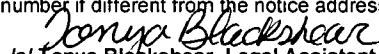



UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK/MANHATTAN DIVISION		PROOF OF CLAIM
Name of Debtor InSight Health Services Holdings Corp.		Case Number: 10-16564-AJG-11
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Collin County Tax Assessor/Collector		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: c/o Gay McCall Isaacks et al 777 East 15th Street Plano, TX 75074 bankruptcy@ntexas-attorneys.com		
Telephone number: _____		<input type="checkbox"/> Check this 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 this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): COLLIN COUNTY PO BOX 8046 MCKINNEY TX 75070		
Telephone number: _____		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">JAN 03 2011</p> <p style="margin: 0;">BMC GROUP</p> </div>
1. Amount of Claim as of Date Case Filed: <u> \$1,121.54 </u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(____). Amount entitled to priority: _____ <small>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>Ad Valorem Property Tax</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u> xxxxxxx3681 </u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <u>Business Personal Property</u> Value of Property: <u> \$66,770.00 </u> Annual Interest Rate: <u> 12% </u> Amount of arrearage and other charges as of time case filed included in secured claim, if any: _____ Basis for perfection: _____ Amount of Secured Claim: <u> \$1,121.54 </u> Amount Unsecured: <u> \$0.00 </u>		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: 12/29/2010	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  /s/ Tonya Blackshear, Legal Assistant Gay, McCall, Isaacks, Gordon & Roberts, PC	FOR COURT USE ONLY Insight  00005

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.

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Property Tax Record

[New Search](#)

Account: P900021023681
APD: 2661862
Location: 0017950PRESTON RD
Legal: BPP AT 17950 PRESTON RD
Owner: INSIGHT HEALTH CORPORATION
 14400 METCALF AVE
 OVERLAND PARK KS 66223--298

Acres: 0.000
Yr Built: 0
Sq Ft: 0
Def. Start: NONE
Def. End: NONE
Roll: P

2010 Values
 Personal 66,770
2010 Exemptions

Click on the e-Statement button to view Total Tax Due.

Click on the e-Payment button to make a credit card or eCheck payment.

[Current status](#)

[All years](#)

[Tax Estimator](#)

[e-Payment](#)

[e-Statement](#)

Year	Unit	Levy Amount	Levy Paid	Levy Due	Penalty	Interest	Col Penalty	Total Due	Receipt Date
2010	01	160.25	0.00	160.25	0.00	0.00	0.00	160.25	
2010	60	57.62	0.00	57.62	0.00	0.00	0.00	57.62	
2010	73	903.67	0.00	903.67	0.00	0.00	0.00	903.67	
2010 Totals		1,121.54	0.00	1,121.54	0.00	0.00	0.00	1,121.54	

Southern District of New York Claims Register

10-16564-ajg InSight Health Services Holdings Corp.

Judge: Arthur J. Gonzalez **Chapter:** 11
Office: Manhattan **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (5399246) Collin County Tax Assessor/Collector c/o Gay McCall et al 777 E 15th St Plano TX 75074	Claim No: 1 <i>Original Filed</i> Date: 12/29/2010 <i>Original Entered</i> Date: 12/29/2010	<i>Status:</i> Filed by: CR Entered by: McCall, David Modified:
Secured claimed: \$1121.54 Total claimed: \$1121.54		
<i>History:</i> Details <u>1-1</u> 12/29/2010 Claim #1 filed by Collin County Tax Assessor/Collector, total amount claimed: \$1121.54 (McCall, David)		
<i>Description:</i> (1-1) Ad Valorem Property Tax / Business Personal Property		
<i>Remarks:</i>		

Claims Register Summary

Case Name: InSight Health Services Holdings Corp.
Case Number: 10-16564-ajg
Chapter: 11
Date Filed: 12/10/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured		
Secured	\$1121.54	
Priority		
Unknown		
Administrative		
Total	\$1121.54	\$0.00