


B10 (Official Form 10) (04/13)

<b>UNITED STATES BANKRUPTCY COURT</b>		FILED IN CLERK'S OFFICE <b>PROOF OF CLAIM</b> NDCGA HOME DIVISION  <b>15 APR 21 PH 1:03</b> M. NEENA THOMAS CLERK BY _____ DEPUTY CLERK  <b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name of Debtor: <b>Hutcheson Medical Center, Inc.</b>	Case Number: <b>14-42863-PWB</b>	
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>WALLACE TILE, INC.</b>		
Name and address where notices should be sent: <b>1205 Latta Street Chattanooga, TN 37406</b>		
Telephone number: <b>(423) 698-4452</b> email: <b>wallacetile@comcast.net</b>		
Name and address where payment should be sent (if different from above):		<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: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>31,519.00</u>		
If all or part of the claim is secured, complete item 4.		
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 that itemizes interest or charges.		
2. Basis for Claim: <u>Flooring goods and services rendered</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <b>8 1 9 4</b>	3a. Debtor may have scheduled account as: <u>Unsecured</u> (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 #6)		

Hutcheson Med POC  
  
 00294

B10 (Official Form 10) (04/13)

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**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running 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(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted 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 #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

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.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: Raymond E. Gacy  
Title: Vice President  
Company: Wallace Tile, Inc.  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

Raymond E. Gacy  
(Signature)

4/15/15  
(Date)

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. 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 name 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) 2002(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 Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled 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 annual interest rate (and whether it is fixed or variable), and the amount past due 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 some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

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. Documents:**

Attach redacted 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(c) 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(c) and (d). 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 9011. If the claim is filed electronically, FRBP 5005(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 9011(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.

10/28/14 at 15:30:04.74

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Wallace Tile, Inc.  
 Customer Ledgers

For the Period From Mar 1, 2014 to Oct 31, 2014

Filter Criteria includes: 1) Names from HUTCHESON MEDICAL CENTER to HUTCHESON MEDICAL CENTER. Report order is by ID. Report is printed in Detail Format.

Customer ID Customer	Date	Trans No	Type	Debit Amt	Credit Amt	Balance
HUTMED	3/1/14	Balance Fwd				4,401.09
HUTCHESON MEDICAL CE	3/31/14	48411	SJ	19,451.00		23,852.09
	3/31/14	48410	SJ	2,277.00		26,129.09
	3/31/14	48409	SJ	1,675.00		27,804.09
	3/31/14	48408	SJ	714.00		28,518.09
	3/31/14	48407	SJ	2,324.00		30,842.09
	4/1/14	003041003041	CRJ		2,711.09	28,131.00
	4/14/14	003202	CRJ		1,000.00	27,131.00
	4/21/14	003307	CRJ		690.00	26,441.00
	5/19/14	12078	SJ	296.75		26,737.75
	5/21/14	11838	SJ	115.20		26,852.95
	5/28/14	48457	SJ	568.00		27,420.95
	6/18/14	003813	CRJ		411.95	27,009.00
	7/30/14	12205	SJ	189.25		27,198.25
	7/30/14	12471	SJ	296.75		27,495.00
	9/2/14	080114	SJ	13,994.00		41,489.00
	9/2/14	080514	SJ	5,264.00		46,753.00
	9/2/14	001920	CRJ		19,258.00	27,495.00
	10/21/14	48589	SJ	631.00		28,126.00
	10/21/14	48588	SJ	3,493.00		31,619.00
Report Total				51,288.95	24,071.04	31,619.00

# Wallace Tile, Inc.

Phone 423-698-4452  
Fax 423-698-4455

COMPUTER FLOORS DEMOUNTABLE PARTITIONS  
CARPET RESILIENT FLOORS ACOUSTICAL TILE

EMAIL ADDRESS: wallacetile@comcast.net

MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**  
**GREG CROSSLIN**  
**HUTCHESON MEDICAL CENTER**  
**100 GROSS CRESCENT CIRCLE**  
**FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER:** 48411  
**INVOICE DATE:** 3/31/2014  
**JOB NAME:** HUTCHESON MEDICAL CENTER  
**LOCATION:** NEW CT SCAN ROOM  
**P.O. NUMBER:**  
**JOB NUMBER:** R0819-4

	Price	Tax
ALL DEMOLITION REQUIRED FOR NEW CT SCAN ROOM LAY-OUT 20GA. METAL STUD DRYWALL PARTITION PER PLAN SHIELDED DRYWALL, DOORS, FRMAES AND HARDWARE MODIFING EXISTING CEILING SYSTEM AND ADDING NEW AS REQUIRED FLOORING PREP AND VINYL COMPOSITION TILE WITH RUBBER BASE		\$0.00
ALL MATERIALS INCLUDING TAX	\$8,959.00	\$0.00
LABOR INCLUDING PAYROLL TAX AND INSURANCE	\$10,492.00	\$0.00
<b>Total:</b>		\$19,451.00

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interst at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus resonable attorney fees.

