

UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF LOUISIANA  
LAFAYETTE DIVISION

*In re:*

Progressive Acute Care, LLC, *et al.*

No. 16-50740

Chapter 11

Substantively Consolidated

**MOTION TO RECONSIDER ORDER OVERRULING PAC LIQUIDATION TRUST'S OBJECTION TO PROOF OF CLAIM FILED BY CANDACE FRIOUX**

Matthew E. Rubin, the Liquidation Trustee (the "Liquidation Trustee") for the PAC Liquidation Trust (the "Liquidation Trust"), appointed in the proceedings of the above-captioned debtors (collectively the "Debtors"), by and through its undersigned counsel, files this request (this "Motion") for the Court to reconsider the Order (Doc. No. 614) (the "Claim Order") entered on November 13, 2017, overruling the Liquidation Trust's objection to Candace Frioux's Proof of Claim No. 121, a copy of which attached hereto as **Exhibit "A."** In support of this Motion, the Liquidation Trustee respectfully states as follows:

**JURISDICTION AND VENUE**

1. This Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding under 28 U.S.C. § 157(b)(2).
2. Venue is proper in this District pursuant to 28 U.S.C. §§ 1408 and 1409.
3. The statutory bases for the relief requested in the Objection are sections 502 and 503(b) of the Bankruptcy Code, Bankruptcy Rules 3007 and 3008.

## BACKGROUND

4. On September 12, 2017, the Liquidation Trust filed the *PAC Liquidation Trust's First Omnibus Objection to Claims* (Doc. No. 580) (the "Claims Objection"), and scheduled the hearing for October 12, 2017, in Lake Charles, Louisiana in order to set October 5, 2017, as the deadline for responses to the Claims Objection.

5. The Claims Objection shows that Proof of Claim No. 121 filed by Candace Frioux for \$7,123 in accrued vacation should be disallowed, because Candace Frioux was an employee of Progressive Acute Care Dauterive, LLC ("PAC Dauterive"), which is not one of the Debtors in this Chapter 11 case.

6. On October 4, 2017, Candace Frioux filed her *Claimant Objection to PAC Liquidation Trust's First Omnibus Objection to Claims* (Doc. No. 599) (the "Response"), a copy of which is attached hereto as **Exhibit "B."** The Response states that PAC Dauterive historically paid her wages, and attached evidence that PAC Dauterive – not the Chapter 11 Debtors – was her employer through her final earnings statement dated January 8, 2016.

7. On October 12, 2017, the Court entered a Minute Entry (Doc. No. 602), sustaining the Claims Objection as to all parties who did not respond, directing the parties to submit an agreed order pertaining to the Gina Prince claim, and continuing the hearing on Candace Frioux's claim to November 7, 2017 at 10:00 a.m. in Lafayette.

8. The continued hearing date on Candace Frioux's claim was not entered into the undersigned counsel's calendar, and the undersigned counsel was not present at the

continued hearing. On November 13, 2017, the Court entered the Claim Order overruling the Liquidation Trustee's objection to Candace Frioux's claim.

### **RELIEF REQUESTED**

9. By this Motion, the Liquidation Trustee requests that the Court reconsider its Claim Order, pursuant to section 502(j) of the Bankruptcy Code and Bankruptcy Rule 3008.

### **BASIS FOR RELIEF REQUESTED**

10. Section 502(j) of the Bankruptcy Code provides that a claim that has been allowed "may be reconsidered for cause. A reconsidered claim may be allowed or disallowed according to the equities of the case." 11 U.S.C. § 502(j). Bankruptcy Rule 3008 allows a party in interest to move for reconsideration of an order allowing a claim, and authorizes the Court to enter an appropriate order after a hearing on notice. Fed. R. Bankr. Proc. 3008.

11. Here, the equities of the case favor reconsideration of the Claim Order and disallowance of Candace Frioux's claim.

12. Candace Frioux was never an employee of Progressive Acute Care, LLC, Progressive Acute Care Avoyelles, LLC, Progressive Acute Care Oakdale, LLC, or Progressive Acute Care Winn, LLC (the "Chapter 11 Debtors"). Therefore, Candace Frioux has no claim against the Chapter 11 Debtors.

