Arkansas
State Claims Commission

MAR 13 2026

RECEIVED

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NOTICE OF LOST OUTDATED WARRANT(S)

Part I

The records of the CORPORATION INCOME TAX (Agency) of Arkansas, Phone 501-682-4775

Agency Address 1816 W. 7TH STREET - ROOM 2250, LITTLE ROCK, AR 72201

Reflect that NICKEL OPPERTUNITIES BL LLC (Payee/Payees)

2100 MCKINNEY AVE., SUITE 1500 (Payee's Address) DALLAS (City)

TX (State) 75201-6928 (Zip Code) was/were issued.

State Warrant number [redacted] dated 1/29/2024

in the amount of $ 16,236.00

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

Appropriation No. [redacted] Character Code [redacted]

Fund Code [redacted] and Fund Center [redacted]

Jarett Lamb

Agency Disbursing Officer's Full Name (please print)

Agency Disbursing Officer's Signature

Part II

STATEMENT OF FORGERY
(FORGED WARRANTS ONLY)

I/We_____, state that:

_____ 1. I/we received and lost.

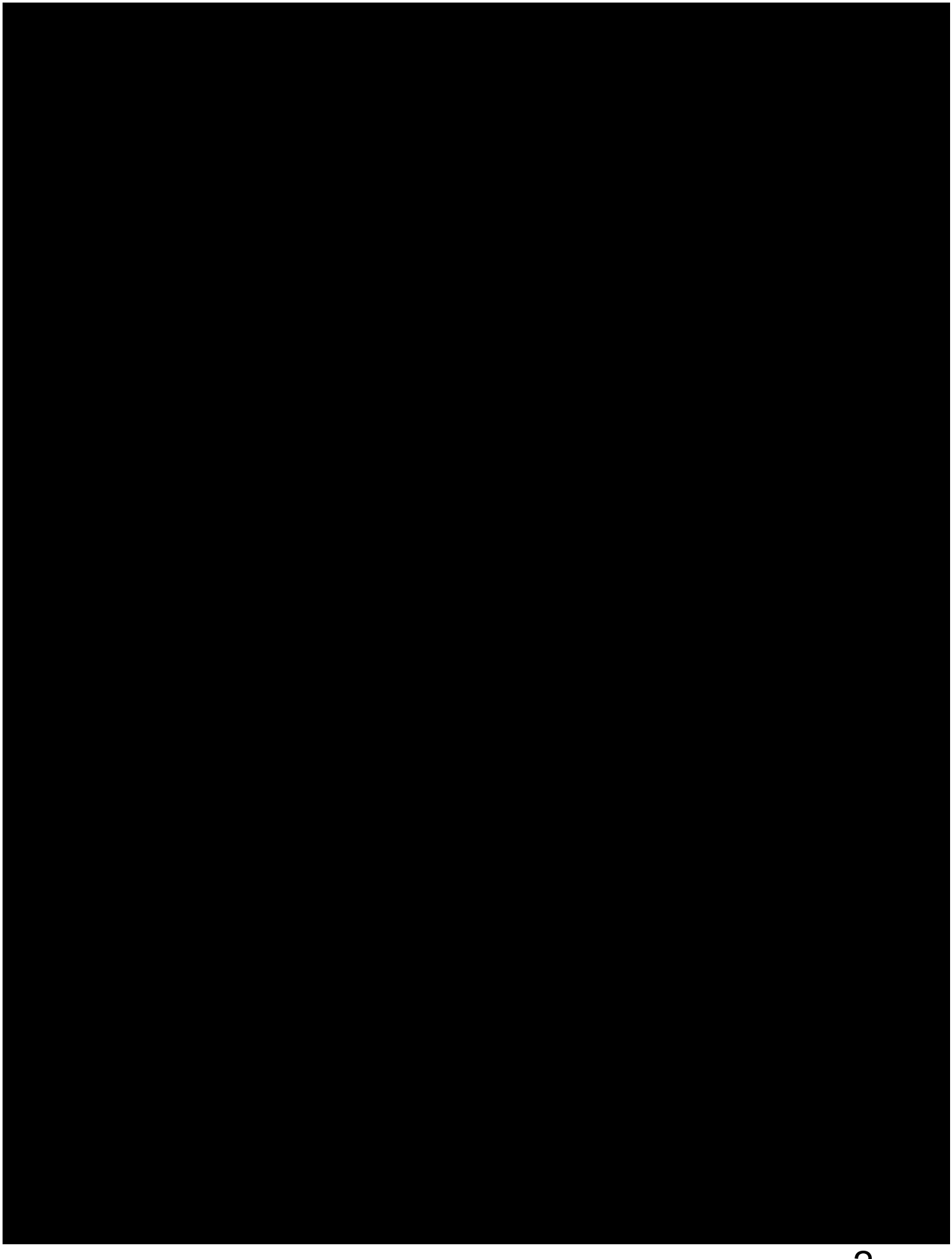
_____ 2. I/we did not receive, endorse nor cash.

