ARKANSAS CLAIMS COMMISSION

(501)682-1619
(501)682-2823 FAX

Questions? Send an email to
ascc.new.claims@arkansas.go

101 EAST CAPITOL AVENUE, SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

CLAIM FORM

1. Claimant. If a claim involves more than one claimant, additional pages may be attached with the other claimant name(s) and contact information.

Halff Associates nllauder@halff.com

(title last name/compan first name (email)

2380 Performance Drive, Building C, Suite 150

(address)

Richardson TX 75082-

(city) (state) (zip) (primary phone)

2. Claimant's Legal Counsel. An individual claimant may act as his or her own attorney (which is known as proceeding pro se). Please review Ark. Code Ann. § 19-10-222 for information about when a business entity may file a pro se claim. If a claimant is proceeding pro se, this section may be left blank.

(title) (last name) (first name) (email)

(address) AR bar number

(city) (state) (zip) (primary phone)

3. State Agency Involved. The Commission can only receive claims against agencies of the State of Arkansas. Please review the Commission's jurisdictional statutes, including Ark. Code Ann. § 19-10-204 and Ark. Code Ann. § 21-5-701, for more information. This information is required for any claim filed at the Commission.

Arkansas Department of the Military

4. Incident Date 1/25/2023

5. Location of Incident

6. CHECK HERE if this claim involves damage to a motor vehicle. ☐

7. CHECK HERE if this claim involves damage to property other than a motor vehicle. ☐

8. Explanation of Incident Please provide an explanation of your claim, including why you believe the above-listed state agency is liable for your damages under Arkansas law. You may attach additional pages to this form.

This claim is being filed for the reissuance of warrant # [redacted] date 01-25-2023 payable to Halff Associates in the amount of $24,394.44 payable from the Arkansas Department of the Military. 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 13, 2025.

9. Insurance Coverage. For a claim involving damage to a vehicle or other property, you must submit a copy of your insurance declarations in effect at the time of the incident. This is not the same as an insurance card. You can obtain a copy of your insurance declarations from your insurer or insurance agent. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have insurance covering the damaged property or motor vehicle at the time of incident, CHECK HERE** ☐

10. Additional Required Documents for Property Damage Claim

You must submit (1) invoice(s) documenting the repair costs, (2) three estimates for repair, OR (3) an explanation why this documentation cannot be provided.

11. If a state vehicle was involved, please provide the following information

_____

(type of state vehicle involved) (license number) (driver)

12. If your claim involves personal injuries, please CHECK HERE ☐

13. Health insurance coverage. All personal injury claims require a copy of your health insurance information in place at the time of the incident. Please review Ark. Code Ann. § 19-10-302 for more information.

****If you did NOT have health insurance on the date of the incident, CLICK HERE** ☐

14. Amount of Damages, if known: $24,394.44

IMPORTANT!

A claim filed at the Commission is a lawsuit against a state agency. The Commission is the courthouse for these lawsuits. Please note that Commission staff can answer general questions about the claim process but cannot give legal advice. The Commission rules and a non-exhaustive list of statutes that relate to the Commission can be found on the Commission website (arclaimscommission.arkansas.gov). The Arkansas Rules of Civil Procedure can be found online (arcourts.gov) under “Info Resources.”

STOP!

This signature page must be completed in the presence of a Notary Public. Do not sign until you are directed to do so by the Notary Public. If there is more than one claimant involved in this claim, each claimant must complete a separate signature page.

If you are an ARKANSAS-LICENSED ATTORNEY submitting a claim on behalf of your client, there is a different signature page that must be used. Please call (501)682-1619 and ask for an attorney signature page.

If a BUSINESS OR CORPORATE ENTITY is filing a claim without an attorney (and meets the requirements of Ark. Code Ann. § 19-10-222 for doing so), there is a different signature page that must be used. Please call (501)682-1619 and ask for a corporate signature page.

The undersigned certifies that to the best of my knowledge, information, and belief, this claim is not being presented for any improper purpose; this claim is warranted by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law or for establishing new law; and the factual contentions have evidentiary support of, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery.

