

2015

Arkansas
State Claims Commission

JAN 29 2022

ARKANSAS STATE CLAIMS COMMISSION
Phone (501) 682-1619 – Fax (501) 682-2823
NOTICE OF LOST OUTDATED WARRANT(S)

RECEIVED

The records of the Department of Department of Finance & Administration,Phone Number 501-682-4775.Agency address: 1816 W. 7th Street, Room 2250, Little Rock, AR 72201Reflect that Biomat USA, Inc.**Payee/Payees**2410 Lillyvale Avenue Los Angeles
Payee's Address **City**CA 90032-3514
State **Zip Code**State Warrant number [REDACTED], dated 10/26/2020,in the amount of \$15,649.00 the same being in payment of Voucher No. [REDACTED]Agency No. [REDACTED].Appropriation No. [REDACTED], Character Code [REDACTED], Fund Code [REDACTED],
or if corporation-Federal Tax ID No. [REDACTED].Also, please furnish your current Business Area [REDACTED],Fund Code [REDACTED], Cost Center Group [REDACTED] & Fund Center [REDACTED].Scott D. Fryer
Agency Disbursing Officer's Full Name (Please Print)Scott Fryer
Agency Disbursing Officer's Signature

AFFIDAVIT OF FORGED WARRANT

The records of the CORPORATE INCOME TAX SECTION of Arkansas reflect that
Agency

BIOMAT USA, INC. was issued Warrant number [REDACTED]
Payee(s) Warrant Number

Dated 10/2020 in the amount of \$ 15,649.00, the same being in payment of
Fiscal Year Warrant Amount

[REDACTED]
Invoice # Agency # Fund Center Commitment Item Fund

[REDACTED] \$0.00 \$0.00
Federal Identification # Gross Pay Withholding

Address- Payroll Only
501-682-4775
Daytime Telephone #

[Signature]
Disbursing Officer

I/We, BIOMAT USA, INC., state that:

Payee (s)

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.

By: [Signature]
Payee Signature Wesley Shimoda, VP Tax North America
2410 Lillyvale Ave
Address
Los Angeles, CA 90032
City, State, Zip Code

Payee Signature
Address
City, State, Zip Code

Daytime Telephone # 323-405-0563

Daytime Telephone # _____

ON THIS THE _____ DAY OF _____, 20____, before me personally appeared _____ 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.

*See Attached California Jurat

NOTARY PUBLIC

County _____ State _____
My commission expires _____

(SEAL)

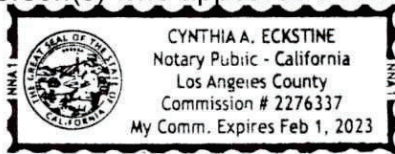
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles


Subscribed and sworn to (or affirmed) before me on this _____
day of November 16, 2021, by WESLEY SHIMODA

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature


Cynthia A. Eckstine, Notary Public
Commission #2276337, Exp. 2/1/23

State of Arkansas**Bond for Reissuing Warrant**

Warrant Number to be Reissued



Amount \$15,649.00

Paying State Agency CORPORATE INCOME TAX

Phone (501) 682-4775

Agency Contact SECTION
jarett lamb

Know by all men by these presents that we the undersigned, BIOMAT USA, INC.

as payee(s) and _____ as the surety are held and

firmly bound unto the State of Arkansas in the sum of:

\$31,298.00 (amount must be double the sum of the warrant)

The condition of this obligation is that the said payee, BIOMAT USA, INC.

has (check one): ☒ lost _____ failed to receive _____ stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this _____ day of _____, 20____

First Payee Name:

Signature:

BIOMAT USA, INC.

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 2410 Lillyvale Ave Los
Angeles, CA 90032Payee
Phone Number (323) 405-0563**Surety must be 18 years of age or older and must be someone other than the payee(s) and not the person notarizing the form**Surety
Mailing Address 2410 Lillyvale Ave
Los Angeles, CA 90232Surety
Phone Number (323) 405-0563Surety
Name Wesley T. Shimoda
(Printed or Typed Name)Surety
Signature

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

Subscribed and sworn before this _____ day of _____, 20____

(SEAL)

Notary Public Signature

My Commission Expires

_____ day of _____, 20____



STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
Corporation Income Tax Section
1816 W 7TH ST, # 2250, LITTLE ROCK, AR 72203-0000

November 01, 2021

Corporation Income Tax

BIOMAT USA INC
2410 LILLYVALE AVE
LOS ANGELES CA 90032-3514

Letter ID: [REDACTED]
Account ID: [REDACTED]
Period Ending: December 31, 2019

RE: WARRANT REPLACEMENT

DEAR BIOMAT USA, INC.:

This letter is in regard to your request for the Department of Finance and Administration (DFA) to reissue the warrant (refund check) that you have lost or not received concerning: warrant #: [REDACTED] issued 10/26/2020 in the amount of \$15,649.00.