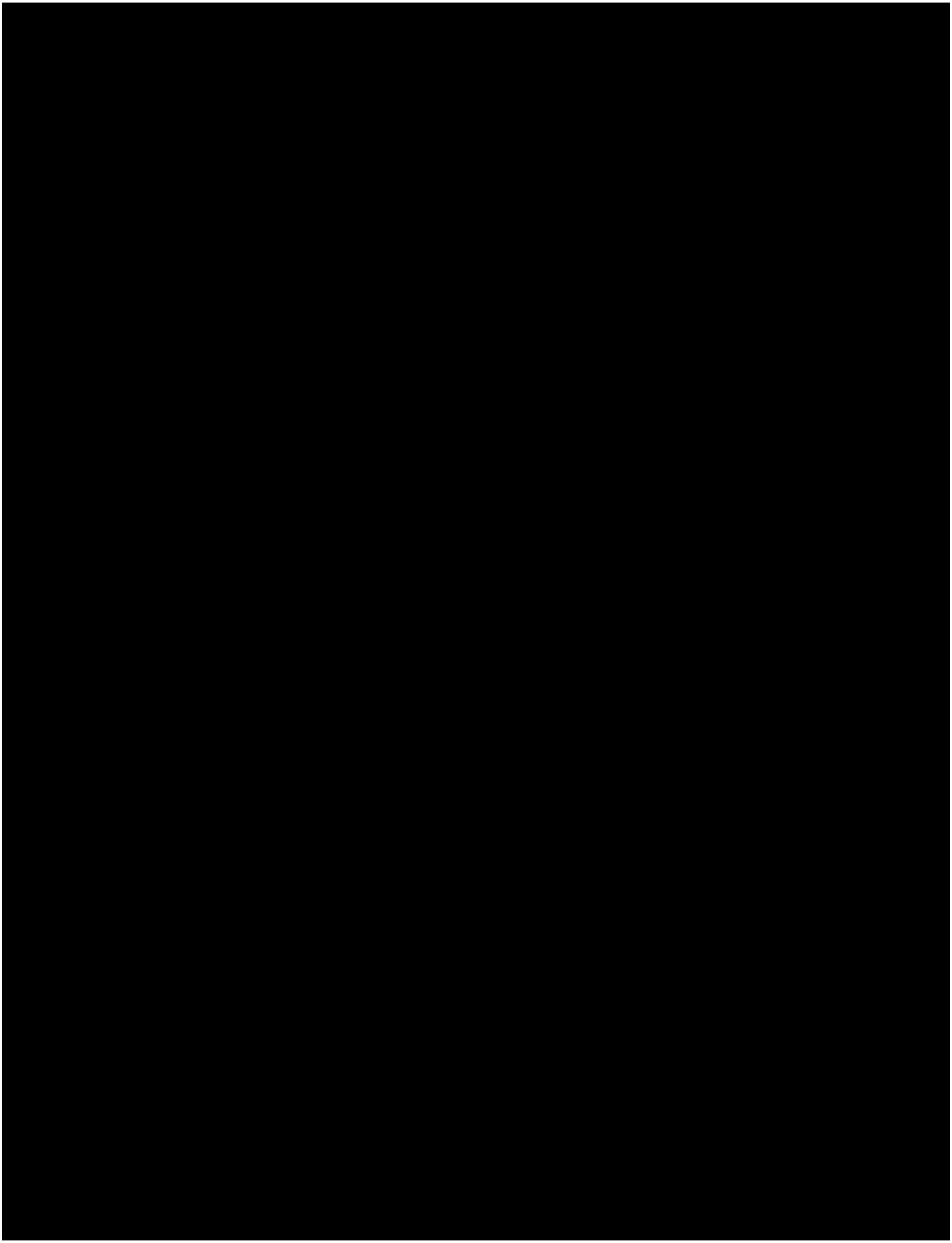
_____ 3. I/we have not authorized another person to sign my/our name(s) to the warrant.

