

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

B1

Arkansas State Claims Commission BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas

NOV 24 2014

- Mr. Mrs. Ms. Miss

RECEIVED

Do Not Write in These Spaces Claim No. 15-0395-CC Date Filed Nov 24, 2014 Amount of Claim \$ 18,651.00 Fund DFA/RD

Philips Electronics North America Claimant

vs.

State of Arkansas, Respondent

AR Dept. of Finance & Administration

COMPLAINT

Reissuance of Warrant (Check)

1310060510

Philips Electronics North America (Name) 3000 Minuteman Rd., M/S 115 Andover, MA 01810 (Street or R.F.D. & No.) (City)

(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 #1310060510, dated 08/01/2012, payable to Philips Electronics North America in the amount of \$18,651.00, payable from AR Dept. of Finance & Administration/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 November 7, 2014.

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

Paul Cavanaugh, Vice President (Print Claimant/Representative Name)

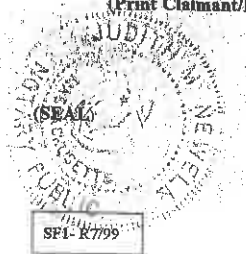
Paul Cavanaugh (Signature of Claimant/Representative)

SWORN TO and subscribed before me at Andover (City) (State)

on this 18th day of November 2014 (Date) (Month) (Year)

Judith M. Newell (Notary Public)

My Commission Expires: 4/28/2017 (Month) (Day) (Year)



ARKANSAS STATE CLAIMS COMMISSION
Notice of Lost Outdated Warrant(s)
(ph) 501.682.1619 | (f) 501.682.2823

Arkansas
State Claims Commission

NOV 07 2014

RECEIVED

The records of the DEPARTMENT OF FINANCE AND ADMINISTRATION of Arkansas, phone number
(501) 682-7362, agency address 1816 WEST 7TH, SALES & USE TAX SECTION, LITTLE ROCK, AR 72201

reflect that Philips Electronics North America 3000 Minuteman Road M/S 115

PAYEE(S) NAME		PAYEE ADDRESS
<u>Andover</u>	<u>MA</u>	<u>01810</u>
CITY	STATE	ZIP

was/were issued state

warrant number 1310060510, dated 08/01/2012, in the amount of \$ 18,651.00

the same being in payment of voucher number _____, agency number 0630

appropriation number 241, character code 14, fund code MTA

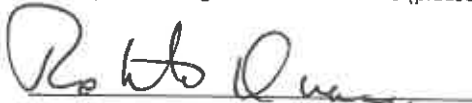
social security number/federal tax identification number _____. Also, please furnish your current

business area 0630, fund code MTA03, cost center group 397673

_____ and fund center 241

ROBERTA OVERMAN

Agency Disbursing Officer's Full Name (please print)


Agency Disbursing Officer's Signature

LOST

AFFIDAVIT OF FORGED WARRANT

\$18,651.00

①

The records of the SALES AND USE TAX SECTION of Arkansas reflect that
Agency

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION was issued Warrant number 1310060510
Payee(s) Warrant Number

Dated 08/2012 in the amount of \$ 18,651.00, the same being in payment of
Fiscal Year Warrant Amount

<u>0000</u>	<u>0630</u>	<u>241</u>	<u>14</u>	<u>MTA</u>
Invoice #	Agency #	Fund Center	Commitment Item	Fund

<u>\$0.00</u>	<u>\$0.00</u>
Federal Identification #	Gross Pay Withholding

Address- Payroll Only

Daytime Telephone #

Paul Cavanaugh

Disbursing Officer

I, Paul Cavanaugh, VP, state that:
Payee (s)

CHECK APPROPRIATELY -- ALL THAT APPLY

- 1. I received and lost.
- 2. I did not receive, endorse, nor cash.
- 3. I have not authorized another person to sign my name to the warrant.
- 4. I have no knowledge of the whereabouts of the warrant or of any other person having received, cashed, or endorsed the warrant.
- 5. If this warrant is presented for payment, the endorsement is a forgery.
- 6. The endorsement on same is a forgery.

