# **EXHIBIT B.4**

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

## BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

□ Mrs.		1 =	Do Not Write in	THESE SPACES
□ Ms.			Daint No. 1005	
□ Miss			1805	25
ARVAC.	Inc. , c	laimant L	One Filed (Molth2 / 2)	9/207年
YS.			mount of Claim \$37	,671.74
State of Arkansas, Respondent		F	Unpaid	
	COMP	LAINT		<del></del>
ARVAC Inc		SERVICE TO A SERVICE OF SERVICE SERVIC		
ARVAC, Inc. (Name)	the above named Claimant,	of 613 N 51	h. St. trood or R.F.D. & No.)	Dardanel
AR 72834 479 (State) (Zip Code) (Daylime	1-229-4861 County of Yell Phone No.)	represented	by(Légal Counsel, if any	for Claim)
(Street and No.)	(City) (State)			, say
	(City) (Strate) ity Distribution Office DHS-	(Zip Code)	(Phone No.)	(Fax No.)
Month, day, year and place of incident or	service: June September 20	U.C. Camera dia	ought: 537.671	./4
	June-September 20			od Program (CSF
ARVAC, Inc. provided se	rvices under subgrantee status for the 1047.80), July 2017 (\$8153), Augus	he CSFP program	and has been denied	
September 2017 (\$13,196,96).	047.50), July 2017 (58153), Augus	(2017 (\$8,273.98	), and	
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As parts of this complaint, the claimant makes No; when?	the statements, and answers the following questio	we we believed (1517a)		
(Yes or No) (Month)		ma, as ministred: (1) rius	claim been presented to any sta	te department or officer thereof
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· · · · · · · · · · · · · · · · · · ·	; to whom?	N/A	(Department)	te department or officer thereof
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### BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ARVAC, INC.

**CLAIMANT** 

V.

**CLAIM NO. 180525** 

ARKANSAS DEPARTMENT OF HUMAN SERVICES-DIVISION OF COUNTY OPERATIONS

RESPONDENT

#### **ORDER**

This claim was filed by ARVAC, Inc. on December 20, 2017, against Arkansas Department of Human Services-Division of County Operations (the "Respondent") for unpaid bills in the total amount of \$37,671.74.

The Respondent filed an answer on December 21, 2017, admitting liability in the amount of \$37,671.74.

The Arkansas State Claims Commission (the "Claims Commission") unanimously allows this claim in the amount of \$37,671.74, 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: December 28, 2017

#### 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).