_____ 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





AFFIDAVIT OF FORGED WARRANT

CC - 24
MAR 0 9 2026

The records of the CORPORATE INCOME TAX SECTION of Arkansas reflect that
Agency

NICKEL OPPORTUNITIES BL LLC was issued Warrant number [redacted]
Payee(s) Warrant Number

Dated 01/2024 in the amount of $ 16,236.00, the same being in payment of
Fiscal Year Warrant Amount

[redacted]
Invoice # Agency # Fund Center Commitment Item Fund

[redacted]
Federal Identification #

$0.00 Gross Pay

$0.00 Withholding

Address- Payroll Only

501-682-4775
Daytime Telephone #

Disbursing Officer

I/We, NICKEL OPPORTUNITIES BL LLC, state that:
Payee (s)

CHECK APPROPRIATELY -- ALL THAT APPLY

__X__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
2100 MCKINNEY AVENUE, STE 1500
Address
DALLAS, TX 75201
City, State, Zip Code

Daytime Telephone # 469-621-2097

Payee Signature

Address

City, State, Zip Code

Daytime Telephone # _____

ON THIS THE _____ DAY OF _____, 20___, before me personally appeared _____ 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.

See Attached Certificate
NOTARY PUBLIC

_____ County _____ State

My commission expires _____

(SEAL)

CC - 24
MAR 09 2026

CALIFORNIA JURAT GOVERNMENT CODE § 8202

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on

this 26th day of February, 20 26, by
Date *Month* *Year*

(1) Lindsay Farnsworth

(and (2) _____),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

DAISY SAECHAO
Notary Public - California
San Francisco County
Commission # 2504551
My Comm. Expires Nov 16, 2028

Signature _____
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

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State of Arkansas **Bond for Reissuing Warrant**

Warrant Number to be Reissued [redacted] **Amount** $16,236.00

Paying State Agency CORPORATE INCOME TAX SECTION Phone (501) 682-4775

Agency Contact Jarett Lamb

Know by all men by these presents that we the undersigned, NICKEL OPPORTUNITIES BL LLC

as payee(s) and X Andrew Ott as the **surety** are held and

CC-24 MAR 09 2026

firmly bound unto the State of Arkansas in the sum of:

$32,472.00 (amount must be double the sum of the warrant)

The condition of this obligation is that the said **payee**, NICKEL OPPORTUNITIES BL LLC

has (check one): _____ lost _____ failed to receive _____ stolen

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

Witness Our Hands on this _____ day of _____ ,20 _____

First Payee Name: Signature:

NICKEL OPPORTUNITIES BL LLC ✓ [signature]

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

Second Payee Name: Signature:

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

Payee Mailing Address

Payee Phone Number

Surety must be 18 years of age or older and must be someone other than the payee(s) and not the person notarizing the form

Surety Mailing Address X 2100 McKinney Dallas, TX 75201

Surety Phone Number X 469-621-3001

Surety Name X Andrew Ott (Printed or Typed Name)

Surety Signature X [signature]

