

Arkansas
State Claims Commission
SEP 15 2014

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Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

CeQuel Communications
(Sudden Link Communications) Claimant

vs.

State of Arkansas, Respondent
Highway Dept.

Do Not Write in These Spaces		
Claim No.	15-0240-CC	
Date Filed	September 15, 2014 (Month) (Day) (Year)	
Amount of Claim \$	\$23,877.46	
Fund	AHTD	
Reissuance of Warrant (Check) 1210998911		

COMPLAINT

CeQuel Communications
(Sudden Link Communications) the above named Claimant, of 520 Maryville Centre Dr, Creve Coeur, MO 63141
(Street or R.F.D. & No.) (City)

County of _____ represented by _____
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)
of _____ says:
(Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.)

State agency involved: _____ Amount sought: _____
Month, day, year and place of incident or service: _____

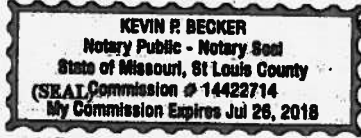
Explanation:
This claim is being filed for the reissuance of warrant #1210998911, dated 04/13/12, payable to CeQuel Communications LLC (Sudden Link Communications) in the amount of \$23,877.46, payable from the AR Highway Dept. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s) (checks) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on September 2, 2014.

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 thereof? (Yes or No) ; when? (Month) (Day) (Year) ; to whom? (Department) and that the following action was taken thereon:
and that \$ _____ 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 manner:

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 that they are true.
Ralph G. Kelly, Treasurer
(Print Claimant/Representative Name) Signature of Claimant/Representative



SWORN TO and subscribed before me at St. Louis MO
on this 4 day of September 2014
(Date) (Month) (Year)
Kevin P. Becker
(Notary Public)
My Commission Expires: July 26 2018
(Month) (Day) (Year)

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NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the State Highway & Transportation Department of Arkansas, Phone 501-569-2506

Agency

Agency Address P.O. Box 2261, Little Rock, AR 72203-2261

Reflect that CeQuel Communications LLC (Sudden Link Communications),

Payee/Payees

520 Maryville Centre Dr., Creve Coeur,

Payee's Address

City

MO, 63141, was/were issued

State

Zip Code

State Warrant number 1210998911, dated 04/13/2012,

in the amount of \$23,877.46, the same being in payment

of Voucher No. 44443, Agency No. 0090,

Appropriation No. 182, Character Code 11,

Fund Code RRA0000, Social Security No. _____, or

if corporation-Federal Tax ID No. _____.

Also, please furnish your current Business Area 0090 Fund
Code RRA0000 Cost Center Group 145041 & Fund
Center 182

LeAnn Edmonson

Agency Disbursing Officer's Full Name (please print)

LeAnn Edmonson

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We _____, state that:

- _____ 1. I/we received 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/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
- _____ 5. When this warrant was cashed, the endorsement was a forgery.

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AFFIDAVIT OF FORGED WARRANT

5/27/14

DFA

JUN 04 2014

The records of the State Highway & Transportation Department of Arkansas

reflect that CeQuel Communications LLC (SuddenLink Communication) **OFFICE OF ACCOUNTING**

FY 2012-1210998911

Dated 04/17/2014

in the amount of \$ 23,877.46

Correct Fiscal Year and Number

same being in payment of

<u>0090</u>	<u>145041</u>	<u>502 00 02</u>	<u>RRA0000</u>
Agency #	Fund Center	Commitment Item	Fund

_____	_____	_____
Social Security #/Fed ID #	Gross Pay	Withholding

Address – Payroll Only _____

_____	<u>DeAnn Edmonson</u>
Daytime Telephone	Disbursing Officer

I/We CeQuel Communications LLC (SuddenLink)

state that:
Payee (s)

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State Claims Commission
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CHECK APPROPRIATELY – ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received cashed or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

[Signature]
Payee Signature

X _____
Payee Signature

520 Maryville Centre Drive
Address

Creve Coeur, MO 63141

City, State, Zip Cod

City, State, Zip Code

Daytime Telephone _____

Daytime _____

ON THIS THE 27th DAY OF May, 2014, before me personally appeared JAMES B. FOX to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.



GALE A. VOSS
My Commission Expires
February 1, 2016
St. Charles County
Commission #1249292

[Signature]
NOTARY PUBLIC St. Louis MO
County State
My commission expires 02/01/2016

State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued 1210998911 Amount \$23,877.46
Paying State Agency Arkansas State Hwy & Phone 501-569-2255
Agency Contact Melvie Rippond

Know by all men by these presents that we the undersigned,
CeQuel Communications LLC Sudden Link as payee(s) and

Kim Wooldridge as his surety, are held and
firmly bound unto the State of Arkansas in the sum of:
\$47,754.92 (amount must be double the sum of the warrant)
The condition of this obligation is that the said payee,

Arkansas State Claims Commission
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Jim Fox
has (check one):

lost XX failed to receive stolen
a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 27th day of
First Payee Name: Signature:

Handwritten signature of Kim Wooldridge with date 20 2014

Jim Fox

First Payee Taxpayer Identification Number (SSN or Federal ID):

Second Payee Name: Signature:

Second Payee Taxpayer Identification Number (SSN or Federal ID):

Payee Mailing Address 520 Maryville Centre Dr. Creve Coeur, Mo 63141
Payee Phone Number (314)315-9342

Surety must be 18 years of age or older and must be someone other than the payee(s)

Surety Mailing Address 520 Maryville Centre Dr. Creve Coeur, Mo 63141
Surety Phone Number (314)315-9343

Surety Name Kim Wooldridge
Surety Signature [Handwritten Signature]

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this 27th day of May, 2014

Notary Public Signature [Handwritten Signature]

My Commission Expires GALE A. VOSS day of February 1, 2016



St. Charles County Commission #12489202
4

ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 9/2/2014

Warrant: 1210998911

Name of Payee: CeQuel Communications

Amount: \$23877.46

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.

JH

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 23,877.46

Claim No. 15-0240-CC

CeQuel Communications
(Sudden Link Communications) Claimant

Attorneys
Pro se Claimant

AR Highway & Transportation Department
State of Arkansas Respondent

LeAnn Edmonson, Disbursing Officer
Respondent

Date Filed September 15, 2014

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed for reissuance of warrant #1210998911 dated April 13, 2012. Warrant is still outstanding and no duplicate has been issued.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby unanimously allows this claim in the amount of \$23,877.46 and will include the claim in a claims bill to the 90th General Assembly, Arkansas State Legislature 2015, for subsequent approval and payment.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission hereby unanimously allowed this claim in the amount of \$23,877.46 and will include the claim in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.

Date of Hearing October 15, 2014

Date of Disposition October 15, 2014

[Signature] Chairman
[Signature] Commissioner
[Signature] Commissioner