Attached is the Affidavit of Forged Warrant. The form must be completed in order for DFA to reissue the warrant. Please provide a daytime telephone number, complete the bottom half of the form, and have it notarized. **Return the original notarized copy to:**

CORPORATE INCOME TAX SECTION
P.O. BOX 919, LITTLE ROCK, AR 72203-0919

Also, you must complete the attached form, Bond for Reissuing Warrant. Please have it notarized as well and return it to the above address. Surety Information must be completed on the Bond. The surety can be provided by any person age 18 or older, who is not the payee on the check, and not the person notarizing the form.

If you have questions, please contact a customer service representative at (501) 682-4775. Provide your Account ID and Letter ID shown above when you call or write about this letter.

Sincerely,

jarett lamb
DFA Division Manager I

Vendor
Company Code

Name
City

DFA-REV NON FOI TAX PYMTS USE ONLY
LITTLE ROCK

St	Assignment	DocumentNo	Type	Doc. Date	S	DD	Amount in local cur.	LCurr	Cling doc.	Text	Branch
<input type="checkbox"/>				10/26/2020			15,649.00	USD			
<input type="checkbox"/>				10/26/2020			15,649.00-	USD		CORPORATION INCOME - 501-682-4775	
*							0.00	USD			
** Account							0.00	USD			

Vendor *
Company Code *

Name *
City *

St	Assignment	DocumentNo	Type	Doc. Date	S	DD	Amount in local cur.	LCurr	Clrng doc.	Text	Branch
***							0.00	USD			

Doc-Type : ZF (Payment Posting) Normal Document

Doc. Number Company Code Fiscal Year 2021

Doc. Date 10/26/2020 Posting Date 10/26/2020 Period 04

Calculate TOL ☐

Doc. Currency USD

Payment Run ID 10/26/2020 - N08H

Item	PK	Account	Account short text	BusA	Cost Ctr	Fund	Amount	Funds Text	Clring doc.	was element	Order	Chmt Item	Purch.Doc.	Tr. Grant
1							15,649.00							
2							15,649.00							
*							0.00							

Check Edit Goto Extras Environment System Help

Display Check Information

Check recipient: Check issuer: Accompanying docs: Payment document

Paying company code: Payment document no:

Bank details

House Bank: Bank Key:
Account ID: Bank Account:
Bank name:
City:

Check information

Check number: Currency: USD
Payment date: 10/26/2020 Amount paid: 15,649.00
Check encashment: Cash discount amount: 0.00