13. Candace Frioux was an employee of PAC Dauterive, and her Response proves this fact. Each W-2 for the years 2013, 2014, 2015, and 2016, which are attached to the Response, lists PAC Dauterive as Candace Frioux's employer. The Response

also includes a final payroll statement showing PAC Dauterive as Candace Frioux's employer. And the Response admits that PAC Dauterive – not any of the Chapter 11 Debtors – was Candace Frioux's employer by describing Candace Frioux's prior employment with "HCA" before the acquisition of Dauterive Hospital in New Iberia from Hospital Corporation of America in April 2013. The Chapter 11 Debtors did not buy the Dauterive Hospital from Hospital Corporation of America. PAC Dauterive bought the Dauterive Hospital from Hospital Corporation of America. Therefore, the Response can only be referring to PAC Dauterive as Candace Frioux's employer based on the admissions of fact and the evidence set forth in the Response.

14. Accordingly, the Response proves that Candace Frioux's claim was improperly filed in this case, and should have been filed in the case of *In re Progressive Acute Care Dauterive, LLC*, Case No. 16-50739, because Candace Frioux was an employee of Progressive Acute Care Dauterive, LLC, not one of the Chapter 11 Debtors in this case.

15. The allowance of Candace Frioux's claim of \$7,123 as a priority claim in this case should be reconsidered based on the equities of the case. By overruling the Liquidation Trustee's objection to her claim, the Claim Order entitles Candace Frioux to 100% payment of her claim from the Liquidation Trust, which does not hold assets of her former employer – PAC Dauterive. And, as a result, the holders of legitimate claims against the Chapter 11 Debtors will be paid less than they should be entitled to given that Candace Frioux has no provable claim against the Chapter 11 Debtors.

WHEREFORE the Liquidation Trustee respectfully requests that this Court reconsider the Claim Order, and sustain the Claims Objection, grant such other and further relief as the Court deems just and proper.

November 15, 2017

Respectfully submitted,

/s/Wade R. Iverstine

Wade R. Iverstine, (#31793)

J. Eric Lockridge, (#30159)

**KEAN MILLER LLP**

400 Convention Street, Suite 700

P. O. Box 3513 (70821-3513)

Baton Rouge, LA 70802

Telephone: (225) 382-3448

eric.lockridge@keanmiller.com

wade.iverstine@keanmiller.com

**Attorneys for PAC Liquidation Trust**

**CERTIFICATE OF SERVICE**

**I HEREBY CERTIFY** that a copy of the above Motion to Reconsider Order Overruling PAC Liquidation Trust's Objection to Proof of Claim Filed by Candace Frioux was this day served by United States Mail, postage prepaid and properly addressed to Candace Frioux, 3403 Weeks Island Rd., New Iberia, Louisiana 70560 by placing a copy of same in the United States Mail, postage pre-paid; and upon all other parties who have requested notice through this Court's CM/ECF notification system.

Baton Rouge, Louisiana, this 15<sup>th</sup> day of November 2017.

/s/Wade R. Iverstine

Wade R. Iverstine (#31793)

**EXHIBIT A**  
(PROOF OF CLAIM NO. 121)

Fill in this information to identify the case:	
Debtor 1	Progressive Acute Care, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	Western District of Louisiana
Case number:	16-50740

FILED  
U.S. Bankruptcy Court  
Western District of Louisiana  
12/1/2016  
Edward A. Takara, Clerk

**Official Form 410  
Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim													
<b>1. Who is the current creditor?</b>	Candace Frioux _____ Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor _____												
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____												
<b>3. Where should notices and payments to the creditor be sent?</b>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Where should notices to the creditor be sent?</b></td> <td style="width: 50%;"><b>Where should payments to the creditor be sent? (if different)</b></td> </tr> <tr> <td>Candace Frioux _____ Name</td> <td>_____ Name</td> </tr> <tr> <td>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 3403 Weeks Island Rd. New Iberia, LA 70560</td> <td></td> </tr> <tr> <td>Contact phone <u>3375195289</u></td> <td>Contact phone _____</td> </tr> <tr> <td>Contact email <u>candacefrioux@gmail.com</u></td> <td>Contact email _____</td> </tr> <tr> <td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td> </tr> </table>	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>	Candace Frioux _____ Name	_____ Name	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 3403 Weeks Island Rd. New Iberia, LA 70560		Contact phone <u>3375195289</u>	Contact phone _____	Contact email <u>candacefrioux@gmail.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>												
Candace Frioux _____ Name	_____ Name												
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) 3403 Weeks Island Rd. New Iberia, LA 70560													
Contact phone <u>3375195289</u>	Contact phone _____												
Contact email <u>candacefrioux@gmail.com</u>	Contact email _____												
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____													
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY												
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____												

