EXHIBIT 1

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

In re

Michael Reese Medical Center Corporation

Case Number

02-2251

03303048011557

YOUR CLAIM IS SCHEDULED AS

FILED $23 328 50 UNSECURED

JUN 0 2 2003

Denise H. Curtis, Clerk
U.S. Bankruptcy Court for D.C

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303048011557

A&B DIAGNOSTICS INC
4729 W BERENICE AVE
CHICAGO IL 60641-3615

Creditor Telephone Number (773) 794-8677 (773) 343-8679

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent, Unliquidated or Disputed a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from 4/14/02 (date) to 7/2/02 (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $_____ (unsecured) $_____ (secured) $_____ (unsecured priority) $_____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☒ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)

☒ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)

☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Governmental Units

BY MAIL, HAND OR OVERNIGHT DELIVERY TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue, N W
Room 4400 Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

REC'D NOV 0 3 2003

Doctors Community Health Care Claim

01902

DATE SIGNED 5/22/02

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

ABRAHAM K. PHILIP (President)

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF COLUMBIA (DC)

PROOF OF CLAIM

Name of Debtor	Case Number
Pacifica of the Valley Corporation	02-02253

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Name and Address where notices should be sent

Telephone Number

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
- ☐ Check box if you have never received any notices from the bankruptcy court in this case
- ☐ Check box if the address differs from the address on the envelope sent to you by the court

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim
- ☐ Goods sold
- ☐ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U S C §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
  Your SS # _____ _____ _____
  Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred 10/30/02

3 If court judgment, date obtained.

4. Total Amount of Claim at Time Case Filed
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

$ 1921.74

5 Secured Claim
☐ Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim if any $_____

6 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim
- ☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(3)
- ☐ Contributions to an employee benefit plan - 11 U S C §507(a)(4)
- ☐ Up to $ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C § 507(a)(6)
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U S C § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
- ☒ Other - Specify applicable paragraph of 11 U S C § 507(a)(__) SERVICES PROVIDED

**Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

9 Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

FILED
JUL 25 2003
BMC
Doctors Community Health Care Claim
01917

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
12/31/02	Brett Sutherland Brett Sutherland A/P

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

03303052016421

In re
Michael Reese Medical Center Corp

Case Number
02-2251

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303052016421
THE ARGUS PRESS
7440 N NATCHEZ AVE
NILES IL 60714-3802

Creditor Telephone Number (847) 647-7800

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JUN 10 2003
Denise H. Curtis, Clerk
U.S. Bankruptcy Court for D.C.

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
74-2991058	1148250	

1 BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 1,705.83	$ —	$ —	$ 1705 83
(unsecured)	(secured)	(unsecured priority)	(total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL, HAND OR OVERNIGHT DELIVER TO
Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue N W
Room 4400 Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

FILED NOV 03 2003

123

Doctors Community Health Care Claim
01889

DATE SIGNED 5/29/03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Christine Gerentes Christine Gerentes Controller

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

03303052017604

In re ~~GREATER SOUTHEAST COMMUNITY HOSPITAL CORPORATION~~ – PINE GROVE Hospital Corporation

Case Number 02-2252

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303052017604

ARVIZU RACHEL
7361 CAPPS AVENUE
RESEDA CA 91335

Creditor Telephone Number (818) 345-7103

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JUN 03 2003
Denise H Curtis, Clerk
U.S. Bankruptcy Court for D C

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR UNKNOWN

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

Property damage to my truck

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 149.00 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 149.00 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM Do NOT understand Ques #5

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM Do NOT understand Ques #6

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL HAND OR OVERNIGHT DELIVER TO

Read attached note for Question #8.

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue, N W
Room 4400, Washington D C 20001

THIS SPACE FOR COURT USE ONLY

Doctors Community Health Care Claim

01858

108

DATE SIGNED 05/29/2003

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

03303048000577

In re
GREATER SOUTHEAST COMMUNITY HOSPITAL CORPORATION I, et al.,
Debtors.

Case Number
Chapter 11
Case Nos. 02-2250

FILED
MAY 14 2003
Denise H. Curtis, Clerk
U.S. Bankruptcy Court for D.C.

FILED
JUN 02 2003
Denise H. Curtis, Clerk
U.S. Bankruptcy Court for D.C.

