

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

Hurst	Rebecca	rhurst@smithhurst.com		
(last name)	(first name)	(email)		
5100 West JB Hunt Drive, Suite 90	Rogers	AR	72758	(479) 301-2444
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: 2006127 *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

2. Claimant

Clear Energy Solutions, LLC	sgreen@clarenergy.com			
(title/last name/first name or company)	(email)			
P.O. Box 9118	Fayetteville	AR	72703	(479) 263-0465
(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 Rehabilitation Services

(state agency involved)

4. Incident Date

12/23/2019

5. Claim Type

Unpaid Bill

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

The claim is for an unpaid invoice for an investment grade performed at the Arkansas Career Training Institute facility in Hot Springs. Our company was selected by Arkansas Rehabilitation Services to perform this audit through the Arkansas Energy Performance Contracting Program (\AEPC\) administered by the Arkansas Energy Office division of the Arkansas Department of Environmental Quality. The invoice amount was determined by multiplying the square feet of building space audited by the audit cost rate per square foot that is approved by the AEPC. The audit was performed by Clear Energy Solutions, LLC, which is owned 100% by me.

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 in place at the time of the incident.

I do not have health insurance

8. Amount Sought: \$77,961.06 _____

(Signature)

(Date)

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CLEAR ENERGY SOLUTIONS, LLC

CLAIMANT

V.

CLAIM NO. 201030

**ARKANSAS REHABILITATION
SERVICES**

RESPONDENT

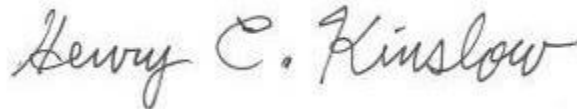
ORDER

This claim was filed by Clear Energy Solutions, LLC (the “Claimant”) against Arkansas Rehabilitation Services (the “Respondent”) for an unpaid bill in the amount of \$77,961.06.

Respondent filed an answer on June 11, 2020, admitting liability in full.

As such, the Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$77,961.06 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.



ARKANSAS STATE CLAIMS COMMISSION

Courtney Baird
Dexter Booth
Henry Kinslow, Co-Chair
Paul Morris, Co-Chair
Sylvester Smith

DATE: June 11, 2020

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).