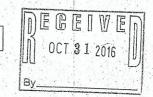
Please Read Instructions on Reverse Side of Yellow copy

State Claims Commission

Please print in ink or type

NOV 22 2016

BEFORE THE STATE CLAIMS COMMISSION Of the State of Arkansas



Mr.	RECEIVED		Do Not Write	in These Spaces
Mrs.			Claim No. 17, 0271	
Ms. Miss	First Data Merchant Servi	ces Corp.	Claim No. 17_0371	
		, Claimant	Date Filed Novembe (Month)	(Day) (Year)
	vs.		Amount of Claim \$	40,200.00
			Fund	DFA/RD
	kansas, Respondent	. L. (5.4)	rund	
AR D	ept. of Finance & Administ	tration		Warrant (Check)
		COMPLAI	NT 1510868	194
		_		
	rist Data Merchant Service		(Street or R.F.D. & No.)	I. Suite 100 North,
•	Greenwood Village, CO 801	County of	represented by	
(St	ate) (Zip Code) (Daytime Phone No.)	Country or	(Legal Counsel, if	any, for Claim)
				SMYS
(8	Street and No.)	(City) (State) (Zip C	code) (Phone No.)	(Fax No.)
ate agency	involved:		Amount sought:	
onth, day.	year and place of incident or service:			
xplanatio				
,				
	This claim is being filed:	for the reissuance of warrant	#1510868194 date 04/27	/2015
	payable to Frist Data Me	erchant Services in the amo	unt of \$40,2000.00 payab	le from AR
	Dept. of Finance & Adn	ninistration. This warrant w	as not presented to the sta	ate treasurer
	for redemption during the	e legal redemption period.		
	1 5			
	Warrant or necessary pap	pers for reissuing lost warran	t(s)/check(s) is/are attache	ed to and
			t(s)/check(s) is/are attache	ed to and
	Warrant or necessary pap made a part of this compl	laint.		
	Warrant or necessary pap made a part of this completed paperwork for			
	Warrant or necessary pap made a part of this compl	laint.		
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	Warrant or necessary pap made a part of this completed paperwork for	laint.		
As parts of th	Warrant or necessary pap made a part of this completed paperwork for 26, 2016.	laint. r reissuance of this warrant v	was received in this office	on October
Asparts of th	Warrant or necessary pap made a part of this completed paperwork for	r reissuance of this warrant v r reissuance of this warrant v ts, and answers the following questions, as in	was received in this office	on October
Asparts of the Manager (Yes or N	Warrant or necessary pap made a part of this compl Completed paperwork for 26, 2016. is complaint, the claimant makes the statement ; when? (Month) (Day)	ts, and answers the following questions, as in (Year)	was received in this office	on October
No	Warrant or necessary pap made a part of this compl Completed paperwork for 26, 2016. is complaint, the claimant makes the statement ; when? (Month) (Day)	r reissuance of this warrant v r reissuance of this warrant v ts, and answers the following questions, as in	was received in this office	on October
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(Yes or N	Warrant or necessary pap made a part of this compl Completed paperwork for 26, 2016. is complaint, the claimant makes the statement ; when? (Month) (Day) : and the was paid thereon (Name)	ts, and answers the following questions, as in ; to whom? (Year) at the following action was taken thereon:	was received in this office dicated: (1) Has claim been presented to a	on October
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(Month)



(Year)

(Day)

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

PART I					
The records of the Depar	tment of Finance and A	Administration	of Arkans	as, Phone # 6	82-4775
	Agency				1
Agency Address18		2250 Little Ro	ock AR	72203	
	10 W / Succi, Room	2250, Little Itt	JUK, AIC /	12203	
raffect that First Date	Manaland C	<i>i</i> •			
reflect thatFirst Data		rporation			,
	Payee/Payees				
5775 DTC Blv	d, Suite 100 North	, Gr	eenwood	Village	
Payee's A	ddress	Ci	tv		
CO		80111,	was/were	issued	
State		Zip Code	Was Word	155404	
	510060104				
State Warrant number: 1	<u>310000194</u> , da	ed April 21	, 2015		,
in the amount of \$	40,200.00	7	, the same	e being in paym	ient
	4				
of Voucher No. 803119	5776, Agency No.	06	30		
Appropriation No.	237	Characte	er Code	1.4	
11ppropriation 1 (c	231	, Characte	i code		
Frank Code TCC	0. '10 ''	N T			
Fund Code TGC	, Social Security	No			, or
if corporation-Federal Ta	x ID No59	-2126793			
Business Area 0630 Fund	Code TGC0000 Co	st Center Groun	n 397618	R Fund Center	. 227
Dubiness i neu <u>0030</u> i une	10000 _100000 C0	st Center Group	p_ <u>377010</u>	_ rund Center	
G	"DE 1"				
	cott D Fryer, Assistant				
Ag	ency Disbursing Offic	er's Full Name	(Please P	rint)	
	1 , _				
A	att to	ne -			
~	Agency Disbursin	g Officer's Sig	nature		
*******				*******	****

		T OF FORGE			
	(FORGED WA	ARRANTS ON	VLY)		
<u>PART II</u>					
I/We,		, state that	t:		
	Name(s)		10.7		
1 I/W/o	received and lost.				
1. I/ W e	received and lost.				
	44 / 19				
2. I/We	did not receive, endor	se nor cash.			
3. I/We	have not authorized as	nother person to	0		
	my/our name(s) to the				
Sigii	my/our name(s) to the	wanani.			
4 */***		.,,	. 0.1		
	have no knowledge of				
of an	y other person having	received, cashe	d or endo	rsed the warran	t.
	n this warrant was pres				

ARKANSAS STATE CLAIMS COMMISSION Reissuance of Out-Dated Warrants

Date: 9/29/2016

Warrant:

1510868194

Name of Payee:

First Data Merchant Services Corp.

Amount:

\$40,200.00

Upon checking with <u>Hunter</u> of AOS/Data Processing Division, I was informed that this warrant was OUTLAWED 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.

je

STATE CLAIMS COMMISSION DOCKET OPINION

Amount	40, 200.00 of Claim \$			Claim No	17-0371-CC
	First Data Merchant Services Corp.	Attorneys	Pro se		
	Claimant vs.				Claimant
	Arkansas Dept. of Finance & Administration		Scott D, Fry	yer, Disbursin	
State of A	Respondent November 22, 2016		Reissuano	ce of warrant	Respondent
Date Filed	d	Type of Clain	n		
1	FINDING O	F FACTS			, ,
			196		
	This claim was filed requesting reissuance Warrant is still outstanding and no duplica	of outdated vate has been is	warrant(s) N ssued.	o.151086819)4.
*	The Claims Commission hereby unanimo \$40, 200.00 and will include the claim in Arkansas State Legislature 2016, for sul	a claims bil	l to the 91st	General As	
		°,			
		*			
	IT IS SO ORDERED.				
					**
•					
2 8					
			18		
	*				
					5: 38%
	(See Back of Op				
	Upon consideration of all the facts, as state unanimously allowed this claim in the a in a claims bill to be submitted to the 91 2016 for subsequent approval and paym December 15, 2016	mount of \$4 st General A	0,200.00 and	d will includ	e the claim
Date of H	earing			4.0	
Date of Di	SpositionDecember 15, 2016	- de	My C	Min	Chairman
. a			Sic In	inca/f	Commissioner

Commissioner