_____

Claimant Signature

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____

Signature of Notary Public [seal of office]

My Commission Expires: _____

From: Diane Worm
To: Caitlin McDaniel
Cc: Tiffany Murdock
Subject: RE: NOLOWF
Date: Thursday, November 13, 2025 2:03:07 PM
Attachments: image460201.png
image536330.png
image256266.png
image771869.png
image139358.png
Notice of Lost Outdated Warrant - [redacted].pdf
[redacted]
Affidavit of Forged Warrent - [redacted] Exec 11.10.2025.pdf
Bond Reissuing Warrant - [redacted] Exec 11.10.2025.pdf
[redacted]

Here is all the paperwork to reissue a check to Halff Associates. Let me know if you need anything else.

Department of the Military

Diane Worm
Chief Fiscal Officer | Department of the Military
Diane.Worm@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2422

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Monday, October 27, 2025 10:41 AM
To: Diane Worm <Diane.Worm@arkansas.gov>
Subject: NOLOWF

Dear Ms. Worm,

Per our conversation, please see attached. I've also listed the contact information that Mr. Mianulli provided to me.

Mr. Richard Mianulli provided a mailing address:
[redacted]
Email address: nllauder@halff.com
Contact number: [redacted]

Please contact this office with any questions.

Thank you,

Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

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

Part I

The records of the Department of the Military (Agency) of Arkansas, Phone 501-435-2422

Agency Address: Camp JT Robinson, Bldg. 4201

Reflect that Halff Associates (Payee/Payees)

PO Box 4897, Dept 331 (Payee's Address) Houston (City)

TX (State) 77210 (Zip Code) was/were issued.

State Warrant number [redacted] dated January 25, 2023

in the amount of $ 24,394.44

Include your current Agency No. [redacted] Cost Center [redacted]

Appropriation No. _____ Character Code _____

Fund Code [redacted] and Fund Center [redacted]

Diane Worm
Agency Disbursing Officer's Full Name (please print)

Diane Worm Digitally signed by Diane Worm Date: 2025.11.03 11:23:45 -06'00'
Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We Halff Associates Inc., state that:

_____ 1. I/we received and lost.
X 2. I/we did not receive, endorse nor cash.
_____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
_____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
_____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

Bond for Reissuing Warrant (P5-19-4-403)

State of Arkansas

Warrant Number to be Reissued [redacted] Warrant Amount $ 24,394.44

Paying State Agency Department of the Military Phone Number (501) 435-2495

Agency Contact Tiffany Murdock

Know by all men by these presents that we the undersigned,

Halff Associates Inc. (Lei Tong) and Not Applicable

as payee(s) as his surety

are held and firmly bound unto the State of Arkansas in the sum of: $ 68,788.88

(The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,

Halff Associates has (check one):

Payee Name

☐ Lost ☐ Stolen ☒ Failed to receive

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

Witness Our Hands on this 10 day of November, 20 25

First Payee Taxpayer Identification Number (SSN or Federal ID): [redacted]

Halff Associates Inc. (Lei Tong) X [signature]

First Payee Name First Payee Signature

2380 Performance Dr Bldg C Ste150, Richardson, TX 75082 [redacted]

Payee Mailing Address Payee Phone Number

If Applicable

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

X

Second Payee Name Second Payee Signature

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

X

Surety Name (Printed or Typed Name) Surety Signature

Surety Mailing Address Surety Phone Number

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 _____ day of _____, 20_____

X

Notary Public Signature

Notary Stamp

My Commission Expires: / /

P2-19-4-403
AFFIDAVIT OF FORGED WARRANT

The records of the Department of the Military (Agency) of Arkansas

reflect that Halff Associates (Payees(s) exactly as original warrant) was issued Warrant number

2023 (Year) [redacted] (Warrant Number) Dated 01/25/23 (Date), in the amount of $ 24,394.44, the

same being in payment of [redacted] (Invoice # / Agency # / Fund Center / Commitment Item / Fund)

Social Security # | Gross Pay | Withholding

Address – Payroll Only

Daytime Telephone #

X Disbursing Officer

I/We, Halff Associates, Inc. (Lei Tong) (Payee (s)), state that:

CHECK APPROPRIATELY – ALL THAT APPLY

_____1. I received and lost.
__X__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.

X [signature]
Payee Signature

2380 Performance Dr Bldg C Ste 150
Address

Richardson, TX 75082
City, State, Zip Code

Daytime Telephone #(214)386-6200

Second Payee Signature (If Applicable)

Address

City, State, Zip Code

Daytime Telephone #

ON THIS THE 10th DAY OF November, 2025, before me personally appeared Lei Tong 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.