Check recipient

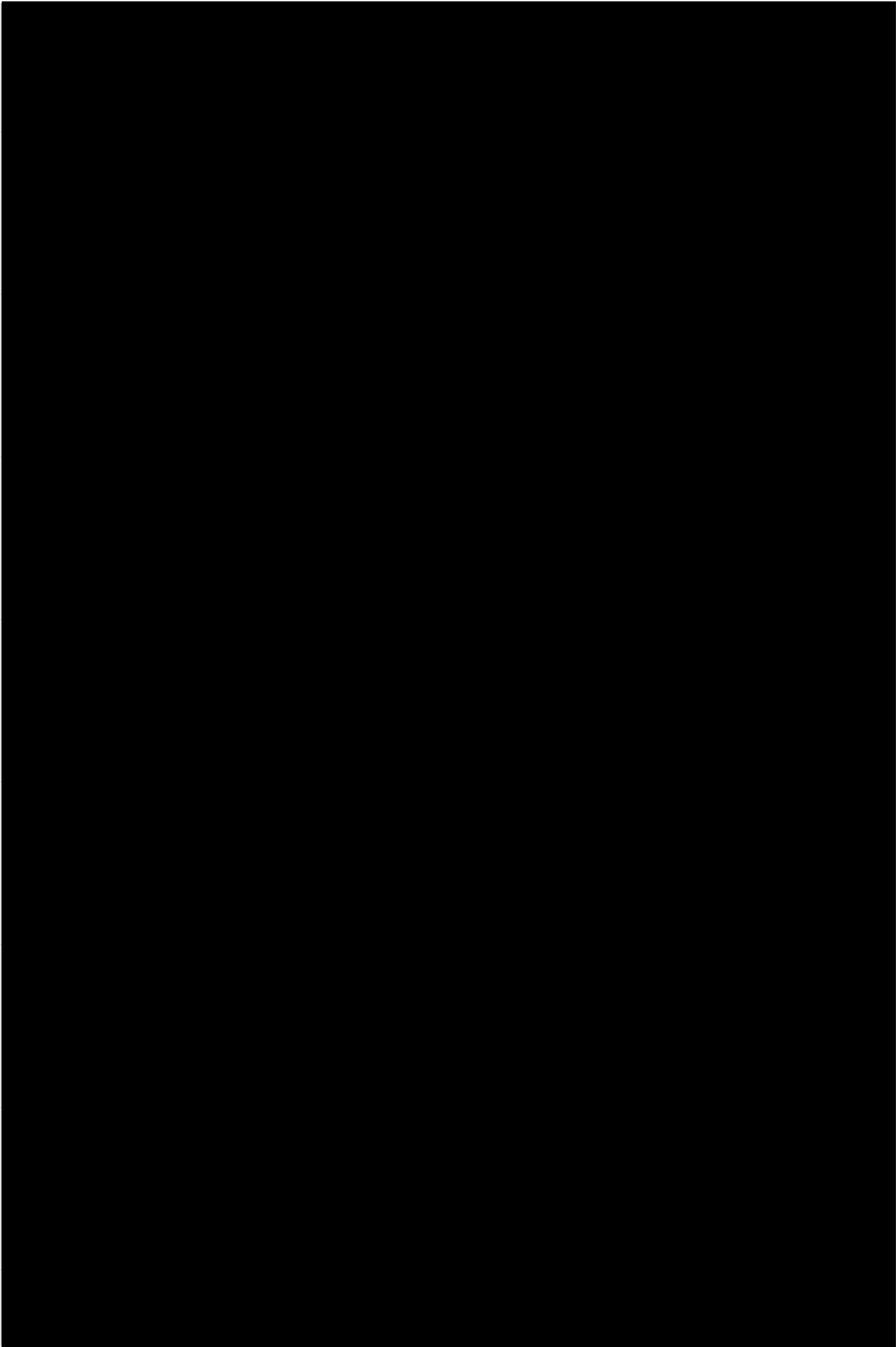
Name: BIOMAT USA, INC.
City: LOS ANGELES
Payee's country: US
Regional code: CA

Prints window contents

SAP

Agency	Warrant	Payment Method	Fiscal Year	Print Date	Posting Date	Payment	Reference	Vendor	Vendor Name
				10/26/2020	10/26/2020				BIOMAT USA, INC.

Commitment Item	Warrant Amount	Invoice Amount	Line Amount	Void Reason Code	Void Date	Encashment Date
	15,649.00	15,649.00	15,649.00 00			
	15,649.00	15,649.00	15,649.00			



**ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants**

Date: 02/17/2022

Warrant: [REDACTED]

Name of Payee: Biomat USA, Inc.

Amount: \$15,649.00

Upon checking with Hunter of AOS/Data Processing Division, I was informed that this warrant was voided, 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.

CM

ARKANSAS STATE CLAIMS COMMISSION

(501) 682-1619
FAX (501) 682-2823



KATHRYN IRBY
DIRECTOR

101 EAST CAPITOL AVENUE
SUITE 410
LITTLE ROCK, ARKANSAS
72201-3823

April 11, 2022

Biomat USA, Inc.
2410 Lillyvale Avenue
Los Angeles, California 90032-3514

RE: **Claim No. 221173** – Reissuance of Check No. [REDACTED]

To Whom It May Concern,

The Claims Commission received notification from the Arkansas Department of Finance and Administration that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

It generally takes six to eight weeks for a new check to be reissued once we receive the enclosed form.

If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure

From: [ASCC New Claims](#)
To: [Jarett Lamb](#)
Subject: Biomat USA, Inc., Claim No. 221173
Date: Wednesday, November 29, 2023 12:09:00 PM
Attachments: [Biomat USA, Inc. Complaint.pdf](#)

Dear Mr. Lamb,

Per our conversation, please see attached.

