


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
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)		
Name and address of Creditor (The person or other entity to whom the debtor owes money or property): GE Healthcare Datex c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150 michaelb@dehaan-bach.com		<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone No. of Creditor: 513-247-7407		THIS SPACE IS FOR COURT USE ONLY
Creditor Tax ID #: 22-3029570	Account or other number by which Creditor identifies Debtor: ***5282	Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated: <input type="checkbox"/> amends
1. Basis for Claim <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		<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)
2. Date debt was incurred: 8/12/2015 thru 8/30/2015		3. If court judgment, date obtained:
4. Total Amount of Claim: \$ 3,018.75 <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 statements of all interest or additional charges.		
5. Brief Description of Claim (attach any additional information): services		
6. Offsets, Credits and Setoffs <input type="checkbox"/> All payments made on this claim by the Debtor have been credited and deducted from the amount claimed hereon <input type="checkbox"/> This claim is not subject to any setoff or counterclaim <input type="checkbox"/> This claim is subject to any setoff or counterclaim as follows:		7. Assignment: <input type="checkbox"/> If the claimant has obtained this claim by assignment, a copy is attached hereto.
8. Supporting Documents: Attach copies of supporting documents. DO NOT SEND ORIGINAL DOCUMENTS.		THIS SPACE IS FOR COURT USE ONLY
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.		
Date: 2/8/2016	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):  Michael B. Bach, Authorized Agent	

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.



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):**

Creditor: (19667445) GE Healthcare Datex (ADMINISTRATIVE) c/o Michael B. Bach, Authorized Agent DeHaan & Bach, LPA 25 Whitney Drive, Suite 106 Milford, Ohio 45150	Claim No: 193 <i>Original Filed</i> Date: 02/11/2016 <i>Original Entered</i> Date: 02/11/2016	Status: Filed by: CR Entered by: DeHaan & Bach, LPA Modified:
Admin claimed: \$3018.75		

History:

Details	193-1	02/11/2016	Claim #193 filed by GE Healthcare Datex, Admin claimed: \$3018.75 (DeHaan & Bach, LPA)
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Description: (193-1) 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	\$3018.75	