UNITED STATES BANKRUPTCY COUNTRY OF COUNTRY OF THE PROPERTY OF	JRT ision			PROOF OF CLAIM
Name of Debtor Against Which You Assert Y than one Debtor, you must file a separate Proof.	our Claim. (check one hox - if you o of Claim against each Debtor)	we assertii	rg a claim against more	Deadline for filing
18 Hutcheson Medical Center, Inc., Cas	e No. 14-42683			Proofs of Claim
☐ Hutcheson Medical Division, Inc., Ca	se No. 14-42684			MAY 1, 2015 5:00 pm (Eastern)
NOTE: Do not use this form to make a claim for an advenue according to 11 USC § 503	ministrative expense. You may file a vegi	iest for payn	nent of an administrative	_
Name and Address of Creditor (the person or other enti	ty to whom the debtor owes money or pr	operty);		
US FOODS, INC.				
Attn: Kerry Carlson 4399 W. Higgins Road, Ste. 1	600	RE	CEIVED	
Rosemont, IL 60018		1444		
1		MAY	0 1 2015	Check this box if the claim amends a previously filed
Telephone number: \$47-720-8000	ax number:	BMC	GROUP	claim,
Email: Kerry Cor Son @ US Co. As The address above will be used for service of nonce of a space provided by your signature on the reverse side. B the different address provided below, is sufficient for put	ny objection to your claim, unless you p	rovide a difference that the i	erent notice address in the use of the above address, or	Court Claim Number: (If known) Filed on:
Name and address where payment should be sent (if				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
Telephone number: File Email:	s261,112.66			particulars.
If all or part of your claim is secured, complete item 4.			unulata itam 5	
Check this box if the claim includes interest or other	r charges in addition to the principal amo	ount of the c	laim. Attach a statement that	itamena interest h
2. Busis for Claim: Goods Sold includ (See instruction #2)	ling those received with	n 20 a	lays of the Peti-	tion Date.
Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled acco		3b. Uniform Claim Iden	
4. Secured Claim (See instruction #4)	(See instruction #3a)			instructions #3b)
Check the appropriate box if your claim is secured b setoff, attach required redacted documents, and prov	y a lien on property or a right of ide the requested information.	Amount filed, inc	of arrearage and other ch luded in secured claim, if	arges, as of the time case was any: S
Nature of property or right of setoff:	te 🏻 Motor Vehicle 🚜 Other	Basis f	or perfection: <u>UCC A'l</u>	ed 10/3/2012
Value of Property: 5		Amour	nt of Secured Claim:	s 261, 112.66
Annual Interest Rate 1.5 % KFixed or (when case was filed)	Variable	Amount o	f Unsecured Claim:	s
. Amount of Claim Entitled to Priority under 11 U.S.	S.C. § 507(a). If any part of the clai	m falls	FOR CO	URT USE ONLY
into one of the following categories, check the box Domestic support obligations under 11 U.S.C. 507(a)(1)(A) or (a)(1)(B).	specifying the priority and state the ☐ Taxes or penalties owed to govern 11 U.S.C. § 507(a)(8).		-	
☐ 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).	Contributions to an employee ben U.S.C. § 507(a)(5).	efit plan – J	1	
☐ Wages, salaries, or commissions (up to \$12,475) earned within 180 days before the case was filed or the	U.S.C. § 507(a)(2.).	•		
debtor's business ceased, whichever is earlier – 11 U.S.C. § 507(a)(4).	Amount entitled to priori s66,492.64	ty:		Jutahasan Mad DOC
				lutcheson Med POC

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)
7. Documents: Attached are reducted 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, 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 reducted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7 and definition of "reducted"). 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. (See Bankruptcy Rule 3004.)
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: Kerry Carlson Fitte: Parakgal Company: US Foods, Irc. (Signature) (Signature)
Address and telephone number (if different from notice address above):
Celephone number: Email:
Che address you provide above will be used for service of notice of any objection
ne dutaiss you provide anove wit he used for service of notice of any objection o this Proof of Claim, and by submitting this Proof of Claim you agree that the use of this address is sufficient for purposes of Bankruptcy Rule 7004.

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.

SUBMITTING PROOF OF CLAIM FORM: Submit original proof of claim form with any attachments to BMC Group via United States mail, overnight service, or hand delivery at the following address:

If by overnight or hand delivery:

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims Processing
300 N. Continental Blvd., #570
El Segundo, CA 90245

If by First Class Mail:

BMC Group Attn: Hutcheson Medical Center, Inc. Claims Processing PO Box 90100 Los Angeles, CA 90009

DEADLINE FOR FILING PROOFS OF CLAIM: MAY 1, 2015 at 5:00 pm (Eastern)

UNITED STATES BANKRUPTCY COURT FOR THE NORTHERN DISTRICT OF GEORGIA ROME DIVISION

)	
In re:)	Chapter 11
HUTCHESON MEDICAL CENTER, INC.,))	Case No. 14-42863-pwb
Debtor.)	

ADDENDUM TO PROOF OF CLAIM

US Foods, Inc. ("US Foods") asserts its claim as follows:

The entire claim of US Foods against the bankruptcy estate of Hutcheson Medical Center, Inc. (the "Debtor") is secured by a security interest and lien in and on all assets of the Debtor, all pursuant to that certain Customer Application executed by the Debtor on September 25, 2012, and that certain UCC1 filed and recorded on October 3, 2012 with the Fayette County Clerk of Superior Court as File Number 056-2012-001495. The Customer Application and UCC1 are attached hereto in Exhibit A.

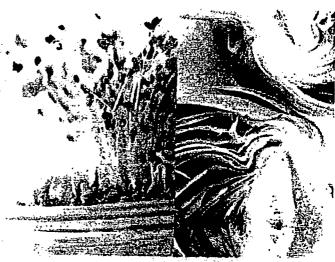
Further, US Foods delivered goods to the Debtor within 20 days before the Petition Date in the amount of \$66,492.64 for which US Foods remains unpaid (the "503(b)(9) Claim"). The goods were sold to the Debtor in the ordinary course of the Debtor's business. The 503(b)(9) Claim is an administrative expense under 11 U.S.C. § 503(b)(9) and is entitled to priority under 11 U.S.C. § 507(a)(2). A summary of the invoices and delivery dates related to the 503(b)(9) Claim are attached hereto as Exhibit B.

US Foods reserves its right to update and/or supplement this Proof of Claim at any time and to assert any and all other claims of whatever kind or nature that it has, or it may have, against the Debtor. The filing of this Proof of Claim shall not be deemed a waiver or release of any of US Foods' claims or rights, an election of remedy, or a waiver of any of the Debtor's past, present or future liabilities under any other operative agreements between US Foods and the Debtor. Further, nothing contained herein shall be deemed or construed as a waiver of any claims that US Foods has or may have against the Debtor, and US Foods retains the right to assert such claims.

