Please print in ink or type

APR 2 2 2013

ARKANSAS STATE CLAIMS COMMISSION

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

□ Mr.				De	Not Write in The	e Spaces
□ Mrs. □ Ms.				es difference	Not Write in These Spaces	
□ Miss					13-0734-C	
Ci	ty Corporation		, Claimant	Date Filed_	April 22, (Month) (Day)	2013 (Yest)
VS.				Amount of C	Jaim S	
State of Arka	nsas, Respondent			Pund	\$22,77	
			2			
AR High	iway Dept.		COMPLAIN	N T Reissu	ance of Warran 810378645	t (Check)
Ci	ty Corporation	, the above name	d Claimant, of	(Street or R.F	.D. & No.)	(City)
4 5		County of		represented by		
(State)	(Zip Code) (Daytime	Phone No.)		(Le	gal Counsel, if any, for	Claim)
of(Stre	et and No.)	(City)	(State) (Zip Co	de) (Phone 1	No.)	(Fax No.)
State agency in	rotved: Ark. Hah	way & Fransport				(rax No.)
	r and place of incident or		MIGHT POPT.	Amount sought:	102, 114,0	<u> </u>
Explanation:	n, error funcs of microlatit O.L.	service:				
ээрининги	This claim is be	ing filed for the reiss	ance of warrant	#810378645. d	ated 01/22/08	navable
	to City Corpora	ation in the amount o	f \$22,779.35, par	vable from the	AR Highway	
	Department. T	his warrant was not p	resented to the s	tate treasurer fo	r redemption d	uring
	the legal redemp	otion period.				
	Warrant or nece	ssary papers for reiss	iing lost warrant	(s) (checks) is/s	re attached to a	md
 	made a part of the	ns complaint.		 		
	Commissed mana		0.11			
*	April 17, 2013	rwork for reissuance	of this warrant w	as received in t	his office on	

				-		
Asparts of this or		the statements, and answers the fo	llowing questions, as indic	ated; (1) Has claim been	presented to any state de	partment or officer thereof
(Yes or No)	; when?(Month)	(Day) (Year)	vhom?		Department)	
		and that the following action	m was taken thereon:	(2	charmen's	
1 4 . 4						
and that S	Was	paid thereon: (2) Has any third p	arson or corporation an in	terest in this claim?	;if:	o, state name and address
	(Name)	(Street or R.F.	D. & No.)	(City)	(State)	(Zip Code)
mdthat the nature	thereof is as follows:	<u> </u>				(Esp code)
		; and was a	quired on			_, in the following manner
THE TIME	PREICHEN					·····
hat they are tru		th that he or she is familiar wi	It the matters and thing	a set forth in the abov	e completet, and that	he or she verily believe
am disy site du	Hone Pe	nman		4	1	
(Prin	t Claimant/Represents	itive Name)		(Signature of	Claimant/Represe	ntative)
		Wildows To		0 11		40
		SWORN TO and subscri	Deci octore me at	Russelly		AT
	*				(City)	(State)
(SEAL)		on this 2	3 thday of	A _r	inil	2013
			(Date) Asc	mon no	(Month)	(Year)
		-	A.	nally		6-14
971 P700			1		(Notary Public)	
8F1- R7/99	*	My Commission Ex	pires: Ap.	n/	26	2013
				(Month)	(Day)	(Year

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 4/25/2012

Warrant:

810378645

Name of Payee:

City Corporation

Amount:

\$22,779.35

Upon checking with Pat of AOS/Data Processing Division, I was informed that this warrant was still outstanding and no duplicate warrant had been issued. We also checked our (Claims Commission) records to verify that there has been no reissuance by this office and there was none.

Jenna Hale

ARKA SAS STATE CLAIMS COMM. SION 101 EAST CAPITOL AVENUE, SUITE 410 LITTLE ROCK, AR 72201-3823 Phone #501-682-1619 – Fax #501-682-2823

NOTICE OF LOST OUTDATED WARRANT(S)

Part I	.v					
The records of the <u>S</u> T	'ATE HIGHWAY & TRA	NSPORTATION DEPT of A	rkansas, Phone <u>501-569-2506</u>			
	Agen					
Agency Address	P O BOX 2261,	261, LITTLE ROCK, AR 72203-2261				
	TITLE CORPORATE					
Reflect that			•			
D O DOV 2106		Payee/Payees	CENT E STEET E EN			
P.O. BOX 3186 Payee's Add		, RUSSELLVILLE ,				
AR	ress	City 72811-3186, was/were issued				
State State		ZIP Code				
, , , , , , , , , , , , , , , , , , ,		ZII Couc				
State Warrant numb	er 810378645	, dated	1/22/08 ,			
in the amount of <u>\$22</u>	.779.35		, the same being in			
payment	77700		, the same being in			
of Voucher No.	43087	, Agency No	. 0090			
Appropriation No.	182_	, Character Code	02 ,			
Fund Code	RRA0000	, Social Security No.				
		ess Area <u>0090</u> Fund				
Cost Center 145	Mai & 1	Fund Center 182				
Cost Conten 1430		# -				
	LeAnn Ed	monson				
	Agency Disbursing	Officer's Full Name (please	print)			
	20.	Edmon				
						
	Agency Disb	ursing Officer's Signature				
Part II	STATEME	NT OF FORGE	RY			
		WARRANTS ONLY)				
I/We		, state that:				
1. I/we receiv	ed and lost.					
	ot receive, endorse no	r cash				
100		authorized another person to sign my/our name(s) to				
the warra		er person to sign my/our i	name(s) to			
4. I/we have 1	4. I/we have no knowledge of the whereabouts of the warrant or of any other					
		or endorsed the warrant.				
		the endorsement was a fo				

STATE CLAIMS COMMISSION DOCKET OPINION

Amount of Claim \$	Claim No13-0734-CC
	Attorneys
City Corporation	Pro se
vs. Claimant	Claimant
AR State Highway and Transportation Department	LeAnn Edmonson, Disbursing Officer
State of Arkansas Respondent	Respondent
Date FiledApril 22, 2013	Reissuance of warrant
	Type of Claim
FINDING O	FFACTS
This claim was filed for reissuance of warrant #81 still outstanding and no duplicate has been issued.	03788645 dated January 22, 2008. Warrant is
The Claims Commission hereby unanimously all and will include the claim in a claims bill to the Legislature 2014, for subsequent approval and	89" General Assembly Arkonsos State
IT IS SO ORDERED.	
II IS SO VILLERIA.	
	* . *
(See Back of Op	pinion Form)
CONCLL	JSION
Upon consideration of all the facts, as stated above unanimously allowed this claim in the amount of in a claims bill to be submitted to the 89 th Gene 2014 for subsequent approval and payment.	of \$22,779.35 and will include the claim
Date of Hearing May 16, 2013	
Date of DispositionMay 16, 2013	Luka Mays
	Ba Amar Chairman
	Commissioner
	Commissioner