# **EXHIBIT B.1**

Arkansas
State Claims Commission
NOV 26 1219

RECEIVED

Please Read Instructions on Reverse Side of Yellow copy

Please pariet in link or type

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

po Mr.			Do Not Wate	in These Spaces
□ Mrs.				
O Ma. D Miss			Cleim No.	
Lamar Harmon on behalf of Xere	ox Corporation	labeaut	Date Filed	
		Married C	(Month)	(Day) (Yest)
VE.		i	Amount of Claim, \$	
State of Andrews - Brown days		ļ	Dane	
State of Arkenses, Respondent		į		
		t		
	COMP	LAINT		
		274 4 1 4		
Lamar Harmon on behalf of Xerox Corporation		1303 R	idgeview Drive L	ewisville
(Name)			(Street or R.F.D. & No.)	(City)
Texas 75057 888-391-5525 ex	1421011 County of Denton	Popresent	ad by	
(mate) (24) Code) (Dejume Phone	No.)		(Legal Connect, is	any, for Cleim)
arN∕A				
(Street and No.)	(City) (State)	(Zip Code)	(Phone No.)	(Fax No.)
Nata agency involved:		A	t semitt	
	Heavid in Tax Poo			····································
Month, day, your mai place of incident or servic	e: Unpaid invoice- Due	e no ane arditud cu	me invoice	
Explanation:				
Invoice number 149184409	dated 07/28/17 for 43,271.75 P	O# 450166875	57R	
Xerox requests payment and a reconcilia	tion of all assemble applied for the	12-month period	erenciated with this DO	
	MATOR EL PROPERTOR APPROVIDE OR	12-month ( period )	associated with this PU	
······································	<del></del>			
			· · · · · · · · · · · · · · · · · · ·	
Annual Asia and Asia at a later to the state of the state				
Asparts of this complete, the claiment makes the state Yes when? 6/8/18	manus, and manusca are someoning deserve	mt, as indicated: (1) }	(an elejan bean province) to a	१५ में में प्रेस के क्षेत्र के प्रस्ता के अपने के स्वर्थ के स्वर्थ के स्वर्थ के स्वर्थ के स्वर्थ के स्वर्थ के
Yes ; when? 5/8/18 (Yan or No) (Month) (Day	to whose? Jeff (Year)	Dean		
	and that the following action was taken the	Mr. Dean di	rected Xerox to claims pro	cess per via smigl 10/15/58
ed that \$ was paid th	erson: (2) Has any third purson or corpora	aire es lateral la de	is eleks?	. Y so, state pages and safetyee
	and (a) the my sine passa a carpar	TAKE OF PERSONS IN CO.		
(Name)	(Birmat er R.F.D. & No.)	(City)	(State)	(Zip Cede)
efthat the nature thereof is as follows:inver Hermon	on the behalf of Xarox Coporation		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	; and or se acquired on		<del> </del>	, in the following encours:
	***************************************	·····		-
THE UNDERSIGNED states on such that	he ar plu is familiar with the matters	and things said Berti	المنظومين وبروام بطاريا	and that he we also really believe
est there are true.		TH		
	'111 011	~ 41±		
(Print Cinimant/Representative N		~~~ \ \ <u>\</u>	enstace of Claiment/I	
(z : commensorbreattentset)		(44	Contracts of Contractor	21/12 /10/20
SW	ORN TO and subscribed before an	ent Lamar Ha	mon <i>LEWIS</i> i	VIIIA. YELAS
			/Cina	
		/}	(City)	(State)
PANESSA ORTEZ ADAMS	on this 19	day of _ Nover	nber	2018
otery Public, State of Texas	/_((Quie)	SIL	/ Assessing	(Year)
omm. Expires 02-13-2022	Greeks	Whiles	CAR.	
·		7 2		
Notary   D 131448806		4-710	Giskary)	夢, 2022
	My Commission Expires:	16KU	aren 1.	21 000
		06-1		
		(Month)	<b>X</b> (4)	er) (Your)
		(Month)		hay) (Yang)
the second		(Month)		wy) (Year)
te i e		(Mornth)		wy) (Your)

# BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

**XEROX CORPORATION** 

**CLAIMANT** 

V.

**CLAIM NO. 190624** 

ARKANSAS DEPARTMENT OF HUMAN SERVICES

RESPONDENT

## **ORDER**

This claim was filed by Xerox Corporation against Arkansas Department of Human Services (the "Respondent") for services rendered in the amount of \$43,271.75.

Respondent filed an answer on January 2, 2019, admitting liability in the amount of \$43,271.75.

The Claims Commission unanimously allows this claim in the amount of \$43,271.75, 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: January 16, 2019

#### 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).