of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof?
Yes; when? 6/18/13; to whom? DCFS - Tammy
(Yes or No) (Month) (Day) (Year) (Department)
 and that the following action was taken thereon: out of funds - no pay

and that \$ 0 was paid thereon: (2) Has any third person or corporation an interest in this claim? NO; if so, state name and address
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: _____ and was acquired on _____ in the following manner: _____

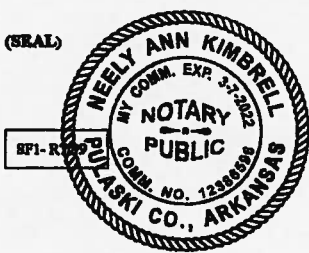
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true:
James McWilliam (Print Claimant/Representative Name) James McWilliam, RP (Signature of Claimant/Representative)

SWORN TO and subscribed before me at North Little Rock, AR
(City) (State)

on this 26th day of July, 2013
(Date) (Month) (Year)

Neely Ann Kimbrell
(Notary Public)

My Commission Expires: 05 - 07 - 2022
(Month) (Day) (Year)



**BRIDGEWAY INC THE
21 BRIDGEWAY RD
NORTH LITTLE ROCK, AR 72113**

Bill To:
DHS/Division of Child and Family Services
P. O. Box 1437 - Slot 569
Little Rock, AR 72203-1437

TIN#
Contract# 4600012813
PO# 4501273354
Vendor# 100040191
Invoice# CF0513CRT-001

07/26/13

DHS 300 INVOICE

**For: Comprehensive Residential Treatment
FROM 5/1/2013 TO 5/31/2013**

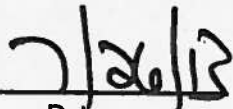
Total Billed Gross:

\$23,688.00



Signature of Responsible Person

 _____
Title



Date

Adjustment Description DHS Use

County Office Approval Date

DCFS Approval For Payment Date

Total Billed DHS Use

DHS Approval For Payment Date

BRIDGEWAY INC THE

TIN#

PO# 4501273354

Invoice# CF0513CRT-001

Contract# 4600012813

Vendor# 100040191

07/26/13

CLIENT NAME

CL ID County

A SERVICE

T BEGIN END # RATE AMOUNT

More: ~~XXXXXXXXXX~~

Shanks, Samiah Rose

3278189 Pulaski

6 Sub-Acute CRT

~~0 05/11/13 05/31/13 21 \$504.00 \$10,584.00~~
0 05/11/13 05/31/13 21 \$504.00 \$10,584.00

Units: 47 Clients: 2 \$23,688.00

BRIDGEWAY INC THE

TIN:
Contract# 4600012813

PO# 4501273354
Vendor# 100040191

Invoice# CF0513CRT-001
07/26/13

For Internal Use Only

INTERNAL ORDER	Amount
HS5X00XX	\$23,688.00
Total	\$23,688.00

**BEFORE THE CLAIMS COMMISSION
OF THE STATE OF ARKANSAS**

THE BRIDGEWAY

CLAIMANT

VS.

CLAIM #14-0078-CC

**STATE OF ARKANSAS
DHS/DCFS**

RESPONDENT

ANSWER

Comes now the Respondent, Arkansas Department of Human Services, Division of Children and Family Services, and for its Answer states:

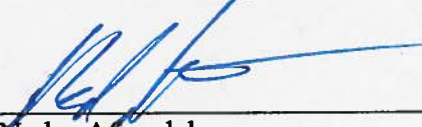
1. Respondent admits liability in the amount of \$23,688.00. Payment should be made as follows:

Agency Number:	0710
Cost Center:	417561
Internal Order:	HS5X00XX
Fund:	DCFS - 2600
Fund Center:	883

WHEREFORE, Respondent prays this claim be paid in the amount of \$23,688.00 and for all other proper relief to which Respondent may be entitled.

