

FILED IN CLERK'S OFFICE  
U.S. BANKRUPTCY COURT  
NORTHERN DISTRICT  
OF GEORGIA

B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b>		Northern District of Georgia	2015 JAN 26 PM 4:55 <b>PROOF OF CLAIM</b>
Name of Debtor: <b>Hutcheson Medical Division, Inc.</b>		Case Number: <b>14-42864</b>	BY <u>H. REGINA THOMAS</u> CLERK <u>DEPUTY CLERK</u>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Southern Management ABM, LLC</b>			<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Andrew T. Green, McCathern, PLLC, 2000 West Loop South, Ste. 2100, Houston, TX 77027</b>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: (832) 633-8689 email: <a href="mailto:agreen@mccathernlaw.com">agreen@mccathernlaw.com</a>			Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above): <b>Same as above.</b>			<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: _____ email: _____			<b>RECEIVED</b>
1. Amount of Claim as of Date Case Filed: \$ <u>8,954.01</u>			<b>FEB 02 2015</b>
If all or part of the claim is secured, complete item 4.			<b>BMC GROUP</b>
If all or part of the claim is entitled to priority, complete item 5.			
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement of interest or charges.			
2. Basis for Claim: <b>Goods and/or services provided.</b> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <b>0 1 4 0</b>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier -- 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ _____
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units -- 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other -- Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).	
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction _____)			

Hutcheson Med POC  
00094

B10 (Court Form 10) (2/13)

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7. Documentation: Attached are indicated copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(e)(3)(A). If the claim is secured, box 4 has been completed, and indicated copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction 87, and the definition of "secured.")

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

If the documents are not available, please explain:

8. Signature: (See instruction 60)

Check the appropriate box:

- I am the creditor.
- I am the creditor's authorized agent.
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, indorser, or other obligor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Scott Steward  
 Title: Director of Operations  
 Company: Southern Management ABM LLC  
 Address and telephone number (if different from notice address above):  
4181 Senator Street  
Memphis, Tennessee 38118  
 Telephone number: (901) 389-9300 email:

Scott Steward 1-20-15  
 (Signature) (Date)

Penalty for providing fraudulent claims: Fines of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 1571.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the form. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply. Items to be completed in Proof of Claim Form.

**Court, Name of Debtor, and Case Number:**  
 Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**  
 Fill in the name of the person or entity asserting a claim and the home and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 3002(g).

**1. Amount of Claim as of Date Case Filed:**  
 State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**  
 State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**  
 State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Selected Account At:**  
 Report a change in the creditor's name, a transferred claim, or any other information that identifies a difference between this proof of claim and the claim as established by the debtor.

**3b. Uniform Claim Identifier:**  
 If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**  
 Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the amount loaned (and whether it is fixed or variable), and the amount paid on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):**  
 If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in cases of the categories, the law limits the amount entitled to priority.

**6. Creditor:**  
 An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documentation:**  
 Attach indicated copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(e) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(e) and (f). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**  
 The individual completing this proof of claim must sign and date it. FRBP 3001. If the claim is filed electronically, FRBP 3005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 3001(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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DEFINITIONS	INFORMATION
<p><b>Debtor</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p><b>Creditor</b> A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).</p> <p><b>Claim</b> A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p><b>Proof of Claim</b> A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.</p> <p><b>Secured Claim Under 11 U.S.C. § 506 (a)</b> A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.</p>	<p>A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p><b>Unsecured Claim</b> An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.</p> <p><b>Claims Entitled to Priority Under 11 U.S.C. § 507 (a)</b> Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.</p> <p><b>Evidence of Perfection</b> Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.</p> <p><b>Acknowledgment of Filing of Claim</b> To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (<a href="http://www.pacer.nsc.uscourts.gov">www.pacer.nsc.uscourts.gov</a>) for a small fee to view your filed proof of claim.</p> <p><b>Offers to Purchase a Claim</b> Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.</p>

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 HUTCHESON MEDICAL CENTER  
 615 EAST VILLANOW STREET  
 La Fayette, GA 30728

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FT. OGLETHORPE, GA 30742

Job #: 64180018  
 Customer #: 6470140  
 Customer PO #:  
 Invoice #: 7065947  
 Service Thru: 09/30/14  
 Invoice Date: 09/01/14  
 Invoice Due Date: 09/16/14  
 Amount Due: \$1,404.34