Thank you,
Caitlin

Caitlin McDaniel

Administrative Specialist II

Arkansas State Claims Commission

101 East Capitol Avenue, Suite 410

Little Rock, Arkansas 72201

(501) 682-1619

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

COMPLAINT

1. Claimant

Biomat USA, Inc.

(title/last name/first name)	(email)			
2410 Lillyvale Avenue	Los Angeles	CA	90032	
(address)	(city)	(state)	(zip)	(primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant [REDACTED] dated 10-26-20 payable to Biomat USA, Inc. in the amount of \$15,649.00 payable from the Arkansas Department of Finance and Administration. 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)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on January 29, 2022.

4. Amount Sought: \$15,649.00

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by _____ (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Name of Representative of Business Entity
(must be printed legibly)

Signature of Representative

ACKNOWLEDGEMENT

State of _____

County of _____

On this the ___ day of _____, 20____, before me, the undersigned notary, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

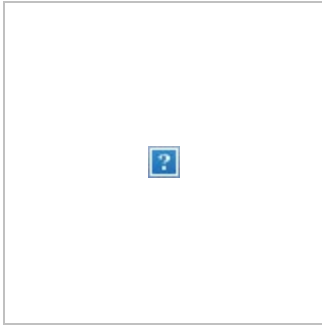
Signature of Notary Public

[seal of office]

My Commission Expires: _____

From: [Jarett Lamb](#)
To: [ASCC New Claims](#)
Subject: RE: Biomat USA, Inc., Claim No. 221173
Date: Wednesday, November 29, 2023 12:10:54 PM
Attachments: [image001.jpg](#)

Thanks for the assistance.
Have a good day



Jarett Lamb
Arkansas Department of Finance and Administration
Revenue Division – Corporation Income Tax Administration
Division Manager II
Office: 501-682-4779 | Fax: 501-682-7114
Jarett.lamb@dfa.arkansas.gov
<https://www.dfa.arkansas.gov/>

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Wednesday, November 29, 2023 12:09 PM
To: Jarett Lamb <Jarett.Lamb@dfa.arkansas.gov>
Subject: Biomat USA, Inc., Claim No. 221173

This message originated **outside DFA**. Please use proper judgment and caution when opening attachments, clicking links, or responding to this email.

Dear Mr. Lamb,

Per our conversation, please see attached.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX



arclaimscommission.arkansas.gov
ascc.new.claims@arkansas.gov

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

Arkansas
State Claims Commission

DEC 14 2023

COMPLAINT

RECEIVED

1. Claimant

Biomat USA, Inc.	lesley.jones@grifols.com		
(title/last name/first name)	(email)		
2410 Grifols Way	Los Angeles	CA 90032	(919) 316-6426
(address)	(city)	(state) (zip)	(primary phone)

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant [REDACTED] dated 10-26-20 payable to Biomat USA, Inc. in the amount of \$15,649.00 payable from the Arkansas Department of Finance and Administration. 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)/check(s) is/are attached to and made a part of this complaint.

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4. Amount Sought: \$15,649.00

STOP!

The following section **MUST** be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by Biomat USA, Inc. (name of business entity) to file this claim on its behalf. The undersigned also certifies that this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

Lesley Jones

Name of Representative of Business Entity
(must be printed legibly)

Lesley Jones
Signature of Representative

ACKNOWLEDGEMENT

State of North Carolina
County of Darham

On this the 30 day of November, 2023, before me, the undersigned notary, personally appeared Lesley Jones known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand and official seal.

[Signature]
Signature of Notary Public

My Commission Expires: _____



BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

BIOMAT USA, INC.

CLAIMANT

V.

CLAIM NO. 221173

**ARKANSAS DEPARTMENT OF
FINANCE AND ADMINISTRATION**

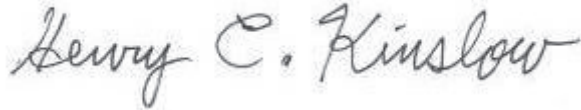
RESPONDENT

ORDER

This claim was filed by Biomat USA, Inc. (the “Claimant”) requesting reissuance of outdated warrant no. [REDACTED] (the “Warrant”) in the amount of \$15,649.00 payable from Arkansas Department of Finance and Administration. The Warrant is still outstanding, and no duplicate has been issued.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$15,649.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, chair



ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: January 18, 2024

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(a)(1). 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(a)(1)(B)(ii). A decision of the Claims Commission may only be appealed to the General Assembly. Ark. Code Ann. § 19-10-211(a)(3).
- (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(a). 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).