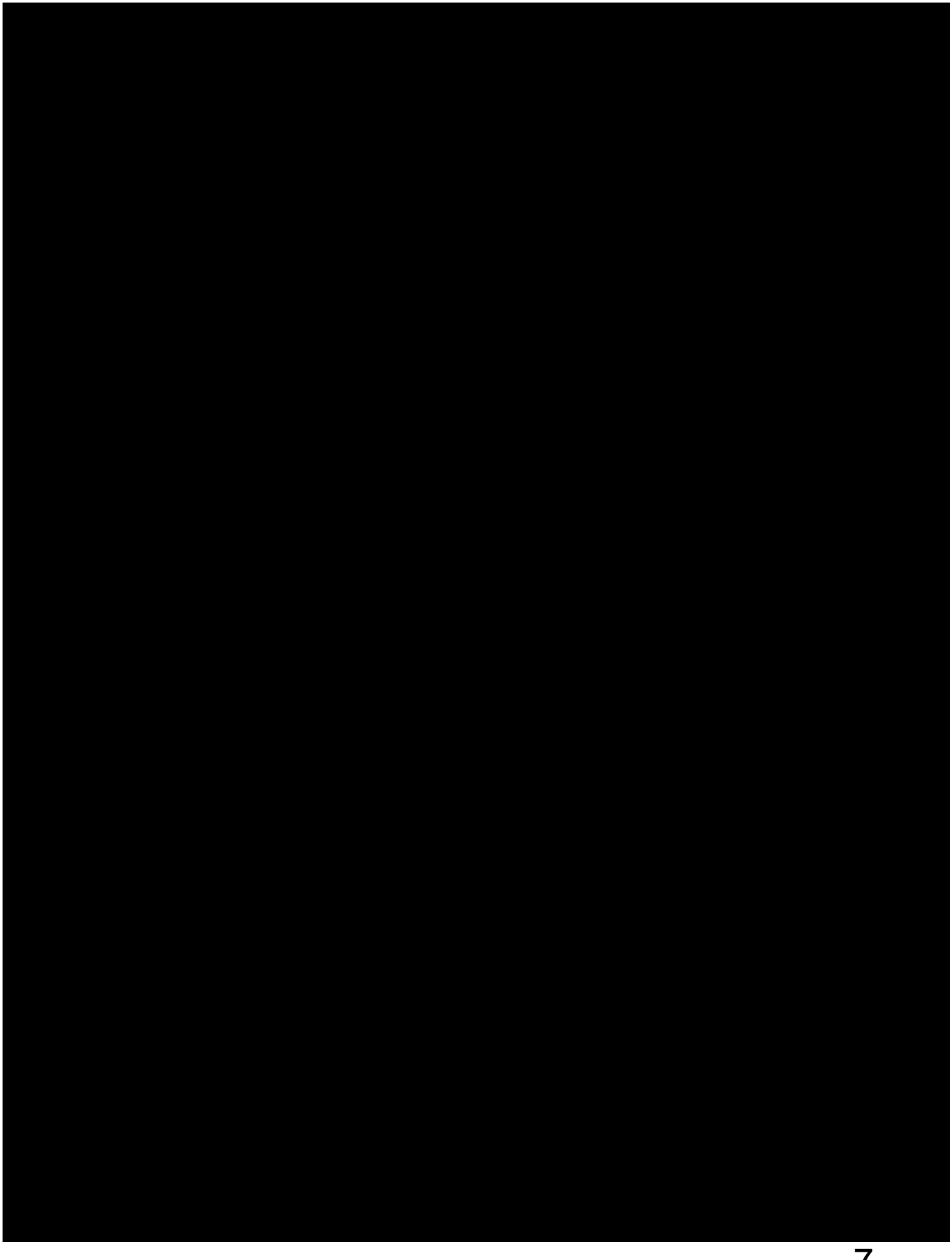
Surety, after first being duly sworn, states that their real and personal property is sufficient to meet the requirements for the bonded amount.

