

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



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

## CLAIM FORM

**Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.**

**1. Claimant** *(If there are additional claimants, please fill out an additional form for each)*

Windstream Holdings Inc.

(title/last name/first name or company)			(email)	
4005 Rodney Parham Road	Little Rock	AR	72212	
(address)	(city)	(state)	(zip)	(primary phone)

**2. Claimant's Legal Counsel** *(If not represented by an attorney, you may skip this section)*

Smith	Kent	kent.smith@windstream.com		
(last name)	(first name)	(email)		
4001 N. Rodney Parham Road	Little Rock	AR	72212	(501) 748-3634
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: \_\_\_\_\_

*If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

**3. State Agency Involved** Arkansas Department of Information Systems

*(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)*

**4. Incident Date** 4/14/2022

**5. Claim Type**

Reissuance of Warrant

**5a. Location of Incident** \_\_\_\_\_

**5b. Explanation of Incident**

This claim is being filed for the reissuance of warrant # \_\_\_\_\_ date 04-14-2022 payable to Windstream Holdings Inc. the amount of \$15,233.47 payable from AR Dept. of Information Systems. 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 August 31, 2023.

**5c. CHECK HERE if this claim involves damage to a motor vehicle.** ☐

**5d. CHECK HERE if this claim involves damage to property other than a motor vehicle.** ☐

**5e. Insurance Coverage**

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

**5f. Additional Required Documents for Property Damage Claims**

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

**6. If a state vehicle was involved, please provide the following information**

---

(type of state vehicle involved)	(license number)	(driver)
----------------------------------	------------------	----------

**7. If your claim involves personal injuries, please CHECK HERE** ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

**8. Amount Sought:** \$15,233.47

**IMPORTANT**

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov) or by phone at (501) 682-1619.

# **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, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

\_\_\_\_\_  
Claimant

## **ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of Notary Public

[seal of office]

My Commission Expires: \_\_\_\_\_

# ARKANSAS CLAIMS COMMISSION

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



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

## CLAIM FORM

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

**1. Claimant** *(If there are additional claimants, please fill out an additional form for each)*

Windstream Holdings Inc.

(title/last name/first name or company)

(email)

4005 Rodney Parham Road

Little Rock

AR

72212

(address)

(city)

(state)

(zip)

(primary phone)

**2. Claimant's Legal Counsel** *(If not represented by an attorney, you may skip this section)*

Smith

Kent

kent.smith@windstream.com

(last name)

(first name)

(email)

4001 N. Rodney Parham Road

Little Rock

AR

72212

(501) 748-3634

(address)

(city)

(state)

(zip)

(primary phone)

Arkansas Bar Number:

*If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

**3. State Agency Involved** Arkansas Department of Information Systems

*(If this section is not completed, the claim will be returned to you as deficient. Please note that the agency or agencies involved must be state agencies. The Claims Commission has no jurisdiction over claims against counties, cities, school districts, or other municipalities.)*

**4. Incident Date** 4/14/2022

**5. Claim Type**

Reissuance of Warrant

**5a. Location of Incident**

**5b. Explanation of Incident**

Reissue of Warrant Number - [REDACTED] dated 4/14/22 in the amount of \$15,233.47; Invoice No. [REDACTED]

5c. CHECK HERE if this claim involves damage to a motor vehicle. ☐

5d. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

**5e. Insurance Coverage**

- If your property was covered by insurance on the date of the incident, you must provide a copy of the insurance declarations in effect at that time. This is not the same as your insurance card. You may obtain a copy of your insurance declarations from your insurer or insurance agent.

-If you did NOT have insurance coverage in effect on your property on the date of the incident, CHECK HERE ☐

**5f. Additional Required Documents for Property Damage Claims**

You must submit invoice(s) documenting repair costs OR three estimates for repair OR an explanation why this documentation cannot be provided.

**6. If a state vehicle was involved, please provide the following information**

---

(type of state vehicle involved)

(license number)

(driver)

**7. If your claim involves personal injuries, please CHECK HERE** ☐

- All personal injury claims require a copy of your health insurance information in place at the time of the incident.

- If you did NOT have health insurance on the date of the incident, CHECK HERE ☐

**8. Amount Sought:** \$15,233.47

**IMPORTANT**

Please note that the Claims Commission staff is happy to answer questions about the claim process, but Claims Commission staff cannot give legal advice. For questions please contact us through email at [ascc.new.claims@arkansas.gov](mailto:ascc.new.claims@arkansas.gov) or by phone at (501) 682-1619.