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7065947  
 Invoice Date: 09/01/14

Customer #: 6470140  
 Job #: 64180018  
 Service Thru: 09/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICE	\$1,404.34			\$1,404.34

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$1,404.34
Tax Amount	\$0.00
Total Invoice	\$1,404.34

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 HUTCHESON MEDICAL CENTER  
 CHICKAMAUGA  
 FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FT. OGLETHORPE, GA 30742

Job #: 64180020  
 Customer #: 6470252  
 Customer PO #:  
 Invoice #: 7065948  
 Service Thru: 09/30/14  
 Invoice Date: 09/01/14  
 Invoice Due Date: 10/01/14  
 Amount Due: \$620.33

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7065948  
 Invoice Date: 09/01/14

Customer #: 6470252  
 Job #: 64180020  
 Service Thru: 09/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SVC-CHICKAMAUGA	\$620.33			\$620.33

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$620.33
Tax Amount	\$0.00
<b>Total Invoice</b>	<b>\$620.33</b>

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 TRENTON FAMILY PRACTICE  
 12978 NORTH MAIN STREET  
 Trenton, GA 30752

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FT. OGLETHORPE, GA 30742

Job #: 64180197  
 Customer #: 6470252  
 Customer PO #:  
 Invoice #: 7065968  
 Service Thru: 09/30/14  
 Invoice Date: 09/01/14  
 Invoice Due Date: 10/01/14  
 Amount Due: \$960.00

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7065968  
 Invoice Date: 09/01/14

Customer #: 6470252  
 Job #: 64180197  
 Service Thru: 09/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICES-GENERAL	\$960.00			\$960.00

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$960.00
Tax Amount	\$0.00
Total Invoice	\$960.00

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 HUTCHESON MEDICAL CENTER  
 615 EAST VILLANOW STREET  
 La Fayette, GA 30728

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FORT OGLETHORPE, GA 30742

Job #: 64180018  
 Customer #: 6470140  
 Customer PO #:  
 Invoice #: 7184589  
 Service Thru: 10/31/14  
 Invoice Date: 10/01/14  
 Invoice Due Date: 10/16/14  
 Amount Due: \$1,404.34

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7184589  
 Invoice Date: 10/01/14

Customer #: 6470140  
 Job #: 64180018  
 Service Thru: 10/31/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICE	\$1,404.34			\$1,404.34

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$1,404.34
Tax Amount	\$0.00
<b>Total Invoice</b>	<b>\$1,404.34</b>

# Invoice

SOUTHERN MANAGEMENT  
4295 CROMWELL ROAD, STE 412  
CHATTANOOGA, TN 37421  
(423) 631-3130

Remit to:  
SOUTHERN MANAGEMENT  
POST OFFICE BOX 404292  
ATLANTA, GA 30384-4292

Service Location:  
HUTCHESON MEDICAL CENTER  
CHICKAMAUGA  
FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CENTER  
100 GROSS CRESCENT CIRCLE  
  
FORT OGLETHORPE, GA 30742

Job #: 64180020  
Customer #: 6470252  
Customer PO #:  
Invoice #: 7184590  
Service Thru: 10/31/14  
Invoice Date: 10/01/14  
Invoice Due Date: 10/31/14  
Amount Due: \$620.33

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
Invoice #: 7184590  
Invoice Date: 10/01/14

Customer #: 6470252  
Job #: 64180020  
Service Thru: 10/31/14  
Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SVC-CHICKAMAUGA	\$620.33			\$620.33

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$620.33
Tax Amount	\$0.00
Total Invoice	\$620.33



# Invoice

SOUTHERN MANAGEMENT  
4295 CROMWELL ROAD, STE 412  
CHATTANOOGA, TN 37421  
(423) 531-3130

Remit to:  
SOUTHERN MANAGEMENT  
POST OFFICE BOX 404292  
ATLANTA, GA 30384-4292

Service Location:  
TRENTON FAMILY PRACTICE  
12978 NORTH MAIN STREET  
Trenton, GA 30752

HUTCHESON MEDICAL CENTER  
100 GROSS CRESCENT CIRCLE  
  
FORT OGLETHORPE, GA 30742

Job #: 64180197  
Customer #: 6470252  
Customer PO #:  
Invoice #: 7184610  
Service Thru: 10/31/14  
Invoice Date: 10/01/14  
Invoice Due Date: 10/31/14  
Amount Due: \$960.00