Respectfully submitted,

ARKANSAS DEPARTMENT
OF HUMAN SERVICES
OFFICE OF POLICY AND LEGAL SERVICES



Nader Afsordeh
Attorney – Bar #2010253
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203
Telephone # (501) 320-6351


Arkansas
State Claims Commission

AUG 21 2013

RECEIVED

CERTIFICATE OF SERVICE

This is to certify that I have served a copy of the foregoing Answer on The Bridgeway, 21 Bridgeway Rd., North Little Rock, AR 72113, by depositing same in the U.S. Mail in a properly addressed envelope with adequate postage thereon this 20th day of August, 2013.



Nader Afsordeh
Attorney

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 23,688.00

Claim No. 14-0078-CC

The Bridgeway
Claimant
vs.

Attorneys Pro se
Claimant

DHS/Children & Family Services
State of Arkansas Respondent

Nader Afsordeh, Attorney
Respondent

Date Filed July 29, 2013

Type of Claim Unpaid bill

FINDING OF FACTS

This claim was filed for an unpaid bill in the amount of \$23,688.00 against the Department of Human Services, Children and Family Services.

An admission of liability by the Respondent, represented by Nader Afsordeh, was presented to the Claims Commission September 12, 2013, along with the Respondent's recommendation of payment in the amount of \$23,688.00.

The Claims Commission hereby unanimously allowed this admission in the amount of \$23,688.00 following its presentation and a recommendation of approval by the Respondent and will include the claim in a claims payment bill to the 89th Arkansas General Assembly, 2013 Legislative Session for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously allowed this claim in the amount of \$23,688.00 and will include the claim in a claims payment bill to the 89th Arkansas General Assembly, 2013 Legislative Session for subsequent approval and payment.

Date of Hearing September 12, 2013

Date of Disposition September 12, 2013

Richard L. May
Chairman
J. H. Moore
Commissioner
Bill Lawrence
Commissioner

7

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Arkansas
State Claims Commission
AUG 08 2013

B3

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Tom Cone Claimant
Cassandra Cone
vs.

State of Arkansas, Respondent
AR Dept. of Finance & Administration

Do Not Write in These Spaces		
Claim No.	14-0116-CC	
Date Filed	August 8, 2013	
	(Month)	(Day) (Year)
Amount of Claim \$	\$15,444.85	
Fund	DFA/RD	

Reissuance of Warrant (Check)
1111199117

COMPLAINT

Tom Cone, the above named Claimant, of POB 158899, Nashville, TN 37215
Cassandra Cone (Street or R.F.D. & No.) (City)
County of _____ represented by _____
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of _____ says:
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: _____ Amount sought: _____

Month, day, year and place of incident or service: _____

Explanation: _____

This claim is being filed for the reissuance of warrant #1111199117, dated 06/15/11, payable to Tom & Cassandra Cone in the amount of \$15,444.85, payable from AR Dept. of Finance & Administration. 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 June 12, 2013.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? (Yes or No) when? (Month) (Day) (Year) to whom? (Department) and that the following action was taken thereon: _____

and that \$ _____ was paid thereon: (2) Has any third person or corporation an interest in this claim? (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code) if so, state name and address

and that the nature thereof is as follows: _____ and was acquired on _____ in the following manner: _____

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true.

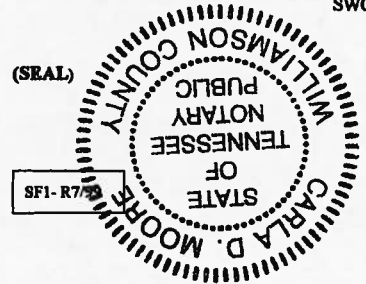
Tom Cone, Cassandra Cone (Print Claimant/Representative Name) [Signature] (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Nashville TN (City) (State)

on this 1st day of July, 2013 (Date) (Month) (Year)

Carla D. Moore (Notary Public)

My Commission Expires: June 23 2014 (Month) (Day) (Year)



ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 6/12/2013

Warrant: 111199117

Name of Payee: Tom Cone, Cassandra Cone

Amount: \$15,444.85

Upon checking with SM of AOS/Data Processing Division, I was informed that this warrant was still outstanding 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.