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303048000577

CHEN RI GUANG
~~450 W 29TH ST~~ 1907 South Lee Parkway
~~#15E~~
CHICAGO, IL 60616

Creditor Telephone Number (312) 326 0751

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☒ Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #
361-86-5007

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $_____ (unsecured) $_____ (secured) $_____ (unsecured priority) $_____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☒ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL, HAND OR OVERNIGHT DELIVER TO
Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue N W
Room 4400 Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

REC'D AUG 07 2003

Doctors Community Health Care Claim

01732

DATE SIGNED
05-08-2003

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Wei Ming Chen
Wei Ming Chen

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF COLUMBIA	PROOF OF CLAIM
In re Greater Southeast Community Hospital Corporation 1, et, al	Case Number Chapter 11 #02-2250 and #02-2248

03303052018076

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303052018076

DEVROUAX & PURNELL ARCHITECTS
PLANNERS, PC
717 D STREET, NW
WASHINGTON DC 20004

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JUN 02 2003
Denise H Curtis, Clerk
U S Bankruptcy Court for D.C.

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replace or ☐ amends a previously filed claim dated _____
52-1176313		

1 BASIS FOR CLAIM

☐ Goods sold ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U S C § 1114(a)
☒ Services performed ☐ Taxes ☐ Wages salaries and compensation (Fill out below)
☐ Money loaned ☐ Other (describe briefly)

Your social security number _____
Unpaid compensation for services performed from 9/02 (date) to 11/02 (date)

2 DATE DEBT WAS INCURRED | **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 44,136 00 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 44,136 00 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM NA

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM NA

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL HAND OR OVERNIGHT DELIVER TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue, N W
Room 4400, Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

REC'D AUG 07 2003
Doctors Community Health Care Claim
01727

DATE SIGNED May 26, 2003

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Paul S Devrouax, FAIA

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

In re

Greater Southeast Community Hospital Corporation I

Case Number

02-2250

03303048001703

YOUR CLAIM IS SCHEDULED AS

$6 070 00 UNSECURED

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request' for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303048001703

ENVIROMENTAL MANAGEMENT SERVICES
1688 EAST GUIDE DR
ROCKVILLE MD 20850

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

REC'D AUG 0 7 2003

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D # **86-0973343**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED July 19, 2002

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 6,070.00 (unsecured) $_____ (secured) $_____ (unsecured priority) $_____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Governmental Units

BY MAIL HAND OR OVERNIGHT DELIVERY TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue N W
Room 4400, Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

Doctors Community Health Care Claim

01808

DATE SIGNED 7/7/03

SIGN and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPT COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CL M

In re Greater Southeast Community Hospital Corporation I, et at ,

Case Number 02-2250

03303052019811

FILED MAY 0 3 2003 Denise H Curtis, Clerk U.S. Bankruptcy Court for D.C.

FILED MAY 1 6 2003 Denise H Curtis, Clerk U.S Bankruptcy Court for D C

FILED JUN 0 2 2003 Denise H Curtis, Clerk US Bankruptcy Court for D C

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303052019811

HEALTH EDCO INC
NOT AVAILABLE AT TIME OF FILING
WACO TX 76702-1207

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____
74-2339637	4652	

1 BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 241 24	$	$	$ 241.24
(unsecured)	(secured)	(unsecured priority)	(total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child -11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL, HAND OR OVERNIGHT DELIVER TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue, N W
Room 4400, Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

RECD AUG 0 7 2003

Doctors Community Health Care Claim

01731

DATE SIGNED	SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
4-28-03	Pam Niles, Pam Niles Accounts Receivable Supervisor

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF COLUMBIA	PROOF OF CLAIM
In re MICHEL REESE MEDICAL CENTER CORP	Case Number 02-2251

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

ASHA M. JAYASWAMY
C/O ANAND MALLESH
12570 DALE COURT
BROOMFIELD, CO 80020

Creditor Telephone Number() 312 349 5483

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JUN 03 2003
Denise H Curtis, Clerk
U.S. Bankruptcy Court for D.C.

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☑ Other (describe briefly) PROFESSIONAL SERVICE
☐ Retiree benefits as defined in 11 U S C §1114(a)
☐ Wages salaries and compensation (Fill out below)

Your social security number _____

Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED N/A

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 3540.00 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ _____ (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM N/A

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $ _____

6 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11U S C §507(a)(4)
☐ Up to $2 100 of deposits toward purchase lease or rental of property or services for personal family or household use 11U S C §507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11U S C §507(a)(7)
☐ Taxes or penalties owed to governmental units 11U S C §507(a)(8)
☑ Other Specify applicable paragraph of 11U S C §507(a) PROFESSIONAL SERVICES
Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE STAMPED COPY To receive an acknowledgment of your claim, please enclose a self addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00pm Eastern Time on July 9, 2003 for Government units