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$ 7123.08  
Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?  
Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
Limit disclosing information that is entitled to privacy, such as healthcare information.  
vacation accrued

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?  No  Yes. Check all that apply: Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$	
<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$	7123.08
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$	
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$	
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$	

\* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/1/2016  
MM / DD / YYYY

/s/ Candace Frioux  
\_\_\_\_\_

Signature

Print the name of the person who is completing and signing this claim:

Name Candace Frioux

First name Middle name Last name

Title Registered Nurse

Company \_\_\_\_\_

Identify the corporate servicer as the company if the authorized agent is a servicer

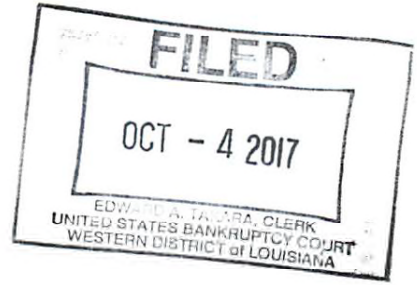
Address 3403 Weeks Island Rd.

Number Street  
New Iberia, LA 70560

City State ZIP Code

Contact phone 3375195289 Email candacefrioux@gmail.com

**EXHIBIT B**  
**(RESPONSE)**



UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF LOUISIANA  
LAFAYETTE DIVISION

*In re:*

No. 16-50740

Progressive Acute Care, LLC, et. Al.

Chapter 11

Substantively Consolidated

CLAIMANT OBJECTION TO PAC LIQUIDATION TRUST'S FIRST OMNIBUS OBJECTION TO CLAIMS

Candace Frioux, Claimant per Exhibit 2 No Liability, objects to the rationale for objection that she was not the responsibility of the Debtors.

Progressive Acute Care directly paid claimant's salary once they took over responsibilities from HCA in 2013 and continued to pay her salary into 2016. Attached exhibits are proof of responsibility of earnings which were paid directly by PAC to Mrs. Frioux. Please review Exhibit 1, 2013 W-2 for Candace Frioux, Exhibit 2, 2014 W-2 for Candace Frioux, Exhibit 3, 2015 W-2 for Candace Frioux and Exhibit 4, 2016 W-2 for Candace Frioux provided by Progressive Acute Care Dauterive. Also included is Exhibit 5, Candace Frioux's final earnings statement dated 01/08/ 16 from Progressive Acute Care Dauterive, LLC.

Claimant filed her claim #121 for accrued vacation time in the above claim online as required directly after receiving the original notice in November 2016. This vacation time was earned as an employee of PAC and/or a carryover from HCA which PAC became financially responsible for with the purchase from HCA. Employees were reassured of financial responsibilities of their income by PAC which included accrued vacation time.

Claimant request the payment of her accrued vacation time in the amount of \$7123.08 be allowed and payment be remitted to claimant, Candace Frioux.

This objection is filed respectfully with the hopes of a valid outcome for payment.

Respectfully,

Candace Frioux, RN

<b>Fill in this information to identify the case:</b>	
Debtor 1	Progressive Acute Care, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	Western District of Louisiana
Case number:	16-50740

**FILED**  
 U.S. Bankruptcy Court  
 Western District of Louisiana  
 12/1/2016  
 Edward A. Takara, Clerk

**Official Form 410  
 Proof of Claim**

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

<b>Part 1: Identify the Claim</b>		
<b>1. Who is the current creditor?</b>	Candace Frioux Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	Candace Frioux Name 3403 Weeks Island Rd. New Iberia, LA 70560	_____ Name
	Contact phone <u>3375195289</u>	Contact phone _____
	Contact email <u>candacefrioux@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <span style="float: right;">MM/DD/YYYY</span>	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<b>6. Do you have any number you use to identify the debtor?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
<b>7. How much is the claim?</b>	\$ <u>7123.08</u>	<b>Does this amount include interest or other charges?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
<b>8. What is the basis of the claim?</b>	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as healthcare information.  <u>vacation accrued</u>	
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment (Official Form 410-A)</i> with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  <b>Value of property:</b> \$ _____  <b>Amount of the claim that is secured:</b> \$ _____  <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate (when case was filed)</b> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	
	<input checked="" type="checkbox"/> Yes. Check all that apply.	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ 7123.08
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.**

