

# ARKANSAS CLAIMS COMMISSION

# B.01

(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

NOV 14 2022

## CLAIM FORM

RECEIVED

Please note that all sections must be completed, or this form will be returned to you, which will delay the processing of your claim.

### 1. Claimant(s)

American Air Liquide Holdings, Inc.

(title/last name/first name or company)	(email)			
9811 Katy Freeway, Suite 100      Houston      TX      77024				
(address)	(city)	(state)	(zip)	(primary phone)

### 2. Claimant's Legal Counsel - (If representing yourself (Pro Se) please check this box and proceed to section 2)

(last name)	(first name)	(email)		
(address)	(city)	(state)	(zip)	(primary phone)

Arkansas Bar Number: \_\_\_\_\_ *If not licensed to practice law in Arkansas, please contact the Claims Commission for more information.*

### 3. State Agency Involved (If this section is not completed this claim will be returned as deficient).

The agency(ies) involved must be Arkansas state agencies. The Arkansas Claims Commission has no jurisdiction over county, city, or other municipalities.

Arkansas Department of Finance and Administration  
(state agency involved)

### 4. Incident Date

1/30/2019

### 5. Claim Type

Reissuance of Warrant

Please provide the location of the incident and an explanation of your claim. If additional space is required please attach additional pages for your statements to this form.

Location of Incident

Explanation of Incident

This claim is being filed for the reissuance of warrant #1910322222 date 01-30-2019 payable to

American Air Liquide Holdings, Inc. in the amount of \$188,689.00 payable from AR Dept. 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 September 2, 2022.

**5a. Check here if this claim involves damage to a motor vehicle.**

**5b. Check here if this claim involves damage to property other than a motor vehicle.**

**All property damage claims require a copy of your insurance declarations covering the property or motor vehicle at the time of damage.**

Please do not include a copy of your insurance card. You may obtain a copy of your insurance declaration from your insurance agent.

I did not have insurance covering my property/motor vehicle at the time of damage.

**All property damage claims require ONE of the following (please attach):**

- 1. Invoice(s) documenting repair costs, OR**
- 2. Three (3) estimates for repair of the damaged property, OR**
- 3. An explanation why repair bill(s) or estimate(s) cannot be provided.**

**6. Was a state vehicle involved? (If Yes, please complete the following section)**

\_\_\_\_\_  
(type of state vehicle involved)

\_\_\_\_\_  
(license number)

\_\_\_\_\_  
(driver)

**7. Check here if this claim involves personal injury.**

**All personal injury claims require a copy of your medical insurance information in place at the time of the incident.**

I do not have health insurance

**8. Amount Sought:** \$188,689.00

# 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

## CLAIM SUBMISSION SIGNATURE PAGE

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by American Air Liquide Holdings (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.

Anh Kim

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

Anh Kim

Signature of Representative

### Acknowledgement

State of Texas

County of Harris

On this the 25 day of October, 2022, before me, the undersigned notary, personally appeared Anh Kim 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.

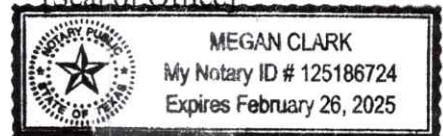
In witness whereof I hereunto set my hand and official seal.

Megan Clark

Signature of Notary Public

My Commission expires: 2/26/2025

[Seal of Office]



**BEFORE THE ARKANSAS STATE CLAIMS COMMISSION**

**AMERICAN AIR LIQUIDE  
HOLDINGS, INC.**

**CLAIMANT**

**V.**

**CLAIM NO. 230301**

**ARKANSAS DEPARTMENT OF  
FINANCE AND ADMINISTRATION  
CORPORATE INCOME TAX SECTION**

**RESPONDENT**

**ORDER**

This claim was filed by American Air Liquide Holdings, Inc. (the “Claimant”) requesting reissuance of outdated warrant no. 1910322222 (the “Warrant”) in the amount of \$188,689.00 payable from Arkansas Department of Finance and Administration Corporate Income Tax Section. The Warrant is still outstanding, and no duplicate has been issued.

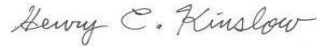
The Arkansas State Claims Commission (the “Claims Commission”) unanimously allows this claim in the amount of \$188,689.00 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 19-10-215(b).

IT IS SO ORDERED.



---

ARKANSAS STATE CLAIMS COMMISSION  
Dexter Booth



---

ARKANSAS STATE CLAIMS COMMISSION  
Henry Kinslow, Chair



---

ARKANSAS STATE CLAIMS COMMISSION  
Sylvester Smith

DATE: December 15, 2022

**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).