

STATE OF NEW YORK
DEPARTMENT OF LABOR
Unemployment Insurance Division
Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

DATED: 01/13/11

ARRANGEMENT #10-16568

EMPLOYER REG. NO.: 46-71853 6

**LIQUIDATED PRIORITY CLAIM FOR
UNEMPLOYMENT TAXES DUE**

CLERK OF THE COURT
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK, NY 10004-1408

IN THE MATTER OF:
INSIGHT HEALTH CORP.

Debbie Anziano is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.

The debtor is liable to the New York State Department of Labor in the sum of \$160.03 representing unpaid unemployment insurance taxes. The PRIORITY CLAIM for this debt, with interest computed to the date of petition, is as follows:

| PERIOD FROM/TO | A/E | Contributions | Section 581D Assessment | Accrued Interest | Posted Interest | Penalty | WARRANT/SECURED |
|-------------------|-----|---------------|----------------------------|---------------------|--------------------|---------|--------------------------|
| 01/01/08-03/31/08 | A | \$66.45 | | \$20.80 | | | <input type="checkbox"/> |
| 01/01/10-03/31/10 | A | | | | \$72.78 | | <input type="checkbox"/> |
| Total: | | | | \$160.03 | | | |

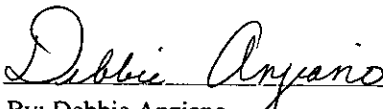
A - Actual Returns Filed E - Estimated, no return filed

No part of this debt has been paid. There are no set-offs or counterclaims.

This claim is asserted as secured for any periods checked by virtue of warrants filed for those periods.

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor, Insolvency Unit, at the address indicated above.

Commissioner of Labor



By: Debbie Anziano
Tax Compliance Agent 2
Unemployment Insurance Division

Indicate Acknowledgement Date

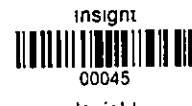
RECEIVED
JAN 18 2011
INSIGHT HEALTH CORP. NY

Claim Number Assigned _____

RECEIVED

JAN 21 2011

BMC GROUP





**STATE OF NEW YORK
DEPARTMENT OF LABOR**
Unemployment Insurance Division

Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

Dated: 01/13/11

**CLERK OF THE COURT
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK, NY 10004-1408**

**IN THE MATTER OF:
INSIGHT HEALTH CORP.
46-71853 6
ARRANGEMENT #10-16568
DEBTOR**

Enclosed is a verified claim of the New York State Department of Labor for unemployment insurance taxes due for the periods and amount shown below. The State of New York claims priority in payment under the provisions of the New York State Unemployment Insurance Law.

Please note on this letter your acknowledgement of receipt of this claim (including the claim number) and return it to the NYS Department of Labor, Unemployment Insurance Division, Insolvency Unit, in the enclosed preaddressed envelope.

| | |
|----------------------------------------|----------|
| Contributions due for the period from: | 01/01/08 |
| to and including: | 03/31/10 |
| in the amount of \$: | \$160.03 |

Indicate Acknowledgement Date

| |
|----------------------------------------------------------------------------------------------|
| RECEIVED JAN 18 2011 U.S. BANKRUPTCY COURT, SDNY Claim Number Assigned _____ |
|----------------------------------------------------------------------------------------------|

Very truly yours,
Commissioner of Labor

**Debbie Anziano
Tax Compliance Agent 2
Unemployment Insurance Division**

DA:
Enc.
cc: RYAN B. BENNETT