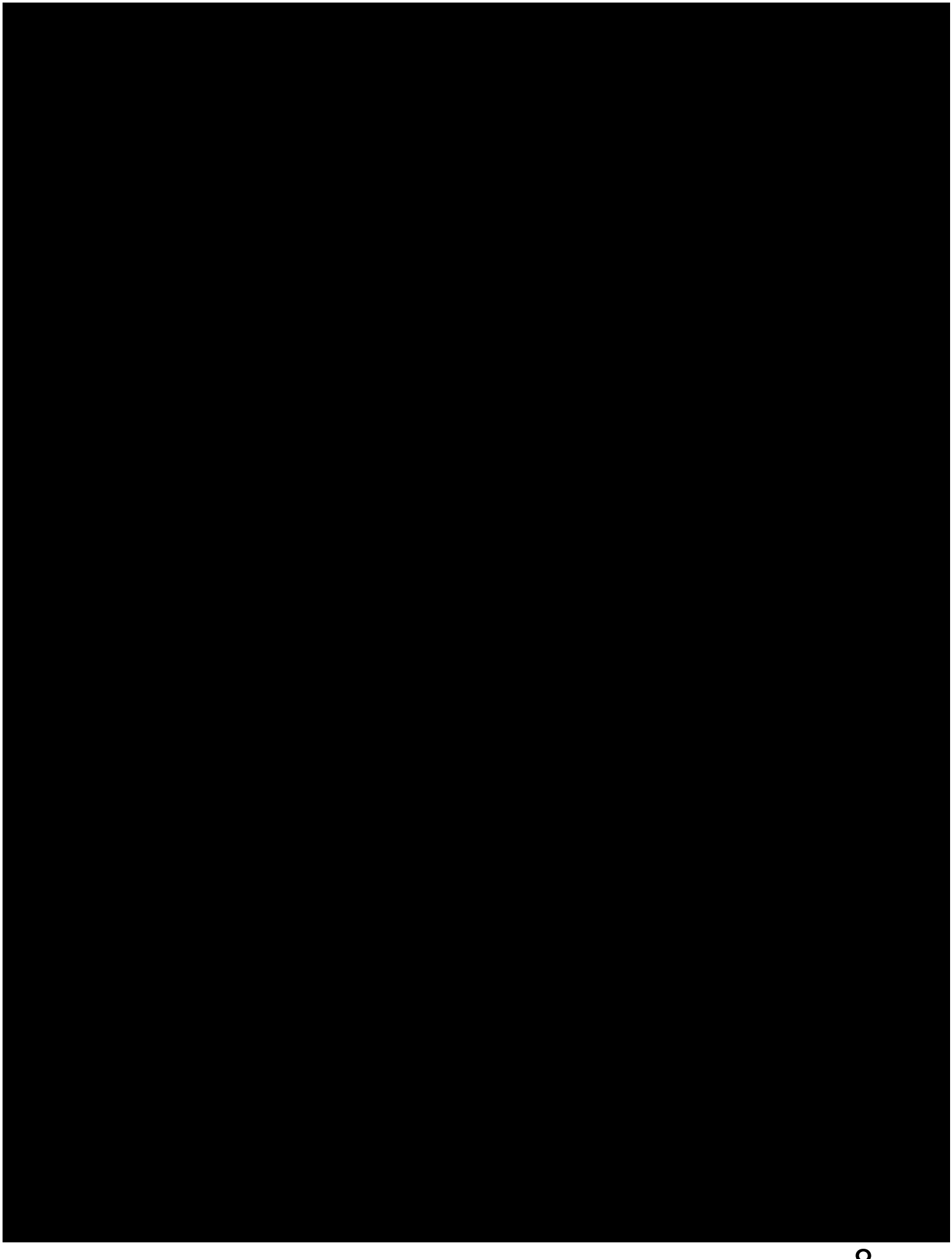
Subscribed and sworn before this 5th day of March ,20 26