JH

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

2010

Part I

The records of the Department of Finance & Administration of Arkansas, Phone #682-7289

Agency address: P.O. Box 3628, Little Rock, Arkansas, 72203

Reflect that Tom & Cassandra Cone ATTN: Danielle Moore,
Payee/Payees

PO Box 158899 Nashville
Payee's Address City
TN, 37215, was/were issued
State Zip Code

State Warrant number 1111199117, dated 06.15.2011,

in the amount of \$ 15444.85 the same being in payment

of Voucher No. n/a, Agency No. 0630,

Appropriation No. 236, Character Code 14, Fund Code TGI,

Social Security No. _____

if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area FA08, Fund Code TGI,
Cost Center Group 397207 & Fund Center TGI

Deborah K. Wilson

Agency Disbursing Officer's Full Name (please print)

Deborah K. Wilson

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 4/27/06

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 15,444.85

Claim No. 14-0116-CC

Tom Cone, Cassandra Cone Claimant

Attorneys
Pro se Claimant

vs.

AR Dept. of Finance & Administration
State of Arkansas Respondent

Deborah K. Wilson, Disbursing Officer
Respondent

Date Filed August 8, 2013

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed for reissuance of warrant #1111199117 dated June 15, 2011.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$15,444.85 and will include the claim in a claims bill to the 89th General Assembly, Arkansas State Legislature 2014, for subsequent approval and payment.

IT IS SO ORDERED.


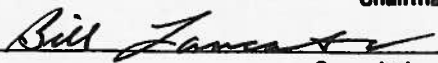
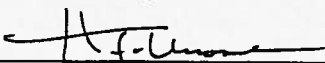
(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$15,444.85 and will include the claim in a claims bill to be submitted to the 89th General Assembly, Arkansas State Legislature 2014 for subsequent approval and payment.

Date of Hearing September 12, 2013

Date of Disposition September 12, 2013


Chairman

Commissioner

Commissioner

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Arkansas State Claims Commission

AUG 09 2013

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

Do Not Write in These Spaces
Claim No. 14-0121-CC
Date Filed August 9, 2013
Amount of Claim \$ 221,000.00
Fund DFA/RD
Reissuance of Warrant (Check) 1210362925

Mr. Mrs. Ms. Miss John & Juanita Griffin Claimant

State of Arkansas, Respondent AR Dept. of Finance & Administration

COMPLAINT

John & Juanita Griffin, the above named Claimant, of Attn: Mr. Curt Wenzler, Vonlehman & Company, Inc. 250 Grandview Dr, Suite 300, Ft. Mitchell, KY 41017

County of represented by (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says:

State agency involved: Amount sought:

Month, day, year and place of incident or service:

Explanation:

This claim is being filed for the reissuance of warrant #1210362925, dated 12/18/11, payable to John & Juanita Griffin in the amount of \$221,000.00, payable from AR Dept. of Finance & Administration. 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 July 8, 2013.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? when? to whom? (Department)

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? if so, state name and address

and that the nature thereof is as follows: and was acquired on in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true. Juanita Griffin John M. Griffin (Print Claimant/Representative Name) (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Ft Mitchell Ky (City) (State)

(SEAL) on this 6th day of August 2013 (Date) (Month) (Year) Pamela L Weber 454658 (Notary Public)

My Commission Expires: 12-05-15 (Month) (Day) (Year)

ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 7/8/2013

Warrant: 1210362925

Name of Payee: John & Juanita Griffin

Amount: \$221,000.00

Upon checking with Pat of AOS/Data Processing Division, I was informed that this warrant was still outstanding 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.

