

**United States Bankruptcy Court
Southern District of New York**

PROOF OF CLAIM

Name Of Debtor: **INSIGHT HEALTH CORP**

Case Number: **10-16568-AJG**

Chapter: **11**

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.

Name of Creditor (The person or entity to whom the debtor owes money or property):

CITY OF GRANDVIEW

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.

Name and address where notices should be sent:

**Elizabeth Banda Calvo
Perdue, Brandon, Fielder, Collins & Mott, L.L.P.
P. O. BOX 13430**

Check Box if you have never received any notices from the bankruptcy court in this case.

**ARLINGTON, TX 76094-0430
Telephone: (817) 461-3344
Facsimile: (817) 860-6509
E-Mail: ebcalvo@pbfc.com**

RECEIVED

JAN 07 2011

BMC GROUP

Check box if the address differs from the address on the envelope sent to you by the court

This Space is for Court Use Only

Account or other number by which creditor identifies debtor:

Please See Attached Statement(s)

Check here if this claim

replaces
 amends

a previously filed claim dated:

1. Basis For Claim:

Ad Valorem Property Taxes

2. Date debt was incurred:

January 1st of each tax year, pursuant to Sections 32.01 and 32.07 of the Texas Property Tax Code.

3. If court judgment, date obtained:

4. Total amount of claim at time case filed: \$2,181.76

if all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

Make checks payable to: CITY OF GRANDVIEW

Mail payments to: C/O PERDUE BRANDON FIELDER ET AL, P O BOX 13430, ARLINGTON, TX 76094-0430

5. Secured Claim:

Check this box if your claim is secured by collateral (including a right of setoff). Claim secured by statutory tax lien provided by Sections 32.01 and 32.05 of the Texas Property Tax Code and Art. 8, Section 15 of the Texas Constitution.

Amount entitled to Secured Classification: **\$2,181.76**

Brief Description Of Collateral:

Real Estate Motor Vehicle

Other: BUSINESS PERSONAL PROPERTY

Value Of Collateral: Fully Secured

Amount of arrearage and other charges at time case filed included in secured claim, if any:

6. Unsecured Priority Claim:

Check this box if you have an unsecured priority claim.

Amount entitled to priority:
Taxes or penalties owed to government units - 11 U.S.C. § 507(a)(8) to the extent of any shortfall in collateral value and for personal liability.

7. General Unsecured Claim:

Amount entitled to General Unsecured Classification:

\$0.0

8. Credits:

The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. This claim is not subject to any setoff or counterclaim.

9. Supporting Documents:

Tax Statements On which this claim is founded are attached.

Date: 12/14/2010

Perdue, Brandon, Fielder, Collins & Mott, L.L.P.
Attorneys At Law

By:



Elizabeth Banda Calvo
Attorneys For Claimant

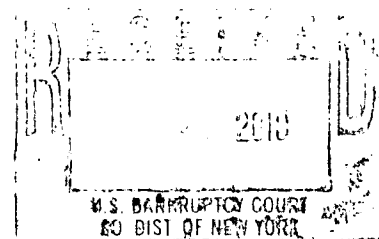
SBN: 24012238

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Insight



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Tax Statement

JOHNSON COUNTY TAX OFFICE

, TX

INSIGHT HEALTH CORPORATION
 26250 ENTERPRISE CT
 LAKE FOREST, CA 92630-8405

Taxpayer ID: 3535

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

Tax Year	Tax Due	P. and I	Total Due
CITY OF GRANDVIEW			
Legal: BUSINESS PERSONAL PROPERTY LEASED EQUIPMENT 100 S LOUISIANA GEO Code: 126-5532-01342			
Client Property Code:			
2010	\$2,181.76	\$0.00	\$2,181.76

CITY OF GRANDVIEW TOTAL ->	\$2,181.76
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Total If Paid By 12/31/2010 \$2,181.76