

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: Insight Health Services Holdings

Case Number: 10-16564

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): Central Telephone Company dba CenturyLink fdba Embarq

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: CenturyLink c/o Rex D. Rainach, APLC 3622 Government Street, Baton Rouge, LA 70806-5720 Telephone number: (225) 343-0643

RECEIVED JAN 26 2011 BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 1,445.92

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Telecommunications Sv (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:

Wages, salaries, or commissions (up to \$11,725*) 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).

3a. Debtor may have scheduled account as:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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.

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Nature of property or right of setoff: Real Estate Motor Vehicle 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:

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

Amount entitled to priority:

\$

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:

*Amount 4/1/13; respect, the dai



Date: 01/20/2011

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.

FOR COURT USE ONLY

JAN 25 2011

/s/ Rex D. Rainach, Attorney for CenturyLink

P.O. Box 2961
 Phoenix, AZ 85062-2961

Page: 1 of 9
 Bill Date: Jan. 03, 2011

Previous Balance	Payments	Adjustments Credits	Current Charges
1,920.90	950.64 CR	0.00	934.12 -136
Payment Summary			
Previous Balance			1,920.90
Payment by check received on DEC 07			950.64 CR
Balance			970.26
Adjustments/Credits Summary			
Adjustments to Previous Balance			0.00
Total Adjustments			0.00
Current Charge Summary			
Monthly Charges			739.47
One-Time Charges			0.00
Usage Charges			71.25
Discount			0.00
Adjustments			0.00
Taxes, Fees, and Surcharges			58.66
Late Fee			64.74
Total Current Charges			934.12
* Essential Charges			797.99
Nonessential Charges			136.13
Due Date	Jan. 26, 2011	Amount Due	1,904.38

IMPORTANT NEWS

13 = 797.99

136.13 ← 71.39

1904.38
 - 797.99

 1106.39
 - 611.11

 495.28
 + 950.64 (part 1247)

 \$1445.92

* Failure To Pay Essential Charges May Result In Disconnection of Basic Local Services
 Just a friendly reminder that your account is past due. If you have already made your payment, thank you for bringing your account up to date.

PLEASE REMIT PAYMENT TO:

D

[REDACTED] 4164

CenturyLink
 P.O. Box 2961
 Phoenix, AZ 85062-2961

Amount Due By Jan. 26, 2011 1,904.38

INSIGHT HEALTH CORP
 Attn: 82005.60.019.55.11401A
 26250 ENTERPRISE CT STE 100
 LAKE FOREST, CA 92630-8407

FOR CHANGE OF ADDRESS OR PAYMENT AUTHORIZATION:
 Please check here and complete reverse. Thank You.

