

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission

JUL 30 2015

B3.

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

RECEIVED

- Mr. Mrs. Ms. Miss

Quest Resources Group, LLC. Claimant

State of Arkansas, Respondent

Do Not Write in These Spaces
Claim No. 16-0080-CC
Date Filed July 30, 2015
Amount of Claim \$16,000.00
Fund DFA/RD

DFA REVENUE DIVISION

COMPLAINT

Reissuance of Warrant (Check)

Quest Resources Group, LLC. the above named Claimant, of

14175265-2109-A
9343 Ellerbe Road, Shreveport, LA 71106

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

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 #14175265 dated 9/29/13, payable to Quest Resources Group, LLC. in the amount of \$16,000.00, payable from DFA Revenue Division. 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 July 10, 2015.

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

and that the nature thereof is as follows: (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)

; and was acquired on ; in the following manner:

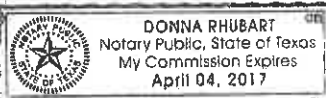
THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believes that they are true.

BRIAN DICK (Print Claimant/Representative Name)

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at Frisco Texas (City) (State)

(SEAL) DONNA RHUBART on this 28th day of July 2015 (Date) (Month) (Year)



Donna Rhubart (Notary Public)

SF1- R7/99 My Commission Expires: 4/4/17 (Month) (Day) (Year)

ARKANSAS STATE CLAIMS COMMISSION



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

BRENDA WADE
DIRECTOR

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

July 10, 2015

Quest Resources Group, LLC.
Attn: Arnold Castellano, Jr.
9343 Ellerbe Road Building A
Shreveport, LA 71106

RE: Quest Resources Group, LLC
Reissuance of Warrant (Check)
Warrant Number: 14175265

Dear Mr. Castellano:

This will acknowledge receipt of a request for reissuance of the above listed warrant.

We have completed and enclosed a complaint form for your convenience in having this warrant (check) reissued. Please sign the form before a Notary Public and return it to this office for filing.

Upon receipt of the complaint form, properly signed and notarized, we will then file your claim to be presented to the State Claims Commission for consideration.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Wade" followed by a small mark.

Brenda Wade
Director

BW/sh
Enclosure

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

PART I

The records of the Department of Finance and Administration of Arkansas, Phone # 682-4775,

Agency Address 1816 W 7th Street, Room 2250, Little Rock, AR 72203,

reflect that Quest Resources Group LLC,

Payee/Payees 9343 Ellerbe Road Bldg A, Shreveport,

Payee's Address LA, City

State 14175265 SH, 71106, was/were issued

Zip Code State Warrant number: 141075265, dated 9/29/2013,

in the amount of \$ 16,000.00, the same being in payment

of Voucher No. 8027074652, Agency No. 0630,

Appropriation No. 237, Character Code 14,

Fund Code TGC, Social Security No. _____, or

if corporation-Federal Tax ID No. _____.

Business Area 0630 Fund Code TGC0000 Cost Center Group 397618 Fund Center 237.

Scott D Fryer, Assistant Administrator
Agency Disbursing Officer's Full Name (Please Print)

Scott Fryer
Agency Disbursing Officer's Signature

**STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)**

PART II

I/We, _____, state that:

- _____ Name(s)
- _____ 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 presented for payment, the endorsement was a forgery.



Display Check Information

Check recipient Check issuer... Accompanying docs Payment document

Paying company code: ARK Payment document no.: 7998894101

Bank details			
House Bank	TREAS	Bank Key	989999992
Account ID	TREAL	Bank Account	0001
Bank name	Arkansas State Treasury		
City	Little Rock		

Check information			
Check number	1410175265	Currency	USD
Payment date	09/29/2018	Amount paid	16,000.00
Check encashment		Cash discount amount	0.00

Check recipient	
Name	QUEST RESOURCES GROUP, LLC
City	SHREVEPORT
Payee's country	US
Regional code	LA

Check line items

Selections Display Case

Vendor: TAX630W
 Company Code: ARK
 Name: DER-REV RGN FGI TAX EXMIS USE ONLY
 City: LITTLE ROCK

St	Assignment	DocumentNo	Type	Doc. Date	S	DE	Amount in local cur.	LCurr	CLIND doc.	Text	Branch
	7036894101	7036894101	ZP	09/29/2013			16,000.00	USD	7036894101		
	RE0801488	8527674652	ZZ	09/29/2013			16,000.00	USD	7036894101	CORPORATION INCOME TAX REFUND - 64261845-CIT	
							0.00	USD			
** Account TAX630W							0.00	USD			

Vendor: *
 Company Code: *
 Name: *
 City: *

St	Assignment	DocumentNo	Type	Doc. Date	S	DE	Amount in local cur.	LCurr	CLIND doc.	Text	Branch
							0.00	USD			



Castellano & Associates
Certified Public Accountants

RECEIVED

JUN 08 2015

DEPT OF FINANCE AND ADMINISTRATION
CORPORATION INCOME TAX SECTION

Corporation Income Tax
P.O. Box 919
Little Rock, AR 72203

June 2, 2015

RE: Quest Resources Group, LLC (Fed ID: 27-4235169)

Lost Warrant Request

To Whom It May Concern:

Please send a replacement check for the \$16,000 refund that our clients never received related to the year 2012. Today, we were informed by your office that this check was issued back in September of 2013. The main office has recently changed to 9343 Ellerbe Rd Bldg A, Shreveport, LA 71106. However, the address of record, 9308 Mansfield Rd, Ste 100, Shreveport, LA 71118, still serves as a branch location. Therefore, either address is suitable for the remittance. Thank you for your assistance in this matter, and if any further information is necessary to complete this request, I can be contacted at (318) 688-8299.

Kindest Regards,

Arnold Castellano, Jr., CPA

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

Date: 7/10/2015

Warrant: 14175265

Name of Payee: Quest Resources Group, LLC

Amount: \$16,000.00

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.

SH

STATE CLAIMS COMMISSION ~~BUCKET~~
OPINION

Amount of Claim \$ 16,000.00

Claim No. 16-0080-C

Quest Resources Group, LLC Claimant
vs.

Attorneys
Pro se Claimant

DF & A/ Revenue Division Respondent

Scott Fryer, Disbursing Officer Respondent

State of Arkansas

Date Filed July 30, 2015

Type of Claim Reissuance of warrant

FINDING OF FACTS

This claim was filed requesting reissuance of outdated warrant(s) No.14175265. Warrant is still outstanding and no duplicate has been issued.

The Claims Commission unanimously allows this claim in the amount of \$16,000.00 and hereby directs the Claims Commission Clerk to issue a voucher in payment thereof.

The Claims Commission hereby unanimously allows this claim in the amount of \$16,000.00 and will include the claim in a claims bill to the 90th General Assembly, 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 allows this claim in the amount of \$16,000.00 and will include in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.

Date of Hearing August 13, 2015

Date of Disposition August 13, 2015

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

**Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.