# **EXHIBIT B.6**

# Arkansas State Claims Commission

FEB 2 6 20'     FEB 2 6 20'     BEFORE THE STATE CLAIMS COMMISSION Of the State of Artansas     Dec File Claims     Dec File Claims     Dec File Claims     Dec File Claims     Viet.     Dec File Claims     Dec File Claims     Dec File Claims     Dec File Claims     Viet.     Dec File Claims     Viet.     State of Artansas. Respondent     CO M PL A IN T     One of Viet. In The max     Co M PL A IN T     Co M PL A IN T     Co M PL A IN T     One of Viet. Set on a max     (New of No. No. Compt of MelloSki     (New of No. No. Compt of MelloSki     (New of No. Compt of MelloSki     (State of No. Compt of MelloSki	8	Please Read Instructions on Reverse Side of	of Yellow copy		A 2040
Of the State of Arkansas     RECEIVEL     Matrix     Do Not Write in These Spaces     Clam No     Do Not Write in These Spaces     Vs.     State of Arkansas, Respondent     CO M PLAINT     Date Field     (Amount of Claims 1     Provide the above same Claimant of HTS DOG ever (Amount of Claims 1     (Name)     (Com M PLAINT     CO M PLAINT     (State of Arkansas, Respondent     CO M PLAINT     (State of Arkansas)     (Nume)     (County of Pulloski     (County of Pulloski     (County of Claim Claim State of The Not)     (County of Claim Claim State of Instant or service:     (County of Claim Claim State of Instant or service:     Answard sengte: 1 3 6 20.00     Month day, rear and above of Instant or service:     (Construct or order:     Approx of this compliant, the dismant, and surver to folloring genestice, a sindected: (1) Ra claim here presented by: <th></th> <th>Please print in ink or type</th> <th></th> <th>FEB Z</th> <th>0 2010</th>		Please print in ink or type		FEB Z	0 2010
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vs.   Anoant of Clam 5     State of Arkansas, Respondent   Find     Destry M. Tho mass   the above samed Cadmant, of     Markansas, Respondent   (State or R D & No.)     Arkansas, The Darge V. (Aree Liftle     Arkansas, The Darge V. (Aree Liftle     Arkansas, The Darge V. (Aree Liftle     Arkansas, The Darge V. (Caree Liftle     (State)   (Zep Code)     (Res No.)   (Cep)     (State)   (Zep Code)     (Parts of this complexit, the claimst makes the attemate, and curvers the following questions, is indicated: (1) Ha claim been presented to any state department or offloor	Miss Sherry	M. Thonas Claimant		(onth) (Dav) (Year)	
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	(Name) ArKanses Tax (State) (Zip Code) (Day of(Struct and No.) State agency lavolved: Month, day, year and place of incider	the normal the above assured Chatmann, of (SOK) the above assured Chatmann, of SOK) the above assured Chatmann, of SOK) $SOK$ $PU   OSK'$ re time Phone No.) Cap Hal SH. (City) (State) (Zip Cod at or service:	(Street or R.F.D. (Street or R.F.D. (Legal (Col) (Phone No. Amount sought:	& No.) (City) Counsel. if any, for Claim (6 & 2 - 2 & 2 - 2 (Fax No.) 5 6 2 0 . 0	Says:
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code) and that the nature thereof is as follows:					
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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	(Yes or No) (Moni and that \$ (Name)	; to whom? (Day) (Year) and that the following action was taken thereon: was paid thereon: (2) Has any third person or corporation an in (Street or R.F.D. & No.)	(De terost in this claim?	pertment) ; if so, state name en (State) (Zip Code)	nd address

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# BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

# SHERRY M. THOMAS

CLAIMANT

V.

CLAIM NO. 180668

## ARKANSAS COMMUNITY CORRECTION

RESPONDENT

### ORDER

This claim was filed by Sherry M. Thomas against Arkansas Community Correction (the "Respondent") for salary due in the amount of \$15,620.00.

The Respondent filed an answer on March 13, 2018, admitting liability in the amount of \$15,620.92.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$15,620.92, 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.

Gewy 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).