# 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, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

\_\_\_\_\_  
Claimant

## **ACKNOWLEDGEMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ 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.

\_\_\_\_\_  
Signature of Notary Public

[seal of office]

My Commission Expires: \_\_\_\_\_

ARKANSAS STATE CLAIMS COMMISSION  
-Claim Form-

Arkansas  
State Claims Commission

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim. JUN 07 2023

RECEIVED

1. Claimant's Legal Counsel - ☐ (If representing yourself (Pro Se) please check this box and proceed to section 2)

Smith	Kent	kent.smith@windstream.com		
(last name)	(first name)	(email)		
4001 N. Rodney Parham Road	Little Rock	AR	72212-2459	(501) 748-3634
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: 97066

If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.

2. Claimant

Windstream Holdings II, Inc.

(title/last name/first name or company)	(email)			
4001 N. Rodney Parham Road	Little Rock	AR	72212-2459	866-535-3023
(address)	(city)	(state)	(zip)	(primary phone)

3. State Agency Involved: (must be an Arkansas state agency. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities)

Arkansas Division of Information Systems

(state agency involved)

4. Incident Date

04/14/2022

5. Claim Type

Please provide a brief explanation of your claim. If additional space is required please attach additional statements to this form.

Reissue of Warrant Number - [REDACTED] dated 4/14/22 in the amount of \$15,233.47; Invoice No. [REDACTED]

5a. Check here if this claim involves damage to a motor vehicle. ☐

5b. Check here if this claim involves damage to property other than a motor vehicle. ☐

All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.

I did not have insurance covering my property/motor vehicle at the time of damage. ☐

All property damage claims require ONE of the following (please attach):

1. Invoice(s) documenting repair costs, OR
2. Three (3) estimates for repair of the damaged property, OR
3. An explanation why repair bill(s) or estimate(s) cannot be provided.

6. Was a state vehicle involved? (If Yes, please complete the following section)

(type of state vehicle involved)

(license number)

(driver)

7. Check here if this claim involves personal injury.

All personal injury claims require a copy of your medical insurance information and relevant medical bills in place at the time of the incident.

I do not have health insurance ☐

8. Amount Sought: \$15,233.47

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous 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.

Kent Smith  
Claimant

ACKNOWLEDGEMENT

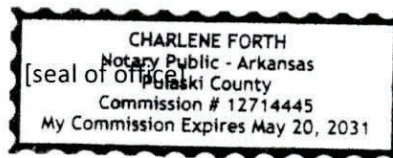
State of Arkansas  
County of \_\_\_\_\_

On this the 6<sup>th</sup> day of June, 2023, before me, the undersigned notary, personally appeared Kent Smith 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.

Charlene FORTH  
Signature of Notary Public

My Commission expires: May 20, 2031



Check Information for check/warrant to be reissued:

MONTH	ACCOUNT NUMBER	AMOUNT	CHECK NUMBER
Apr-22		\$ 15,233.47	

WINDSTREAM  
ENTERPRISE

For Customer Service Correspondence:  
ATTN: Customer Care  
PO Box 3177  
Cedar Rapids, IA 52406-3177

## Billing Invoice

Return Service Requested

☐ Check here for change of address (note changes below)

STATE OF ARKANSAS ATTN: STATE OF ARKANSAS - SIP Site  
PO BOX 3155  
LITTLE ROCK, AR 722033155

Account Number	Invoice Date	Total Amount Due
	Apr 01, 2022	
Invoice Number	Due Date	Amount Enclosed
	Apr 20, 2022	

Arkansas

State Claims Commission

Remit Payment To:  
Windstream  
P.O. Box 9001013  
Louisville, KY 40290-1013

JUN 07 2023

RECEIVED

Please detach and return above portion with your payment

WINDSTREAM  
ENTERPRISE

For Customer Service Correspondence:  
ATTN: Customer Care  
PO Box 3177  
Cedar Rapids, IA 52406-3177

Account Number	Invoice Date	Total Amount Due
	Apr 01, 2022	

### Account Summary - Invoice

Previous Total  
Payments Applied - Thank You  
Credit Adjustments Applied

#### Balance Due upon receipt

Monthly Charges  
Usage Charges  
Credits  
Other Charges  
Taxes and Surcharges

#### New Charges - Due by Apr 20, 2022

#### TOTAL INVOICE AMOUNT

#### Windstream Portal

Manage your Windstream services directly and review invoice details, charge descriptions, and payment history at [windstreamenterprise.com/login](http://windstreamenterprise.com/login).