EXHIBIT A









Customer Account Application

This Customer Application (this "Application") is made to US Foods, inc., doing business as US Foods, and all of its affiliates, divisions, subsidiaries and assigns (collectively the "Sellers") for the purpose of inducing Sellers to extend credit accommodations to the Applicant named below:

SHIPPING AND BILLING INFORMATION	
-SHIP-TO:	
Applicant Legal Name (INC,LLC,LP)	Check Here II Billing Address is Same As Delivery Address
Trade Name/Doing Business As	Billing Address
Delivery Address (Attach Location Sheet If More Than One) Locat Daluthones Ma 30742 City State/Province	City State/Province Zip
County County	Country Dona a Cappa Title Phone Number Accounts Payable Contact Title
706-858-2396 Phone Number	- CCOurtepayable & hutcheson . May E-mail Address Payable & hutcheson &
	7068582693

TERMS AND CONDITIONS

In consideration of the extension of credit by Seller to Applicant, or the delivery of goods and/or services, Applicant agrees to the following terms and conditions:

- I. Upon approval of this Application and Agreement, Seller in its sole discretion, and notwithstanding any request of Applicant, will assign Applicant a maximum credit line (if applicable) and shall have the right to increase, decrease or terminate Applicant's credit privileges under this Application and Agreement at any time without prior notice to Applicant, except as otherwise provided by law.
- 2. All purchases by Applicant of goods and/or services from Seller will be made in accordance with the terms and conditions of this Application and Agreement, and any invoice, distributor agreement, and/or other documents evidencing Applicant's obligations to Seller (each, a "distributor agreement"), all of which are incorporated herein by this reference. To the extent Applicant is part of or subrequently becomes part of a national or regional pricing program governed by a distributor agreement, Applicant acknowledges and agrees that it shell be bound by the terms and conditions of any such distributor agreement, notwithstanding that Applicant is not and will not be a signatory to such agreement. Applicant further agrees to varive, release, forever discharge and hold harmless the Seller, its officers, directors, employees and agents, from any and all losses, damages, costs, expenses, rights, claims, demands, judgments, obligations, actions and causes of action, which happlicant may have arising out of or in connection with any dispute or disagreement regarding whether or our Applicant is bound by the terms of such distributor agreement. Applicant agrees and understands that this is a legally blading agreement, and that Seller, in its sole discretion, may change the terms and conditions of this Application and Agreement. Any such changes shall apply to all sales after such change is made. If Applicant is or subsequently becomes party to or bound by the terms of a distributor agreement, Applicant acknowledges and agrees that to the extent that there is any conflict between the terms and conditions set forth in this Application and Agreement; and the distributor agreement, the terms and conditions of the distributor agreement, the
- 3. Tille to all goods purchased from Seller shall pass upon delivery to the receiving dock of Applicant and acceptance by authorized signature, subject to rejection of certain items by notellon on the invoice. Applicant shall have twenty-four (24) hours from the time of delivery to notify Sefer (i) of any concealed damage or rejected goods or (ii) with respect to products not jointly checked in, of any shortages, damages, or rejected goods. Applicant shall make arrangements through Seller's sales department for any goods to be returned to Seller in accordance with Seller's return palicy as in effect from time to time. Seller may terminate its obligations to provide product to Applicant pursuant to the terms of this Application and Agreement at any time, unless otherwise provided in a distributor agreement. Seller shall not be in default in the performence of its obligations under this Application and Agreement II such performance is prevented or delayed because of eny cause beyond the reasonable control and without the fault or negligence of Seller.
- 4. Payment of the purchase price for goods and/or services

acquired from Seller shall be made pursuout to the terms set forth on each invoke, and Applicant agrees to pay all charges according to the payment terms established in said invokes. The entire outstanding balance due to Seller on all invokes shall become due in full immediately upon default in the payment of any invokes. Applicant agrees to pay interest in the amount of 1.5% per month, or the maximum rate that Applicant may lawfully contract to pay, whichever is less, and in all events calculated in accordance with applicable law, on any payment considered past due until collected. Applicant agrees to pay all costs of collection incurred by Seller, including reasonable attorneys' fees and expenses, should a default in payment or any other obligation of Applicant occur.

- This Application and all transactions between Applicant and Selier shall be governed by and interpreted in accordance with the laws and decisions of the State of Delawara.
- 6. Applicant hereby agrees so inunediately notify Seller via certified mail of any sale of a significant portion of the assets or business of Applicant, or a sale of a substantial laterest in the capital stock or other ownership interest of Applicant.
- 7. IF THIS APPLICATION AND AGREEMENT IS NOT APPROVED IN FULL OR IF ANY OTHER ADVERSE ACTION IS TAKEN WITH RESPECT TO APPLICANT'S CREDIT WITH SELLER, APPLICANT HAS THE RIGHT TO REQUEST WITHIN 80 DAYS OF SELLER'S NOTIFICATION OF SUCH ADVERSE ACTION, A STATEMENT OF SPECIFIC REASONS FOR SUCH ACTION, WHICH STATEMENT WILL BE PROVIDED WITHIN 30 DAYS OF SAID REQUEST. The lederal Equal Credit Opponiunity Act prohibits creditors from discrimination against credit sppicants on the basis of race, color, religion, national origin, sex, marital status or age (provided that the applicant has the capacity to enter Into a binding contract); because all or part of the applicant's income derives from any public assistance programs; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The lederal agency that administers compliance with this law concerning the creditor is the Federal Trade Commission, Washington, D.C.
- 8. Applicant irrevocably agrees and hereby consents and submits to the non-exclusive jurisdiction of any state or federal court located in the state where Seller's operating company which provided this Application and Agreement is located, without regard to the conflicts of law provisions thereof (the "Applicable State"), with regard to any actions or proceedings arising from, relating to or in connection with Applicant's obligations to Seller or this Application and Agreement. Applicant waives any right it may have to change the venue of any litigation brought against it by Seller.
- 9. Applicant agrees that all information as to source, quantity, and price of goods and services provided by Salter shall be maintained in confidence and shall not be released to any private third party for any reason whatsoever other than puratish to a validly issued subpoens from a court or governmental authority having jurisdiction over Applicant, pursuant to the rules, regulations or requirements of any state or federal agency or department or pursuant to a discovery request made under applicable court rules and to which Applicant is required to respond.

