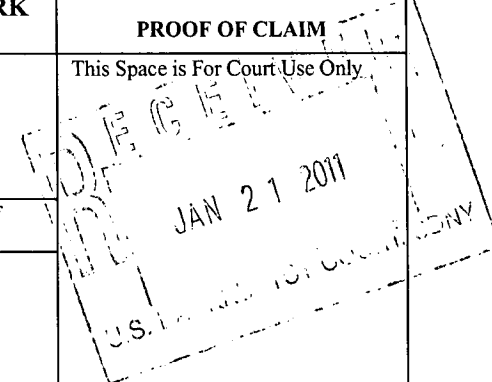



UNITED STATES BANKRUPTCY COURT		SOUTHERN DISTRICT OF	NEW YORK	PROOF OF CLAIM
Name of Debtor: INSIGHT HEALTH SERVICES HOLDING CORP		Case Number: 10-16564 Chapter 7 <input type="checkbox"/> , 11 <input checked="" type="checkbox"/> , 12 <input type="checkbox"/> , 13 <input type="checkbox"/>		This Space is For Court Use Only 
		Creditor ID Number:		
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): Columbia Gas of OHIO		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: 200 Civic Center Dr., 11th floor Columbus, OH 43215 Telephone number: 1-800-344-4077				
Account or other number by which creditor identifies debtor: 14416113-001-9 14416113-002-8 14416113-003-7		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated:		
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: Utility Service		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C §1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Your SS #: Unpaid compensation for services performed From _____ to _____ (date) (date)		RECEIVED JAN 26 2011 BMC GROUP
2. Date debt was incurred:		3. If court judgement, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 501.09 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.				
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of Setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ Amount of arrearage and other charges at time case filed included in Secured claim, if any: \$		6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 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). <input type="checkbox"/> Contributions to an employee benefit plan- 11 U.S.C. §507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. §507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-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)(____). *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.		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of Making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase Orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages, security Agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the Documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-Addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY 		
Date: 1-17-2011 /S/S.CREW 614-460-4882 Revenue Recovery Specialist		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): <i>Sandra Crew</i>		
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.				

CUST NAME BROAD STREET IMAGING LTD PCID 14416113 CUST 001 9

SERV ADDR 750 E BROAD ST A CHECKFREE-ZIPCHECK

CITY COLUMBUS ST OH ZIP 432051000 NON PARTICIPANT

SEE REMARKS

CURRENT		BUDGET		HOME PHONE 674-621-9100
BILL AMT	20.40	AMOUNT	0	NXT READ 00-00-0000
ARRS AMT	269.13 2	ARREARS	0	SHUT OFF 02-15-2011
TOTL BAL	289.53	TOTAL	0	BILL DUE 01-18-2011
	BUDGET MO\AMT	STATUS		PENDING ORDERS APPT MORE
	AUG AMOUNT 129			NONE ORDERS
	JAN AMOUNT 168	PROJECTED		N

REVENUE CLASS CHOICE COMM - HEAT

REVENUE EXTSN HEAT ONLY

CREDIT SYMBOL 1996 GOOD-CR D/REF DTA-CN REGIST MULTIPLIER

COL HST 021121111112 PAYMENT PLAN NO ACCT STAT FNB NO.OF DWELLINGS 1

INVESTIGATION REASON NONE NON-ACTIVE

MON YR	PREM	ST	READ	CD	DAYS	CONSUMPT	MON YR	PREM	ST	READ	CD	DAYS	CONSUMPT
JAN 11	INA		LOCC		1	0	JAN 10	ACT		CALC		34	385
DEC 10	ACT		READ		31	201	DEC 09	ACT		READ		33	78
NOV 10	ACT		CALC		31	109	NOV 09	ACT		CALC		29	144

F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F8=FWD F9=INQ-CTL

F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=LP F22=HP F23=XP F24=CASH

OPER ACTION ==> GENERAL ACCOUNT PAGE 2 34 1325 300716022 09/96
 CUST NAME BROAD STREET IMAGING LTD PCID 14416113 CUST 001 9
 SERV ADDR 750 E BROAD ST A CHECKFREE-ZIPCHECK
 CITY COLUMBUS ST OH ZIP 432051000 NON PARTICIPANT

