

ORIGINAL

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: Insight Health Services Holdings Corp.

Case Number: 10-16564 (AJG)

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): RUTHERFORD COUNTY TRUSTEE

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

Name and address where notices should be sent: Rutherford County Trustee, P.O. Box 1316, Murfreesboro, TN 37133-1316

Court Claim Number: (If known)

Telephone number: (615) 898-7705

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: \$ 5,809.00

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.

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.

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

2. Basis for Claim: 2010 Property Taxes (See instruction #2 on reverse side.)

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).

3. Last four digits of any number by which creditor identifies debtor: 4706

3a. Debtor may have scheduled account as: 10-44706 (See instruction #3a on reverse side.)

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.

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

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: \$

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).

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:

\$ 5,809.00

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:

\*Amounts 4/1/13 and respect to the date of



FOR COURT USE ONLY

Date: 01/04/2011

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.

/s/ TEB BATEY, TRUSTEE

Handwritten signature of Teb Batey

JAN 24 2011

TAX YEAR: 2010

ORIGINAL

TAX BILL

TAX COLLECTOR'S NAME AND MAILING ADDRESS:

Teb Batey  
Rutherford Co. Trustee  
P. O. Box 1316  
Murfreesboro, TN 37133  
(615) 898-7705  
rctrustee.com

Locations:  
Murfreesboro Office:  
Public Square  
Courthouse Suite 102  
Smyrna Office:  
205 I Street (off Weakley Ln)



RECEIPT NUMBER: 44706  
IMAGING CENTER THE  
INSIGHT HEALTH CORP  
PROPERTY VALUATION SERVICE  
OVERLAND PARK KS 66223

Rutherford County

ACCOUNT NUMBER: P11699864000  
PARCEL NUMBER: 116 998 64 P

PROPERTY ADDRESS: 1001 N HIGHLAND AVE  
SUBDIVISION NAME:

TAXES ARE DUE AND PAYABLE  
WITHOUT PENALTY  
FROM: 10/01/2010  
THRU: 02/28/2011

ACRES/UNITS:  
CLASSIFICATION: Commercial  
CITY CODE: 515 Murfreesboro  
ADDITIONAL DESC: P11699864000

PROPERTY TAX INFORMATION

APPRAISAL	\$	785,413	CURRENT TAXES:	\$	5,809.00
ASSESSMENT @ 30%	\$	235,624	PENALTY AND INTEREST:	\$	
TAX RATE PER \$100 OF ASSESSMENT	\$	2.4652	<b>TOTAL DUE:</b>	\$	5,809.00

Total due if postmarked by  
02/28/2011

GENERAL INFORMATION

**PAYMENT INFORMATION:** Include receipt number on check, pay with credit/debit in office or online at rctrustee.com. A convenience fee will be charged on any credit/debit transaction. Partial payments are accepted, please call to make arrangements. Please enclose a self-addressed stamped envelope to receive a paid receipt.

Notify the Assessor of Property at 898-7750 of any change in mailing address.

If you sold this property after January 1 and the new owner has assumed the responsibility for paying the taxes, please forward this notice to the new owner.

**PROPERTY TAX RELIEF PROGRAM/SENIOR TAX FREEZE PROGRAM**

Property tax relief is available to low-income homeowners age 65 or over, homeowners permanently and totally disabled, and certain disabled veterans. Senior tax freeze is also available and requires annual renewal, for information or to schedule an appointment contact the Trustee's office.

**DELINQUENT TAXES**

Penalty and interest will be added to any delinquent taxes at a rate of 1.5% per month.

Please retain this portion for your tax records.

Tear at line above

Please Return This Portion With Payment

Make checks payable to: Rutherford County Trustee  
P.O. Box 1316  
Murfreesboro, TN 37133  
(615) 898-7705

TAX YEAR: 2010

RECEIPT NUMBER: 44706

IMAGING CENTER THE  
INSIGHT HEALTH CORP  
1001 N HIGHLAND AVE

ACCOUNT NUMBER:	P11699864000
CURRENT TAXES:	\$ 5,809.00
PENALTY AND INTEREST:	\$
<b>TOTAL DUE:</b>	<b>\$ 5,809.00</b>

Total due if postmarked by  
02/28/2011