- 10. WAIVER OF JURY TRIAL. APPLICANT HERSBY WAIVES TRIAL BY JURY IN ANY ACTION OF PROCEEDING TO WHICH THE SELLER AND THE APPLICANT MAY BE PARTIES, ARISING OUT OF OR ID ANY WAY PERTAINING TO (A) THIS APPLICATION AND AGREEMENT; AND (B) ANY OTHER GOVERNING DOCUMENTS INCLUDING INVOICE AND DISTRIBUTOR AGREEMENTS. IT IS AGREED AND UNDERSTOOD THAT THIS WAIVER OCNSTITUTIES A WAIVER OF TRIAL BY JURY OF ALIC CLAIMS AGAINST ALL PARTIES TO SUCH ACTION OR PROCEEDINGS, INCLUDING CLAIMS AGAINST ALL PARTIES TO SUCH ACTION OR PROCEEDINGS, INCLUDING CLAIMS AGAINST AND ARRIPES TO THE APPLICATION AND AGREEMENT. THIS WAIVER INCOMINGLY, WILLINGLY AND VOLUNTARILY MAD. BY THE APPLICANT AND THE APPLICANT HEREBY THE APPLICANT AND THE APPLICANT HEREBY THE APPLICANT AND THE APPLICANT HEREBY BY THE APPLICANT HEREBY THE APPLICANT HOLD THE APPLICANT HEREBY BY THE APPLICANT HOLD THE APPLICANT HEREBY BY AND WARRANTS THAT NOT BEEN MADE BY ANY MODIVIDUAL TO PROUCE THE WAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY MAIVER OF TRIAL BY JURY OR TO IN ANY WAY AND THE THE THE AND THE T
- 11. Applicant hereby (a) agrees that Seller may, at Seller' sole option, require Applicant to subtitute any confroversy claim arteing out of or relating to this Application an Agreement, any credit extended by Seller to Applicant or an other issue with the American Arbitration Association or an other recognized arbitration group in accordance with it Commercial Arbitration rutes, and any judgment or awar rendered in connection interewith shall be entered in an court having jurisdiction thereof; and (b) consents to the Arbitration in the Applicable State, and to the application of Delaware law with the exception of Delaware conflicts claws rutes; and (o) agrees to pay all cost and expenses i connection with the arbitration, including, but not limited the arbitrations' less, administration fees and attornoys' less.
- 12. To secure the full and timely payment by Applicant t Sellec of all now existing and hereafter arising amounts du sellea, Applicant hereby grants to Seller a priority spurchast money) security-interest and lien in and to all goods, inventor equipment and fixtures sold to Applicant by Sellet from tim to time, and a seperate security interest in all other assets applicant, including, without limitation, all of Applicant now existing or owned hereafter arising or aquired fraccounts; (b) goods for sale, lease or other disposition which have given time to Accounts and have been returned to repossessed or stopped in transit by Applicant, and (c) good including, without limitation, inventors, equipment, fixture trade fixtures and vehicles. Applicant hereby authorizes Sellet to file and perfect any and all statutory lien rights and an rights under Indemnity or performance bonds at any time regardless of whether payment is due to Seller under Seller payment terms with Applicant. Applicant hereby authorizes Seller to prepare and file any Uniform Commercial Cod ("UCC") linancing statements, ammendments to UC" financing statements and any other filings or recordings in a jurisdictions where Seller determines appropriate withor Applicant's signature, and authorizes Seller to describe the collateral in such financing statements in any manner us Selk determines appropriate.
- This Agreement may be delivered by electron transmission or lacelelle which shall be deemed to be a original.

Applicant ("Customer") Legal Name (Inc., LLC, etc.)	SON MEDICAL CENTER
Signature: Sharmy June	Title: MATS Mart
PANI Name: SHABON EVANS	Dale: 9/25//2
Signature: 19 Der	Title: Die ary, Director
Print Name: Daker Everett	Dale: 4/26/12
Sales Associate: Terms Requested:	Terms Approved:
For Office Use Only:	
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TELL US ABOUT YOUR OWNERSHI	P			rage (vi	
	mpany (LLC) ☐ Limited Parti Revenue Gov'l Funded	nership (LP)	•	overnment C Other	
Building/Facility: Owned O Leased	HOVEING COV Pullings			% of Revenue Med Funded	
State of Formation: CA			r Ownership Changed:		
		Foderal IO Number:			
OWNER/OFFIC	ER/AUTHORIZED (CORPORATE AGENT	INFORMATION		
Name	Name		Name		
Social Security Number	Social Security Number		Social Security Number		
Title	Tifle		Title		
Home Address	Horne Address		Home Address		
City, State, Zip	City, State, Zip		City, State, Zip		
Driver's License Number	Driver's License Number		Driver's License Number		
Home Phone Number	Home Phone Number	Phone Number Home Phone Number			
Cell Phone Number	Cell Phone Number		Cell Phone Number		
WHO ELSE DO YOU DO BUSINESS W	IIH?				
Vendor Name (Present Food Supplier)	Account Number	City/s	State	Phone Number	
Vendor Name	Account Number	City/S	State	Phone Number	
Vendor Name	Account Number	City/s	State	Phone Number	
Bank	City/State	Conta	oct Name	Phone Number	
Checking Account #		Loan	Account #		
OO YOU HAVE ANY OTHER EXISTING BUSINESSES? (Please attach list if more than one business)	C) No	OO YOU HAVE EXISTING OR PR (Please attach fiel if more than o	IOR US FOODS ACCOUNTS? ne business)	C) Yes () No	
Business Name		Business Name			
Address City	/Siate	City/Slate		Account Number	
		·			

DOCUMENTATION REQUESTS

- 1) RESALE OR EXEMPT TAX CERTIFICATE: TAX WILL BE CHARGED WITHOUT THESE DOCUMENTS
- 2) US FOODS REQUESTS YOUR MOST RECENT TWO YEARS FINANCIAL STATEMENTS

APPLICANT'S CERTIFICATIONS

APPLICANT'S CERTIFICATIONS

Applicant hereby certifies that the information turnished under this Application and Agreement and any other financial statements fundational in connection herewith, is true, correct, complete, and that this information is being furnished to 8el'ers for the purpose of inducing Soliers to extend cracis and/or provide poordsheen/cas to Applicant, and understands that Soliers induced to rely upon such information. Applicant experients and surveines that it is solvent, generally able to pay its debts as such orbits become due, and has capital sufficient to casey on its business. Applicant understands and agrees to be bound by the terms contained in this Application and Agreement and all two-less and other documents humble to pay its debts as such orbits are to composed become the proposed become the proposed become the proposed become the proposed become and the proposed become and the proposed series and the proposed series and the proposed series and the proposed series and proposed se

The undersigned, hereinafter referred to individually or collectively as "Guarantor", having a financial interest in Applicant, and benefiting from the transactions contemplated by this Agreement, hereby personally and unconditionally guaranties the payment by Applicant to Sellers of all amounts due and owing now, and from time to time hereafter ("Llabilities"), from Applicant to Sellers. Guarantor expressly waives notice from Sellers of its acceptance and reliance on this Personal Guaranty (this "Guaranty"), notice of sales made to Applicant, and notice of default by Applicant. The obligations of Guarantor hereunder shall not be affected, excused, modified or impaired upon the happening, from time to time, of any event. No sec-off, counter-claim or reduction of any obligation, or any defense of any kind or nature which Guarantor has or may have against Applicant or Sellers shall be available hereunder to Guarantor against Sellers, in the event of a default by Applicant an its obligations to Sellers, Sellers may proceed directly to enforce their rights bereunder and shall have the right to proceed first against Guarantor, without proceeding with or exhausting any other remedies it may have. Guarantor (i) hereby acknowledges that he or she may have rights of indemnification, contribution, reimbursement or exoneration from Applicant if Guarantor performs his or her obligations under this Guaranty (collectively the "Rights"); (ii) understands the benefits of having such Rights. Guarantor authorizes Sellers to obtain from time to time a consumer credit report and asset/lien search, in order to further evaluate the credit worthiness of Guarantor in connection with extension of credit under this Guaranty. Guarantor