BY MAIL HAND OR OVERNIGHT DELIVER TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue, N W
Room 4400 Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

REC'D NOV 03 2003

DATE SIGNED 5/30/03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Doctors Community Health Care Claim

01692

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18U S C §§152 AND 3571

FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF COLUMBIA (DC)

Name of Debtor	Case Number
Michael Reese Medical Center Corporation	02-02251

FILED
MAY 06 2004
Denise H Curtis, Clerk

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Name and Address where notices should be sent
McKesson Information Solutions
Attn: John Pickell mail STOP AT- HQ1700
5995 Windward Pkwy
Alpharetta, GA 30005

Telephone Number 404-338-2886

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars.
☐ Check box if you have never received any notices from the bankruptcy court in this case
☑ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim
☒ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C §1114(a)
☐ Wages, salaries and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred. Various See Attached

3 If court judgment, date obtained

4. Total Amount of Claim at Time Case Filed
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges.

$ 40,177.41

5 Secured Claim
☐ Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

6 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim.
☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C §507(a)(4)
☐ Up to $ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(__)

**Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8. Supporting Documents *Attach copies of supporting documents* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

REC'D JUN 01 2004

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
5/5/04	John J. Pierce Mgr. AR

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 1

Doctors Community Health Care Claim
01955

007916

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Columbia

PROOF OF CLAIM

Name of Debtor: Hadley Memorial Hospital Corp.

Case Number: 02-2248

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property): National Fire Insurance Company of Pittsburgh, PA

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where notices should be sent:
Robert W. Ludwig, Jr., Esq.
Ludwig & Robinson, PLLC
555 Eleventh St., NW, Suite 850
Washington, DC 20004
Telephone number (202) 289-1800

FILED
AUG 13 2003
Denise H Curtis, Clerk
U S Bankruptcy Court for D C
THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Breach of Lawsuit Settlement

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____ _____ _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 Date debt was incurred 7/31/02

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 29,068.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim

☐ Wages, salaries or commissions (up to $4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2,100* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U S C § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a)(____)

*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

***8 Supporting Documents** *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary

9 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

REC'D NOV 03 2003
116

Date 8/6/03

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

Doctors Community Health Care Claim
01870

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

* See attached Agreement of Settlement and Release and demands

United States Bankruptcy Court District of COLUMBIA		PROOF OF CLAIM
Name of Debtor **MICHAEL REESE MEDICAL CENTER CORPORATION**	Case Number **02-02251**	FILED APR 20 2004 Denise H Curtis, Clerk US Bankruptcy Court for DC
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503		
Name of Creditor **SBC CORPORATION MIDWEST**	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and Addresses Where Notices Should be Sent SBC MIDWEST BANKRUPTCY GROUP P O BOX 981268 WEST SACRAMENTO, CA 95798 Telephone No 888 704 2265	☐ Check box if you have never received any notices from the bankruptcy court in this case ✱ Check box if the address differs from the address on the envelope sent to you by the court	FILED This space is for Court Use Only APR 20 2004
Account of other number by which creditor identifies debtor **(SEE ATTATCHED)**	Check here if this claim ☐ replaces ✱ amends a previously filed claim, dated 11/7/04	Denise H. Curtis, Clerk U.S. Bankruptcy Court for D.C.
1 Basis for Claim ☐ Goods sold X Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other (Describe briefly)	☐ Retiree benefits as defined in 11 U S C § 1114(a) ☐ ☐ Wages salaries and compensations (Fill out below) Your SS# _____ _____ Unpaid compensations for services performed from _____ to (date) (date)	
2 Date debt was incurred PRIOR TO 11/20/02	**3 If court judgment, date obtained**	

4 Total Amount of Claim at Time Case Filed $92,724 66 UNSECURED NON-PRIORITY

(Additionally SBC AMERITECH reserves all of its rights to setoff and contribution or otherwise as set forth in Section 553 of the United States Bankruptcy Code and as permitted under applicable state law)

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim	6 Unsecured Priority Claim
☐ Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly) Value of Collateral $ Amount of arrearage and other charges at time case filed included in secured claim if any $	☐ Check this box if you have an unsecured priority claim Amount entitled to priority $ Specify the priority of the claim ☐ Wages salaries or commissions (up to $4 300) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier – 11 U S C § 507(a)(3) ☐ Contributions to an employee benefit plan U S C § 507(a)(4) ☐ Up to $1 950 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6) ☐ Alimony Maintenance or support owed to a spouse former spouse or child – 11 U S C §507(a)(7) ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) ☐ Other—Specify applicable paragraph of 11 U S C §507 (a ___) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection lien

