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

UNITED STATES BANKRUPTCY COURT Northern District of Georgia

PROOF OF CLAIM

Name of Debtor: HUTCHESON MEDICAL CENTER

Case Number: 14-42863

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): STANDARD REGISTER COMPANY

Name and address where notices should be sent:
STANDARD REGISTER COMPANY
600 ALBANY ST
DAYTON, OH 45417-3405

Telephone number:

☐ Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: _____ (*If known*)

Filed on: _____

Name and address where payment should be sent (if different from above):

Telephone number:

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 438.68

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.

☐ 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.

2. Basis for Claim: GOODS SOLD
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 2919

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: ☐ Real Estate ☐ Motor Vehicle ☐ 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:** $_____

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ 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).

☐ 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)(__).

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.*

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: 03/26/2015

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.

JAN GIEHL / CREDIT ANALYST

FOR COURT USE ONLY

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

00247

STANDARD REGISTER
HUTCHESON MEDICAL CTR **A# 9642919 & A# 8265771**

File Date: **11/20/14**

SCHEDULE OF INVOICES WRITTEN OFF 03/10/15

INV DATE	INV #	AMOUNT	WRITE OFF DATE	A#	Type	*SHIP TO DATE
01/28/14	42211171	27.29	03/10/15	8265771		01/27/14
04/15/14	42466359	12.75	03/10/15	9642919		04/14/14
05/13/14	42555215	25.50	03/10/15	9642919		05/06/14
10/07/14	4152654	100.42	03/10/15	9642919		10/07/14
10/10/14	4152782	272.72	03/10/15	9642919		10/10/14
		$ 438.68				

Standard Register
ADVANCING YOUR REPUTATION

Invoice

MAILCODE	REPRESENTATIVE	ACCOUNT NO.
OAO	HCA NATIONAL ACCT	9642919

INVOICE NO.: 42466359

INVOICE DATE: 04/14/14

BILLING FOR ATTACHED INVOICE DISTRIBUTION DATED 04/14/1 AMOUNT DUE $12.75

Bill To:

HUTCHESON MEDICAL CENTER

100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Remit To:

THE STANDARD REGISTER COMPANY

P.O. BOX 840655
DALLAS, TX 75284-0655

▲ PLEASE DETACH AT PERFORATION AND KEEP THIS BOTTOM PORTION FOR YOUR RECORDS ▲

	CHARGES	CREDITS	NON-PAYABLE CHARGES	NON-PAYABLE CREDITS	TOTAL PAYABLE
PAYABLE FORM	12.75				12.75
PLEASE PAY THIS AMOUNT ==========>					12.75

FORM NO. 6949L REV. 4/11

(D-U-N-S 427-7893) • FEDERAL EMPLOYER ID # 31-0455440

Exempt from Sales Tax PLEASE ASSIST US BY RETURNING A COPY OF YOUR TAX EXEMPTION CERTIFICATE ALONG WITH YOUR PAYMENT.

ACCOUNT NUMBER	INVOICE NUMBER	TOTAL AMOUNT DUE
9642919	42466359	$12.75

Standard Register
ADVANCING YOUR REPUTATION

TERMS - PAYABLE UPON RECEIPT
*Payable in U.S. Dollars

Questions? Please call: 800-877-5133

Standard Register
ADVANCING YOUR REPUTATION

Invoice

PURCHASE ORDER NO.: 09048
SR ORDER NO.: 4065270-
INVOICE NO.: 4152654
COST CENTER NO.:
B/L NO.: 2939873
INVOICE DATE: 10/07/14
REQUISITION NO.: 20141007
SALES REP: 05 0131 TRANSACTION RES
$100.42 AMOUNT DUE

Bill To: 9642919

HUTCHESON MEDICAL CENTER
A/P
100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Ship To: 9642919

HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742

Remit To: THE STANDARD REGISTER CO

P.O. BOX 840655
DALLAS, TX 75284-0655

▲ PLEASE DETACH AT PERFORATION AND KEEP THIS BOTTOM PORTION FOR YOUR RECORDS ▲

DESCRIPTION	QUANTITY	U/M*	UNIT PRICE	INVOICE AMOUNT
8111ZB4 01STOCK FORM 001 1	1	U	97.27	97.27
ENERGY SURCHARGE				3.15

SF1 01DM 208

TERMS - PAYABLE UPON RECEIPT

(D-U-N-S 427-7893) • FEDERAL EMPLOYER ID # 31-0455440

Exempt from Sales Tax?
PLEASE ASSIST US BY RETURNING A COPY OF YOUR TAX EXEMPTION CERTIFICATE ALONG WITH YOUR PAYMENT.

*U/M = UNIT OF MEASURE
• M = 1000 • C = 100 • P = PACKAGE/PAD
• E = EACH • U = CARTON • R = ROLL
• L = LOT

STATE & LOCAL TAX:
DELIVERY, HANDLING & SURCHARGES:
INVOICE TOTAL: $100.42

* Payable in U.S. Dollars

Questions? Please call:
800-877-5133

ACCOUNT NUMBER	INVOICE NUMBER
9642919	4152654

Standard Register
ADVANCING YOUR REPUTATION

FORM NO. 6941L REV. 4/11

Standard Register
ADVANCING YOUR REPUTATION

Invoice

PURCHASE ORDER NO.: 09170
COST CENTER NO.:
REQUISITION NO.: 20141010

SR ORDER NO.: 4156162-
B/L NO.: 2940632
SALES REP.: 05 0131 TRANSACTION RES

INVOICE NO.: 4152782
INVOICE DATE: 10/10/14
AMOUNT DUE: $272.72

Bill To: 9642919

HUTCHESON MEDICAL CENTER
A/P
100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Ship To: 9642919