#### Contact Us

Billing: 1-800-600-5050 or [windstreamenterprise.com/login](http://windstreamenterprise.com/login)  
Repair: 1-800-600-5050  
Web site: [windstreamenterprise.com](http://windstreamenterprise.com)  
PIN: 9021

### Important Messages

#### V Tag Caller ID Enhancement

Windstream Enterprise is pleased to announce that we will be enhancing Caller ID verification for inbound calls. Effective Tuesday March 29th, you may see a '[V]' indicator next to the name of the caller, for example, [V] Allan Jones.

The indicator '[V]' means that the inbound call has been verified as being legitimate, i.e., not spam or robocall. Although you may not see a '[V]' tag for every caller, it does not mean that the call is spam - only that it hasn't been verified.

#### How to Reach Our Customer Care Center

We are committed to answering your questions about our service, explaining all aspects of your monthly bill, and providing you with the personal attention you deserve. To contact Windstream, please refer to the "Contact Us" section on this page. Our Care representatives are available Monday - Friday, 8 a.m. - 6 p.m. (EST) for all billing, order, and general questions. For repair questions and needs, please contact our Repair Center where representatives are available 24 x 7.

#### Thank You

Thank you for choosing Windstream as your communications service provider. We value you as our customer and appreciate your business.

**Important Information for Customers Paying by Check:**

Windstream may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. The debit transaction will appear on your bank statement, although your check will not be presented to your financial institution or returned to you. This ACH debit transaction will not enroll you in any Windstream automatic debit process and will only occur each time a check is received. Any resubmissions due to insufficient funds may also occur electronically.

**eCheck Authorization:**

By entering the 5-digit zip code from my bill when paying by phone, I hereby authorize Windstream and the financial institution designated by me to charge the account I have specified for payment of my Windstream services. I understand that a fee will be charged to my Windstream account for each request returned unpaid. If two requests are returned unpaid, I will be excluded from this option. In addition, I understand that Windstream and the financial institution reserve the right to terminate this payment option. This authorization can be revoked by notifying Windstream at the customer service number listed on my bill prior to 4:00 P.M. EST on my specified payment date.

---

**Important Information**

For a complete description of fees and surcharges included on your bill please visit

<https://www.windstream.com/fees/>

For general information regarding Windstream's Standard Terms & Conditions, visit

<https://www.windstreamenterprise.com/legal/terms/>

To ensure payment is processed before the due date, please allow at least seven (7) business days for mail delivery.

Late Payment Charges: A late payment charge of 1.5% per month will be assessed on any past due balance. An additional collection fee may also apply. These charges may vary depending on specific state regulations.

Windstream Enterprise Companies: The companies listed below are Windstream Enterprise Companies. Services are provided by one or more of the following companies.

McLeodUSA Telecommunications Services, L.L.C.

PAETEC Communications, LLC

PAETEC iTEL, LLC

US LEC Communications, LLC

US LEC of Alabama, LLC

US LEC of Florida, LLC

US LEC of Georgia, LLC

US LEC of Maryland, LLC

US LEC of North Carolina, LLC

US LEC of Pennsylvania, LLC

US LEC of South Carolina, LLC

US LEC of Tennessee, LLC

Windstream New Edge, LLC

BOB, LLC

DeltaCom, LLC

Windstream KDL, LLC

Windstream KDL-VA, LLC

Choice One Communications Resale LLC

US LEC of Virginia, LLC

Windstream Norlight, LLC

Windstream NTI, LLC

Windstream NuVox, LLC

Windstream NuVox Arkansas, LLC

Windstream NuVox Illinois, LLC

Windstream NuVox Indiana, LLC

Windstream NuVox Kansas, LLC

Windstream NuVox Missouri, LLC

Windstream NuVox Ohio, LLC

Windstream NuVox Oklahoma, LLC

MassComm, LLC

American Telephone Company, LLC

Windstream FiberNet, LLC

Broadview Networks, Inc.