~~Payee Signature~~
~~Address~~
~~City, State, Zip Code~~

Paul Cavanaugh
Payee Signature Paul Cavanaugh, VP
3000 Minuteman Road M/S 115
Address
Andover, MA 01810
City, State, Zip Code

Daytime Telephone #

Daytime Telephone # (978) 659-3652

ON THIS THE 12th DAY OF June, 2014, before me personally appeared Paul Cavanaugh, VP to me known to be the persons described in and who executed the foregoing instrument and acknowledged that they signed, sealed, executed and delivered the same as their free act and deed for the purpose therein mentioned.

Judith M. Newell
NOTARY PUBLIC Judith M. Newell
Essex MA
County State

My commission expires 4/28/2017

(SEAL)

2

State of Arkansas

Bond for Reissuing Warrant

Warrant Number to be Reissued 1310060510 Amount \$18,651.00
Paying State Agency SALES AND USE TAX SECTION Phone (501) 682-7104
Agency Contact Virginia McGhee

Know by all men by these presents that we the undersigned, PHILIPS ELECTRONICS NORTH AMERICA CORPORATION as payee(s) and as his surety are held and firmly bound unto the State of Arkansas in the sum of:

\$37,302.00 (amount must be double the sum of the warrant)

The condition of this obligation is that the said payee, PHILIPS ELECTRONICS NORTH AMERICA CORPORATION

has (check one): [X] lost [] failed to receive [] stolen

a certain Arkansas State Warrant number as listed below by the Paying State Agency

Witness Our Hands on this 12th day of June, 2014

First Payee Name: PHILIPS ELECTRONICS NORTH AMERICA CORP. Signature: Paul Cavanaugh, Vice President

First Payee Taxpayer Identification Number (SSN or Federal ID): 13-3429115

Second Payee Name: not applicable Signature: not applicable

Second Payee Taxpayer Identification Number (SSN or Federal ID):

Payee Mailing Address: PHILIPS ELECTRONICS NA CORP. 3000 Minuteman Road M/S 115 Andover, MA 01810 Payee Phone Number: (978) 659-3652

Surety must be 18 years of age or older and must be someone other than the payee(s)

Surety Mailing Address: 3000 Minuteman Road M/S 115 Andover, MA 01810 Surety Phone Number: (978) 659-7638

Surety Name: Shawn Doherty, Tax Director (Printed or Typed Name) Surety Signature: [Signature]

Surety, after first being duly sworn, states that his real and personal property is sufficient to meet the requirements for the bonded amount.

Subscribed and sworn before this 12th day of June, 2014

(SEAL)

[Signature] Notary Public Signature Judith M. Newell

My Commission Expires 28th day of April, 2017



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
PHILADELPHIA, PA 19255

CERTIFICATION
PROGRAM

Date: March 11, 2013



000075

Taxpayer: PHILIPS ELECTRONICS NORTH AMERICA CORPORATION
TIN: 13-3429115
Tax Year: 2013

I certify that the above-named corporation is a U.S. corporation, and a resident of the United States of America for purposes of U.S. taxation.

Nancy J. Aiello

Nancy J. Aiello
Field Director, Accounts Management



STATE OF ARKANSAS
DEPARTMENT OF FINANCE AND ADMINISTRATION
PROCESSING UNIT
PO BOX 1272, LITTLE ROCK, AR 72203-1272

HSG = Healthcare Solutions Group
of Agilent Technologies, Inc.
(acquired in 2001)

December 13, 2013

d/b/a Philips Electronics North America Corporation
PHILIPS MEDICAL SYSTEMS HSG
3000 MINUTEMAN ROAD M/S 015
ANDOVER MA 01810

Sales and Use Tax

Letter ID: L0261492384
Account ID: 00178647-SLS
Period Ending: June 30, 2012

RE: Warrant Replacement

DEAR PHILIPS ELECTRONICS NORTH AMERICA CORPORATION:

This letter is in regard to your request for the Department of Finance and Administration (DFA) to reissue the warrant (refund check) that you have lost or not received concerning: warrant #: 1310060510 issued 08/01/2012 in the amount of \$18,651.00.

Attached is the Affidavit of Forged Warrant. The form must be completed in order for DFA to reissue the warrant. Please provide a daytime telephone number, complete the bottom half of the form, and have it notarized. Return the original notarized copy to:

SALES AND USE TAX SECTION
P.O. BOX 1272, LITTLE ROCK, AR 72203-1272

Also, you must complete the attached form Bond for Reissuing Warrant. Please have it notarized as well and return it to the above address. Surety Information must be completed on the Bond. The surety can be provided by any person age 18 or older, who is not the payee on the check, and not the person notarizing the form.