irrevocably agrees to provide personal financial statements. historical tax return or other similar financial documents as requested from Sellers from time to time, for continuing and ngoing consideration for extension of credit under this Guaranty. Guarantor agrees to pay all costs, expenses and fees, including seasonable attorneys' fees and expenses, which may be incurred by Sellers in enforcing this Guaranty or protecting their rights following any default on the part of Guarantor. Guarantor agrees that an interest charge of one and one-half (1+4%) percent per month, or the maximum cate that Guarantor may lawfully contract to pay, whichever is less, and in all events calculated in accordance with applicable law, shall be assessed on any amount due and owing to Sellers by Guarantor under this Guaranty until collected. This Guaranty shall be binding upon Guarantor, Guarantor's heirs, successors, assigns, and representatives and survivors, and shall inuce to the benefit of Sellers, and each of them, jointly and severally, their successors, assigns, affiliates and shareholders and may be assigned by Sellers without notice to Guarantor. This Guaranty shall be governed by and interpreted with the laws and decisions of the State of Delaware. Guarantor irrevocably agrees, and bereby consents and submits to the non-exclusive jurisdiction of any state or federal court located in the state where Sellers' operating company which provided this Guaranty is located, without regard to the conflicts of law provisions thereof (the "Applicable State"), with regard to any actions or proceedings arising from, relating to or in connection with the Liabilities, this Guaranty or any collateral or security

therefor. Guarantor hereby waives any right Guarantor m have to transfer or change the venue of any litigation broug against it by Sellers and further waives any right to trial jusy. If more than one, the obligations of the undersigned sh be juint and several. This Guaranty may only be terminated up-the prior written notice of Guarantor delivered to Sellers 1 certified mail or upon the termination of the relationship Applicant with Sellers provided that such notice of terminate shall not telease or affect any of Guarantor's liabilities existing as of the date Sellers receive such notice of terminatio Guarantor hereby (a) agrees that Sellers may, at Sellers' sc option, require Guarantor to arbitrate any controversy or clair arising out of or relating to this Guaranty or any other issue wi the American Arbitration Association in accordance with i Commercial Arbitration rules and any judgment or awai cendered in connection therewith shall be entered in any cou having jurisdiction thereof, (b) consents to the arbitration in the Applicable State, and to the application of Deleware law with the exception of Deleware conflicts of laws rules, and (c) agre to pay all costs and expenses in connection with the arbitratio including, but not limited to, arbitrators' fees, administratic fees and attorneys' fees. If there are more than one of the undersigned, each shall remain liable on this Guaranty until ex has given separate written notice delireted via certified mail t Sellers. Guarantor shall immediately notify Sellers, in writing v certified mail, in the event of any sale of a significant portion : Guarantor's interest in the capital stock or other ownershi interest of Applicant.