KARIN D CARTER
Notary Public, State of Texas
Comm. Expires 05-30-2026
Notary ID 12570866-1

Notary Stamp

X [signature]
Notary Signature

NOTARY PUBLIC Dallas (County) TX (State)

My commission expires 05/30/2026

ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 12/19/2025

Warrant: [redacted]

Name of Payee: Halff Associates

Amount: $24,394.44

Upon checking with Rick of AOS/Data Processing Division, I was informed that this warrant was voided, 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.

_____
CM

From: Diane Worm
To: Caitlin McDaniel
Cc: Tiffany Murdock
Subject: RE: NOLOWF
Date: Monday, December 22, 2025 8:30:46 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image783721.png
image762954.png
image672667.png
image088500.png
image431187.png
[redacted]
Notice of Lost Outdated Warrant[redacted].pdf

Good morning,

Here are the two forms. Let me know if you need anything else.

Thank You

Department of the Military

Diane Worm
Chief Fiscal Officer | Department of the Military
Diane.Worm@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2422

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Friday, December 19, 2025 9:24 AM
To: Diane Worm <Diane.Worm@arkansas.gov>
Cc: Tiffany Murdock <tiffany.murdock@arkansas.gov>
Subject: RE: NOLOWF

Dear Ms. Worm,

I am processing the attached reissuances today and noticed that you had a separate address on the NOLOWF that is different from the address that Mr. Mianulli provided you. In order to continue the process of reissuance, we will have to have the correct address listed on the NOLOWF.

Once I receive these documents, I will continue the reissuance process.

Thank you,

Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: Diane Worm <Diane.Worm@arkansas.gov>
Sent: Thursday, November 13, 2025 2:03 PM
To: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Cc: Tiffany Murdock <tiffany.murdock@arkansas.gov>
Subject: RE: NOLOWF

Here is all the paperwork to reissue a check to Halff Associates. Let me know if you need anything else.

Diane Worm
Chief Fiscal Officer | Department of the Military
Diane.Worm@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2422

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Monday, October 27, 2025 10:41 AM
To: Diane Worm <Diane.Worm@arkansas.gov>
Subject: NOLOWF

Dear Ms. Worm,

Per our conversation, please see attached. I've also listed the contact information that Mr. Mianulli provided to me.

Mr. Richard Mianulli provided a mailing address:
[redacted]

Email address: nllauder@halff.com
Contact number: [redacted]

Please contact this office with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

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

Part I

The records of the Department of the Military of Arkansas, Phone 501-435-2422
Agency

Agency Address Camp J.T. Robinson, Bldg. 4201

Reflect that Halff Associates
Payee/Payees

1201 North Browser Road — Payee's Address
Richardson — City
TX — State
75081 — Zip Code
was/were issued.

State Warrant numbe [redacted] dated January 25, 2023

in the amount of $ 24,394.44

Include your current Agency No. [redacted] Cost Center [redacted]

Appropriation No. _____ Character Code _____

Fund Code [redacted] and Fund Center [redacted]

Diane Worm
Agency Disbursing Officer's Full Name (please print)

_____
Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We Halff Associates Inc, state that:

_____ 1. I/we received and lost.
X 2. I/we did not receive, endorse nor cash.
_____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.
_____ 4. I/we have no knowledge of the whereabouts of the warrant or of any other Person having received, cashed or endorsed the warrant.
_____ 5. When this warrant was cashed, the endorsement was a forgery.

Revised 8/21/24

From: Tiffany Murdock
To: Caitlin McDaniel
Cc: Diane Worm
Subject: Halff Associates Bond Reissuing Warrant
Date: Thursday, January 15, 2026 3:27:53 PM
Attachments: image344195.png
image127956.png
image939679.png
image869405.png
image867393.png
Bond Reissuing Warrant [redacted].pdf
[redacted]

Good afternoon,

Caitlin, please see Bond Reissuing Warrant forms signed with Surety name and notarized stamped as requested. Please see attached.

