Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

(SEAL) on thisday of,	□ Mr.				Do Not Wri	te in These	Spaces
Date Field Eric Smidt and Susan Smidt V3. State of Arkansas, Respondent AR Dept. of Finance & Administration COMPLAINT Reissuance of Warrant (Check) 1910223300 Eric Smidt and Susan Smidt (Name) (Susa) (Ag Code) (Dayton None No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Code) (Dayton No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Code) (Dayton No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Code) (Dayton No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Code) (Dayton No.) (Susa) (Ag Code) (Dayton None No.) (Susa) (Code) (None No.) (Fa No.) (Susa) (Ag Code) (Dayton None No.) (Susa (Dayton Mo.) (Cay) (Susa) (Ag Code) (Pone No.) (Fa No.) (Susa (Branch Mo.) (Pa No.) (Pa No.) (Pa No.) (Dayton Mo.) (Pa No.) (Pa No.) (Pa No.) (Pa No.) (Pa No.) (Pa No.) (Anount sought Marrant or necessary papers for reissuance of this warrant was not presented to the state treasurer for redemption during the legal redemption period. Warrant or necessary papers for reissuance of this warrant was received in this office on August 31, 2021. An parts of this complaint, the distinct trakes the following questions, as indicated (1) Has claim been presented to and made a part of this complaint. Completed paperwork for reissuance of this warrant was received in this office on August 31, 2021. An parts of this complaint, the distinct trakes the following actions as indicated (1) Has claim been presented to any acte department or office on August 31, 2021. An parts of this complaint, the distinct makes the following actions as indicated (1) Has claim been presented to any acte department or office on August 31, 2021. An parts of this complaint, the distinct makes the following actions as indicated (1) Has claim been presented to any acte department or office on August 31, 2021. An parts of this complaint, the distinct makes the followin					Claim No.		
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(Print Claimant/Representative Name) SWORN TO and subscribed before me at (City) (State) (Date) SPI-R7/99 My Commission Expires: (Notary Public)	THE UNDERSIGNED states on oath	that he or she is familiar v	with the matter	s and things set f	orth in the above complai	nt, and that h	e or she verily believe
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SWORN TO and subscribed before me at	Lisa G. Per	e5		Vna 1	9 Jures	-	
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CALIFORNIA ALL- PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

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State of California	}
County of Ventura	}
On December 7th before me, 9	Kyra Law
personally appeared LISA G. Pel	(Here insert name and title of the officer)
riame(s) is are subscribed to the Within I	actory evidence to be the person(s) whose instrument and acknowledged to me that
ricisticities executed the same in his/he	er/their authorized capacity(ies), and that by
I certify under PENALTY OF PERJURY the foregoing paragraph is true and corr	under the laws of the State of California that rect.
WITNESS my hand and official seal.	KYRA LAW Notary Public - California Ventura County Commission # 2378013 My Comm. Expires Oct 9, 2025
Notary Public Signature (No	stary Public Seal)
ADDITIONAL OPTIONAL INFORMATI	ON INSTRUCTIONS FOR COMPLETING THIS FORM
DESCRIPTION OF THE ATTACHED DOCUMENT	if needed, should be completed and attached to the document, Ash and I leave the
Before the state claims	from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.
(Title or description of attached document)	 State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
(Title or description of attached document continued)	 Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
Number of Pages Document Date	 The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public). Print the name(s) of document rigner(s) who personally appear at the time of
CAPACITY CLAIMED BY THE SIGNER	Indicate the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing off incomes for the correct singular or plural forms by crossing of the correct singular or plural forms by crossing of the correct singular or plural forms by crossing of the correct singular or plural forms by crossing or the
☐ Individual (s)☐ Corporate Officer	information may lead to rejection of document recording
(Title)	The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area assumes otherwise control of the seal impression smudges.
☐ Partner(s)	Signature of the notary public must match the signature on file with the office of
☐ Attorney-in-Fact ☐ Trustee(s)	Additional information is not required but could help to ensure this

acknowledgment is not misused or attached to a different document. Indicate title or type of attached document, number of pages and date. Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).

Securely attach this document to the signed document with a staple.

2015 Version www.Mulary Classes com 300-873-086F

Trustee(s)

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

2017

The records of the Department of Finance & Administration of Arkansas, Phone #682-1100.

Agency address: P.O. I	Box 3628, Little Rock, Arkansas, 7220	A v
Reflect that	ERIC & SUSAN SMIDT . Payee/Payees	Arkansas State Claims Commission
Payee's Address	City	AUG 3 1 2021 RECEIVED
State	was/were issued Zip Code	
State Warrant number_1	<u>1910223300</u> , dated <u>16-Nov-2018</u>	
in the amount of69,	424.00 the same being in payment	
of Voucher No	, Agency No. 0630,	
	Character Code 14, Fund Code TGI, or ax ID No	
Also, please furnish you Cost Center Group <u>3976</u>	r current Business Area <u>FA08,</u> Fund 0 16 & Fund Center <u>TGI</u>	Code <u>TGI,</u>
	Kassie McClendon Agency Disbursing Officer's Full Name (plea	ase print)
	Agercy Disbursing Officer's Signature	

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 09/30/2021

Warrant:	1910223300			
Name of Payee:	Eric Smidt and Susan Smidt			
Amount:	69,424.00			
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.				
	CM			

Lisa G. Peres, CPA

Arkansas State Claims Commission

DEC 1 3 2021

December 7, 2021

RECEIVED

101 East Capitol Avenue Ste 410 Attention: Caitlin Little Rock, Arkansas 72201-3823

Re: Eric Smidt and Susan Smidt; Claim No. 220493 - Reissuance of Check No. 1910223300

Dear Caitlin,

Per our discussion, please find the enclosed certified request to reissue the amount of \$69,424.00 to the above-named taxpayers, we well as the State of Arkansas Power of Attorney providing me authorization to act on their behalf.

Also, please note the taxpayer's change in ad-	dress to	
, which was also used on their 2020 Ark	cansas income tax	return filed with the state.
Please contact me at additional information to resolve this matter.	or	if you should require

Thank you very much,

Lisa G. Peres

CPA

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ERIC SMIDT AND SUSAN SMIDT

CLAIMANTS

V.

CLAIM NO. 220493

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION

RESPONDENT

ORDER

This claim was filed by Eric Smidt and Susan Smidt (the "Claimants") requesting reissuance of outdated warrant no. 1910223300 (the "Warrant") in the amount of \$69,424.00 payable from Arkansas Department of Finance and Administration. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$69,424.00 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.

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: February 21, 2022

Notice(s) which may apply to your claim

- (1) A party has forty (40) days from the date 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 date 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).