

Fill in this information to identify your case:

Debtor Hutcheson Medical Center, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number 14-42863-pwb
(if known)

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**Official Form 410
Proof of Claim**

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Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Xanitos, Inc.
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent?
Xanitos, Inc.
c/o Eric L. Scherling, Esq.
Cozen O'Connor, One Liberty Place
1650 Market Street, Suite 2800
Philadelphia, PA 19103
Name, Number, Street, City, State & Zip Code
Contact phone (215) 665-2042
Contact email escherling@cozen.com
Where should payments to the creditor be sent? (if different)
Xanitos, Inc.
c/o Edward Crothall, Esq.
3809 West Chester Pike
Suite 210
Newtown Square, PA 19073
Name, Number, Street, City, State & Zip Code
Contact phone (484) 652-2300
Contact email ecrothall@xanitos.com
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

4. Does this claim amend one already filed? No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____

5. Do you know if anyone else has filed a proof of claim for this claim? No
 Yes. Who made the earlier filing? _____

Hutcheson Med POC



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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 137,490.00 Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
Rejection damages under Textile Services Agreement

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of claim that is secured: \$ _____
Amount of claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) 0 %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition: \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that 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.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date August 15, 2016
MM/ DD / YYYY

/s/ Edward Crothall, Esq.
Signature

Print the name of the person who is completing and signing this claim:

Name Edward Crothall, Esq.

Title Corporate Counsel

Company Xanitos, Inc.

Identify the corporate servicer as the company if the authorized agent is a servicer.
3809 West Chester Pike
Suite 210

Address Newtown Square, PA 19073

Number, Street, City, State and Zip Code

Contact phone (484) 654-2300 Email ecrothall@xanitos.com

ADDENDUM TO REJECTION DAMAGES PROOF OF CLAIM OF XANITOS, INC.

IN RE HUTCHESON MEDICAL CENTER, INC.

CASE NO. 14-42863-pwb

CHAPTER 11

Xanitos, Inc. ("Xanitos") files this Proof of Claim to assert its claim, in the amount of \$137,490.00 (the "Rejection Claim"), against debtor Hutcheson Medical Center, Inc. ("Debtor") arising from Debtor's rejection of the Textile Services Agreement, dated as of September 2, 2013 between Xanitos and Debtor (the "Agreement").

On July 28, 2016, the United States Bankruptcy Court for the Northern District of Georgia entered an order approving Debtor's rejection of certain contracts and leases, including the Agreement, effective as of May 12, 2016.

As is set forth in Section 2 of the Agreement, the initial term was the five-year period commencing on November 1, 2013 and ending on November 1, 2018 (the "Initial Term"). Section 10F of the Agreement, meanwhile, requires that a Termination Payment be made to Xanitos in the event of any early termination of the Agreement. It provides: "If this Agreement terminates for any reason prior to the expiration of the Initial Term, [Debtor] shall pay Xanitos on or before the effective date of termination, an amount equal to \$4,583 multiplied by the number of months remaining in the Initial Term for reimbursement of Xanitos investments not fully amortized."

Xanitos is entitled to a Rejection Claim in the amount of \$137,490 (30 months remaining in the Initial Term multiplied by \$4,583), to compensate it for the investments it made in order to perform under the Agreement.

For the avoidance of doubt, this Rejection Claim is in addition to, and does not amend or supersede, all other claims filed by Xanitos in Debtor's bankruptcy case.



Eric L. Scherling
Direct Phone 215.665.2042
Direct Fax 215.701.2081
escherling@cozen.com

BMC Group
Attn: Hutcheson Medical Center, Inc. Claims
Processing
3732 West 120th Street
Hawthorne, CA 90250

**Re: In re Hutcheson Medical Center, Inc., Case No. 14-42863-pwb (Bankr. N.D. Ga.)
Proof of Claim for Rejection Damages of Xanitos, Inc.**

Dear Sir or Madam:

Enclosed are an original and one copy of a Proof of Claim for contract rejection damages which I am filing on behalf of Xanitos, Inc. I would appreciate your docketing the original and returning a time-stamped copy in the self-addressed, stamped envelope provided.

Thank you for your assistance in this regard.

Sincerely yours,

COZEN O'CONNOR

A handwritten signature in cursive script that reads "Eric L. Scherling".

By: Eric L. Scherling

Enclosures