


UNITED STATES BANKRUPTCY COURT, NORTHERN DISTRICT OF GEORGIA, ROME DIVISION		PROOF OF ADMINISTRATIVE CLAIM
Name of Debtor Hutcheson Medical Center, Inc.	Case Number 14-42863	<p>NOTE: This form should only be used by claimants as specified in the Notice of the Administrative Expense Claims Bar Date. IT SHOULD NOT BE USED FOR CLAIMS EXCLUDED BY SAID NOTICE NOR SHOULD IT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND AND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) AND 507(a)(2).</p> <p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.</p> <p><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>
<p>Name and address of Creditor (The person or other entity to whom the debtor owes money or property):</p> <p>GE Healthcare Diagnostic Imaging c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150</p> <p>michaelb@dehaan-bach.com</p>		
<p>Telephone No. of Creditor: 513-247-7407</p>		
Creditor Tax ID #: 14-0689340	<p>Account or other number by which Creditor identifies Debtor: ***9772</p> <p>Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: <input type="checkbox"/> amends</p>	
<p>1. Basis for Claim</p> <p><input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensations for services performed from _____ to _____ (date) (date)</p>		
<p>2. Date debt was incurred: 5/31/2015 thru 11/3/2015</p> <p>3. If court judgment, date obtained:</p>		
<p>4. Total Amount of Claim: \$ 67,385.23</p> <p><input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</p>		
<p>5. Brief Description of Claim (attach any additional information):</p> <p>services</p>		
<p>6. Offsets, Credits and Setoffs</p> <p><input type="checkbox"/> All payments made on this claim by the Debtor have been credited and deducted from the amount claimed hereon</p> <p><input type="checkbox"/> This claim is not subject to any setoff or counterclaim</p> <p><input type="checkbox"/> This claim is subject to any setoff or counterclaim as follows:</p> <p>7. Assignment:</p> <p><input type="checkbox"/> If the claimant has obtained this claim by assignment, a copy is attached hereto.</p>		
<p>8. Supporting Documents: Attach copies of supporting documents. DO NOT SEND ORIGINAL DOCUMENTS.</p> <p>9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>		
<p>Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):</p> <p>Date: 2/8/2016  Michael B. Bach, Authorized Agent</p>		

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.



IC Code	IC Name	CustNo	Inv Input Date	CustName	InvNo	P&L	Sub P&L	EquipmentSer	OutstandingAmt	OrigInvAmt	InvDT	DueDT
GPS024277	GPS IMAGING US SERVICE	***9772	11/3/2015	HUTCHESON MEDICAL CENTER	6000352058	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	11/1/2015	12/1/2015
GPS024277	GPS IMAGING US SERVICE	***9772	10/2/2015	HUTCHESON MEDICAL CENTER	6000328400	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	10/1/2015	10/31/2015
GPS024277	GPS IMAGING US SERVICE	***9772	9/26/2015	HUTCHESON MEDICAL CENTER	6000312401	Diagnostic Imaging	DI Service	Service	\$ 1,618.72	\$ 1,618.72	9/23/2015	10/23/2015
GPS024277	GPS IMAGING US SERVICE	***9772	9/2/2015	HUTCHESON MEDICAL CENTER	6000303990	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	9/1/2015	10/1/2015
GPS024277	GPS IMAGING US SERVICE	***9772	8/21/2015	HUTCHESON MEDICAL CENTER	6000287816	Diagnostic Imaging	DI Service	Service	\$ 82.72	\$ 82.72	8/21/2015	9/20/2015
GPS024277	GPS IMAGING US SERVICE	***9772	8/2/2015	HUTCHESON MEDICAL CENTER	6000280633	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	8/1/2015	8/31/2015
GPS024277	GPS IMAGING US SERVICE	***9772	8/2/2015	HUTCHESON MEDICAL CENTER	6000267505	Diagnostic Imaging	DI Service	Service	\$ 7,725.70	\$ 7,725.70	8/1/2015	8/31/2015
GPS024277	GPS IMAGING US SERVICE	***9772	7/2/2015	HUTCHESON MEDICAL CENTER	6000256775	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	7/1/2015	7/31/2015
GPS024277	GPS IMAGING US SERVICE	***9772	6/3/2015	HUTCHESON MEDICAL CENTER	6000232294	Diagnostic Imaging	DI Service	Service	\$ 8,640.83	\$ 8,640.83	6/1/2015	7/1/2015
GPS024277	GPS IMAGING US SERVICE	***9772	5/31/2015	HUTCHESON MEDICAL CENTER	6000218772	Diagnostic Imaging	DI Service	Service	\$ 3,902.31	\$ 3,902.31	5/30/2015	6/29/2015
GPS024277	GPS IMAGING US SERVICE	***9772	5/31/2015	HUTCHESON MEDICAL CENTER	6000218463	Diagnostic Imaging	DI Service	Service	\$ 2,210.80	\$ 2,210.80	5/30/2015	6/29/2015
									\$67,385.23			

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: 03/07/2016

Trustee: Ronald L. x-Glass

Last Date to file (Govt):

<i>Creditor:</i> (19667330) GE Healthcare Diagnostic Imaging (ADMINISTRATIVE) c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150	Claim No: 191 <i>Original Filed</i> Date: 02/11/2016 <i>Original Entered</i> Date: 02/11/2016	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> DeHaan & Bach, LPA <i>Modified:</i>
Admin claimed: \$67385.23		

History:

<u>Details</u>	<u>191-</u> <u>1</u>	02/11/2016	Claim #191 filed by GE Healthcare Diagnostic Imaging, Admin claimed: \$67385.23 (DeHaan & Bach, LPA)
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Description: (191-1) services

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*	
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	\$67385.23	