EXHIBIT B.5

Arkansas State Claims Commission

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

MAR 0 1 2018

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

□ Mr.		Do Not Write in T	hese Spaces
ØMrs. □ Ms.		Claim No.	
Miss FLOSSIE L	_	Date Filed	
- rossie L	ane , Claimant		iy) (Year)
VS.		Amount of Claim S	
S		63	
State of Arkansas, Respondent		Fund	
	COMPLAIN	T	
Flossie have		-	Oscento
(Name)	the above named Claimant, of	(Street or R.F.D. & No.)	(City)
(State) (Zip Code) (Daytime Phone	563-8330 No.)	presented by	for Claim)
mf			. mva:
(Street and No.)	(City) (State) (Zip Cod	e) (Phone No.)	(Fax No.)
State agency tavelved: Dept. of C		Amount sought: 18,80	.33
Month, day, year and place of incident or service Explanation: Request for	s Sulgar differ	contict feder 1	ertification
date.	Salary Bille	ENTIAL ITOM	CHITICATION
As note of this complaint the claiment makes the sta	tements, and answers the following questions, as indic	stad: (1) Has claim been resented to any sta	admostment or officer thereoff
; when?	; to whom?		a separation of other thereof?
(Yes or No) (Month) (Da	y) (Year) and that the following action was taken thereon:	(Department)	
and that \$ was paid the	ereon: (2) Has any third person or corporation an int	erent in this claim?	; if so, state name and address
(Name)		(City) (State)	(Zip Code)
and that the nature thereof is as follows:		(0.00)	
	and was acquired on		, in the following manner:
THE UNDERSIGNED states on oath the	t he or she is familiar with the matters and thing	set forth in the above complaint, and	hat he or she verily believes
that they are time.	\mathcal{A}	/	2
(Print Claimant/Representative	Name)	(Signature of Claimant/Repr	esentative)
•	•	Caceola	HR
	WORN TO and subscribed before me at	(City)	(State)
(SEAT) NOTARY PUBLIC	on this 24th day of	ebruary (City)	(State)
(SEMississippi County, Arkansas	On this X 4 1 (Date)	(Month)	(Year)
My Commission Expires June 3, 2024	Made al	Sache	(ICU)
		(Notary Publ	ic)
SF1- R7/99	My Commission Expires:	06 03	2034
		(Month) (Day)	(Year)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

FLOSSIE LANE CLAIMANT

V.

CLAIM NO. 180686

ARKANSAS COMMUNITY CORRECTION

RESPONDENT

ORDER

This claim was filed by Flossie Lane against Arkansas Community Correction (the "Respondent") for salary due in the amount of \$18,831.33.

The Respondent filed an answer on March 13, 2018, admitting liability in the amount of \$18,831.33.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$18,831.33, as recommended by Respondent, and refers this claim to the General Assembly for review and placement on an appropriations bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.

Lewy C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth Henry Kinslow, Co-Chair Bill Lancaster Sylvester Smith Mica Strother, Co-Chair

DATE: April 23, 2018

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(b). 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(b)(3). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a).
- (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(b). 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).