Department of the Military

Tiffany Murdock
Accountant | Department of the Military
Tiffany.Murdock@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2495

Bond for Reissuing Warrant (P5-19-4-403)

State of Arkansas

Warrant Number to be Reissued [redacted] Warrant Amount $ 24,394.44

Paying State Agency Department of the Military Phone Number (501) 435-2495

Agency Contact Tiffany Murdock

Know by all men by these presents that we the undersigned,

Halff Associates Inc. (Lei Tong) (as payee(s)) and Not Applicable (as his surety)

are held and firmly bound unto the State of Arkansas in the sum of: $ 68,788.88

(The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,

Halff Associates (Payee Name) has (check one):

☐ Lost ☐ Stolen ☒ Failed to receive

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

Witness Our Hands on this 10 day of November, 20 25

First Payee Taxpayer Identification Number (SSN or Federal ID): [redacted]

Halff Associates Inc. (Lei Tong) — First Payee Name

X [signature] — First Payee Signature

2380 Performance Dr Bldg C Ste150, Richardson, TX 75082 — Payee Mailing Address

(214) 346-6200 — Payee Phone Number

If Applicable

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

Second Payee Name

X

Second Payee Signature

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

Natalie Llaudet — Surety Name (Printed or Typed Name)

X [signature] — Surety Signature

2380 Performance Dr Bldg C Ste 150, Richardson, TX 75082 — Surety Mailing Address

(214) 217-6564 — Surety Phone Number

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 14th day of January, 20 26

X [signature] — Notary Public Signature

Notary Stamp: KARIN D CARTER NOTARY PUBLIC STATE OF TEXAS ID 12570866 EXP. 05-30-2026

My Commission Expires: 05/30/2026

From: Caitlin McDaniel
To: Tiffany Murdock
Cc: Diane Worm
Subject: RE: Halff Associates Bond Reissuing Warrant
Date: Friday, January 16, 2026 11:06:00 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
Bond Reissuing Warrant [redacted].pd
[redacted]

Ms. Murdock,

I do apologize for any inconvenience this may cause, however, upon reviewing and showing SaBreana the updated forms, she noted the surety should be listed at the top right hand corner of the form instead of "Not Applicable." Please add the surety to the top right hand corner of the form and we will continue the reissuance process for both reissuances upon receipt of the updated forms.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: Tiffany Murdock <Tiffany.Murdock@arkansas.gov>
Sent: Thursday, January 15, 2026 3:28 PM
To: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Cc: Diane Worm <Diane.Worm@arkansas.gov>
Subject: Halff Associates Bond Reissuing Warrant

Good afternoon,

Caitlin, please see Bond Reissuing Warrant forms signed with Surety name and notarized stamped as requested. Please see attached.

Tiffany Murdock

Accountant | Department of the Military
Tiffany.Murdock@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2495

From: Tiffany Murdock
To: Caitlin McDaniel
Cc: Diane Worm
Subject: RE: Halff Associates Bond Reissuing Warrant
Date: Tuesday, January 20, 2026 7:08:57 AM
Attachments: image001.png
image002.png
image003.png
image004.png
image005.png
image649362.png
image779548.png
image880875.png
image769339.png
image562693.png
Bond Reissuing Warrant [redacted].pd[redacted]

Good morning,

Ms. Caitlin, please see the revisions as requested attached.

Thank you!

Department of the Military

Tiffany Murdock
Accountant | Department of the Military
Tiffany.Murdock@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2495

From: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Sent: Friday, January 16, 2026 11:07 AM
To: Tiffany Murdock <tiffany.murdock@arkansas.gov>
Cc: Diane Worm <Diane.Worm@arkansas.gov>
Subject: RE: Halff Associates Bond Reissuing Warrant

Ms. Murdock,

I do apologize for any inconvenience this may cause, however, upon reviewing and showing SaBreana the updated forms, she noted the surety should be listed at the top right hand corner of the form instead of "Not Applicable." Please add the surety to the top right hand corner of the form and we will continue the reissuance process for both reissuances upon receipt of the updated forms.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

From: Tiffany Murdock <Tiffany.Murdock@arkansas.gov>
Sent: Thursday, January 15, 2026 3:28 PM
To: Caitlin McDaniel <Caitlin.McDaniel@arkansas.gov>
Cc: Diane Worm <Diane.Worm@arkansas.gov>
Subject: Halff Associates Bond Reissuing Warrant

Good afternoon,

Caitlin, please see Bond Reissuing Warrant forms signed with Surety name and notarized stamped as requested. Please see attached.