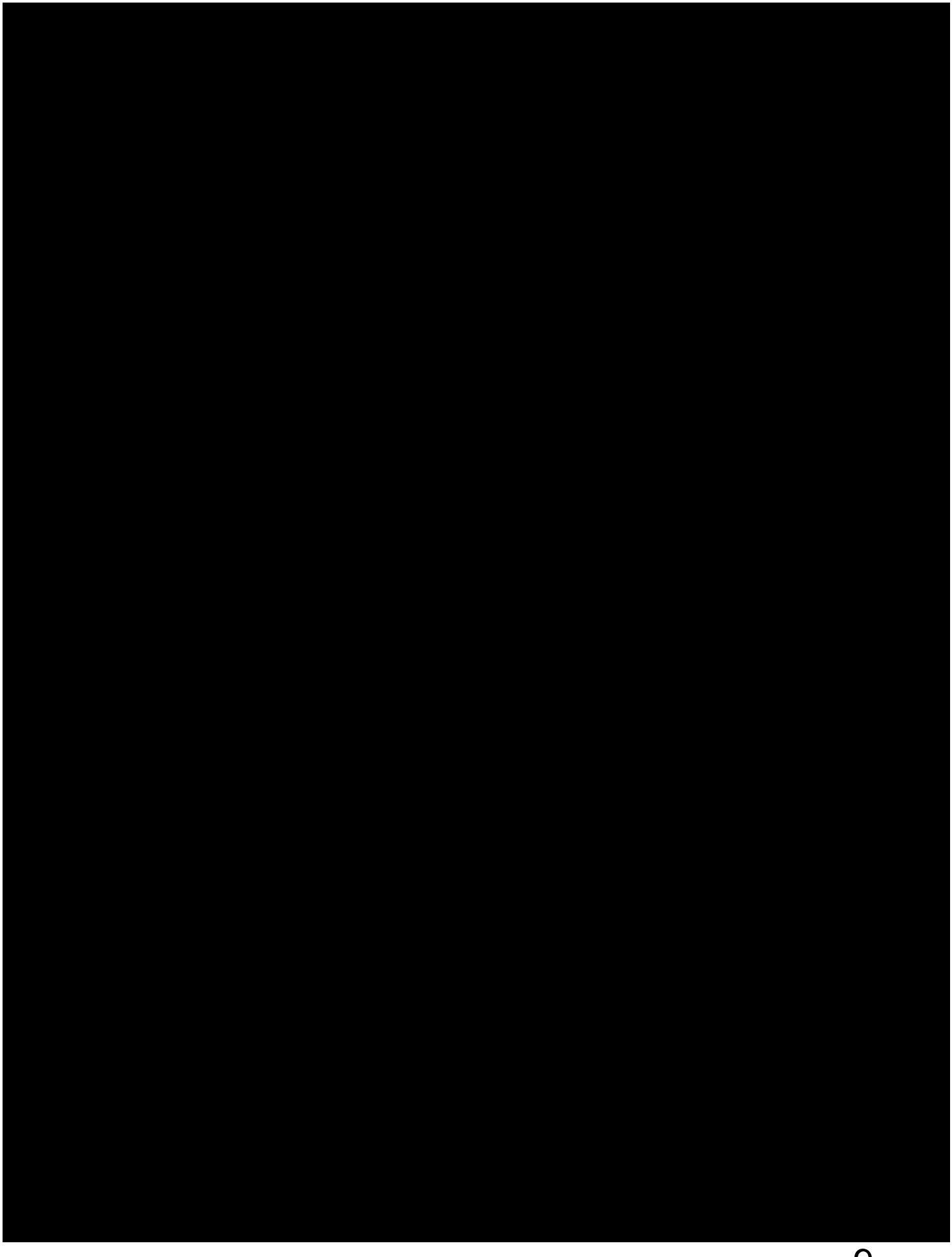
EMILY MCABEE
My Notary ID # 131761896
Expires October 16, 2026