Company Control Cont	X_																									
Company agrees to pay US Foods into greated and the Real NAME:		(Bignature)					(Privat N	ите)			(500	fal Becuri	ly Numbe	11)	-	Home Ad	dress)								(Da	161
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USE OF A CORPORATE TITLE SHALL IN NO WAY LIMIT THE PERSONAL LIABILITY OF THE SIGNATORY) ACFI AUTO-DEDUCT/DIRECT DIRIT ENROLLMENT QUESTIONS? Call 800-253-0277 (Option 6) EFFECTIVE DATE:		(Signature)		·····			(Print 22s	mel							-											
CHAUTO-DEDUCT/DIRECT DEBIT ENCOLEMENT QUESTIONS? Call 800-253-0277 (Option 6) EFFECTIVE DATE:	(USE	OF A COR	PORA	TE TIY	LE SI	IALL I	•	,	LIMIT	THE DE					ç Eyue	OLO NO	(1984)								Det	e)
EFFECTIVE DATE: CUSTOMER #: DIVISION: BUS. NAME: CONTACT NAME: BILLING STREET ADDRESS: "FE-MAIL: CITY: STATE: ZIP CODE: BEST PHONE NUMBER TO REACH YOU AT: "Confirmation of each transaction will be sent to you by Statement and to the E-mail address you list on this form. ENTER BANK ACCOUNT NUMBER ENTER BANK ACCOUNT NUMBER ENTER BANK NAME: Please Attach a Copy of a Blank Voided Check Our company agrees to pay US Foods, inc. by electronic hunds transfer and hereby subnicises US Foods or its designated representative to periodically debit the undersigned beard accounted in the transaction of the undersigned at any time prior to the due date based on your payment any agreed to be invided perior to little date. When and debit was to any agreed to be invided perior to the due date based on your payment and the sent part of the periodically debit the undersigned at any time prior to the due date based on your payment and the transaction perior to the due date based on your payment and the prior periodical perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the total prior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on your payment and the perior perior to the due date based on the perior to the date of the perior perior to the dat			Print Numb) (Social Security Number) (Point Address) (
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BUS. NAME: BILLING STREET ADDRESS: "F-MAIL: CITY: STATE: STATE: JIP CODE: BEST PHONE NUMBER TO REACH YOU AT: *Confirmation of each transaction will be sent to you by Statement and to the F-mail address you list on this form. ENTER BANK ACCOUNT NUMBER ENTER BANK NAME: Please Attach a Copy of a Blank Voiced Check Our company agrees to pay US Foods, inc. by electronic funds transfer and hereby authorizes US Foods or its designated may resultive to perfordically debit the undersigned bank account(d) in the will sent as included by US Foods, inc. by electronic funds will have no authority to draw upon the bank accounts of the undersigned at any time prior to the due date based on your permanents and include on the include state of the prior permanents and include on the include state of the prior permanents and include on the include state of the prior permanents and included on the include state of the prior permanents and included on the include state of the prior permanents and permanents of the index state of the prior permanents and permanents of the index state of the prior permanents and permanents of the index state of the prior permanents and permanents of the prior permanents and permanents. The segment of the prior permanents and permanents of the prior permanents and permanents of the prior permanents and permanents. The part permanents are permanents and permanents and permanents and permanents and permanents and permanents. The prior permanents and	EFF	ECTIVE DATE:	:						יונפידהנו	IED #.		Q.		JU-U2	.,, (c	huo	II O,	,								
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BEST PHONE NUMBER TO REACH YOU AT: FAX NUMBER FAX NUMBER FAX NUMBER	500												C	ONTAC	NAME:											
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ENTER BANK ACCOUNT NUMBER ENTER BANK NAME: Please Attach a Copy of a Blank Voiced Check Our company agrees to pay US Foods, Inc. by electronic funds transfer and hereby authorizes US Foods or its designated representative to periodically debit the undersigned bank account(s) in line with terms provided by US Foods, Inc. by electronic funds transfer and hereby authorizes US Foods or its designated representative to periodically debit the undersigned bank account(s) in line with terms as indicated on your hovide. In no event will US Foods will have no authority to draw upon the bank accounts of the undersigned at any time prior to the due date based on your paymen applied to be invided in the vind resigned of the undersigned at the time of the debit of the invided prior to histolical prior to histolical prior to histolical prior to histolical prior to the due date based on your paymen applied to be invided by the undersigned or US Foods upon 30 days written notice to either part. The agreement may be revoked immediately by US Foods upon notification that any charge in the sevent my electronic debt for transfer its returned, I agree that a \$25.00 return them fee with the electronically charged to my account. The undersigned agrees to provide a copy of this agreement to its bank or other depository from which the direct debtits are to be made and shall request such bank to cooperate with US Foods in the symmetry of the Undersigned: US Foods, Inc. Company Name: Attention: 10410 S. 50th Place Street: Phoenix, AZ 85044 City, State, Zip: Date:	BES	T PHONE NUM	IBEA TO	REACH	i YOU A	ī:																				
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Our company agrees to pay US Foods, Inc. by electronic funds transfer and hereby authorizes US Foods or its designated representative to periodically debit the undersigned bank account(a) in line with payment terms provided by US Foods. It is acknowledged that US Foods will have no authority to draw upon the bank accounts of the undersigned at any time prior to the due date based on your payment as indicated on your involce. In no event will US Foods be authorized to withdraw, any amounts in excess of the path profits agreement may be revoked by the undersigned or US Foods upon 30 days written notice to either party. This agreement may be revoked by the undersigned or US Foods upon 30 days written notice to US Foods of the undersigned at the insufficient funds or to paid but reversed by any bank of notice to US Foods of the undersigned's bankruptoy. In the event my electronic debit or transfer is returned, I agree that a \$25.00 return item fee will be electronically changed to my account. The undersigned agrees to provide a copy of this agreement to its bank or other depository from which the direct debits are to be made and shall request such bank to cooperate with US Foods in the US Foods, Inc. Company Name: US Foods, Inc. Company Name: Phoenix, AZ 85044 City, State, Zip: Ignature: Date:						Ple	ase	Att	ach	aC	On	V 0	fo	Rio	nk i	lose		4 /	>							
US Foods, Inc. Company Name:	erma au Spplied (This agre due has in the av	indicated on your profession of the involce part may be not may be not may be not my electronic may be not my electronic my elec	rior to in revoked due to in	ideting to deting to by the sufficien	ino, by the second of the debit ondersing the second of th	electron nowledg will US gned or or Is pa	of funda ed that Foods US Foods do but re	Iransie US Foo be auth ods upor	r and he da will he orized to n 30 day by any t	reby auth tve no au g withdran s written i sank of no	orizes thority v any notice tice to	US Footon	ods or il upon t la in eg or party.	is designed bank cess of This ag	nated research	present is of the nypice of may be is bank	alive Undi Emou	to persign	riodica ed at a radita (mmedi	lly del my tim fue ar	oil the ne pri nd lide by Ut	or to the enlified S Foods	a due di pi.lha.u s upon r	ite base ima_ol d rotificati	id on you lelivery v on that o	nij also,b nij also,b
US Foods, Inc. Company Name:	Го:	-																								
10410 S. 50th Place Street:	ι	JS Foods,	inc.						_																	
Phoenix, AZ 85044 City, State, Zip:	A	lin: AR - /	Auto I	Dedu	ct		Atte	ntion):													· -				
Signature:	1	0410 S. 5	Oth P	lace			Stre	et:								-		-								
lignature: Date:	P	hoenix, A	Z 850	44		•	City	, Sta	e, Zir):			••													
	ignatu	ure:																				~~~				
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JCC FINANCING	STATEME			Wednesday, ile Numbe	ECORDED, October 03, 201 r: 056-2012-0014 anty Clerk of Supe	195	
OLLOW INSTRUCTIONS		Brone	erty of the GSCCCA				
A. NAME & PHONE OF CO		* · · · · · · · · · · · · · · · · · · ·					
ucc@ncscredit B.SENDACKNOWLEDGI							
NCS UCC Serr PO Box 2410; Cleveland, (USA	vices Group L DH 44124	e and Address)	7				
(800) 826-5			"	SPACEISFO	OR FILING OFFICE US	SE ONLY	
		nsertonly <u>one</u> debtorname(1aor1b)	-do notabbreviate or combine names				
1a. ORGANIZATION'S NA		tor The					
Hutcheson Me		iter, inc.	FIRST NAME	LUDDI E	NA AIT	SUFF	****
IB. INDIVIDUAL SEAST NO	WIL		FIRST INME	MIDDLE	NAME	SUFF	IX.
c. MAILING ADDRESS			ату	STATE	POSTAL CODE	COUN	ITRY
00 Gross Cres	cent		Fort Oglethorpe	GA	30742	US	A
d. SEE INSTRUCTIONS		1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any		
	ORGANIZATION 'DEBTOR	Non-Profit Corp	Georgia	GA-K	503543	l	Пи
2b. INDIVIDUAL'S LAST N			FIRST NAME	STATE	POSTAL CODE	COUN	
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	26. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if any		N
SECURED PARTYS	11	OTAL ASSIGNEE of ASSIGNOR S/P)	- insert only one secured party name (3a or 3b)	J.		<u> </u>	1140
3a. ORGANIZATION'S NA	ME						
US Foods,							
36. INDIVIDUAL'S LAST N	AME		FIRST NAME	MIDDLE	NAME	SUFF	X
. MAIUNG ADDRESS			CITY	STATE	POSTAL CODE	COUN	TRY
399 West Higg	ins Road		Rosemont	IL	60018	USA	
. This FINANCING STATEMEN		a a solletonal:	ACCOMONE.				_
ereafter arisi	ng amount) securit	s due Seller, Ap y interest, and ant by Seller fr	Applicant to Seller plicant hereby grants lien in and to all go on time to time, and ling, without limitations	to Sell ods, inv a separa	ler a priori ventory, equ ate security	ty ipment inter	es w

UCC# U128375

UC	C FINANCING STATEMEN LOW INSTRUCTIONS (front and back) CA	IT ADDENDUN	1776 perty of the GSCCCA				
	IAME OF FIRST DEBTOR (1a or 1b) ON		ATEMENT				
	9a. ORGANIZATION'S NAME						
00	Hutcheson Medical Cent	er, Inc.					
OR	95. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME.SUFFIX				
10.	MISCELLANEOUS:						
				THE ABOVE S	SPACE 1	S FOR FILING OF	FICE USE ONLY
11:	ADDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME - Insert only one	aname (11a or 11b) - do not abbrev	iate or combine names			····
	THE OF CAMEATION S NAME						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME	P	MIDDLEN	IAME	SUFFIX
11c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d.	SEE INSTRUCTIONS ADDIT INFO RE 11 ORGANIZATION DEBTOR	e. TYPE OF ORGANIZATION	116 JURISD:CTION OF ORGA	NIZATION 1	ilg. ORG	ANIZATIONAL ID#,	ff any NONE
12.	ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	α ASSIGNOR S/P	'S NAME - insert only <u>one</u> name	e (12a or 12b)			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLEN	IAME	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	This F:NANCING STATEMENT covers timbe collateral, or is filed as a fitxture filing. Description of real estate:	r to be cut or as-extracted	16. Additional collateral descri Seller under & Applicant.		ymen	t terms wi	.th
	Name and address of a RECORD OWNER of abo	ve-described real estate					
	(if Debtor does not have a record interest):						
			17. Check only if applicable an	d check <u>only</u> one box.			
			Debtor is a Trust or T	rustee acting with resp	ect to pre	openy held in trust o	of Decedent's Estate
			18. Check only if applicable an	d check <u>only</u> one box.			
			Debtor is a TRANSMITTIN	G UTILITY			
			Filed in connection with a l	Aanufactured-Home Tra	ensaction		
			Filed in connection with a f	ublic-Finance Transec	ilon		<u></u>

