ARKANSA	S STATE	CLAIMS	COMMISSION
AINIMANA	17 17 1 A 1 12		~~~~!!!!!!!!!!!!!!!

	Claim Number	<u>Claimant</u>	Claimant Atty	Respondent	Respondent Atty	Type of Claim	Subject of Hearing	<u>Format</u>
10/19/2023	Other Agency Business							