CURR\INIT READ	DATE	DELAYED CREDIT ACTION	NONE
0016780	12-10-2010	MEDICAL CERTIFICATION	N
PREVIOUS READING	DATE	LAST PAYMENT DATE	10-28-2010
0016780	12-09-2010	PETTY CASH REFUND	NONE
METER LOCATION	KEY SEQ NBR	PCR AMOUNT	\$.00
OUTSIDE - RIGHT		SADC	E2
READING INSTRUCTIONS		ACCOUNT IDENTs	Y MAILING ADDR Y
		MRA ACCOUNTS	N
		UTIL COMPLAINT	N
		CUSTOMER REMARKS	Y
		DISPUTE PENDING	N
		HEATSHARE PLEDGE	N
		WEATHERIZATION	N
		UNIVERSAL BILL	N

METER NUMBER 7012337
 K-S 738 SPRAGUE 4A/675
 INSTALL-SET DATE DUE FOR TEST
 08-1988 2003
 CONNECT DATE DISCONNECT DATE ENERGY ASSISTANCE
 03-01-1996 12-10-2010 FED N STATE N EMER N OTHER N
 F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F7=BWD F9=INQ-CTL
 F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=N/A F22=N/A F23=N/A F24=CASH

CUST NAME. BROAD STREET IMAGING LTD

PCID 14416113 CUST 003 7

SERV ADDR 750 E BROAD ST B

CHECKFREE-ZIPCHECK

CITY COLUMBUS

ST OH ZIP 432051000

NON PARTICIPANT

SEE REMARKS

CURRENT		BUDGET		HOME PHONE 674-621-9100
BILL AMT	20.40	AMOUNT	0	NXT READ 00-00-0000
ARRS AMT	70.54	ARREARS	0	SHUT OFF 02-23-2011
TOTL BAL	90.94	TOTAL	0	BILL DUE 01-26-2011
	BUDGET MO\AMT		STATUS	PENDING ORDERS
	AUG AMOUNT 61			APPT MORE
	JAN AMOUNT 69	PROJECTED		NONE
				ORDERS
				N

REVENUE CLASS COMMERCIAL HEAT

REVENUE EXTSN HEAT ONLY

CREDIT SYMBOL 1996 GOOD-CR NO DEPOSIT

REGIST MULTIPLIER

COL HST 011111111111 PAYMENT PLAN NO

ACCT STAT FNB NO.OF DWELLINGS 1

INVESTIGATION REASON NONE

NON-ACTIVE

MON	YR	PREM	ST	READ	CD	DAYS	CONSUMPT	MON	YR	PREM	ST	READ	CD	DAYS	CONSUMPT
JAN	11	INA		LOCC		1	0	JAN	10	ACT		CALC		34	153
DEC	10	ACT		READ		31	71	DEC	09	ACT		READ		33	20
NOV	10	ACT		CALC		31	39	NOV	09	ACT		CALC		29	58

F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F8=FWD F9=INQ-CTL

F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=LP F22=HP F23=XP F24=CASH

OPER ACTION ==> GENERAL ACCOUNT PAGE 2 34 1325 300716023 09/96
CUST NAME BROAD STREET IMAGING LTD **PCID** 14416113 **CUST** 003 7
SERV ADDR 750 E BROAD ST B **CHECKFREE-ZIPCHECK**
CITY COLUMBUS **ST OH ZIP** 432051000 **NON PARTICIPANT**

CURR\INIT READ	DATE	DELAYED CREDIT ACTION	NONE
0005483	12-10-2010	MEDICAL CERTIFICATION	N
PREVIOUS READING	DATE	LAST PAYMENT DATE	01-11-2011
0005483	12-09-2010	PETTY CASH REFUND	NONE
METER LOCATION	KEY SEQ NBR	PCR AMOUNT	\$.00
OUTSIDE - RIGHT		SADC	E2
READING INSTRUCTIONS		ACCOUNT IDENTS	Y
		MRA ACCOUNTS	N
		UTIL COMPLAINT	N
		CUSTOMER REMARKS	Y
		DISPUTE PENDING	N
		HEATSHARE PLEDGE	N
		WEATHERIZATION	N
		UNIVERSAL BILL	N
		ENERGY ASSISTANCE	
		FED N	STATE N
		EMER N	OTHER N