Cavalier Telephone Mid-Atlantic, LLC

Cavalier Telephone, LLC

Intellifiber Networks, LLC

\*: Indicates a payphone surcharge has been added to the call.

^: Indicates a pre-rated operator assisted call.

---



























































































































































































































































































































































































































































































































































AUG 31 2023

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

RECEIVED

Part I

The records of the TSS, Division of Information Services of Arkansas, Phone # 501-319-6522

Agency Address PO Box 3155, Little Rock, AR 72203

Reflect that Windstream Holdings Inc.

4005 Rodney Parham Rd., Little Rock

Payee's Address AR, City 72212, was/were issued  
State Zip Code

State Warrant number [REDACTED], dated 4-14-22

in the amount of \$ 15,233.47, the same being in payment

of Voucher No. [REDACTED], Agency No. [REDACTED]

Appropriation No. [REDACTED], Character Code [REDACTED]

Fund Code [REDACTED], Social Security No. \_\_\_\_\_, or

if corporation-Federal Tax ID No. \_\_\_\_\_

Also, please furnish your current Business Area [REDACTED] Fund Code [REDACTED] Center

Group [REDACTED] & Fund Center [REDACTED]

Kara Simmons  
Agency Disbursing Officer's Full Name (please print)

Kara Simmons  
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.

# Bond for Reissuing Warrant (P5-19-4-403)

## State of Arkansas

Warrant Number to be Reissued [REDACTED] Warrant Amount \$ 15,233.47  
Paying State Agency Arkansas Division of Information Systems Phone Number (501) 319-6522  
Agency Contact Kara Simmons

Know by all men by these presents that we the undersigned,

Windstream Holdings Inc

and

Amanda Clesi

as payee(s)

as his surety

are held and firmly bound unto the State of Arkansas in the sum of:

\$ 30,466.94

(The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,

Windstream Holdings Inc

has (check one):

Payee Name

☐

Lost

☐

Stolen

☒

Failed to receive

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this

28

day of

July

20

23

First Payee Taxpayer Identification Number (SSN or Federal ID):

Amanda Clesi on behalf of Windstream

Amanda Clesi

First Payee Name

First Payee Signature

4005 N Rodney Parham Rd

866-535-3023

Little Rock, AR 72212

Payee Phone Number

If Applicable

Second Payee Taxpayer Identification Number (SSN or Federal ID):

X

Second Payee Name

Second Payee Signature

Surety must be 18 years of age or older and must be someone other than the payee(s)

Amanda Clesi

X Amanda Clesi

Surety Name (Printed or Typed Name)

Surety Signature

4005 Rodney Parham Rd

501-748-6838

LR, AR 72212

Surety Phone Number

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this

28<sup>th</sup>

day of

July

20

23

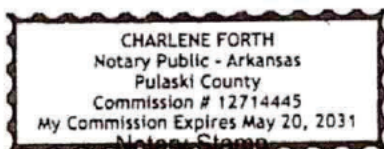
X

Charlene FORTH

Notary Public Signature

My Commission Expires:

5/20/2031



## INSTRUCTIONS FILING OF BOND FOR REISSUING WARRANT FORM

1. Disbursement officer must complete the following fields on the form: warrant number, amount, paying state agency, phone, agency contact, and the surety amount (double the sum of the warrant).
2. The entire form, including the notary portion and surety, must be completed in order to process a lost or stolen warrant for all types of warrants.
3. The payee must be an individual, not a business.
4. The surety must be an individual 18 years or older that is not the payee or a business.
5. The bond form must be notarized, stamped, and signed by the notary.

*Note: If there is more than one payee on an AASIS non-payroll warrant, BOTH must sign. State or Local governments, as well as school districts, do not need to fill out the bond form for a warrant reissue. The Bond Form is only required for current year forgeries and prior year reissues.*



P2-19-4-403  
AFFIDAVIT OF FORGED WARRANT

The records of the Arkansas Division of Information Systems of Arkansas  
reflect that Windstream Holdings Inc was issued Warrant number  
2022 [REDACTED] Dated 04/14/22, in the amount of \$ 15,233.47, the  
Year Warrant Number Date

same being in payment of [REDACTED]

Invoice # Agency # Fund Center Commitment Item Fund

Social Security #

Gross Pay

Withholding

Address - Payroll Only

Daytime Telephone #

X Kara Jimman  
Disbursing Officer

I/We, Windstream Holdings Inc, state that:  
Payee (s)

CHECK APPROPRIATELY - ALL THAT APPLY

- 1 1. I received and lost.  
X 2. I did not receive, endorse nor cash.  
3 3. I have not authorized another person to sign my name to the warrant.  
4 4. I have no knowledge of the whereabouts of the warrant or of any other  
person having received cashed or endorsed the warrant.  
5 5. If this warrant is presented for payment, the endorsement is a forgery.  
6 6. The endorsement on same is a forgery.