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 12/1/2016  
MM / DD / YYYY

/s/ Candace Frioux  
\_\_\_\_\_  
Signature

Print the name of the person who is completing and signing this claim:

Name Candace Frioux  
\_\_\_\_\_  
First name Middle name Last name

Title Registered Nurse  
\_\_\_\_\_

Company \_\_\_\_\_

Address 3403 Weeks Island Rd.  
\_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer  
Number Street  
New Iberia, LA 70560  
\_\_\_\_\_  
City State ZIP Code

Contact phone 3375195289 Email candacefrioux@gmail.com

<b>Copy B, To Be Filed With Employee's FEDERAL Tax Return.</b>		<b>2013</b>	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 48357.87	4 Social security tax withheld 2998.19	
	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 000000234			
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 19.55	
13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D 2108.47	
Retirement plan X		12c Code DD 11201.55	
Third-party sick pay		12d Code	
LA 1673555001	46249.40	1701.57	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement**  
This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

<b>Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.</b>		<b>2013</b>	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 48357.87	4 Social security tax withheld 2998.19	
	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 000000234			
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 19.55	
13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D 2108.47	
Retirement plan X		12c Code DD 11201.55	
Third-party sick pay		12d Code	
LA 1673555001	46249.40	1701.57	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement**

Dept. of the Treasury - IRS

<b>Copy C, For EMPLOYEE'S RECORDS.</b>		<b>2013</b>	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 48357.87	4 Social security tax withheld 2998.19	
	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 000000234			
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 19.55	
13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D 2108.47	
Retirement plan X		12c Code DD 11201.55	
Third-party sick pay		12d Code	
LA 1673555001	46249.40	1701.57	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement**

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Dept. of the Treasury - IRS

<b>Copy 2, To Be Filed With Employee's State, City, or Local Income Tax Return.</b>		<b>2013</b>	OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 46249.40	2 Federal income tax withheld 4446.30	
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 48357.87	4 Social security tax withheld 2998.19	
	5 Medicare wages and tips 48357.87	6 Medicare tax withheld 701.18	
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000			
d. Control number 000000234			
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560			
7 Social security tips	8 Allocated tips		
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 19.55	
13 Statutory employee	14 Other PRE-TAX 4372.95	12b Code D 2108.47	
Retirement plan X		12c Code DD 11201.55	
Third-party sick pay		12d Code	
LA 1673555001	46249.40	1701.57	
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

**Form W-2 Wage and Tax Statement**

Dept. of the Treasury - IRS

Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2014		OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 71811.15	2 Federal income tax withheld 6848.91		
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 75217.30	4 Social security tax withheld 4663.47		
	5 Medicare wages and tips 75217.30	6 Medicare tax withheld 1090.65		
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000				
d. Control number 0000000229				
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code Soc instr. for box 12 C 25.42		
13 Statutory employee	14 Other PRE-TAX 9962.08	12b Code D 3406.15		
Retirement plan X		12c Code DD 14568.06		
Third-party sick pay		12d Code		
LA 1673555001	71811.15	2655.67		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement**

This information is being furnished to the Internal Revenue Service

Dept. of the Treasury - IRS

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a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 71811.15	2 Federal income tax withheld 6848.91		
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10 Dependent care benefits	11 Nonqualified plans	12a Code Soc instr. for box 12 C 25.42		
13 Statutory employee	14 Other PRE-TAX 9962.08	12b Code D 3406.15		
Retirement plan X		12c Code DD 14568.06		
Third-party sick pay		12d Code		
LA 1673555001	71811.15	2655.67		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement**

Dept. of the Treasury - IRS

Copy C, For EMPLOYEE'S RECORDS.		2014		OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 71811.15	2 Federal income tax withheld 6848.91		
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 75217.30	4 Social security tax withheld 4663.47		
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Retirement plan X		12c Code DD 14568.06		
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LA 1673555001	71811.15	2655.67		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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Third-party sick pay		12d Code		
LA 1673555001	71811.15	2655.67		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement**