HUTCHESON MEDICAL CENTER
100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742

Remit To: THE STANDARD REGISTER CO

P.O. BOX 840655
DALLAS, TX 75284-0655

▲ PLEASE DETACH AT PERFORATION AND KEEP THIS BOTTOM PORTION FOR YOUR RECORDS ▲

DESCRIPTION	QUANTITY	U/M*	UNIT PRICE	INVOICE AMOUNT
8111ZB4 01STOCK FORM 001 1	2.000	M	132.08	264.16
ENERGY SURCHARGE				8.56
SF1 01DM 208				

TERMS - PAYABLE UPON RECEIPT

(D-U-N-S 427-7893) • FEDERAL EMPLOYER ID # 31-0455440

*U/M = UNIT OF MEASURE
• M = 1000 • C = 100 • P = PACKAGE/PAD
• E = EACH • U = CARTON • R = ROLL
• L = LOT

STATE & LOCAL TAX:
DELIVERY, HANDLING & SURCHARGES:
INVOICE TOTAL: $272.72

Exempt from Sales Tax?
PLEASE ASSIST US BY RETURNING A COPY OF YOUR TAX EXEMPTION CERTIFICATE ALONG WITH YOUR PAYMENT.

* Payable in U.S. Dollars

Questions? Please call: 800-877-5133

ACCOUNT NUMBER	INVOICE NUMBER
9642919	4152782

Standard Register
ADVANCING YOUR REPUTATION

FORM NO. 69411 REV. 4/11

Standard Register
ADVANCING YOUR REPUTATION

Invoice

PURCHASE ORDER NO.: 05094
SR ORDER NO.: 8957904
INVOICE NO.: 42211171
COST CENTER NO.:
B/L NO.: 7880456
INVOICE DATE: 01/27/14
REQUISITION NO.: 12214
SALES REP.: OA0 HCA NATIONAL ACCT
$27.29 AMOUNT DUE

Bill To: 8265771
ATTN : A/P
HUTCHESON MEDICAL CENTER

100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Ship To: 8265771
MARK FOR : PO 05094
HUTCHESON MEDICAL CENTER

100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Remit To: THE STANDARD REGISTER COMPANY

P.O. BOX 840655
DALLAS, TX 75284-0655

▲ PLEASE DETACH AT PERFORATION AND KEEP THIS BOTTOM PORTION FOR YOUR RECORDS ▲

DESCRIPTION	QUANTITY	U/M*	UNIT PRICE	INVOICE AMOUNT
A8031 02 MISC. SUPPLY CHARGE	10.0000	P	2.5500	25.50

ADDITIONAL CHARGES:

#12R01 398

TERMS - PAYABLE UPON RECEIPT

(D-U-N-S 427-7893) • FEDERAL EMPLOYER ID # 31-0455440

*U/M = UNIT OF MEASURE
• M = 1000 • C = 100 • P = PACKAGE/PAD
• E = EACH • U = CARTON • R = ROLL
• L = LOT

STATE & LOCAL TAX: $1.79
DELIVERY, HANDLING & SURCHARGES:
INVOICE TOTAL: $27.29

Exempt from Sales Tax?
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* Payable in U.S. Dollars

Questions? Please call: 800-877-5133

ACCOUNT NUMBER	INVOICE NUMBER
8265771	42211171

Standard Register
ADVANCING YOUR REPUTATION

FORM NO. 6941L REV. 4/11

Standard Register
ADVANCING YOUR REPUTATION

Invoice

MAILCODE	REPRESENTATIVE	ACCOUNT NO.
OA0	HCA NATIONAL ACCT	9642919

INVOICE NO.: 42555215

INVOICE DATE: 05/12/14

BILLING FOR ATTACHED INVOICE DISTRIBUTION DATED 05/12/1 AMOUNT DUE $25.50

Bill To:
HUTCHESON MEDICAL CENTER

100 GROSS CRESCENT CIR
FORT OGLETHORPE GA 30742-3643

Remit To:
THE STANDARD REGISTER COMPANY

P.O. BOX 840655
DALLAS, TX 75284-0655

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	CHARGES	CREDITS	NON-PAYABLE CHARGES	NON-PAYABLE CREDITS	TOTAL PAYABLE
PAYABLE FORM	25.50				25.50
PLEASE PAY THIS AMOUNT ==========>					25.50

FORM NO. 6949L REV. 4/11

(D-U-N-S 427-7893) • FEDERAL EMPLOYER ID # 31-0455440

Exempt from Sales Tax PLEASE ASSIST US BY RETURNING A COPY OF YOUR TAX EXEMPTION CERTIFICATE ALONG WITH YOUR PAYMENT.

ACCOUNT NUMBER	INVOICE NUMBER	TOTAL AMOUNT DUE
9642919	42555215	$25.50

Standard Register
ADVANCING YOUR REPUTATION

TERMS - PAYABLE UPON RECEIPT
*Payable in U.S. Dollars

Questions? Please call: 800-877-5133

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: (18928640) Standard Register Company 600 Albany St Dayton GA 45417-3405	**Claim No: 154** *Original Filed Date*: 03/31/2015 *Original Entered Date*: 03/31/2015	*Status:* *Filed by:* CR *Entered by:* mrr *Modified:*

Amount claimed: $438.68

History:

Details	154-1	03/31/2015	Claim #154 filed by Standard Register Company, Amount claimed: $438.68 (mrr)

Description:

Remarks:

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*	$438.68
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		