# Wallace Tile, Inc.

Phone 423-698-4452  
Fax 423-698-4455

COMPUTER FLOORS DEMOUNTABLE PARTITIONS  
CARPET RESILIENT FLOORS ACOUSTICAL TILE

EMAIL ADDRESS: wallacetile@comcast.net  
MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**

**GREG CROSSLIN  
HUTCHESON MEDICAL CENTER  
100 GROSS CRESCENT CIRCLE  
FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER: 48410  
INVOICE DATE: 3/31/2014  
JOB NAME: HUTCHESON MEDICAL  
LOCATION: CG01 ROOF HATCH  
P.O. NUMBER:  
JOB NUMBER: R0819-4**

	Price	Tax
REPLACE DAMAGED WOOD STRUCTURE AT ROOF HATCH PER PROPOSAL	\$2,277.00	\$0.00
<i>Total:</i>	\$2,277.00	

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CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**  
**GREG CROSSLIN**  
**HUTCHESON MEDICAL CENTER**  
**100 GROSS CRESCENT CIRCLE**  
**FT. OGLETHORPE, GA 30742**

**INVOICE NUMBER:** 48409  
**INVOICE DATE:** 3/31/2014  
**JOB NAME:** HUTCHESON MEDICAL  
**LOCATION:** FT OGLETHORPE  
**P.O. NUMBER:**  
**JOB NUMBER:** R0819-4

	Price	Tax
APT 500	\$1,335.00	\$0.00
REPLACE DAMAGED EXTERIOR TRIM PER PROPOSAL		
MODIFY COUNTER TOP AT CANCER CENTER	\$340.00	\$0.00
	<b>Total:</b>	<b>\$1,675.00</b>

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interest at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus reasonable attorney fees.

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MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**  
**GREG CROSSLIN**  
**HUTCHESON MEDICAL CENTER**  
**100 GROSS CRESCENT CIRCLE**  
**FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER:** 48408  
**INVOICE DATE:** 3/31/2014  
**JOB NAME:** HUTCHESON MEDICAL  
**LOCATION:** ICU DEPARTMENT  
**P.O. NUMBER:** 07313  
**JOB NUMBER:** R0819-4

	Price	Tax
REPAIR DAMAGED DRYWALL PER GREG	\$714.00	\$0.00
<i>Total:</i>		\$714.00

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interest at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus reasonable attorney fees.

# Wallace Tile, Inc.

Phone 423-698-4452  
Fax 423-698-4455

COMPUTER FLOORS DEMOUNTABLE PARTITIONS  
CARPET RESILIENT FLOORS ACOUSTICAL TILE

EMAIL ADDRESS: wallacetile@comcast.net  
MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**  
**GREG CROSSLIN**  
**HUTCHESON MEDICAL CENTER**  
**100 GROSS CRESCENT CIRCLE**  
**FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER:** 48407  
**INVOICE DATE:** 3/31/2014  
**JOB NAME:** HUTCHESON MEDICAL  
**LOCATION:** NEW CHAPEL  
**P.O. NUMBER:**  
**JOB NUMBER:** R0819-4

	Price	Tax
DEMO EXISTING PLASTER WALL INSTALL NEW DRYWALL PARTITION INSTALL NEW CARPET AND BASE	\$2,324.00	\$0.00
ALL PER PROPOSAL		
<b>Total:</b>		<b>\$2,324.00</b>

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interst at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus resonable attorney fees.



# Wallace Tile, Inc.

# INVOICE

Phone 423-698-4452  
Fax 423-698-4455

INVOICE NUMBER: 12471  
INVOICE DATE: 7/30/2014

EMAIL ADDRESS: wallacetile@comcast.net  
MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

P.O. NUMBER: 08132  
TaxExempt   COD  
Delivery   Pickup

Sold BY: TOMMY

C

### Sold To:

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

### Ship To:

100 GROSS CRESCENT CIRCLE  
FT. OGLETHORPE, GA 30742

Fax: (706) 858-2021

Item:	Description:	Unit Price	Qty:	Unit:	Extended	Tax:	Total
CEL BET 157	BAROQUE 2' X 2' 5/8" SQ (64sf)	\$29.67500	10	CTN	\$296.75	\$0.00	\$296.75
Total					\$296.75		
Tax					\$0.00		
Invoice Total:					\$296.75		

### Signature

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interest at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus reasonable attorney fees. 15% Restock Fee on all returned items. No returns on special ordered items.