EXHIBIT B



HUTCHESON MEDICAL CENTER, INC., NORTHERN DISTRICT OF GEORGIA, CASE NO. 14-42863

Oustomer Number	eman kemorayo	(EQIOVII) SEELLUI (LEW		earde Service Encorti	amount
10860765	Parkside at Hutcheson	2828222	INVOICE	8/27/2014	\$1,115.58
10868586	Hutcheson Medical Center	2828221	INVOICE	8/27/2014	\$197.73
10868586	Hutcheson Medical Center	11640	INVOICE	9/1/2014	\$55.72
20868600	Hutcheson Medical Center - Dietary	11637	INVOICE	9/1/2014	\$3,733.23
20868600	Hutcheson Medical Center - Dietary	91905	INVOICE	9/3/2014	\$117.45
20868600	Hutcheson Medical Center - Dietary	91907	INVOICE	9/3/2014	\$8,907.43
10868586	Hutcheson Medical Center	242748	INVOICE	9/8/2014	\$113.3
10868586	Hutcheson Medical Center	242750	INVOICE	9/8/2014	\$176.9
20868600	Hutcheson Medical Center - Dietary	242746	INVOICE	9/8/2014	\$443.40
20868600	Hutcheson Medical Center - Dietary	242745	INVOICE	9/8/2014	\$4,661.62
20868600	Hutcheson Medical Center - Dietary	242747	INVOICE	9/8/2014	\$8,073.9
10860765	Parkside at Hutcheson	328781	INVOICE	9/10/2014	\$49.0
10860765	Parkside at Hutcheson	328780	INVOICE	9/10/2014	\$460.6
10860765	Parkside at Hutcheson	328782	INVOICE	9/10/2014	\$1,602.10
20868600	Hutcheson Medical Center - Dietary	328783	INVOICE	9/10/2014	\$71.4
20868600	Hutcheson Medical Center - Dietary	328787	INVOICE	9/10/2014	\$135.6
20868600	Hutcheson Medical Center - Dietary	328786	INVOICE	9/10/2014	\$582.8
20868600	Hutcheson Medical Center - Dietary	328784	INVOICE	9/10/2014	\$3,065.6
20868600	Hutcheson Medical Center - Dietary	328785	INVOICE	9/10/2014	\$6,228.8
20868600	Hutcheson Medical Center - Dietary	2970850	CR MEMO	9/11/2014	(\$1,933.2
10868586	Hutcheson Medical Center	460002	INVOICE	9/15/2014	\$210.4
20868600	Hutcheson Medical Center - Dietary	460000	INVOICE	9/15/2014	\$129.0
20868600	Hutcheson Medical Center - Dietary	459999	INVOICE	9/15/2014	\$6,011.7
20868600	Hutcheson Medical Center - Dietary	460001	INVOICE	9/15/2014	\$6,794.5
10860765	Parkside at Hutcheson	559573	INVOICE	9/17/2014	\$35.5
10860765	Parkside at Hutcheson	559576	INVOICE	9/17/2014	\$112.2
10860765	Parkside at Hutcheson	559574	INVOICE	9/17/2014	\$248.1
10860765	Parkside at Hutcheson	559575	INVOICE	9/17/2014	\$1,667.1
10868586	Hutcheson Medical Center	559580	INVOICE	9/17/2014	\$113.3
10868586	Hutcheson Medical Center	559581	INVOICE	9/17/2014	\$53.8
20868600	Hutcheson Medical Center - Dietary	588095	INVOICE	9/17/2014	\$149.5
20868600	Hutcheson Medical Center - Dietary	559578	INVOICE	9/17/2014	\$1,294.6
20868600	Hutcheson Medical Center - Dietary	559577	INVOICE	9/17/2014	\$5,054.7
20868600	Hutcheson Medical Center - Dietary	559579	INVOICE	9/17/2014	\$5,352.0
20868600	Hutcheson Medical Center - Dietary	684969	INVOICE	9/19/2014	\$53.6
20868600	Hutcheson Medical Center - Dietary	689820	INVOICE	9/20/2014	\$59.9
10868586	Hutcheson Medical Center	691867	INVOICE	9/22/2014	\$22.4
10868586	Hutcheson Medical Center	691870	INVOICE	9/22/2014	\$38.4
20868600	Hutcheson Medical Center - Dietary	691868	INVOICE	9/22/2014	\$332.7
20868600	Hutcheson Medical Center - Dietary	691871	INVOICE	9/22/2014	\$4,289.7
20868600	Hutcheson Medical Center - Dietary	691869	INVOICE	9/22/2014	\$7,004.8
10860765	Parkside at Hutcheson	789781	INVOICE	9/24/2014	\$85.5
10860765	Parkside at Hutcheson	789780	INVOICE	9/24/2014	\$668.5
10860765	Parkside at Hutcheson	789782	INVOICE	9/24/2014	\$1,026.5
10868586	Hutcheson Medical Center	789786	INVOICE	9/24/2014	\$11.8
20868600	Hutcheson Medical Center - Dietary	789784	INVOICE	9/24/2014	\$92.0