Tiffany Murdock
Accountant | Department of the Military
Tiffany.Murdock@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2495

Bond for Reissuing Warrant (P5-19-4-403)

State of Arkansas

Warrant Number to be Reissued [redacted] Warrant Amount $ 24,394.44

Paying State Agency Department of the Military Phone Number (501) 435-2495

Agency Contact Tiffany Murdock

Know by all men by these presents that we the undersigned,

_____ and Natalie Llander

as payee(s) as his surety

are held and firmly bound unto the State of Arkansas in the sum of: $ 68,788.88

(The amount must be double the sum of the warrant. Triple if second reissue.)

The condition of this obligation is that the said payee,

Halff Associates has (check one):

Payee Name

☐ Lost ☐ Stolen ☒ Failed to receive

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

Witness Our Hands on this 16 day of January, 20 26

First Payee Taxpayer Identification Number (SSN or Federal ID): [redacted]

_____ X _____

First Payee Name First Payee Signature

_____ _____

Payee Mailing Address Payee Phone Number

If Applicable

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

_____ X _____

Second Payee Name Second Payee Signature

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

Natalie Llander X Natalie Llander

Surety Name (Printed or Typed Name) Surety Signature

_____ (214) 217-6564

Surety Mailing Address Surety Phone Number

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 16th day of January, 20 26

KARIN D CARTER
Notary Public, State of Texas
Comm. Expires 05-30-2026
Notary ID 12570866-1

Notary Stamp

X _____

Notary Public Signature

My Commission Expires: 05/30/26

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

January 22, 2026

Halff Associates
c/o Lei Tong
1201 North Browser Road
Richardson, Texas 75081

RE: **Claim No. 260991** – Reissuance of Check No. [redacted]

Dear Lei Tong,

The Claims Commission received notification from the Arkansas Department of the Military that a check issued to you by the State of Arkansas was not deposited within 180 days of issuance. That check is now considered stale or out-of-date.

The Claims Commission processes the reissuance of out-of-date checks for the State of Arkansas.

To have the above-referenced check reissued, we need you to complete the enclosed form. Please review the enclosed form for correctness and, once you approve it, sign the complaint in the presence of a Notary Public and return it to our office to be processed.

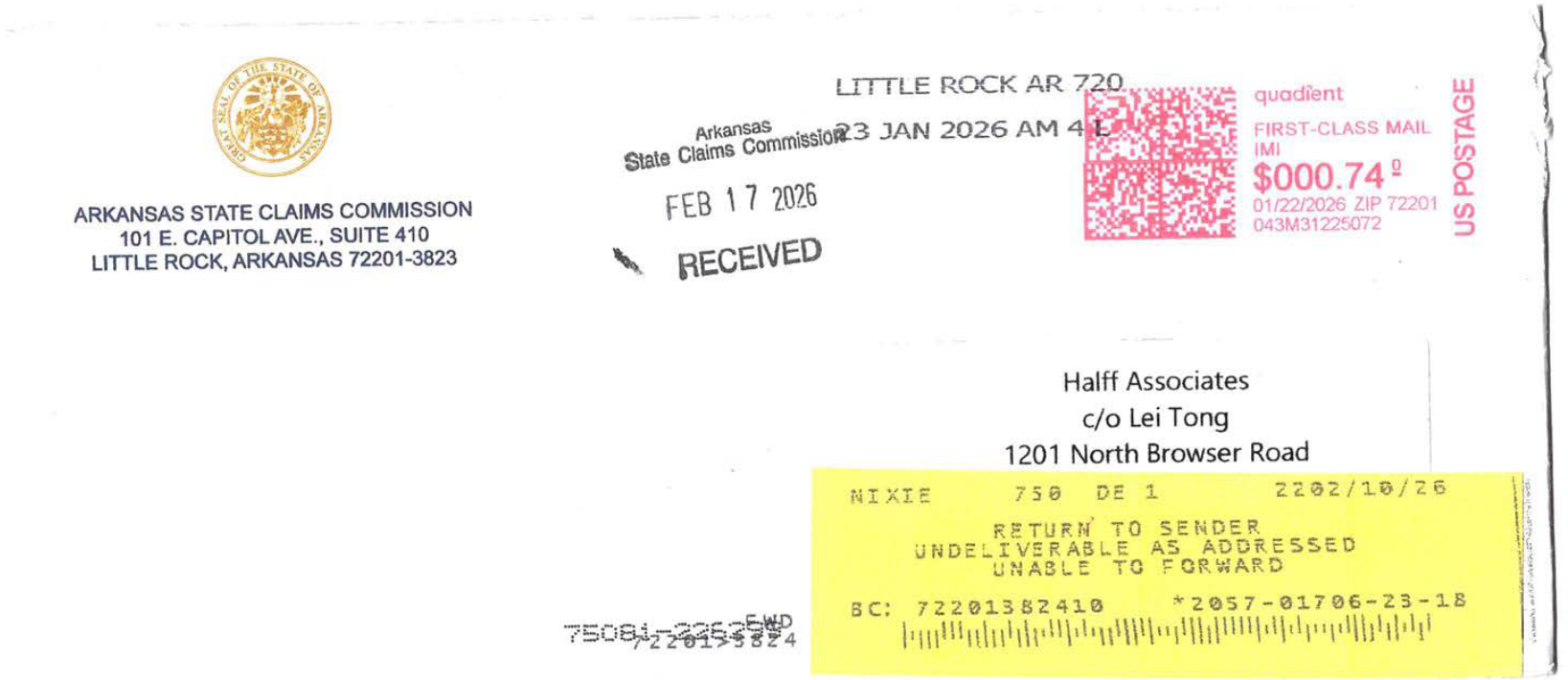
If you have any questions, please call and ask to speak with Caitlin McDaniel or me.