X Amanda Clesi  
Payee Signature

4005 Rodney Parkham Rd  
Address

Little Rock, AR 72212  
City, State, Zip Code

Daytime Telephone # 816-535-3023

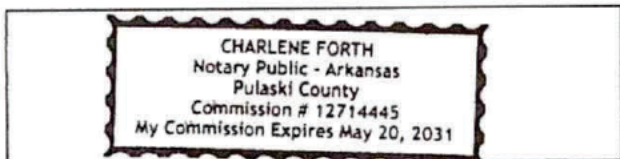
Second Payee Signature (If Applicable)

Address

City, State, Zip Code

Daytime Telephone #

ON THIS THE 28<sup>TH</sup> DAY OF July, 2023, before me personally  
appeared Amanda Clesi to me known to be the persons described in and who  
executed the foregoing instrument and acknowledged that they signed, sealed, executed and  
delivered the same as their free act and deed for the purpose therein mentioned.



Notary Stamp

X Charlene FORTH  
Notary Signature

NOTARY PUBLIC Pulaski AR  
County State

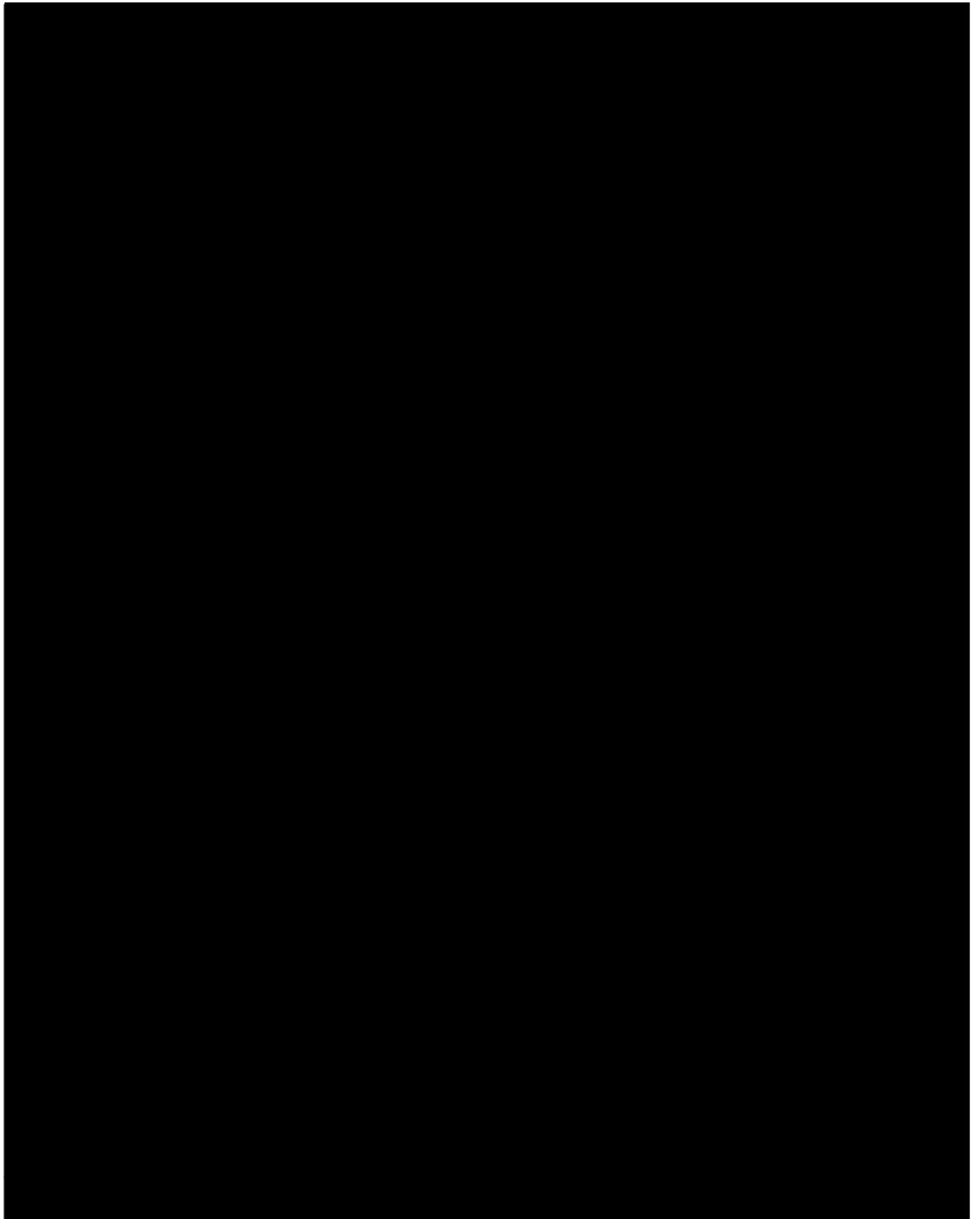
My commission expires May 20, 2031

## INSTRUCTIONS – FILING OF AFFIDAVIT OF FORGED WARRANT FORM

1. Disbursement officer must complete form including agency, warrant number, date of issue, amount, invoice number, agency code, fund center (appropriation), commitment item (character code), fund, and disbursing officer's manual signature.
2. The entire form, including the notary portion, must be completed in order to process a lost or stolen warrant for all types of warrants.

*Note: If there is more than one payee on an AASIS non-payroll warrant, BOTH must sign.*





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

**Date:** 10/4/2023

**Warrant:** [REDACTED]

**Name of Payee:** Windstream Holdings Inc.

**Amount:** \$15,233.47

Upon checking with Rick 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

# ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY  
DIRECTOR

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

October 4, 2023

Windstream Holdings Inc.  
c/o Amanda Clesi  
4005 Rodney Parham Road  
Little Rock, Arkansas 72212

RE: **Claim No. 231582** – Reissuance of Check No. [REDACTED]

---

Dear Ms. Clesi,

The Claims Commission received notification from the Arkansas Department of Information Systems 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.

In order 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

**From:** [Patel, Roshan J](#)  
**To:** [ASCC New Claims](#)  
**Cc:** [Patel, Roshan J](#)  
**Subject:** Claim No. 231582  
**Date:** Thursday, October 12, 2023 3:55:49 PM  
**Attachments:** [image001.jpg](#)  
[AR claims commission - Claim 231582.pdf](#)  
