Fill in this information to identify the case:						
Debtor 1	Hutcheson Medical Center, Inc.					
Debtor 2 (Spouse, if filin	ng)					
United States Bankruptcy Court for the: Northern District of Georgia						
Case number	er 14-42863-PWB					

RECEIVED

OCT 21 2016

BMC GROUP

## Official Form 410

### **Proof of Claim**

04/16

00468

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.

. Who is the current creditor?	Siemens Financial Services, Inc.						
orcunor.	Name of the current creditor (the person or entity to be paid for this claim)						
	Other names the creditor used with the debtor						
. Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?						
. Where should notices and payments to the		Where should payments to the creditor be sent? (if different)					
creditor be sent?	Todd A. Ritschdorff, Esq.	Siemens Financial Services, Inc.					
Federal Rule of Bankruptcy Procedure	Name	Name					
(FRBP) 2002(g)	Omni Plaza, 30 South Pearl Street	170 Wood Avenue South, 7th Floor					
, ,	Number Street	Number Street					
	Albany NY 12207	Iselin NJ 08830					
	City State ZIF	Code City State ZIP Cod					
	Contact phone (518) 472-1224	Contact phone ( <u>732)</u> 476-3473					
	Contact email tritschdorff@phillipslytle.com Contact email curtiss.burrell@siemens.com						
	Uniform claim identifier for electronic payments in chapter 1:	3 (if you use one):					
. Does this claim ame one already filed?	No  Yes. Claim number on court claims registry (if known) 297  Filed on 04/29/2015  MM / DD / YYYY						
* Claim No provid	ed by BMC Group, Inc., as claims agent.	MM / UU / TTTT					
Ciaini ivo: provid		· <del></del>					

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: 2 9 4 8							
. How much is the claim?	\$\$ 407,081.90 . Does this amount include interest or other charges? *							
	<ul> <li>Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</li> <li>* See Claim No. 297.</li> </ul>							
. What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.							
claim?	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.							
	See attachment.							
. Is all or part of the claim								
secured?	☐ 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: \$							
	Value of property: \$  Amount of the claim that is secured: \$							
	<del></del>							
	Amount of the claim that is secured: \$(The sum of the secured and unsecured							
	Amount of the claim that is secured: \$ (The sum of the secured and unsecured amounts should match the amount in line							
0. Is this claim based on a	Amount of the claim that is secured: \$ (The sum of the secured and unsecured amounts should match the amount in line  Amount necessary to cure any default as of the date of the petition: \$  Annual Interest Rate (when case was filed)%  Fixed							
0. Is this claim based on a lease?	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line  Amount necessary to cure any default as of the date of the petition: \$  Annual Interest Rate (when case was filed)%    Fixed   Variable							
	Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amounts should match the amount in line  Amount necessary to cure any default as of the date of the petition: \$  Annual Interest Rate (when case was filed)%    Fixed   Variable							

Official Form 410 Proof of Claim page 2

r								
12. Is all or part of the claim	☑ No							
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Chec	k one:				Amount entitled to priority		
A claim may be partly priority and partly		stic support obligations (including .C. § 507(a)(1)(A) or (a)(1)(B).	g alimony and child sup	port) under	•	\$		
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		62,850* of deposits toward purch al, family, or household use. 11		property of	r services for	\$		
endued to priority.	bankru	s, salaries, or commissions (up to ptcy petition is filed or the debto .C. § 507(a)(4).				\$		
	_	or penalties owed to governmen	ntal units. 11 U.S.C. § 5	07(a)(8).		\$		
	☐ Contrib	outions to an employee benefit p	olan. 11 U.S.C. § 507(a	)(5).		\$		
		Specify subsection of 11 U.S.C.				\$		
		are subject to adjustment on 4/01/19			begun on or afte	er the date of adjustment.		
Part 3: Sign Below					·			
The person completing this proof of claim must	Check the appr	opriate box:						
sign and date it.	☑ I am the creditor.							
FRBP 9011(b).	l am the creditor's attorney or authorized agent.							
If you file this claim electronically, FRBP		ustee, or the debtor, or their auti	- '	•				
5005(a)(2) authorizes courts	☐ I am a gua	rantor, surety, endorser, or othe	r codebtor. Bankruptcy	Rule 3005	i			
to establish local rules								
specifying what a signature is.  I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating 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	mation is true							
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under	penalty of perjury that the foreg	oing is true and correct					
3571.		10/03/2016						
	Executed on da	te MM / DD / YYYY						
		f $f$ $f$ $f$ $f$ $f$ $f$ $f$ $f$ $f$	<b>f</b> /					
	Signature	NNA	<del></del>		•			
	Print the name	of the person who is complet	ting and signing this	claim:				
,		O. maile a			Dumall			
	Name	Curtiss First name	Middle name		Burrell Last-name			
	Title	Director of Workout						
	Company	Siemens Financial Ser	vices, Inc.					
	Joinpany	Identify the corporate servicer as	· · · · · · · · · · · · · · · · · · ·	rized agent is	a servicer.			
	Address	170 Wood Avenue Sou	uth, 7th Floor					
		Number Street						
		Iselin		NJ	08830			
		City		State	ZIP Code			
	Contact phone	(732) 476-3470		Email	curtiss.bu	ırrell@siemens.com		