JH

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

2010

Part I

The records of the Department of Finance & Administration of Arkansas, Phone #682-7289

Agency address: P.O. Box 3628, Little Rock, Arkansas, 72203

Reflect that John & Juanita Griffin,

Payee/Payees

Attn: Curt Wenzler Vonlehman & Company, Inc

250 Grandview Dr, Suite 300 Ft. Mitchell

Payee's Address City

KY, 41017, was/were issued

State Zip Code

State Warrant number 1210362925, dated 18-Dec-2011,

in the amount of \$221,000.00 the same being in payment

of Voucher No. _____, Agency No. 0630,

Appropriation No. 236, Character Code 14, Fund Code TGI,

Social Security No. _ _ _ r

if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area FA08, Fund Code TGI,
Cost Center Group 397207 & Fund Center TGI

Deborah Wilson

Agency Disbursing Officer's Full Name (please print)

Deborah K. Wilson

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 4/27/06

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 221,000.00

Claim No. 14-0121-CC

John & Juanita Griffin Claimant

Attorneys
Pro se

Claimant

vs.

AR Dept. of Finance & Administration
State of Arkansas Respondent

Deborah K. Wilson, Disbursing Officer
Respondent

Date Filed August 9, 2013

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed for reissuance of warrant #1210362925 dated December 18, 2013.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$221,000.00 and will include the claim in a claims bill to the 89th General Assembly, Arkansas State Legislature 2014, for subsequent approval and payment.

IT IS SO ORDERED.

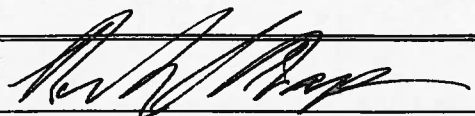
(See Back of Opinion Form)

CONCLUSION

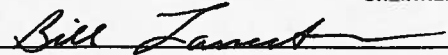
Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$221,000.00 and will include the claim in a claims bill to be submitted to the 89th General Assembly, Arkansas State Legislature 2014 for subsequent approval and payment.

Date of Hearing September 12, 2013

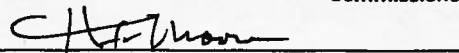
Date of Disposition September 12, 2013



Chairman



Commissioner



Commissioner

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

- Mr.
- Mrs.
- Ms.
- Miss

Praxair, Inc. Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces		
Claim No.	14-0156-CC	
Date Filed	August 19, 2013	
	(Month)	(Day) (Year)
Amount of Claim \$	\$23,230.00	
Fund	DFA	

AR Dept. of Finance & Admin.

COMPLAINT

Reissuance of Warrant (Check)
610438008

Praxair, Inc. (Name) the above named Claimant of c/o The Locator Services Group, 288 Summer St., Suite 701, Boston, MA 02210 (Street or R.F.D. & No.) (City)

(State) (Zip Code) (Daytime Phone No.) County of represented by Mark K. Warren, Dep. Gen. Counsel, (Legal Counsel, if any, for Claim)

of 280 Summer St., Suite 701, Boston, MA 02210 617-859-0600 says: (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: Amount sought:

Month, day, year and place of incident or service:

Explanation:

This claim is being filed for Reissuance of Warrant, #610438008, dated 02/18/06, payable to Praxair, Inc., in the amount of \$23,230.00, payable from AR Dept. of Finance & Administration. 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) (checks) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on July 23, 2013.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof? (Yes or No) ; when? (Month) (Day) (Year) ; to whom? (Department) ; and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? ; if so, state name and address

(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

and that the nature thereof is as follows: ; and was acquired on ; in the following manner:

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verify believes that they are true. Mark Warren (Print Claimant/Representative Name) (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Boston MA (City) (State)

on this 16th day of August 2013 (Date) (Month) (Year)

Wamey P. J... (Notary Public)

My Commission Expires: July 25, 2014 (Month) (Day) (Year)



SF1- R7/99

Praxair, Inc.
175 East Park Drive
Tonawanda, NY 14150
Mailing Address:
P.O. Box 44
Tonawanda, NY 14151-0044
Telephone: (716) 879-2000