**Importance:** High

---

You don't often get email from roshan.patel@windstream.com. [Learn why this is important](#)

Good morning,

I have attached a form received for a check reissuance for Claim No. 231582. Please send check to the following address with attention to myself (Ross Patel) as I will be able to properly record the funds and send to process.

Windstream  
4005 N Rodney Parham Rd.  
B1F03-1352-Ross Patel  
Little Rock, AR 72212

Thank you  
Ross

**Ross Patel**

Sr Analyst – Compliance-Legal  
501-748-7084 office  
[Roshan.Patel@windstream.com](mailto:Roshan.Patel@windstream.com)



4005 N. Rodney Parham Rd. – Building 1  
Little Rock, Arkansas 72212

This email message and any attachments are for the sole use of the intended recipient(s). Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message and any attachments.

Sensitivity: Internal

# ARKANSAS STATE CLAIMS COMMISSION

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



KATHRYN IRBY  
DIRECTOR

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

October 4, 2023

Windstream Holdings Inc.  
c/o Amanda Clesi  
4005 Rodney Parham Road  
Little Rock, Arkansas 72212

RE: **Claim No. 231582** – Reissuance of Check No. [REDACTED]

---

Dear Ms. Clesi,

The Claims Commission received notification from the Arkansas Department of Information Systems 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.

In order 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

## COMPLAINT

### 1. Claimant

Please make attention to Ross Patel for proper receipt and processing of check when received.

Windstream Holdings Inc.

Roshan.Patel@windstream.com

(title/last name/first name)

(email)

4005 Rodney Parham Road  
B1F03-1352-Ross Patel

Little Rock

AR 72212

501-748-7084

(address)

(city)

(state) (zip)

(primary phone)

### 2. State Agency Involved

Arkansas Department of Information Systems

(state agency involved)

### 3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [REDACTED] date 04-14-2022 payable to Windstream Holdings Inc. the amount of \$15,233.47 payable from AR Dept. of Information Systems. 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 August 31, 2023.

