

United States Bankruptcy Court
SOUTHERN District of NEW YORK **PROOF OF CLAIM**

In re (Name of Debtor)
SIGNAL MEDICAL SERVICES, INC.

Case Number
10-16580 CH 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.

In re (Name of Creditor)
(The person or other entity to whom the debtor owes money or property)
Name and Address Where Notices Should be Sent
Tennessee Department of Revenue
c/o Attorney General
P.O. Box 20207
Nashville, TN 37202-0207

Telephone No.

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.

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

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

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
33-0802413

Check box if this claim replaces a previously filed claim, dated: _____
 amends _____

1. BASIS FOR CLAIM

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries, and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ 1,200.30
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ 8,893.77
Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4000), *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier — 11 U.S.C. § 507(a)(3)
 Contributions to an employee benefit plan — 11 U.S.C. § 507(a)(4)
 Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. § 507(a)(7)
 Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8)
 Other — Specify applicable paragraph of 11 U.S.C. § 507(a) _____
*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ 1,200.30 (Unsecured) \$ 8,893.77 (Priority) \$ 10,094.07 (Total)

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

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE 12/30/2010
3604700101230 DM

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
Wilbur E. Hooks Wilbur E. Hooks

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BANKRUPTCY COURT, SDNY

Penalty for presenting fraudulent claim.

ALL INQUIRIES CONTACT:
Debbie McAlister
(615) 532-6332

irs, or both. 18 U.S.C. §§ 152 and 3571. insight



Debtor: SIGNAL MEDICAL SERVICES, INC.

D/B/A: SIGNAL MEDICAL SERVICES, INC.
4400 MACARTHUR BLVD STE 800
NEWPORT BEACH, CA 92660 2093
ACCT NO. 318478270
ACCT TYPE FRAN/EXCS2
ENTITY ID 33-0802413/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

SIGNAL MEDICAL SERVICES, INC.

BANKRUPTCY

SIGNAL MEDICAL SERVICES, INC.
4400 MACARTHUR BLVD STE 800
NEWPORT BEACH CA 92660 2093

1 BOWLING GREEN, 6TH FLR
NEW YORK NY 10004

Docket No.: 10-16580

Chapter: 11

Date Petition Filed: December 10, 2010

33-0802413/000
318478270
FRAN/EXCS2

First Creditors Meeting: January 25, 2011

Business Closure Date: June 30, 2010

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	ORIG	07-01-03	\$3,769.25	\$809.05	\$0.00	\$2,238.38	\$6,816.68
1	ORIG	07-01-04	\$365.00	\$91.25	\$0.00	\$185.44	\$641.69
1	ORIG	07-01-05	\$100.00	\$25.00	\$0.00	\$40.23	\$165.23
1	ORIG	07-01-07	\$100.00	\$25.00	\$0.00	\$16.84	\$141.84
TOTALS			\$4,334.25	\$950.30	\$0.00	\$2,480.89	\$7,765.44

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$948.76
 Estimated Assessments: \$0.00
 Underpaid Balance: \$6,816.68
 Returned Checks: \$0.00

Penalty and interest calculated through 12-10-10

GRAND TOTAL: \$7,765.44

Debbie McAlester
Preparer's Signature

December 30, 2010
Date

LEGAL CLAIMS SUMMARY SHEET

SIGNAL MEDICAL SERVICES, INC.
 TAXPAYER'S NAME

SIGNAL MEDICAL SERVICES, INC.
 BUSINESS NAME

4400 MACARTHUR BLVD STE 800
 BUSINESS ADDRESS

NEWPORT BEACH, CA 92660-2093
 CITY STATE ZIP

318478270 FRAN/EXCS 2 / 33-0802413
 ACCOUNT NUMBER

Bankruptcy - NEW YORK / NY
 TYPE & LOCATION OF COURT

10-16580 11
 CASE NUMBER CHAPTER #

12/10/10
 DATE PETITION FILED

1/25/11
 1ST CREDITORS MEETING

BUSINESS CLOSURE DATE

TYPE	PERIOD BEGIN	PERIOD END	TAX	PENALTY		INTEREST	TOTAL	
				Late Charge	Ret. Ck			
E	07/01/08	06/30/09	1000.00	250.00	00.00	78.63	1328.63	
E	07/01/09	06/30/10	1000.00	00.00	00.00	00.00	1000.00	
TOTALS			2000.00	250.00	00.00	78.63	2328.63	
							Non-claimable Liability	
							TOTAL LIABILITY*	2328.63

P & I Figured to: 12/10/2010

RECAP:

(AB) Audit Balance _____

(PP) Partial Pay Balance _____

(NR) No Remit Returns _____

(E) Estimated Assessments 2,328.63

(DM) Debit Memos _____

(RC) Return Checks _____

GRAND TOTAL \$2,328.63

Debbie McClister
 Signature

1/10/2011
 Date