Gustomer Number	ellan reinoveus		ERVT META	NEDIOVAI VEENLEG EFAG	amount
20868600	Hutcheson Medical Center - Dietary	789783	INVOICE	9/24/2014	\$892.66
20868600	Hutcheson Medical Center - Dietary	789785	INVOICE	9/24/2014	\$3,140.47
20868600	Hutcheson Medical Center - Dietary	789787	INVOICE	9/24/2014	\$4,419.40
20868600	Hutcheson Medical Center - Dietary	2991794	CR MEMO	9/26/2014	(\$5.52)
20868600	Hutcheson Medical Center - Dietary	2991795	CR MEMO	9/26/2014	(\$5.52)
10868586	Hutcheson Medical Center	923400	INVOICE	9/29/2014	\$22.40
10868586	Hutcheson Medical Center	923401	INVOICE	9/29/2014	\$99.75
10868586	Hutcheson Medical Center	923402	INVOICE	9/29/2014	\$176.96
20868600	Hutcheson Medical Center - Dietary	923398	INVOICE	9/29/2014	\$2,872.92
20868600	Hutcheson Medical Center - Dietary	923399	INVOICE	9/29/2014	\$5,752.99
20868600	Hutcheson Medical Center - Dietary	2971024	CR MEMO	9/30/2014	(\$105.96)
10860765	Parkside at Hutcheson	1026765	INVOICE	10/1/2014	\$36.57
10860765	Parkside at Hutcheson	1026766	INVOICE	10/1/2014	\$365.95
10860765	Parkside at Hutcheson	1026767		10/1/2014	\$1,476.09
10868586	Hutcheson Medical Center	1026768	INVOICE	10/1/2014	\$113.31
20868600	Hutcheson Medical Center - Dietary	4682	SPEC DEP	10/1/2014	(\$1,000.00)
20868600	Hutcheson Medical Center - Dietary	1052050	INVOICE	10/1/2014	\$59.16
20868600	Hutcheson Medical Center - Dietary	1026770	INVOICE	10/1/2014	\$71.42
20868600	Hutcheson Medical Center - Dietary	1052049	INVOICE	10/1/2014	\$324.24
20868600	Hutcheson Medical Center - Dietary	1026769	INVOICE	10/1/2014	\$840.49
20868600	Hutcheson Medical Center - Dietary	1026771	INVOICE	10/1/2014	\$4,047.77
20868600	Hutcheson Medical Center - Dietary	1026772	INVOICE	10/1/2014	\$5,093.72
20868600	Hutcheson Medical Center - Dietary	2985957	CR MEMO	10/2/2014	(\$6.75)
20868600	Hutcheson Medical Center - Dietary	1098028	INVOICE	10/2/2014	\$23.03
10868586	Hutcheson Medical Center	1155808	INVOICE	10/6/2014	\$22.40
10868586	Hutcheson Medical Center	1155813	INVOICE	10/6/2014	\$142.47
20868600	Hutcheson Medical Center - Dietary	1155810	INVOICE	10/6/2014	\$468.00
20868600	Hutcheson Medical Center - Dietary	1155809	INVOICE	10/6/2014	\$758.40
20868600	Hutcheson Medical Center - Dietary	1155811	INVOICE	10/6/2014	\$3,483.35
20868600	Hutcheson Medical Center - Dietary	1155812	INVOICE	10/6/2014	\$6,137.29
10860765	Parkside at Hutcheson	1248402	INVOICE	10/8/2014	\$13.92
10860765	Parkside at Hutcheson	1248403	INVOICE	10/8/2014	\$93.51
10860765	Parkside at Hutcheson	1248404	INVOICE	10/8/2014	\$127.79
10860765	Parkside at Hutcheson	1284917	INVOICE	10/8/2014	\$239.60
10860765	Parkside at Hutcheson	1248405	INVOICE	10/8/2014	\$1,521.47
20868600	Hutcheson Medical Center - Dietary	1248406	INVOICE	10/8/2014	\$141.98
20868600	Hutcheson Medical Center - Dietary	1248407	INVOICE	10/8/2014	\$489.26
20868600	Hutcheson Medical Center - Dietary	1248408	INVOICE	10/8/2014	\$4,756.15
20868600	Hutcheson Medical Center - Dietary	1248409	INVOICE	10/8/2014	\$4,858.79
	*	1329936			
10860765	Parkside at Hutcheson		INVOICE	10/9/2014	\$243.48
10868586	Hutcheson Medical Center	1387134	INVOICE	10/13/2014	\$351.99 \$117.42
10868586	Hutcheson Medical Center	1387136	INVOICE	10/13/2014	\$117.42
20868600	Hutcheson Medical Center - Dietary	1387133	INVOICE	10/13/2014	\$4,025.49
20868600	Hutcheson Medical Center - Dietary	1387132	INVOICE	10/13/2014	\$6,010.74
10860765	Parkside at Hutcheson	1472044	INVOICE	10/14/2014	\$154.66
10860765	Parkside at Hutcheson	1489421	INVOICE	10/15/2014	\$187.02
10860765	Parkside at Hutcheson	1489423	INVOICE	10/15/2014	\$345.78
10860765	Parkside at Hutcheson	1489422	INVOICE	10/15/2014	\$456.21
10860765	Parkside at Hutcheson	1489424	INVOICE	10/15/2014	\$1,563.76
20868600	Hutcheson Medical Center - Dietary	1489425	INVOICE	10/15/2014	\$526.80
20868600	Hutcheson Medical Center - Dietary	1489426	INVOICE	10/15/2014	\$1,580.72
20868600	Hutcheson Medical Center - Dietary	1489427	INVOICE	10/15/2014	\$3,625.83
20868600	Hutcheson Medical Center - Dietary	1489428	INVOICE	10/15/2014	\$4,891.51
10868586	Hutcheson Medical Center	1614573	INVOICE	10/20/2014	\$11.86
20868600	Hutcheson Medical Center - Dietary	1614570	INVOICE	10/20/2014	\$346.41

