Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

DEC 1 4 2015

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

Arkensas State Claims Commission

□ Mr. □ Mrs.				Do Not Write in	These Spaces
□ Ms. □ Miss	Martin Marietta Materi	ials Inc		Claim No. 16-0438	3-CC
- IVIISS	The state of the s		Claimant	Date Filed December (Month)	
	vs.				3,253.17
State of	Arkansas, Respondent				HTD
	the policies		1	. Calcu	7
AR	Highway & Transportatio	- COM1		eissuance of Warran 14W-1047101	
-	(Name)	als Inc , the above named Claimant		Wycliff Road, Raleig	
		County of		(Street or R.F.D. & No.)	(City)
of.	(State) (Zip Code) (Daytime Pho	ne No.)	represent	(Legal Counsel, if an	y, for Claim)
U\$	(Street and No.)	(City) (State)	(Zip Code)	(Phone No.)	(For No.)
State ager	acy involved:				(Fax No.)
Month, de	ay, year and place of incident or serv	dan	Amoun	t sought:	
			#4 AVX7	4045404 1 4044	
•	payable to Martin	filed for the reissuance of	warrant #14W-	1047101, dated 06/	12/14,
	Highway & Trans	Marietta Materials Inc. in portation Dept. This wan	Time amount of	\$23,253.17, payable	e from AR
	redemption during	the legal redemption period	iani was noi pr	esented to the state t	reasurer for
	1				
	Warrant or necessar	y papers for reissuing lost	warrant(s) (che	cks) is/are attached	to and
	made a part of this	complaint:	(-) (-22-	one) is are underled	to and
	~				
	Completed paperwe	ork for reissuance of this wa	arrant was rece	ived in this office or	
	December 2, 2015.				
Aspertsoft	this complaint the claiment makes the e	eternate and manager the C-11			
Брингод	; when?	atements, and answers the following quest; to whom?	iona, as midicated: (1) H	as cleim been presented to any st	ate department or officer thereof
(Year or 1	No) (Month) (D.	ay) (Year)		(Department)	
		: and that the following action was taken the	hereon:		
nd that S	was paid t	thereon: (2) Has any third person or corpo	enting on interest in thi	r daim?	. 25
		and the same of th	A SCHOOL SEE DESCRIPTION OF	cianti -	; if so, state name and address
dthat then	(Name) nature thereof is as follows:	(Street or R.F.D. & No.)	(City)	(State)	(Zip Code)
	AND OBIOCOTIS AS IONOTO.	: and was acquired on			in the following
					in the following mame
THE U	NDERSIGNED states on oath the	nt he or she is familiar with the matter	s and things set forth	in the above complaint, and	that he or she verily believe
at they ar			10	0*	,
	ammy Poer		amely	Pol	
(1	Print Claimant Representative	Name)	USig	nature of Claimant/Rep	resentative)
	S	WORN TO and subscribed before n	ne at Ruling	LINC	
1	VANESSA A EDMONDS Notary Public, North Carolina	1		(City)	(State)
	Wake County My Commission Expires	on this 10	_day of _Dece	1	. 2015
	12-20-16	(Date)	Λ	(Month)	
		Yau a. E	co l	(INIONIUI)	(Year)
		-		(Motors D.L.	in)
F1- R7/99		My Commission Expires:	ecember	(Notary Pub)	20)
			Of the state of th		
			(Month)	(Day)	(Year)

STATE CLAIMS COMMISSION DOCKET

OPIN	VION
23,253.17 Amount of Claim \$	Claim No
Martin Marietta Materials Inc. Claimant vs.	Attorneys Pro se Claimant
AR Highway & Transportation Department Respondent State of Arkansas	avid Dawson, Attorney Respondent
Date Filed December 14, 2015	Type of Claim Reissuance of warrant
FINDING OF	FACTS
This claim was filed for requesting of reissuance of Warrant is still outstanding and no duplicate has been the Claims Commission hereby unanimously allowed and will include the claim in a claims bill to the 9 Legislature 2016, for subsequent approval and put IT IS SO ORDERED.	ows this claim in the amount of \$23,253.17
{See Back of Opin	nion Form}
Upon consideration of all the facts, as stated above, to unanimously allowed this claim in the amount of in a claims bill to be submitted to the 91 st Genera 2016 for subsequent approval and payment.	the Claims Commission hereby \$23.253.17 and will include the claim
January 14, 2016 Date of Hearing	
January 14, 2016	Chairman

Chairman

Commissioner

Commissioner