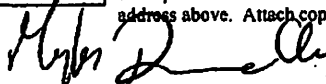


B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Northern District of Georgia FILED IN CLERK'S OFFICE NDOGA ROME DIVISION		PROOF OF CLAIM
Name of Debtor: Hutcheson Medical Center		Case Number: 14-42863-pwb
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): AngioDynamics		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: AngioDynamics Credit & Collections 14 Plaza Drive Latham, NY 12110 Telephone number: (518) 742-4455		
Name and address where payment should be sent (if different from above): Same as Above Telephone number:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>36,804.45</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <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 \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, 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). <input type="checkbox"/> Up to \$2,600* 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)(). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: <u>Goods Sold</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>8154</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <u>36,804.45</u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 03/11/2015	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  MYLES DONNELLY AIR 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.

Hutcheson Med POC

 00239



Remit to address:

Mail: PO Box 1549, ALBANY, NY 12201-1549
 Wire/ACH: Wire Account # 329 681 020 627
 ABA Routing # 021300077, BIC: KEYBUS33,
 Key Bank, BROOKLYN, OH 44144

Statement Date: 08-DEC-14

Statement Address:

Hutcheson Medical Center : 7867
 100 Gross Crescent Circle
 Fort Oglethorpe GA 30742
 United States

Customer Num : 18154

Dear Customer:

According to our records, your account with us contains the following balances as of the statement date

Invoice Number	Purchase Order Number	Transaction Type	Invoice Date	Due Date	Transaction Amount	Amount Due
91173703	03698	Invoice	14-NOV-13	13-JAN-14	1,342.24	
91173703	Key Bank Checks/Lockbox: 3469: 1,000.00	Payment	01-AUG-14		-1,000.00	342.24
91174966	04177	Invoice	18-NOV-13	17-JAN-14	790.00	790.00
91178406	04284	Invoice	25-NOV-13	24-JAN-14	790.00	790.00
91179064	04364	Invoice	26-NOV-13	25-JAN-14	395.00	395.00
91181018	04391	Invoice	02-DEC-13	31-JAN-14	867.04	867.04
91192307	04772	Invoice	27-DEC-13	25-FEB-14	232.08	232.08
91194354	04847	Invoice	02-JAN-14	03-MAR-14	1,700.14	1,700.14
91197298	04965	Invoice	09-JAN-14	10-MAR-14	435.53	435.53
2002799	05220	Invoice	23-JAN-14	22-FEB-14	1,006.17	1,006.17
2005387	04910	Invoice	27-JAN-14	26-FEB-14	4,785.03	
2005387	Credit Memo: 2117639	Credit Memo	10-JUN-14		-1,968.00	2,817.03
2026155	05590	Invoice	20-FEB-14	22-MAR-14	1,303.87	1,303.87
2027782	05220	Invoice	24-FEB-14	26-MAR-14	1,064.24	1,064.24
2031251	05421	Invoice	26-FEB-14	28-MAR-14	334.14	334.14
2040453	05735	Invoice	10-MAR-14	09-APR-14	395.00	395.00
2041363	05854	Invoice	11-MAR-14	10-APR-14	1,640.00	1,640.00
2049128	06054	Invoice	20-MAR-14	19-APR-14	1,313.74	1,313.74
2049523	06075	Invoice	20-MAR-14	19-APR-14	1,271.87	1,271.87
2053871	05854	Invoice	26-MAR-14	25-APR-14	1,064.24	1,064.24
2062914	06271	Invoice	07-APR-14	07-MAY-14	982.81	982.81
2066689	06375	Invoice	10-APR-14	10-MAY-14	395.00	395.00
2085792	06777	Invoice	02-MAY-14	01-JUN-14	405.15	405.15
2086898	06771	Invoice	05-MAY-14	04-JUN-14	836.16	836.16
2091757	06855	Invoice	09-MAY-14	08-JUN-14	334.19	334.19
2104769	07146	Invoice	27-MAY-14	26-JUN-14	405.15	405.15
2117460	07363	Invoice	10-JUN-14	10-JUL-14	487.92	487.92
2117540	07363	Invoice	10-JUN-14	10-JUL-14	820.00	820.00
2119303	07460	Invoice	12-JUN-14	12-JUL-14	800.58	800.58
2120394	07344	Invoice	13-JUN-14	13-JUL-14	820.00	820.00
2124904	07539	Invoice	19-JUN-14	19-JUL-14	1,303.44	1,303.44
2136933	07710	Invoice	03-JUL-14	02-AUG-14	1,063.14	1,063.14
2142003	07790	Invoice	10-JUL-14	09-AUG-14	6,654.17	6,654.17
2147905	07710	Invoice	17-JUL-14	16-AUG-14	820.00	820.00



2162341	08252	Invoice	05-AUG-14	04-SEP-14	405.10	405.10
2170817	08379	Invoice	14-AUG-14	13-SEP-14	800.53	800.53
2180932	08522	Invoice	26-AUG-14	25-SEP-14	405.10	405.10
2181972	08401	Invoice	27-AUG-14	26-SEP-14	1,303.68	1,303.68

Balance Due		USD	\$36,804.45
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If there are any discrepancies in the amounts shown above, please contact us to ensure timely resolution.

Thank You,
 Angiodynamics AR Team
 Email : invoiceinquiry@angiodynamics.com
 Phone: 800.722.6446, Fax: 518.742.4465

Northern District of Georgia Claims Register

[14-42863-pwb Hutcheson Medical Center, Inc.](#)

Judge: Paul W. Bonapfel **Chapter:** 11
Office: Rome **Last Date to file claims:** 05/01/2015
Trustee: **Last Date to file (Govt):**

Creditor: (18910928) AngioDynamics Credit & Collections 14 Plaza Drive Latham NY 12110	Claim No: 152 <i>Original Filed</i> Date: 03/24/2015 <i>Original Entered</i> Date: 03/24/2015	Status: <i>Filed by:</i> CR <i>Entered by:</i> mrr <i>Modified:</i>
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Amount claimed: \$36804.45				
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History:

Details	152-1	03/24/2015	Claim #152 filed by AngioDynamics Credit & Collections, Amount claimed: \$36804.45 (mrr)
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Description:

<i>Remarks:</i>		
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Claims Register Summary

Case Name: Hutcheson Medical Center, Inc.
Case Number: 14-42863-pwb
Chapter: 11
Date Filed: 11/20/2014
Total Number Of Claims: 1

Total Amount Claimed*	\$36804.45
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		