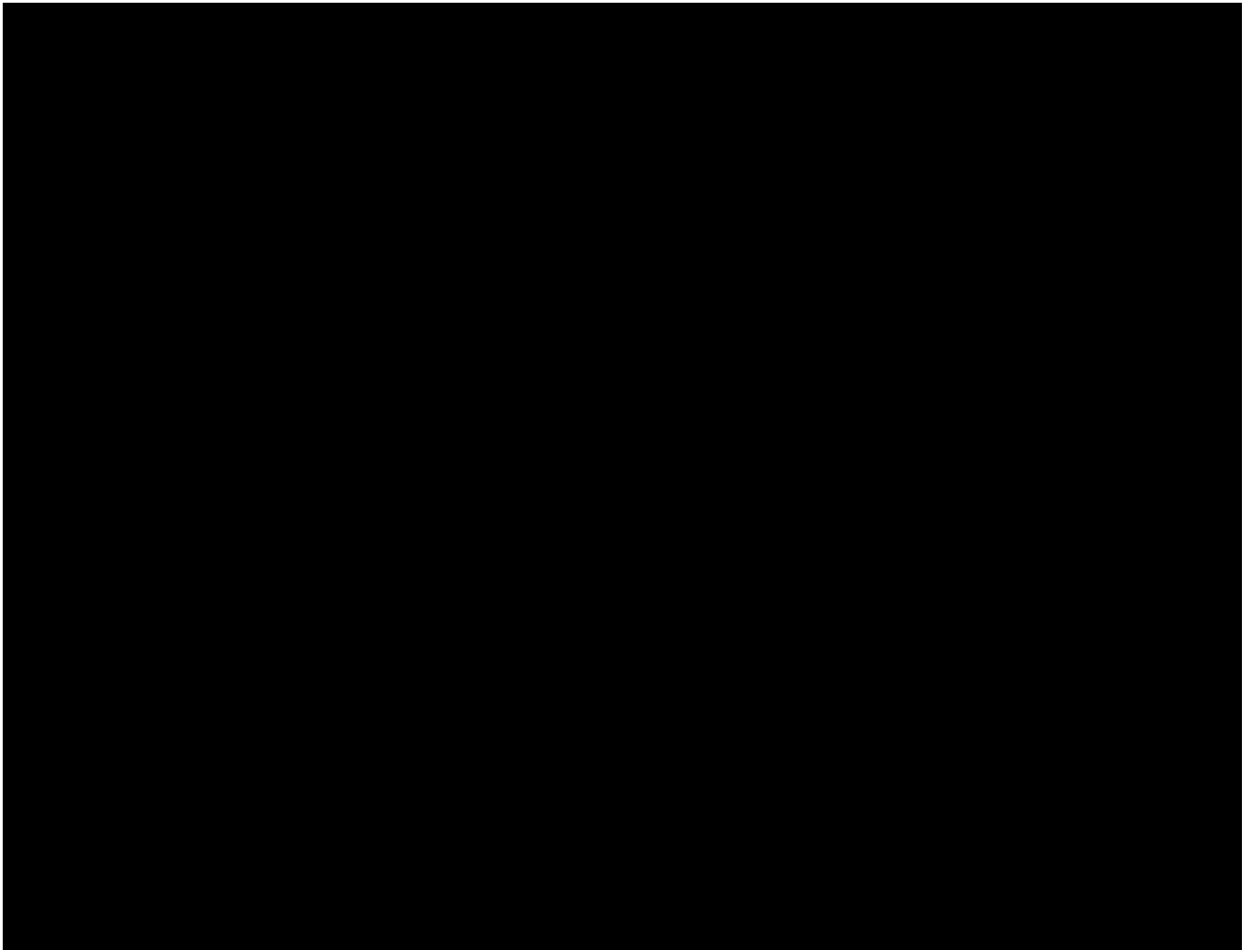
[signature]
Notary Public Signature

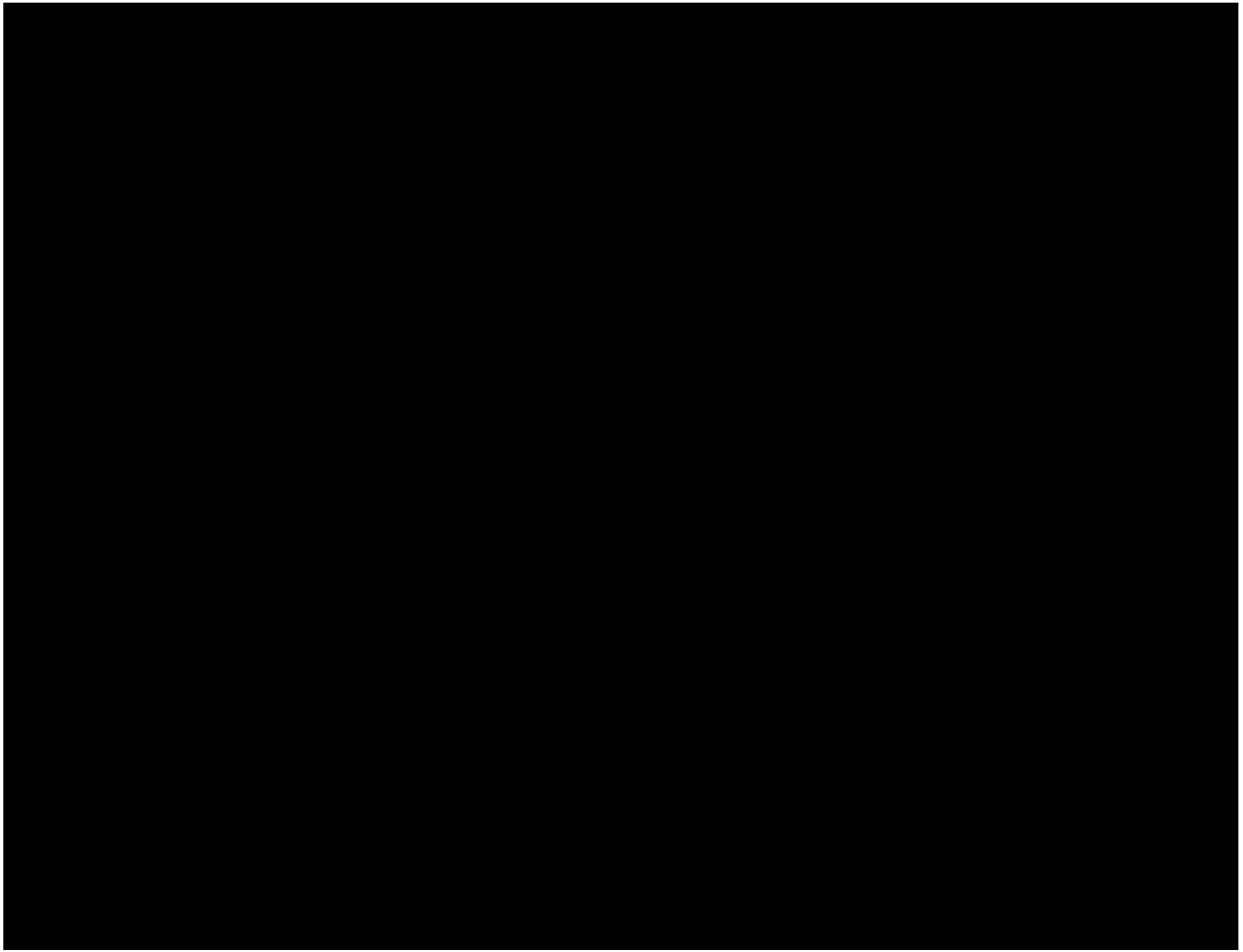
My Commission Expires 5th day of March ,20 26