If you have questions, please contact a customer service representative at (501) 682-7104. Provide your Account ID and Letter ID shown above when you call or write about this letter.

Sincerely,

Virginia McGhee
DFA Services Representative

PHILIPS

\$18,651.00

CMRRQ No. 7012 3460 0001 8792 4215

June 12, 2014

State of Arkansas
Department of Finance and Administration
Processing Unit
PO Box 1272
Little Rock, AR 72203-1272

**Philips Electronics North
America**

Corporate Tax Department
3000 Minuteman Road, MS 115
Andover, MA 01810

ATTN: Virginia McGhee, DFA Services Representative

RE: Philips Electronics North America Corp. (f/k/a Philips Medical Systems HSG)
FEIN

Dear Ms. McGhee:

Enclosed herewith please find the following documents:

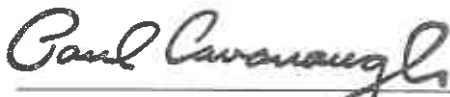
- 1.) Affidavit of Forged/Lost Warrant.
- 2.) Bond for Reissuing Warrant.
- 3.) My authority to act on behalf of Philips Electronics North America Corporation.

If this documentation is in order, please reissue a check payable as follows:

**Philips Electronics North America Corporation
3000 Minuteman Road M/S 115
Andover, MA 01810**

Regards,

PHILIPS ELECTRONICS NORTH AMERICA CORPORATION



Paul Cavanaugh, Vice President

Tel: (978) 659-3000
Tel: (978) 659-3893

www.philips.com

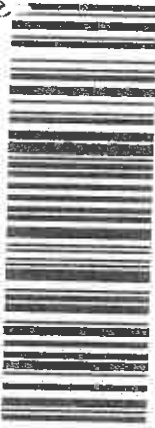
7

PHILIPS

Philips Electronics North America
3000 Minuteman Road, MS 115
Andover, MA 01810

*Attn: Unscreen
Machines*

CERTIFIED MAIL



72203 72203 72203 8792 4215

State of Arkansas
Dept. of Finance & Administration
Processing Unit
PO Box 1272
Little Rock, AR 72203-1272



1000



72203

U.S. POSTAGE
FIRST CLASS PERMIT NO. 114
N CHELSEA DRD. MA
01863
JUN 13 1983
AMOUNT
\$6 49
00098130-02





STATE OF ARKANSAS
 DEPARTMENT OF FINANCE AND ADMINISTRATION
 PROCESSING UNIT
 PO BOX 1272, LITTLE ROCK, AR 72203-1272

HSG = Healthcare Solutions Group
 of Agilent Technologies, Inc.
 (acquired in 2001)

December 13, 2013

Philips Electronics North America Corporation

d/b/a PHILIPS MEDICAL SYSTEMS HSG
 3000 MINUTEMAN ROAD M/S 015
 ANDOVER MA 01810

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Sincerely,

Virginia McGhee
 DFA Services Representative

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

Date: 11/7/2014

Warrant: 1310060510

Name of Payee: Philips Electronics North America

Amount: \$18,651.00

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.

JW

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 18,651.00

Claim No. 15-0395-CC

<u>Phillips Electronics North America</u> vs. <u>DF& A Revenue Division</u> <u>State of Arkansas</u> Date Filed <u>November 24, 2014</u>	<u>Claimant</u> <u>Respondent</u>	<u>Attorneys</u> <u>Pro se</u> <u>Autumn Hemphill, Disbursing Officer</u> <u>Reissuance of warrant</u>	<u>Claimant</u> <u>Respondent</u>
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FINDING OF FACTS

This claim was filed for reissuance of warrant #1310060510 dated August 01, 2012. Warrant is still outstanding and no duplicate has been issued.

Warrant is still outstanding and no duplicate has been issued.

The Claims Commission hereby **unanimously allows this claim in the amount of \$18,651.00 and will include the claim in a claims bill to the 90th General Assembly, Arkansas 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 allowed this claim in the amount of \$18,651.00 and will include the claim in a claims bill to be submitted to the 90th General Assembly, Arkansas State Legislature 2015 for subsequent approval and payment.**

Date of Hearing December 11, 2014

Date of Disposition December 11, 2014

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