EXHIBIT B.1

Please Read Instructions on Reverse Side of Yellow copy

State Claims Commission

Please print in ink or type

MAR 20 2017

BEFORE THE STATE CLAIMS COMMISSIONOf the State of Arkansas

RECEIVED

⊙ Mr.	Do Not Write in These Spaces
□ Mrs.	Claim No. 17-0594-CC
☐ Ms. ☐ Miss Denise M. Bankston	
, Claimant	Date Filed March 20, 2017 (Month) (Day) (Year)
	Amount of Claim \$_\$21,810.00
· YS.	DFA/RD
State of Arkansas, Respondent	Fund
AR Dept. of Finance & Administration COMPLAINT	Reissuance of Warrant (Check) 1510288925
Denise M. Bankston the above named Claimant, of	
(Name)	(Street or R.F.D. & No.) (City)
(State) (Zip Code) (Daytime Phone No.)	(Legal Counsel, if any, for Claim)
	the first of the first of the control of the contro
of(Street and No.) (City) (State) (Zip Code)	(Phone No.) (Fax No.)
State agency involved: Amou	nnt sanght
Month, day, year and place of incident or service:	
Explanation:	
This claim is being filed for the reignones of warment #151	0299025 dated Name - 20
This claim is being filed for the reissuance of warrant #1510	
2014, payable to Denise M. Bankston in the amount of \$21	
of Finance & Administration/Revenue Division. This wa	
state treasurer for redemption during the legal redemption p	eriod
Y/	1/\``/
Warrant or necessary papers for reissuing lost warrant(s)/ch	eck(s) is/are attached to and
made a part of this complaint.	
Completed paperwork for reissuance of this warrant was rec	ecived in this office on January
18, 2017.	
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 because
As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated. (1	files cauti been presented to any same department or office diented
(Yes or No) (Month) (Day) (Year)	(Department)
: and that the following action was taken thereon:	
	this claim? ; if so, state name and address
and that S 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 manne
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set for	orth in the above complaint, and that he or she verily believe
that they are true.	K 1-15
Denise M. Bankston Melneye	1. Wurston
(Print Claimant/Representative Name)	(Signature of Claimant/Representative)
SWORN TO and subscribed before me at	armack texas
KEVIN SCHMIDT	(City) (State)
Notary ID # 128994285 P 3 7#	Danuary . 2017
My Commission Expires In this 30 day of	
May 18-2000 (Date)	(Month) (Year)
128994285	h'
TV C 1940 SHIRT APIRES	(Notary Public)
S A 970 My Commission Expires: May	18 2020
	nth) (Day) (Year

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

2013

Part I

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

¢682-7289	9 `		
Agency a	ddress: P.O.	Box 3628, Little Rock, Arkansas, 722	203
Reflect th	at DENISE M	BANKSTON,	
		Payee/Payees	
]	\ddroos	City	
Payee's A	address	, was/were issu	ed
	State	Zip Code	
State Wa	rrant number	<u>1510288925</u> , dated <u>30-Nov-2014</u>	Arkansas State Claims Commission
n the am	ount of \$ <u>21,8</u>	310.00 the same being in payment	JAN 0 5 2017
of Vouch	er No. <u>n/a</u>	, Agency No. 0630,	RECEIVED
Appropriation No. 236, Character Code 14, Fund Code TGI,			
Social Se	ecurity No. 💻	or	
f corpora	ation-Federal	Tax ID No	
Also, ple Cost Cen	ase furnish ye ter Group <u>39</u>	our current Business Area <u>FA08</u> , Fu 7207 & Fund Center <u>TGI</u>	nd Code <u>TGI</u> ,
		Cynthia Pass Agency Disbursing Officer's Full Name (
Part II		STATEMENT OF FORGERY (FORGED WARRANTS ONLY)	
I/We		, state that:	
1	l. I/we receive	d 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. I/we have no	knowledge of the whereabouts of the w	arrant or of any other
	Person havi	ng received, cashed or endorsed the war	rrant.

5. When this warrant was cashed, the endorsement was a forgery.

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

DENISE M. BANKSTON

CLAIMANT

VS

CLAIM NO. 17-0594-CC

DEPARTMENT OF FINANCE AND ANDMINISTRATION—REVENUE DIVISION

RESPONDENT

ORDER

This claim was filed by Denise Bankston requesting reissuance of outdated warrant No. 1510288925 in the amount of \$21,810.00 (the "Warrant"). The Warrant is still outstanding, and no duplicate has been issued.

The Respondent filed an Answer on March 6, 2017, admitting liability in the amount of \$21,810.00.

The Claims Commission hereby unanimously allows this claim in the amount of \$21,810.00 and will include the claim in a claims bill to the 91st General Assembly, Arkansas State Legislature, for subsequent approval and payment.

IT IS SO ORDERED.

ARKANSAS STATE CLAIMS COMMISSION

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

Mia Stusten

DATE: April 13, 2017