ARKANSAS STATE CLAIMS COMMISSION
Reissuance of Out-Dated Warrants

Date: 3/17/2026

Warrant: [redacted]

Name of Payee: Nickel Opportunities BL LLC

Amount: $16,236.00

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

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

March 26, 2026

Nickel Opportunities BL LLC
c/o Lindsay Farnsworth
2100 McKinney Avenue, Suite 1500
Dallas, Texas 75201-6928

RE: **Claim No. 261372** – Reissuance of Check No. [redacted]

Dear Ms. Farnsworth,

The Claims Commission received notification from the Arkansas Department of Finance and Administration 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 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

Arkansas State Claims Commission
JUN 12 2026
RECEIVED

COMPLAINT

1. Claimant

Nickel Opportunities BL LLC

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

2100 McKinney Avenue, Suite 1500

(address)

Dallas TX 75201-

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

2. State Agency Involved

Arkansas Department of Finance and Administration

(state agency involved)

3. Claim Type

Reissuance of Warrant

This claim is being filed for the reissuance of warrant # [redacted] date 01-29-2024 payable to Nickel Opportunities BL LLC in the amount of $16,236.00 payable from the Arkansas Department of Finance and Administration. This warrant was not presented to the state treasurer for redemption during the legal redemption period.

Warrant or necessary papers for reissuing lost warrant(s)/check(s) is/are attached to and made a part of this complaint.

Completed paperwork for reissuance of this warrant was received in this office on March 13, 2026.

4. Amount Sought: $16,236.00

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 NICKEL OPPORTUNITIES BL LLC (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.

LINDSAY FARNSWORTH

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

Signature of Representative

ACKNOWLEDGEMENT

State of CALIFORNIA

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.

See Attached Certificate

Signature of Notary Public [seal of office]

My Commission Expires:

CALIFORNIA ACKNOWLEDGMENT CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Francisco

On May 19, 2026 (*Date*) before me, Daisy Saechao, Notary Public (*Here Insert Name and Title of the Officer*),

personally appeared Lindsay Farnsworth (*Name(s) of Signer(s)*),

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

DAISY SAECHAO
Notary Public - California
San Francisco County
Commission # 2504551
My Comm. Expires Nov 16, 2028

Place Notary Seal and/or Stamp Above

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer – Title(s): _____	☐ Corporate Officer – Title(s): _____
☐ Partner – ☐ Limited ☐ General	☐ Partner – ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer is Representing: _____	Signer is Representing: _____

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

NICKEL OPPORTUNITIES BL LLC **CLAIMANT**

V. **CLAIM NO. 261372**

ARKANSAS DEPARTMENT OF FINANCE AND ADMINISTRATION-CORPORATE INCOME TAX **RESPONDENT**

ORDER

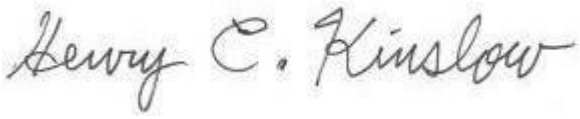
This claim was filed by Nickel Opportunities BL LLC (the "Claimant") requesting reissuance of outdated warrant no. [redacted] (the "Warrant") in the amount of $16,236.00 payable from the Arkansas Department of Finance and Administration-Child Support Enforcement.

The Arkansas State Claims Commission (the "Commission") unanimously allows this claim in the amount of $16,236.00 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



ARKANSAS STATE CLAIMS COMMISSION
Paul Morris, chair

DATE: September 3, 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).