Sincerely,

Kathryn Irby

ES: cmcdaniel

Enclosure



ARKANSAS STATE CLAIMS COMMISSION
101 E. CAPITOL AVE., SUITE 410
LITTLE ROCK, ARKANSAS 72201-3823

LITTLE ROCK AR 720
Arkansas State Claims Commission
23 JAN 2026 AM 4 L
FEB 17 2026
RECEIVED

quadient
FIRST-CLASS MAIL
IMI
$000.74 0
01/22/2026 ZIP 72201
043M31225072
US POSTAGE

Halff Associates
c/o Lei Tong
1201 North Browser Road

NIXIE 750 DE 1 2202/10/26
RETURN TO SENDER
UNDELIVERABLE AS ADDRESSED
UNABLE TO FORWARD
BC: 72201382410 *2057-01706-23-18

From: Tiffany Murdock
To: Caitlin McDaniel; ASCC Pleadings
Cc: Diane Worm
Subject: Halff Associates Bond Reissuing Warrant
Date: Friday, February 27, 2026 10:18:19 AM
Attachments: image440093.png
image380467.png
image973146.png
image764010.png
image611671.png

Good morning,

Per our conversation, I have provided the correct address for Halff Associates. I spoke with Natalie at Halff Associates as well and she has provided her email address. Natalie has given her approval for the form to be sent to her email address, if at all possible.

Natalie Llauder
Email: nllauder@halff.com

2380 Performance Dr.
Building C.
Suite 150
Richardson, TX 75082

Department of the Military

Tiffany Murdock
Accountant | Department of the Military
Tiffany.Murdock@arkansas.gov
Bldg. 4201 Camp Robinson, North Little Rock, AR 72199
501-435-2495

From: ASCC New Claims
To: "nllauder@halff.com"
Cc: Tiffany Murdock; Diane Worm; ASCC Pleadings
Subject: Halff Associates Reissuance Complaint Form(s)
Date: Friday, February 27, 2026 3:09:00 PM
Attachments: [redacted]
Halff Associates Reissuance Complaint Form (24,394.44).pdf

Dear Ms. Llauder,

Please see attached. Contact this office with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

ARKANSAS CLAIMS COMMISSION

(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

COMPLAINT

1. Claimant

Halff Associates	nllauder@halff.com
(title/last name/first name)	(email)

2380 Performance Drive, Building C, Suite 150

(address)

Richardson	TX	75082-	
(city)	(state)	(zip)	(primary phone)

2. State Agency Involved

Arkansas Department of the Military

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [redacted] date 01-25-2023 payable to Halff Associates in the amount of $24,394.44 payable from the Arkansas Department of the Military. 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 13, 2025.

4. Amount Sought: $24,394.44

STOP!

The following section MUST be completed in the presence of a Notary Public.

The undersigned certifies that to the best of my knowledge, information, and belief, I am authorized by _____ (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 resonable opportunity for further investigation or discovery.

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

_____
Signature of Representative

ACKNOWLEDGEMENT

State of _____

County of _____

On this the __ day of _____, 20___, before me, the undersigned notary, personally appeared _____ 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.