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REMOVERS SEEMOVE	Gustomer wame		TYPE	DAVE DEVIVERY DAVE	aliount
20868600	Hutcheson Medical Center - Dietary	1614572	INVOICE	10/20/2014	\$2,451.31
20868600	Hutcheson Medical Center - Dietary	1614571	INVOICE	10/20/2014	\$6,700.63
10860765	Parkside at Hutcheson	1709789	INVOICE	10/22/2014	\$187.02
10860765	Parkside at Hutcheson	1709790	INVOICE	10/22/2014	\$548.37
10860765	Parkside at Hutcheson	1709791	INVOICE	10/22/2014	\$1,532.88
10868586	Hutcheson Medical Center	1709792	INVOICE	10/22/2014	\$55.72
10868586	Hutcheson Medical Center	1709793	INVOICE	10/22/2014	\$77.45
20868600	Hutcheson Medical Center - Dietary	1743285	INVOICE	10/22/2014	\$62.39
20868600	Hutcheson Medical Center - Dietary	1709794	INVOICE	10/22/2014	\$68.40
	······································	1709788	INVOICE	10/22/2014	· · · · · · · · · · · · · · · · · · ·
20868600	Hutcheson Medical Center - Dietary			***	\$115.34
20868600	Hutcheson Medical Center - Dietary	1709795	INVOICE	10/22/2014	\$556.55
20868600	Hutcheson Medical Center - Dietary	1709796	INVOICE	10/22/2014	\$1,843.44
20868600	Hutcheson Medical Center - Dietary	1709797	INVOICE	10/22/2014	\$5,715.83
10868586	Hutcheson Medical Center	1846387	INVOICE	10/27/2014	\$113.31
10868586	Hutcheson Medical Center	1846388	INVOICE	10/27/2014	\$60.02
20868600	Hutcheson Medical Center - Dietary	1846386	INVOICE	10/27/2014	\$2,004.79
20868600	Hutcheson Medical Center - Dietary	1846389	INVOICE	10/27/2014	\$5,933.40
10860765	Parkside at Hutcheson	1951387	INVOICE	10/29/2014	\$130.08
10860765	Parkside at Hutcheson	1951386	INVOICE	10/29/2014	\$743.85
10860765	Parkside at Hutcheson	1951385	INVOICE	10/29/2014	\$1,971.48
10868586	Hutcheson Medical Center	1951392	INVOICE	10/29/2014	\$35.71
20868600	Hutcheson Medical Center - Dietary	1951389	INVOICE	10/29/2014	\$107.13
20868600	Hutcheson Medical Center - Dietary	1951388	INVOICE	10/29/2014	\$963.36
20868600	Hutcheson Medical Center - Dietary	1951390	INVOICE	10/29/2014	\$3,216.10
20868600	Hutcheson Medical Center - Dietary	1951391	INVOICE	10/29/2014	
20868600		2065959			\$4,253.29
10868586	Hutcheson Medical Center - Dietary Hutcheson Medical Center	2084131	INVOICE	10/31/2014	\$14.28
				11/3/2014	\$60.02
10868586	Hutcheson Medical Center	2084134	INVOICE	11/3/2014	\$35.71
20868600	Hutcheson Medical Center - Dietary	2084133	INVOICE	11/3/2014	\$115.56
20868600	Hutcheson Medical Center - Dietary	2084130	INVOICE	11/3/2014	\$544.06
20868600	Hutcheson Medical Center - Dietary	2084129	INVOICE	11/3/2014	\$3,376.98
20868600	Hutcheson Medical Center - Dietary	2084132	INVOICE	11/3/2014	\$6,122.23
10860765	Parkside at Hutcheson	2163718	INVOICE	11/5/2014	\$93.51
10860765	Parkside at Hutcheson	2163719	INVOICE	11/5/2014	\$337.57
10860765	Parkside at Hutcheson	2163720	INVOICE	11/5/2014	\$1,329.55
10868586	Hutcheson Medical Center	2163717	INVOICE	11/5/2014	\$52.23
10868586	Hutcheson Medical Center	2163724	INVOICE	11/5/2014	\$112.35
20868600	Hutcheson Medical Center - Dietary	2955396	CR MEMO	11/5/2014	(\$75.82)
20868600	Hutcheson Medical Center - Dietary	2163722	INVOICE	11/5/2014	\$310.58
20868600	Hutcheson Medical Center - Dietary	2163721	INVOICE	11/5/2014	\$4,217.62
20868600	Hutcheson Medical Center - Dietary	2163723	INVOICE	11/5/2014	\$4,675.58
10868586	Hutcheson Medical Center	2292172	INVOICE	11/7/2014	\$462.56
10868586	Hutcheson Medical Center	2301162	INVOICE	11/10/2014	\$61.52
20868600	Hutcheson Medical Center - Dietary	2301160	INVOICE	11/10/2014	
20868600					\$65.59 \$333.40
	Hutcheson Medical Center - Dietary	2301159	INVOICE	11/10/2014	\$323.10
20868600	Hutcheson Medical Center - Dietary	2301164	INVOICE	11/10/2014	\$1,103.11
20868600	Hutcheson Medical Center - Dietary	2301161	INVOICE	11/10/2014	\$1,815.96
20868600	Hutcheson Medical Center - Dietary	2301163	INVOICE	11/10/2014	\$4,557.53
10860765	Parkside at Hutcheson	2393301	INVOICE	11/12/2014	\$63.99
10860765	Parkside at Hutcheson	2393302	INVOICE	11/12/2014	\$128.07
10860765	Parkside at Hutcheson	2393303	INVOICE	11/12/2014	\$805.36
10868586	Hutcheson Medical Center	2999316	CR MEMO	11/12/2014	(\$22.40)
20868600	Hutcheson Medical Center - Dietary	2393306	INVOICE	11/12/2014	\$45.87
20868600	Hutcheson Medical Center - Dietary	2393304	INVOICE	11/12/2014	\$532.11
20868600	Hutcheson Medical Center - Dietary	2393305	INVOICE	11/12/2014	\$4,517.53

CUSTOMER NUMBER	CUSTOMER NAME	INVOICE/	ITEM TYPE	INVOICE/ DELIVERY	AMOUNT
				DATE	
20868600	Hutcheson Medical Center - Dietary	2393307	INVOICE	11/12/2014	\$6,891.72
10868586	Hutcheson Medical Center	2525317	INVOICE	11/17/2014	\$47.50
20868600	Hutcheson Medical Center - Dietary	2525315	INVOICE	11/17/2014	\$745.24
20868600	Hutcheson Medical Center - Dietary	2525314	INVOICE	11/17/2014	\$4,274.97
20868600	Hutcheson Medical Center - Dietary	2525316	INVOICE	11/17/2014	\$6,504.18
20868600	Hutcheson Medical Center - Dietary	2612357	INVOICE	11/18/2014	\$15.22
20868600	Hutcheson Medical Center - Dietary	2612359	INVOICE	11/18/2014	\$3,143.32
10860765	Parkside at Hutcheson	2618685	INVOICE	11/19/2014	\$878.29
10860765	Parkside at Hutcheson	2618686	INVOICE	11/19/2014	\$1,852.78
10868586	Hutcheson Medical Center	2618687	INVOICE	11/19/2014	\$112.35
10868586	Hutcheson Medical Center	2618690	INVOICE	11/19/2014	\$61.52
20868600	Hutcheson Medical Center - Dietary	2618689	INVOICE	11/19/2014	\$9.78
20868600	Hutcheson Medical Center - Dietary	2652523	INVOICE	11/19/2014	\$53.30
20868600	Hutcheson Medical Center - Dietary	2618683	INVOICE	11/19/2014	\$1,089.25
20868600	Hutcheson Medical Center - Dietary	2618684	INVOICE	11/19/2014	\$4,363.84
20868600	Hutcheson Medical Center - Dietary	2618688	INVOICE	11/19/2014	\$4,684.95
20868600	Hutcheson Medical Center - Dietary	2696037	INVOICE	11/20/2014	\$14.04
20868600	Hutcheson Medical Center - Dietary	2985812	CR MEMO	11/28/2014	(\$4,102.53)
20868600	Hutcheson Medical Center - Dietary	2915707	INVOICE	11/28/2014	\$71.01

Amount entitled to 503(b)(9) Priority Total Amount of Secured Claim \$66,492.64 \$261,112.66

This claim is secured by UCC-1 filed and recorded with the Fayette County Clerk of Superior Court as File Number 056-2012-001495. A portion of this claim is entitled to priority under 11 U.S.C. § 507(a)(2); goods delivered within 20 days of the Petition Date. Invoices are voluminous, but will be made available upon request.



April 30, 2015

VIA FEDERAL EXPRESS

BMC Group Attn: Hutcheson Medical Center, Inc. Claims Processing 300 N. Continental Blvd., #570

El Segundo, CA 90245

Re: Hutcheson Medical Center, Inc., Case No. 14-42863-pwb

Good Morning:

Enclosed for filing in the above referenced case, please find (i) the proof of claim of US Foods, Inc. in the secured amount of \$261,112.66; and the 503(b)(9) Request Form of US Foods in the priority amount of \$66,492.64.

Please return file stamped copies of the claims via the enclosed self addressed and prepaid FedEx envelope.

If you have any questions regarding this request, please contact me at 847-720-2369, or by email at kerry.carlson@usfoods.com.

Regards,

Kerry Carlson

Lead Bankruptcy Paralegal

cc: Jimmy Whitlock, US Foods, Inc. (w/enclosures)