Dept. of the Treasury - IRS



Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2015		OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 69386.73	2 Federal income tax withheld 6391.74		
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 72627.67	4 Social security tax withheld 4502.93		
	5 Medicare wages and tips 72627.67	6 Medicare tax withheld 1053.10		
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000				
d. Control number 0000000219				
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 25.22		
13 Statutory employee	14 Other PRE-TAX 9566.57	12b Code D 3240.94		
Retirement plan X		12c Code DD 9212.19		
Third-party sick pay		12d Code		
LA 1673555001	69386.73	2533.26		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS  
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d. Control number 0000000219				
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
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10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12 C 25.22		
13 Statutory employee	14 Other PRE-TAX 9566.57	12b Code D 3240.94		
Retirement plan X		12c Code DD 9212.19		
Third-party sick pay		12d Code		
LA 1673555001	69386.73	2533.26		
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18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS

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15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
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**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS

Copy B, To Be Filed With Employee's FEDERAL Tax Return.		2016		OMB No. 1545-0008
a. Employee soc. Sec. No. 438-06-8169	1 Wages, tips, other comp. 1500.00	2 Federal income tax withheld 70.38		
b. Employer ID no. (EIN) 36-4756243	3 Social security wages 1500.00	4 Social security tax withheld 93.00		
	5 Medicare wages and tips 1500.00	6 Medicare tax withheld 21.75		
c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000				
d. Control number 0000000078				
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12		
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b Code		
		12c Code		
		12d Code		
LA 1673555001	1500.00	44.17		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

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c. Employer's name, address, and ZIP code PROGRESSIVE ACUTE CARE DAUTERIVE 2210 7TH ST MANDEVILLE LA 70471-0000				
d. Control number 0000000078				
e. Employee's name, address and ZIP code CANDACE FRIOUX 3403 WEEKS ISLAND RD NEW IBERIA LA 70560				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code See instr. for box 12		
13 Statutory employee Retirement plan Third-party sick pay	14 Other	12b Code		
		12c Code		
		12d Code		
LA 1673555001	1500.00	44.17		
15 State Employer State ID#	16 State wages, tips, etc.	17 State income tax		
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**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS

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**Form W-2 Wage and Tax Statement** Dept. of the Treasury - IRS

(DLK) PROGRESSIVE ACUTE CARE DAUTERIVE

Department: 005 / 001 / 601 - NURSING SUPERVISOR

Federal: M / 3 / \$0.00

SSN: xxx-xx-8169

Pay Period: 12/20/2015 to 01/02/2016

Paycheck Date: 01/08/2016

Paycheck Number: 0085351198

State: M / 1 / 0 / \$0.00

Earnings	Pay Rate	Hours	Units	Current Amount	YTD Amount
Hol Night Diff 4.00	\$61.21	0.75		\$45.91	\$45.91
Holiday Worked	\$57.21	5.75		\$328.96	\$328.96
Personal Time	\$38.14	6.80		\$259.35	\$259.35
Regular	\$38.14	5.50		\$209.77	\$209.77
Vacation	\$38.14	17.20		\$656.01	\$656.01
<b>Gross Earnings</b>		<b>36.00</b>	<b>0.00</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>

Taxes	Current Amount	YTD Amount
Federal Tax	\$70.38	\$70.38
LA State	\$44.17	\$44.17
Medicare	\$21.75	\$21.75
Social Security	\$93.00	\$93.00
<b>Net Earnings</b>	<b>\$1,270.70</b>	<b>\$1,270.70</b>

**Direct Deposit Distribution**

Dep Chkg xxx520	\$1,270.70	\$1,270.70
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**Accrual Plans**

	Current Amount	Accrued Amount	Taken Amount	Available Amount
EIB_G	0.0000	627.0000	0.0000	627.0000
MEDICAL	0.0000	240.0000	0.0000	240.0000
PERSONAL	0.3692	86.6931	86.3000	0.3931
PTO GRANDFATHER	0.0000	64.0000	64.0000	0.0000
VACATION	0.9231	246.7115	59.9500	186.7615

PROGRESSIVE ACUTE CARE DAUTERIVE LLC

0085351198

(C/O NETCHEX PAYROLL)  
600 N. LEWIS AVE  
NEW IBERIA, LA 70563

Date: 01/08/2016

Department: 005 / 001 / 601

The Business Bank of St. Louis  
ST. LOUIS, MO

NON NEGOTIABLE

PAY **ONE THOUSAND TWO HUNDRED SEVENTY AND 70 / 100 \*\*\*\*\* Dollars** **\$1,270.70**

To the order of:

Not a Check

CANDACE FRIUX  
3403 WEEKS ISLAND RD  
NEW IBERIA, LA 70560

Direct Deposit Advice

\*\*\*\*\* NON - NEGOTIABLE \*\*\*\*\*