# Wallace Tile, Inc.

Phone 423-698-4452  
Fax 423-698-4455

COMPUTER FLOORS DEMOUNTABLE PARTITIONS  
CARPET RESILIENT FLOORS ACOUSTICAL TILE

EMAIL ADDRESS: wallacetile@comcast.net

MAILING ADDRESS: 1205 LATTA ST.  
CHATTANOOGA, TENNESSEE 37406  
STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**

**GREG CROSSLIN  
HUTCHESON MEDICAL CENTER  
100 GROSS CRESCENT CIRCLE  
FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER: 48457  
INVOICE DATE: 5/28/2014  
JOB NAME: TRENTON FAMILY MEDICAL CENTER  
LOCATION: TRENTON GA  
P.O. NUMBER:  
JOB NUMBER: R0819-4**

	Price	Tax
TO REPAIR EXISTING CARPET	\$568.00	\$0.00
<b>Total:</b>	<b>\$568.00</b>	

# Wallace Tile, Inc.

# INVOICE

Phone 423-698-4452  
 Fax 423-698-4455

INVOICE NUMBER: 12205  
 INVOICE DATE: 6/13/2014

EMAIL ADDRESS: wallacetile@comcast.net  
 MAILING ADDRESS: 1205 LATTA ST.  
 CHATTANOOGA, TENNESSEE 37406  
 STREET ADDRESS: 1205 LATTA ST.

P.O. NUMBER: 07461  
 TaxExempt   COD  
 Delivery   Pickup

Sold BY: TOMMY

C

**Sold To:**

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

**Ship To:**

100 GROSS CRESCENT CIRCLE  
 FT. OGLETHORPE, GA 30742  
 Fax: (706) 858-2021

Item:	Description:	Unit Price	Qty:	Unit:	Extended	Tax:	Total
CEL 1140-CRF-1	VINYLOCK 2X4X1/2 (32SF)	\$18.92500	10	CTN	\$189.25	\$0.00	\$189.25
<b>Total</b>					<b>\$189.25</b>		
<b>Tax</b>					<b>\$0.00</b>		
<b>Invoice Total:</b>					<b>\$189.25</b>		

**Signature** \_\_\_\_\_

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STREET ADDRESS: 1205 LATTA ST.

**TERMS - NET**

## INVOICE

**Sold To:**  
**GREG CROSSLIN**  
**HUTCHESON MEDICAL CENTER**  
**100 GROSS CRESCENT CIRCLE**  
**FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER:** 48589  
**INVOICE DATE:** 10/21/2014  
**JOB NAME:** HUTCHESON MEDICAL  
**LOCATION:** 12 X 16 OFFICE  
**P.O. NUMBER:**  
**JOB NUMBER:** R0819-4

	Price	Tax
REPLACE CARPET AND RUBBER BASE	\$631.00	\$0.00
<i>Total:</i>		\$631.00

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**TERMS - NET**

## INVOICE

**Sold To:**

**GREG CROSSLIN  
 HUTCHESON MEDICAL CENTER  
 100 GROSS CRESCENT CIRCLE  
 FT. OGLETHORPE, GA 30742-**

**INVOICE NUMBER: 48588**

**INVOICE DATE: 10/21/2014**

**JOB NAME: HUTCHESON MEDICAL**

**LOCATION: DR. ASHBURN**

**P.O. NUMBER:**

**JOB NUMBER: R0819-4**

	Price	Tax
DR. ASHBURN FURNISH AND INSTALL ALL FLOORING DEMO AND DRYWALL PER SCOPE	\$13,994.00	\$0.00
CREDIT FOR ULTRAWALL	(\$354.00)	\$0.00
5th FLOOR HALLWAY	\$5,264.00	\$0.00
EXTRA : CARPET TILES IN EXTRA OFFICES 36YDS	\$1,252.00	\$0.00
EXTRA : EXTRA LVT FLOORING IN CORRIDOR 252sq ft	\$2,185.00	\$0.00
EXTRA : VCT IN BREAKROOM	\$420.00	\$0.00
CREDIT FOR PRE-PAYMENT	(\$19,258.00)	\$0.00
<b>Total:</b>		<b>\$3,493.00</b>

Accounts due in full 10th of month following date of purchase. Overdue accounts draw interest at 1-1/2% per month. All accounts referred for collection will carry additional 33-1/3% collection charge plus reasonable attorney fees.

# 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):**

<b>Creditor:</b> (18633960) WALLACE TILE, INC. 1205 LATTA STREET CHATTANOOGA, TN 37406	<b>Claim No: 158</b> <i>Original Filed</i> Date: 04/21/2015 <i>Original Entered</i> Date: 04/21/2015	<b>Status:</b> Filed by: CR Entered by: mrr Modified:
--	--	--

Amount claimed: \$31619.00				
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*History:*

<a href="#">Details</a>	<a href="#">158-1</a>	04/21/2015	Claim #158 filed by WALLACE TILE, INC., Amount claimed: \$31619.00 (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

<b>Total Amount Claimed*</b>	\$31619.00
<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>		