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
Invoice #: 7184610  
Invoice Date: 10/01/14

Customer #: 6470252  
Job #: 64180197  
Service Thru: 10/31/14  
Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICES-GENERAL	\$960.00			\$960.00

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$960.00
Tax Amount	\$0.00
Total Invoice	\$960.00

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 HUTCHESON MEDICAL CENTER  
 615 EAST VILLANOW STREET  
 La Fayette, GA 30728

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FORT OGLETHORPE, GA 30742

Job #: 64180018  
 Customer #: 6470140  
 Customer PO #:  
 Invoice #: 7291859  
 Service Thru: 11/30/14  
 Invoice Date: 11/01/14  
 Invoice Due Date: 11/16/14  
 Amount Due: \$1,404.34

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7291859  
 Invoice Date: 11/01/14

Customer #: 6470140  
 Job #: 64180018  
 Service Thru: 11/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICE	\$1,404.34			\$1,404.34

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$1,404.34
Tax Amount	\$0.00
Total Invoice	\$1,404.34

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 HUTCHESON MEDICAL CENTER  
 CHICKAMAUGA  
 FORT OGLETHORPE, GA 30742

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FORT OGLETHORPE, GA 30742

Job #: 64180020  
 Customer #: 6470252  
 Customer PO #:  
 Invoice #: 7291860  
 Service Thru: 11/30/14  
 Invoice Date: 11/01/14  
 Invoice Due Date: 12/01/14  
 Amount Due: \$620.33

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7291860  
 Invoice Date: 11/01/14

Customer #: 6470252  
 Job #: 64180020  
 Service Thru: 11/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SVC-CHICKAMAUGA	\$620.33			\$620.33

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$620.33
Tax Amount	\$0.00
<b>Total Invoice</b>	<b>\$620.33</b>

# Invoice

SOUTHERN MANAGEMENT  
 4295 CROMWELL ROAD, STE 412  
 CHATTANOOGA, TN 37421  
 (423) 531-3130

Remit to:  
 SOUTHERN MANAGEMENT  
 POST OFFICE BOX 404292  
 ATLANTA, GA 30384-4292

Service Location:  
 TRENTON FAMILY PRACTICE  
 12978 NORTH MAIN STREET  
 Trenton, GA 30752

HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FORT OGLETHORPE, GA 30742

Job #: 64180197  
 Customer #: 6470252  
 Customer PO #:  
 Invoice #: 7291880  
 Service Thru: 11/30/14  
 Invoice Date: 11/01/14  
 Invoice Due Date: 12/01/14  
 Amount Due: \$960.00

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

SOUTHERN MANAGEMENT  
 Invoice #: 7291880  
 Invoice Date: 11/01/14

Customer #: 6470252  
 Job #: 64180197  
 Service Thru: 11/30/14  
 Page: 1 of 1

Remarks	Amount	Tax	Tax Rate	Total
JANITORIAL SERVICES-GENERAL	\$960.00			\$960.00

Late payments shall be subject to a late payment charge at the rate of 1 1/2% per month.

Pre-Tax Amount	\$960.00
Tax Amount	\$0.00
<b>Total Invoice</b>	<b>\$960.00</b>

# Northern District of Georgia Claims Register

14-42864-pwb Hutcheson Medical Division, Inc.

**Judge:** Paul W. Bonapfel      **Chapter:** 11  
**Office:** Rome      **Last Date to file claims:**  
**Trustee:**      **Last Date to file (Govt):**

<i>Creditor:</i> (18774570)	<b>Claim No:</b> 5	<i>Status:</i>
Southern Management ABM, LLC	<i>Original Filed</i>	<i>Filed by:</i> CR
Andrew T. Green	<i>Date:</i> 01/26/2015	<i>Entered by:</i> jcm
2000 West Loop South Ste 2100 Houston, TX 77027	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 01/28/2015	
Amount claimed: \$8954.01		

*History:*  
*Details* 5-1 01/26/2015 Claim #5 filed by Southern Management ABM, LLC, Amount claimed: \$8954.01 (jcm)  
*Description:*  
*Remarks:*

## Claims Register Summary

**Case Name:** Hutcheson Medical Division, Inc.  
**Case Number:** 14-42864-pwb  
**Chapter:** 11  
**Date Filed:** 11/20/2014  
**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b>	\$8954.01
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		