9 Date-Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE FOR COURT USE ONLY

RECD MAY 03 2004

Date	
4/14/04	**SBC CORPORATION MIDWEST** BY M. H. Castillo **MARGARET H CASTILLO, BANKRUPTCY REPRESENTITIVE**

Doctors Community Health Care Claim

01953

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

United States Bankruptcy Court District of COLUMBIA		PROOF OF CLAIM
Name of Debtor **MICHAEL REESE MEDICAL CENTER CORPORATION**	Case Number **02-02251**	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503		FILED JAN 13 2004 Denise H. Lewis, Clerk U.S. Bankruptcy Court for D.C.
Name of Creditor **SBC CORPORATION MIDWEST**	☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and Addresses Where Notices Should be Sent SBC MIDWEST BANKRUPTCY GROUP P O BOX 981268 WEST SACRAMENTO, CA 95798 Telephone No 888-704 2265	☐ Check box if you have never received any notices from the bankruptcy court in this case * Check box if the address differs from the address on the envelope sent to you by the court	REC'D FEB 09 2004 This space is for Court Use Only
Account of other number by which creditor identifies debtor **(SEE ATTATCHED)**	Check here if this claim ☐ replaces * amends a previously filed claim dated 3/24/03	
1 Basis for Claim ☐ Goods sold X Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other (Describe briefly)	☐ Retiree benefits as defined in 11 U S C § 1114(a) ☐ ☐ Wages salaries and compensations (Fill out below) Your SS# _____ _____ Unpaid compensations for services performed from _____ to (date) (date)	
2 Date debt was incurred PRIOR TO 11/20/02	**3 If court judgment, date obtained**	

4 Total Amount of Claim at Time Case Filed $87,573.09 UNSECURED NON-PRIORITY

('Additionally, SBC AMERITECH reserves all of its rights to setoff and contribution or otherwise as set forth in Section 553 of the United States Bankruptcy Code and as permitted under applicable state law ')

If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim	**6 Unsecured Priority Claim**
☐ Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly) Value of Collateral $ Amount of arrearage and other charges at time case filed included in secured claim if any $	☐ Check this box if you have an unsecured priority claim Amount entitled to priority $ Specify the priority of the claim ☐ Wages salaries or commissions (up to $4 300) earned within 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier – 11 U S C § 507(a)(3) ☐ Contributions to an employee benefit plan U S C § 507(a)(4) ☐ Up to $1 950* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6) ☐ Alimony Maintenance or support owed to a spouse former spouse or child – 11 U S C §507(a)(7) ☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) ☐ Other—Specify applicable paragraph of 11 U S C §507 (a ___) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 Supporting Documents *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection lien

9 Date-Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of clai

THIS SPACE FOR COURT USE ONLY

Date **1/7/04**

SBC CORPORATION MIDWEST
BY M H. Castillo
MARGARET H CASTILLO, BANKRUPTCY REPRESENTITIVE

Doctors Community Health Care Claim
01934

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF COLUMBIA (DC)

PROOF OF CLAIM

FILED

JUL 0 7 2003

Denise H Curtis, Clerk
U S Bankruptcy Court for D C.

Name of Debtor	Case Number
Pacifica of the Valley Corporation	02-02253

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property)

Name and Address where notices should be sent

SourceOne Healthcare
Technologies, formerly Diagnostic Imaging
595 Miner Rd
Highland Ht OH 44143
James Wochele Credit Manager

Telephone Number 440-483-3432

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☑ Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor 88094

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1. Basis for Claim

☑ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 08/15/02 – 02/05/03

3 If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges

$ $1242 56

5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $_____

6 Unsecured Priority Claim
☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim
☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C §507(a)(4)
☐ Up to $ 2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U S C § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(__)

**Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment*

7. Credits. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary

9 Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

REC'D NOV 0 3 2003

Doctors Community Health Care Claim
01845

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
6-30 03	David Wochele — SourceOne Heathcare Technologies, James Wochele, Credit Manager

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

340

005492

FORM B10 (Official Form 10) (12/03)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Columbia

PROOF OF CLAIM

Name of Debtor: D C General Hospital

Case Number: 02-02250

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U.S C § 503

Name of Creditor (The person or other entity to whom the debtor owes money or property): Stanley Access Tech.