_____
Signature of Notary Public [seal of office]

My Commission Expires: _____

From: Natalie Llauder
To: ASCC New Claims
Cc: Tiffany Murdock; Diane Worm; ASCC Pleadings
Subject: RE: Halff Associates Reissuance Complaint Form(s)
Date: Monday, March 9, 2026 1:32:55 PM
Attachments: [redacted]
Halff Assoc Complaint Form $24,394.44.pdf

EXTERNAL SENDER: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Caitlin,

Please see attached forms.

Thank you,

Natalie Llauder
Accounting Associate

Halff
O: 214.217.6564
E: nllauder@halff.com

We improve lives and communities
by turning ideas into reality.

From: ASCC New Claims <ASCC.New.Claims@arkansas.gov>
Sent: Friday, February 27, 2026 3:09 PM
To: Natalie Llauder <nllauder@halff.com>
Cc: Tiffany Murdock <tiffany.murdock@arkansas.gov>; Diane Worm <Diane.Worm@arkansas.gov>; ASCC Pleadings <ASCCPleadings@arkansas.gov>
Subject: Halff Associates Reissuance Complaint Form(s)

Dear Ms. Llauder,

Please see attached. Contact this office with any questions.

Thank you,
Caitlin

Caitlin McDaniel
Administrative Specialist II
Arkansas State Claims Commission
101 East Capitol Avenue, Suite 410
Little Rock, Arkansas 72201
(501) 682-1619

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(title/last name/first name) — (email)

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4. Amount Sought: $24,394.44

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

Natalie Llauder
Signature of Representative

ACKNOWLEDGEMENT

State of Texas
County of Collin

On this the 9th day of March, 2026, before me, the undersigned notary, personally appeared Natalie Llauder 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.

Karin D Carter
Signature of Notary Public

KARIN D CARTER
Notary Public, State of Texas
Comm. Expires 05-30-2026
Notary ID 12570866-1

My Commission Expires: 05/30/2026

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

HALFF ASSOCIATES **CLAIMANT**

V. **CLAIM NO. 260991**

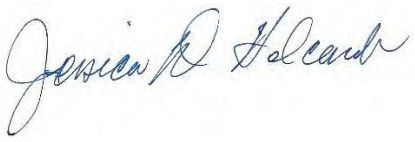
ARKANSAS DEPARTMENT OF THE MILITARY **RESPONDENT**

ORDER

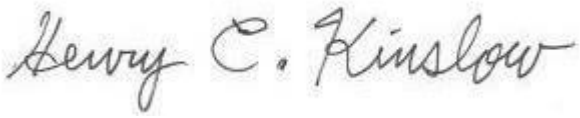
This claim was filed by Halff Associates (the "Claimant") requesting reissuance of outdated warrant no. [redacted] (the "Warrant") in the amount of $24,394.44 payable from the Arkansas Department of Military.

The Arkansas State Claims Commission (the "Commission") unanimously allows this claim in the amount of $24,394.44 and refers this claim to the General Assembly for review and placement on an appropriation bill pursuant to Ark. Code Ann. § 25-44-215(b).

IT IS SO ORDERED.



ARKANSAS STATE CLAIMS COMMISSION
Dee Holcomb



ARKANSAS STATE CLAIMS COMMISSION
Henry Kinslow, chair

ARKANSAS STATE CLAIMS COMMISSION
Sylvester Smith

DATE: April 9, 2026

Notice(s) which may apply to your claim

(1) A party has forty (40) days from transmission of this Order to file a Motion for Reconsideration or a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1). If a Motion for Reconsideration is denied, that party then has twenty (20) days from the transmission of the denial of the Motion for Reconsideration to file a Notice of Appeal with the Commission. Ark. Code Ann. § 25-44-211(a)(1)(B)(ii). A decision of the Commission may only be appealed to the General Assembly. Ark. Code Ann. § 25-44-211(a)(3).

(2) If a Claimant is awarded $15,000.00 or less by the Commission at hearing, that award is held forty (40) days from the date of disposition before payment will be processed to allow either party to utilize its remedies under Ark. Code Ann. § 25-44-211(a). Note: This does not apply to agency admissions of liability and negotiated settlement agreements.

(3) Awards or negotiated settlement agreements of more than $15,000.00 are referred to the General Assembly for approval and authorization to pay. Ark. Code Ann. § 25-44-215(b).