METER NUMBER 465157
 K-S 608 AMERICAN AC/AL-250
INSTALL-SET DATE **DUE FOR TEST**
 08-1988 0000
CONNECT DATE **DISCONNECT DATE**
 04-12-1996 12-10-2010
F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F7=BWD F9=INQ-CTL
F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=N/A F22=N/A F23=N/A F24=CASH

CUST NAME BROAD STREET IMAGING LTD PCID 14416113 CUST 002 8

SERV ADDR 750 E BROAD ST C CHECKFREE-ZIPCHECK

CITY COLUMBUS ST OH ZIP 432051000 NON PARTICIPANT

SEE REMARKS

CURRENT		BUDGET		HOME PHONE 674-621-9100
BILL AMT	20.40	AMOUNT	0	NXT READ 00-00-0000
ARRS AMT	100.22	ARREARS	0	SHUT OFF 02-23-2011
TOTL BAL	120.62	TOTAL	0	BILL DUE 01-26-2011
BUDGET MO\AMT		STATUS		PENDING ORDERS APPT MORE
AUG	AMOUNT 51			NONE ORDERS
JAN	AMOUNT 65	PROJECTED		N

REVENUE CLASS COMMERCIAL HEAT

REVENUE EXTSN NOT USED

CREDIT SYMBOL 1996 GOOD-CR NO DEPOSIT

REGIST MULTIPLIER

COL HST 0111111111111111 PAYMENT PLAN NO

ACCT STAT FNB NO.OF DWELLINGS 1

INVESTIGATION REASON NONE

NON-ACTIVE

MON YR PREM ST READ CD DAYS CONSUMPT	MON YR PREM ST READ CD DAYS CONSUMPT
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JAN 11	INA	LOCC	1	0	JAN 10	ACT	CALC	34	114
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DEC 10	ACT	READ	31	113	DEC 09	ACT	READ	33	23
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NOV 10	ACT	CALC	31	32	NOV 09	ACT	CALA	29	15
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F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F8=FWD F9=INQ-CTL

F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=LP F22=HP F23=XP F24=CASH

OPER ACTION ==> GENERAL ACCOUNT PAGE 2 34 1325 300716024 09/96
CUST NAME BROAD STREET IMAGING LTD PCID 14416113 CUST 002 8
SERV ADDR 750 E BROAD ST C CHECKFREE-ZIPCHECK
CITY COLUMBUS ST OH ZIP 432051000 NON PARTICIPANT

CURR\INIT READ	DATE	DELAYED CREDIT ACTION	NONE
0007703	12-10-2010	MEDICAL CERTIFICATION	N
PREVIOUS READING	DATE	LAST PAYMENT DATE	01-11-2011
0007703	12-09-2010	PETTY CASH REFUND	NONE
METER LOCATION	KEY SEQ NBR	PCR AMOUNT	\$.00
OUTSIDE - RIGHT		SADC	E2 ELIGIBILITY N
READING INSTRUCTIONS		ACCOUNT IDENTS	Y MAILING ADDR Y
		MRA ACCOUNTS	N
		UTIL COMPLAINT	N
		CUSTOMER REMARKS	Y

METER NUMBER	465158	DISPUTE PENDING	N
K-S 608 AMERICAN AC/AL-250		HEATSHARE PLEDGE	N
INSTALL-SET DATE	DUE FOR TEST	WEATHERIZATION	N
08-1988	0000	UNIVERSAL BILL	N
CONNECT DATE	DISCONNECT DATE	ENERGY ASSISTANCE	
04-12-1996	12-10-2010	FED N	STATE N EMER N OTHER N
F1=HELP F2=WRK-FUN F3=QUIT F4=ORD-TAK F5=INQ F6=ORD-EX F7=BWD F9=INQ-CTL			
F10=EX-CTL F11=TAK-CTL F12=INFO F14=CONTACT F21=N/A F22=N/A F23=N/A F24=CASH			