Name and address where notices should be sent:
C/o Desire Santos
65 South Swamp Rd
Farmington, Ct 06032

Telephone number 860-679-6492

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

FILED
DEC - 4 2003
Denise H Curbs, Clerk
U.S. Bankruptcy Court for D C

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1 Basis for Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ _____ (unsecured) _____ (secured) _____ (priority) _____ (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 Secured Claim

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $_____

Amount of arrearage and other charges at time case filed included in secured claim if any $_____

6 Unsecured Nonpriority Claim $_____

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $ 330344

Specify the priority of the claim

☐ Wages, salaries, or commissions (up to $4 650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan - 11 U S C § 507(a)(4)
☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal family, or household use - 11 U S C § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units-11 U S C § 507(a)(8)
☐ Other - Specify applicable paragraph of 11 U S C § 507(a)(____)

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 Supporting Documents *Attach copies of supporting documents* such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous attach a summary

10 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

Date: 12/3/03

Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

THIS SPACE IS FOR COURT USE ONLY

RECD
DEC 08 2003
BMC

Doctors Community Health Care Claim

01923

Penalty for presenting fraudulent claim Fine of up to $500,000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

20-1516
4/97

United States Bankruptcy Court

B 19
(3 88) _____ DISTRICT OF Columbia

Proof of Claim

REC'D FEB 0 9 2004

Name of Debtor
Southeast Community Hospital

Bankruptcy Case No
02-02250

(The Creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor

verizon

540 Broad Street
8th Floor
Newark NJ 07102

☒ Check box if you never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court.

☐ Check box and attach copy of assignment if claim has been assigned to you

FILED
JAN 2 2 2004
Denise n Curtis, Clerk
U.S. Bankruptcy Court for D.C.

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor
202 J36-0609 935

Check here if this claim
☐ replaces ☐ supplements
☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods purchased
☒ Services performed
☐ Monies loaned
☐ Other forms of contract (identify)
☐ Personal Injury/Wrongful death/Property damage
☐ Other (Describe briefly) _____

☐ Wages Salaries and Commissions (Fill out below)
Your social security number _____
Unpaid services performed from _____ to _____
Nature of service (Describe briefly)
_____

2 DATE DEBT WAS INCURRED
11 20-2002

3 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority (2) Priority (3) Secured. It is possible for a claim to be partly in one category and partly in another – such as wage claim which may be a priority claim for the first $2 000 and an unsecured nonpriority claim for the balance Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim

STATE THE AMOUNT OF THE CLAIM

☒ UNSECURED NONPRIORITY CLAIM $3 048 14
For the purpose of this form a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt.

☐ SECURED CLAIM _____
Attach evidence of perfection of security
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other
_____
_____

☐ PRIORITY CLAIM _____
Specify the priority of the claim by checking the appropriate box(es)

☐ Wages salaries or commissions (up to $2 000 earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier) – 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan – 11 U S C § 507(a)(4)
☐ Up to $900 of deposits toward purchase lease or rental of property or services for personal family or household use – 11 U S C § 507(a)(6)
☐ Taxes or penalties of government units – 11 U S C § 507(a)(7)
☐ Other specify _____

4 TOTAL AMOUNT OF CLAIM $3 048 14 (Unsecured) + _____ (Secured) + _____ (Priority) = $3 048 14 (Total)

5 Attach copies of documents in support of this claim such as purchase orders invoices itemized statement of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

6 This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition Such expenses may be paid only upon proper application and notice pursuant to 11 U S C § 503

7 CREDITS AND SETOFFS Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim

8 To receive an acknowledgment of the receipt of your claim enclose a stamped self addressed envelope and a copy of your claim

THIS SPACE IS FOR COURT USE ONLY

DECLARATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown that there is no security for the debt other than that stated above or in an attachment to this form that no unmatured interest is included and that the undersigned is authorized to make this claim

Date 1/14/04 Sign and Print the Name and Title if any of the Creditor or Other Person Authorized to File this Claim (attach copy of power of attorney if any)
Tangela N Spivey

Penalty for Presenting Fraudulent Claim Fine of up to $500 000 or imprisonment for up to 5 years or both Title 18 U S C § 152 & § 3623

Doctors Community Health Care Claim
01936

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

03303052017384

In re Greater Southeast Community Hospital

Case Number 02-2250

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303052017384

WARNER MD CHRISTOPHER A
~~7411 WOODSIDE PARKWAY~~
~~SILVER SPRING MD 20910~~
Warner OB/GYN Assoc PC.
1328 Southern Ave. SE #206
Wash, DC 20032

