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

IN RE:)	CHAPTER 11					
HUTCHESO and HUTCH INC.,	N MEI ESON	DICAL CENTER, INC. MEDICAL DIVISION,)	Jointly Administered Under CASE NO. 14-42863-pwb				
		Debtors.	,					
<u>ADN</u>	R <u>IINIST</u>	EQUEST FOR ALLOW RATIVE EXPENSE CI	ANCE AN	ID PAYMENT OF SUANT TO 11 U.S.C. § 503				
administrative	exnen	W the claimant identified se claim pursuant to See hrough November 20, 20	ction 503 c	I hereby requests the allowance of an of the Bankruptcy Code, arising from the following:				
CLAIMANT	'S NAI	ME AND ADDRESS: _ - -	D+S Outdoor Advertising 926 mt. Pisgan Rd. Ringgold, GA. 30736					
1	The 11	. § 503 Administrative F	inistrative o	\$				
	ount ic	ount identified above against the following Debtor identified in these bankruptcy						
cases:	M	Hutcheson Medical Cen	ter, Inc.					
	☐ Hutcheson Medical Division, Inc.							
2. as follows:	The consideration for this debt (or ground for this liability owed by the Debtor is Bal. before Nov. 20, 20,14 (+ 4,700.°) 16,700. 4 - NOV. 2015 (12 month) 4 = 12,000.°° Of 81 Duc 4 16,700.°° TWO BIIIBUALUS							
Past Ouc	Bal.	before Nov. 20, 201	4 (+ -4,	00.00				
Dec. 2014	+81 I	Duc 4/6700.00	TW	BILLBOALDS				
3. 503(b) and 11	The all U.S.C	dministrative expense is 6 8 507(a)(2) because:	entitled to a	dministrative priority under 11 U.S.C. §				
New A	ct wo	Chand Wingle ord	eres for	1 postos				

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BMC GROUP

Hutcheson Med POC 00428

- 4. A copy of the writing (invoice, purchase order, lease agreement, etc.) on which the administrative expense is founded, if any, is attached hereto or cannot be attached for the reason set forth in the statement attached hereto.
- 5. The amount of all payments on the administrative expense have been credited and deducted for the purpose of making this request.
- 6. The undersigned is aware that under 18 U.S.C. §§ 152 and 3571, the penalty for presenting a fraudulent claim in a bankruptcy case includes a fine of up to \$500,000 or imprisonment for up to five years, or both.

WHEREFORE, the undersigned requests that the Court allow the administrative expense or expenses requested herein, to be paid in accordance with the priorities set forth in the Bankruptcy Code and based upon availability of funds.

Dated:	March 1, 2016	
	Name of Claimant: D+ 5 Outdoon Ad	octioning
	Signed: Karen S. Schmitt	
	By (if appropriate):	
	As Its (if appropriate):	

INSTRUCTIONS:

Mail the completed form by March 7, 2016, to the Clerk, United States Bankruptcy Court, Northern District of Georgia, Room 339, 600 East First Street, Rome, Georgia 30161, with a copy served on Trustee's Claims Agent: (i) if by overnight or hand delivery: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, 300 Continental Blvd., #570, El Segundo, CA 90245; (ii) if by first class mail: BMC Group, Attn: Hutcheson Medical Center, Inc. Claims Processing, PO Box 90100, Los Angeles, CA 90009.

OUTDOOR ADVERTISING 926 MT. PISGAH RD. RINGGOLD GA. 30736 706-937-3176



CONTRACT NO.

NEW RENEWAL

GENTLEMAN, WE CONTRACT FOR __ PAINTED ADVERTISING DISPLAY (S) UPON THE FOLLOWING TERMS AND CONDITIONS

TO SEE THE SECOND CONT.							
PANEL number	LOCATION OF DISPLAY	NON ILL.	ILL.	FACE SIZE	PRICE PER MONTH	PAINTS YEARLY	
LHR THREE NOTCH	BATTLE FIELD PKWY @ THREE NOTCH RD. SOUTH SIDE OF HWY. 2-A, 100' WEST OF THREE NOTCH RD. LH R. FOR WEST BOUND TRAFFIC		x	14 x 48	\$700	0	
LHR 41	HWY 41 @ .2-A EAST SIDE OF HWY. 41 LH R. FOR SOUTH BOUND TRAFFIC		x	1 7 	\$300	0	

8-1-14 DISPLAY PERIOD: EACH DISPLAY SHALL BE MAINTAINED IN SERVICE FOR A PERIOD BEGINNING ON THE DATE OF COMMENCEMENT OF SERVICE AND TERMINATING _______ MONTHS AFTER THE DATE OF COMMENCEMENT OF SERVICE. COPY: ALL COPY SHALL BE SOLELY FOR THE BENEFIT OF HUTCHESON MEDICAL CENTER (FIRM NAME OF ADVERTISING) ADVERTISING SAME __ AND MAY BE REJECTED IF, IN GOOD FAITH, WE BELIEVE IT IS UNLAWFUL OR DETRIMENTAL TO ADVERTISING. TERMS: NET CASH FOR SAID ONE PAINTED DISPLAYS, WE PROMISE TO PAY THE TOTAL SUM OF \$ \$29,000 PAYABLE IN MONTHLY INSTALLMENTS IN ADVANCE AT THE SPECIFIED PRICE ABOVE. THE FIRST MONTHLY INSTALLMENT TO BEGIN ON THE DATE OF COMMENCEMENT OF SERVICE ON SUCH DISPLAYS. (THE DATE AS SPECIFIED IN PARAGRAPH NUMBERED CNE). ADVERTISER AGREES TO PAY WHEN BILLED THE AMOUNT OF THE MONTHLY INSTALLMENT ALLOCABLE TO DISPLAYS ON WHICH SERVICE HAS COMMENCED. UPON ADVERTISERS FAILURE TO PAY ANY INSTALLMENTS DUE, WE HAVE THE RIGHT TO DECLARE THE REMAINING MONTHLY INSTALLMENTS IMMEDIATELY DUE AND PAYABLE. AND ADVERTISERS FAILURE TO PAY THE AMOUNT OF SAID REMAINING BALANCE ON DEMAND SHALL AT OUR OPTION BE DEEMED A COMPLETE BY ADVERTISER OF THIS CONTRACT, WHERELPON WE MAY IN ADDITION TO ITS OTHER LEGAL RIGHTS RECOVER JUDGEMENT AGAINST ADVER-TISER FOR SAID REMAINING BALANCE AND REMOVE ADVERTISERS COPY FROM ALL DISPLAYS. THE TERMS AND CONDITIONS OF THIS CONTRACT CONSIST OF THE PROVISIONS WRITTEN HEREOF AND ON ANY PAGE ATTACHED HERETO AND SIGNED BY BOTH PARTIES, WHICH ARE ALL OF THE AGREEMENTS AND REPRESENTATIONS AS TO THIS CONTRACT MADE BY EITHER PARTY HERETO. THIS CONTRACT CAN BE CANCELED ONLY BY MUTUAL CONSENT, IN WRITING, OF THE PARTIES HERETO AND SHALL BE BINDING ON THE HEIRS, ASSIGNS, OR SUCCESSORS IN BUSINESS OF THE PARTIES HERETO. HUTCHESON MEDICAL CENTER ACCEPTED: FRM NAME D&S **OUTDOOR ADVERTISING** 706-937-3176 100 GROSS CRESCENT CIRCLE CALEGRAPH K. Schmitt FT. OGLETHORPE GA ZIP CODE_30742 706-858-2000

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