4. Amount Sought: \$15,233.47

## 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 Windstream (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.

Roshan Patel

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

[Signature]  
Signature of Representative

### ACKNOWLEDGEMENT

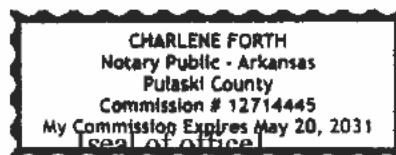
State of Arkansas

County of Pulaski

On this the 11<sup>th</sup> day of October, 2023, before me, the undersigned notary, personally appeared Roshan Patel 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.

Charlene Forth  
Signature of Notary Public



My Commission Expires: May 20, 2031

**From:** [SaBreana Hyche](#)  
**To:** [Claims Department](#)  
**Cc:** [Sabryna West](#)  
**Subject:** RE: - - - 185139 - Status of Outlawed Warrant- WINDSTREAM HOLDINGS INC (\$15,233.47)  
**Date:** Tuesday, October 31, 2023 11:16:00 AM

---

Mr. Christian,

This claim will go before the Commissioners November 9<sup>th</sup> of this year for an Order. This process will take longer than other reissued payments due to the amount. The amount is over \$15,000. Any claim that is over \$15,000 will have to go over to the General Assembly for the final approval of payment. That process alone will take months. We wait for the General Assembly to meet for approvals. I can only estimate that they will probably meet during the early months of next year. It could be sooner but we just don't know until we receive their notice.

Hope this answers your question regarding the payment status.

SaBreana

## SaBreana J. Hyche

Arkansas State Claims Commission  
Administrative Analyst  
101 East Capitol Ave., Suite 410  
Little Rock, AR 72201  
501-682-2819 (wk)  
[SaBreana.Hyche@arkansas.gov](mailto:SaBreana.Hyche@arkansas.gov)

---

**From:** Claims Department <[pra@expertmoneyfinders.com](mailto:pra@expertmoneyfinders.com)>  
**Sent:** Tuesday, October 31, 2023 10:55 AM  
**To:** SaBreana Hyche <[sabreana.hyche@arkansas.gov](mailto:sabreana.hyche@arkansas.gov)>  
**Cc:** Sabryna West <[swest@expertmoneyfinders.com](mailto:swest@expertmoneyfinders.com)>  
**Subject:** - - - 185139 - Status of Outlawed Warrant- WINDSTREAM HOLDINGS INC (\$15,233.47)  
**Importance:** High

You don't often get email from [pra@expertmoneyfinders.com](mailto:pra@expertmoneyfinders.com). [Learn why this is important](#)

### Via Email:

SaBreana Hyche  
Administrative Specialist II  
Arkansas Claims Commission

Dear Ms. Hyche, I hope you've been well.

Will you please let me know the status to reissue the following outlawed warrant? I would appreciate it.

Our File: [REDACTED]  
Agency No: [REDACTED]

Payee: WINDSTREAM HOLDINGS INC

Warrant No: [REDACTED]

Amount: \$15,233.47

Date: 4/14/2022

If a replacement warrant has been approved but not issued, may I please receive the approximate date it will issue?

If a replacement warrant has been issued, may I please receive the date issued and the check/warrant number?

If for some reason a replacement warrant is not eligible to be issued, may I please receive that information as well?

I look forward to hearing from you and thank you for your courtesies.

Sincerely,

**G. Harold Christian, Vice President Operations**

Payment Processing Services, LLC (dba Expert Money Finders)

129 Hanbury Rd W, Ste 203 | Chesapeake, VA 23322 | 757.389.8689 Ext. 101

*"May you be blessed by the Lord." Psalm 115:15*

GHC/sjw

**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**WINDSTREAM HOLDINGS, INC.**

**CLAIMANT**

**V.**

**CLAIM NO. 231582**

**ARKANSAS DEPARTMENT OF  
INFORMATION SYSTEMS**

**RESPONDENT**

**ORDER**

This claim was filed by Windstream Holdings, Inc. (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$15,233.47 payable from Arkansas Department of Information Systems.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$15,233.47 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  
Courtney Baird



ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION  
Paul Morris, Chair

DATE: November 8, 2023

**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).