Creditor Telephone Number (202) 373-1670

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

FILED
JUN 06 2003
Denise H Curtis, Clerk
U S Bankruptcy Court for D.C

If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D # 52-2230852

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☒ Wages salaries and compensation (Fill out below)

Your social security number 213 08 3655

Unpaid compensation for services performed from Sept. (date) to Nov. 2002 (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ _____ (unsecured) $ _____ (secured) $ 6156.25 (unsecured priority) $ 6156.25 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☒ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)

☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)

☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)

☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)

☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)

☐ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Government units

BY MAIL HAND OR OVERNIGHT DELIVER TO

Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue N W
Room 4400 Washington D C 20001

THIS SPACE FOR COURT USE ONLY
REC'D AUG 07 2003

Doctors Community Health Care Claim
01715

DATE SIGNED 6 3 03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

B10 (Official Form 10)
(Rev 6/91)

United States Bankruptcy Court District of COLUMBIA	PROOF OF CLAIM
In re (Name of Debtor) GREATER SE HOSPITAL	Case Number 02-2249

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor
(The person or entity to whom the debtor owes money or property)
WASHINGTON HOSPITAL CENTER

Name and Addresses Where Notices Should be Sent
FRANK SHAULIS, ESQ
P.O BOX 41
GLEN BURNIE, MD 21061

Telephone No 410-553-0860

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

FILED
JAN 29 2004
Clerk, U.S. Bankruptcy Court for D.C.

REC'D FEB 09 2004

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
10448701-2

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly)

☐ Retiree benefits as defined in 11 U.S C § 1114(a)
☐ Wages salaries and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
SEE ATTACHED

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

☐ SECURED CLAIM $ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above if any $ _____

☑ UNSECURED NONPRIORITY CLAIM $ 4014 00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim

☐ UNSECURED PRIORITY CLAIM $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier)—11 U.S C § 507(a)(3)
☐ Contributions to an employee benefit plan—U S C § 507(a)(4)
☐ Up to $900 of deposits toward purchase, lease or rental of property or services for personal family, or household use—11 U S C § 507(a)(6)
☐ Taxes or penalties of governmental units—11 U S.C § 507(a)(7)
☐ Other—11 U S C §§ 507(a)(2), (a)(5)—(Describe briefly)

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED $ 4,014 00 (Unsecured) $ _____ (Secured) $ _____ (Priority) $ 4,014 00 (Total)

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim, claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

Date
1/23/04

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Frank R Shaulis FRANK R SHAULIS, ESQ

Doctors Community Health Care Claim
01939

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571

UNITED STATES BANKRUPTC OURT
FOR THE DISTRICT OF COLUMBIA

PROOF OF CLAIM

In re #9601
Pacifica Hospital of the Valley Corporation

Case Number
02-2253

03303048010696

YOUR CLAIM IS SCHEDULED AS

$1 270 74 UNSECURED

FILED
JUL 1 5 2003
Denise H Curtis, Clerk
US Bankruptcy Court for DC

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A 'request for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

03303048010696
ARTHREX
2885 HORSESHOE DR S
NAPLES FL 34104-6130

Creditor Telephone Number (800) 595-4165 x 2122

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☒ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below
If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed
If you have already filed a proof of claim with the Bankruptcy Court, you do not need to file again

CREDITOR TAX I D # 06-1121728

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM
☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE $ 1098 74 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 1,098.74 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim Attach itemized statement of all interest or additional charges

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate
☐ Motor Vehicle
☐ Other _____

Value of collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any $_____

6 UNSECURED PRIORITY CLAIM

☒ Check this box if you have an unsecured priority claim

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child -11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)
☒ Other Specify applicable paragraph of 11 U S C § 507(a) _____

Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

purchase of product

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5 00 pm, Eastern Time on May 30, 2003 for Non-Government Claimants OR on or before 5 00 pm, Eastern Time on July 9, 2003 for Governmental Units

BY MAIL, HAND OR OVERNIGHT DELIVERY TO
Clerk of the Court
United States Bankruptcy Court
333 Constitution Avenue N W
Room 4400 Washington, D C 20001

THIS SPACE FOR COURT USE ONLY

REC'D NOV 0 3 2003
21 / 7

DATE SIGNED 6/27/03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Kathy Johnson, AR Supervisor
Kathy Johnson

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Doctors Community Health Care Claim
01848