

<b>UNITED STATES BANKRUPTCY COURT    Southern District of New York</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>Insight Health Services Holdings Corp.</b>		Case Number: <b>10-16564</b>
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 other entity to whom the debtor owes money or property): <b>Central Maine Power Co.</b>		<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: <b>83 Edison Drive                  Augusta Me 04330</b>		
Telephone number: <b>(800) 565-0121</b>		<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):  Telephone number: _____		
1. Amount of Claim as of Date Case Filed:         \$ <u>                  6,234.37</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 \$10,950*) 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 \$2,425* 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: \$ _____
2. Basis for Claim: <u>Unpaid Electric Service</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>2014</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 type="checkbox"/> Other Describe:  Value of Property: \$ _____ Annual Interest Rate: % _____  Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
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: <b>01/10/2011</b>	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.  <b>Janelle L. Walker/ Bankruptcy Representative</b>	

**RECEIVED**  
**JAN 21 2011**  
**BMC GROUP**

\*Amount 4/1/10 or respect, the date



**FOR COURT USE ONLY.**  
**JAN 14 2011**  
**U.S. BANKRUPTCY COURT, SDNY**

ACCT NO 441-1130022-014 PT LAST-BILL 01 RD CYC 16 BL CYC 16 SERV ENDED 12/10/10  
NAME INSIGHT HEALTH CORP STATUS CHARGE OFF LAST-TRAN 01/10/11  
SERVICE 33 GORHAM RD PREMISE TYPE SMALL COMM.  
ADDRESS SCARBOROUGH ME 04074 \*NM\* RSC LOC 41 RENTAL PROP. N  
\*\*\*\*\* 01-12 CHARGE OFF ACCOUNT \*\*\*\*\* 01/10/11 \*\*\* 1013 \*\*

TOTAL CMP/SOP AMT CHARGED OFF 5,401.93

CHARGE OFF TYPE .....	UTILITY
CHARGE OFF AMOUNT.....	1,480.69
STATE TAX AMOUNT .....	70.51

CHARGE OFF DATE .....	01/10/11
CHARGE OFF REASON .....	BANKRUPT
CHARGE OFF DESCRIPTION	1016564 11 12/10

\* \* \* ARE THERE MORE RECORDS YES \* \* \*  
DSPLY 13 KEY NEW SS DSPLY KEY

ACCT NO 441-1678828-001 PT LAST-BILL 01 RD CYC 16 BL CYC 16 SERV ENDED 12/10/10  
NAME INSIGHT HEALTH CORP STATUS CHARGE OFF LAST-TRAN 01/10/11  
SERVICE 51 US RTE 1 UNIT 0 PREMISE TYPE SMALL COMM.  
ADDRESS SCARBOROUGH ME 04074 RSC LOC 41 RENTAL PROP. N  
\*\*\*\*\* 01-12 CHARGE OFF ACCOUNT \*\*\*\*\* 01/10/11 \*\*\* 1013 \*\*

TOTAL CMP/SOP AMT CHARGED OFF 832.44

CHARGE OFF TYPE ..... LATE PAYMENT CHARGE  
CHARGE OFF AMOUNT..... 2.85  
STATE TAX AMOUNT .....

CHARGE OFF DATE ..... 01/10/11  
CHARGE OFF REASON .... BANKRUPT  
CHARGE OFF DESCRIPTION 1016564 11 12/10

\* \* \* ARE THERE MORE RECORDS YES \* \* \*  
DSPLY 13 KEY NEW SS DSPLY KEY