# Attachment to Amended Proof of Claim of Siemens Financial Services, Inc.

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

#### In The United States Bankruptcy Court For The Northern District of Georgia

- 1. This Amended Proof of Claim amends Proof of Claim No. 297 filed by Siemens Financial Services, Inc. ("Claimant") on April 29, 2015 with BMC Group, Inc., the Debtor's claims agent, in the amount of \$494,196.90 ("Prior Claim"). The Prior Claim is incorporated by reference herein, including, without limitation, all attachments thereto.
- 2. On May 16, 2016 ("Sale Date"), Claimant sold the Equipment in accordance with the Leases for and in consideration of \$135,000.00 ("Sale Amount"). As of the Sale Date, the total amount owed by the Debtor to Claimant pursuant to the Prior Claim, after crediting the Sale Amount and deducting the costs of sale, was \$407,081.90 together with all other amounts due and unpaid under the Leases.<sup>2</sup>
- 3. Claimant hereby reserves the right to, at any time during this bankruptcy case, further amend or supplement this Amended Proof of Claim and the Prior Claim in any respect.
- 4. This Amended Proof of Claim is being filed to protect the rights of Claimant, and is not intended as, and shall not be construed as, (a) a waiver or release of any rights of Claimant to have the reference withdrawn in this bankruptcy case or with respect to any proceeding, controversy, matter or other issue, or to demand and obtain a trial by jury therein; (b) a waiver or release of the right of Claimant to have final orders in non-core matters entered only after de

No part of the Sale Amount was credited to Claimant's Proof of Claim No. 450 in the amount of \$232,536.40, all of which remains due and owing to Claimant.

<sup>&</sup>lt;sup>1</sup> Unless otherwise defined herein, all capitalized terms in this Amended Proof of Claim shall have the meaning given to them in the Prior Claim.

novo review by a district judge; (c) a waiver or release of any rights of Claimant against any other person or other entity liable for any or all of the claims described herein; (d) a waiver of any right of subordination in favor of Claimant of indebtedness or liens held by any other creditors; (e) an election of any remedy waiving or otherwise affecting any other remedy of Claimant; (f) a waiver or release of any additional claims or other rights that Claimant may have in or against the Debtor, its estate or the property thereof; (g) a waiver or release of any other rights, claims, actions, defenses, set-offs or recoupments to which Claimant is or may be entitled under agreements, in law or in equity; (h) a waiver or release of any right to assert that all of any part of the amounts set forth herein or otherwise due or to come due pursuant to the Leases enjoy or will enjoy administrative expense claim priority or other priority, or that Claimant should be immediately paid any or all of such amounts, pursuant to the Bankruptcy Code or any other applicable law or statute. All of the rights, claims, actions, defenses, set-offs and recoupments described above are hereby reserved.

5. Nothing contained in this Amended Proof of Claim shall be deemed or construed as a waiver, or other limitation on, any rights or remedies of Claimant under the Leases or any other agreement with the Debtor, at law, or in equity, all of which rights are expressly reserved.

Doc #01-2963567.4



### Via Federal Express

BMC Group

October 12, 2016

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

Re:

In re Hutcheson Medical Center, Inc., et al.

United States Bankruptcy Court, Northern District of Georgia

Chapter 11 Case No. 14-42863-pwb

Dear Sir or Madam:

On April 28, 2015, Siemens Financial Services, Inc. ("SFS") filed claim number 297 ("Prior Claim") in the above matter. Enclosed for filing is the original and one copy of SFS' proof of claim amending the Prior Claim. Please file the original, and time/date stamp and return the copy to me in the self-addressed, stamped envelope provided.

Thank you for your time and attention to this matter.

Very truly yours,

Phillips Lytle LLP

Todd A Ritschdorff

TAR/

Doc #06-110084.1

TODD A. RITSCHDORFF
Direct 518 472 1224, ext 1232 tritschdorff@phillipslytle.com

ATTORNEYS AT LAW