OFFICER'S CERTIFICATE OF AUTHORITY

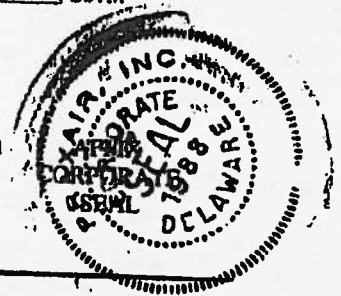
I, Elizabeth T. Hirsch, Vice President and Controller of Praxair, Inc., certify that Tina Geffers is the Trade Compliance Assistant for Praxair, Inc. and, as such, is authorized to execute and deliver all documents pertaining to the recovery of abandoned or unclaimed property, and to transfer, endorse, and liquidate unclaimed securities owned by Praxair, Inc., its subsidiaries, affiliates, acquisitions, and predecessor companies. Such properties or securities may be held in Praxair, Inc.'s own name or in the names of its subsidiaries, affiliates, acquisitions, predecessor companies, brand names, F/K/As and A/K/As.

Praxair, Inc.'s subsidiaries, affiliates, acquisitions, predecessor companies, brand names, F/K/As, and A/K/As, include but are not limited to, those listed on the Exhibit A attached hereto.

I affirm that the foregoing is true, under the penalties of perjury this 26 day of March, 2013.

Elizabeth T. Hirsch
Elizabeth T. Hirsch
Vice President and Controller
Praxair, Inc.
39 Old Ridgebury Rd.
Danbury, CT 06810-5113

Tina Geffers 4/3/2013
Tina Geffers,
Trade Compliance Assistant
Global Procurement and Materials Management
Praxair, Inc.
175 East Park Drive
Tonawanda, NY 14150



State of Connecticut, County of Fairfield

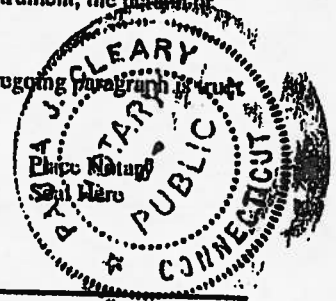
Before me, Elizabeth T. Hirsch, Vice President and Controller, personally appeared, and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Connecticut that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Paula J. Cleary
Notary's Signature

PAULA J. CLEARY
NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 30, 2015
Sept 30 2015
Commission Expires



State of New York, County of Erie

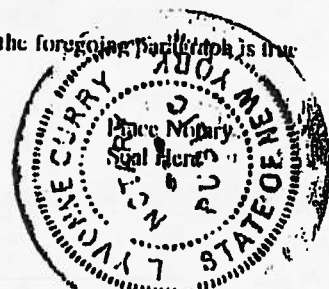
Before me, Tina Geffers, Trade Compliance Assistant, personally appeared and proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person or entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of New York that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

L. Yvonne Curry
Notary's Signature

1/27/2013
L. YVONNE CURRY
NOTARY PUBLIC - STATE OF NEW YORK
NO. 61C05006411
QUALIFIED IN ERIE COUNTY
MY COMMISSION EXPIRES 01-04-2015



ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 7/23/2013

Warrant: 610438008

Name of Payee: Praxair, Inc.

Amount: \$23,230.00

Upon checking with ~~XXX~~ of AOS/Data Processing Division, I was informed that this warrant was still outstanding 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.

JH

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 23,230.00

Claim No. 14-0156-CC

Praxair, Inc. Claimant vs. DFA/Revenue Division Respondent
Attorneys Pro se Claimant vs. Scott D. Fryer, Disbursing Officer Respondent
State of Arkansas
Date Filed August 19, 2013 Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed requesting reissuance of outdated warrant(s) No. 610438008.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$23,230.00 and will include the claim in a claims bill to the 89th General Assembly, Arkansas State Legislature 2014 Session, for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$23,230.00 and will include the claim in a claims bill to be submitted to the 89th General Assembly, Arkansas State Legislature 2014 for subsequent approval and payment.

Date of Hearing September 12, 2013

Date of Disposition September 12, 2013

Chairman
Commissioner
Commissioner