

EXHIBIT B.4

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

ARVAC, Inc. Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces	
Claim No.	<u>180525</u>
Date Filed	<u>12/20/2017</u>
Amount of Claim \$	<u>37,671.74</u>
Fund	<u>Unpaid bill</u>

COMPLAINT

ARVAC, Inc. the above named Claimant, of 613 N 5th St Dardanelle
(Name) (Street or R.F.D. & No.) (City)

AR 72834 479-229-4861 County of Yell 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: Commodity Distribution Office DHS-OCS Amount sought: \$37,671.74

Month, day, year and place of incident or service: June-September 2017 Commodity Supplemental Food Program (CSFP)
Explanation:

ARVAC, Inc. provided services under subgrantee status for the CSFP program and has been denied reimbursement for June 2017 (\$8047.80), July 2017 (\$8153), August 2017 (\$8,273.98), and September 2017 (\$13,196.96).

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?
No when? _____; to whom? N/A
(Yes or No) (Month) (Day) (Year) (Department)

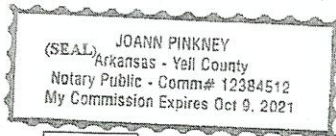
and that \$ N/A was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address
N/A (Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)
and that the nature thereof is as follows: N/A; and was acquired on N/A, in the following manner:

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.

Stephanie Ellis (Print Claimant/Representative Name) _____ (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Dardanelle _____
(City) (State)

on this 18th day of December, 2017
(Date) (Month) (Year)



My Commission Expires: ant. 9 2021
(Month) (Day) (Year)

SF1- R799

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

ARVAC, INC.

CLAIMANT

V.

CLAIM NO. 180525

**ARKANSAS DEPARTMENT OF
HUMAN SERVICES–DIVISION OF
COUNTY OPERATIONS**

RESPONDENT

ORDER

This claim was filed by ARVAC, Inc. on December 20, 2017, against Arkansas Department of Human Services–Division of County Operations (the “Respondent”) for unpaid bills in the total amount of \$37,671.74.

The Respondent filed an answer on December 21, 2017, admitting liability in the amount of \$37,671.74.

The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$37,671.74, 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.

Henry C. Kinslow

ARKANSAS STATE CLAIMS COMMISSION

Dexter Booth
Henry Kinslow, Co-Chair
Bill Lancaster
Sylvester Smith
Mica Strother, Co-Chair

DATE: December 28, 2017

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).