

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW  
YORK**

**PROOF OF CLAIM  
(Administrative)  
REQUEST FOR PAYMENT**

In Re: **INSIGHT HEALTH SERVICES HOLDINGS  
CORP.**

Case Number: **10-16564-11**  
Chapter: **11**

**RECEIVED  
FEB 17 2011  
BMC GROUP  
RECEIVED  
FEB 17 2011  
BMC GROUP**  
court use only

Name of Creditor:  
**MATAGORDA COUNTY**

Check if you are aware that anyone else has filed a proof of claim relating to your claim.

Name/Address Where Notices Should Be Sent:

John P. Dillman  
LINEBARGER GOGGAN BLAIR &  
SAMPSON, LLP  
P O BOX 3064  
HOUSTON, TX 77253-3064

Check if you have never received any notices from the bankruptcy court in this case.

Telephone no: (713) 844-3400  
Facsimile: (713) 844-3503  
Email: houston\_bankruptcy@publicans.com

Check if the address differs from the address on the envelope sent to you by the court.

Number by which creditor identifies debtor:

This claim

replaces  
amends a previously filed claim, dated:   
supplements

See Attached Exhibits

**1. BASIS FOR CLAIM: AD VALOREM TAXES**

**2. DATE DEBT WAS INCURRED:** January 1 of each tax year, pursuant to Sections 32.01 and 32.07 of the Texas Property Tax Code.

**3. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM:** \$ 3,539.31

Plus any additional penalties and interest which accrue pursuant to §33.01 and §33.07 of the Texas Property Tax Code as allowed under 11 U.S.C. 506(b).

**Make checks payable to:** **MATAGORDA COUNTY**  
**Mail payments to:** **1700 7th St Rm 203**  
**Bay City, TX 77414-5091**

**4. CREDITS AND SETOFFS:** The amount of the payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

**5. SUPPORTING DOCUMENTS:** Attached

court use only

DATE: FEBRUARY 01, 2011

*/s/John P. Dillman*  
John P. Dillman  
Attorney I.D. No. 05874400



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, 3571

**ORIGINAL**

# Statement of Account

NOTICE: This is a statement of Taxes Paid & Due as of 02/01/2011 10:23:20AM based upon the tax records of the tax office.

CRISTYN E. HALLMARK, RTA  
 MATAGORDA COUNTY TAX ASSESSOR-COLLECTOR  
 1700 SEVENTH STREET, ROOM 203  
 BAY CITY, TX 77414-5091

Property Information	
Property ID:	56057
Geo ID:	9000
Legal Acres:	0.0000
Legal Desc:	BUSINESS PERSONAL PROPERTY MOBILE MEDICAL IMAGING UNIT LOC AT MAT CO GEN HOSP
Situs:	
DBA:	SIGNAL MEDICAL SERVICES
Exemptions:	

Owner ID: 152288      Ownership: 100.00%  
 INSIGHT HEALTH CORP  
 14400 METCALF AVE  
 OVERLAND PARK, KS 66223

Value Information	
Improvement HS:	0
Improvement NHS:	0
Land HS:	0
Land NHS:	0
Productivity Market:	0
Productivity Use:	0
Assessed Value	142,470

Entity	Description	Pct	Ex Code	Description
10	MATAGORDA COUNTY	100.00%		
20	BAY CITY ISD	100.00%		
30	CITY OF BAY CITY	100.00%		
40	PORT OF BAY CITY	100.00%		
50	CONS & RECL DISTRICT	100.00%		
52	COASTAL PLAINS GROUNDWATER DIST	100.00%		
61	DRAINAGE DISTRICT #1	100.00%		
90	MATAGORDA CO HOSPITAL DISTRICT	100.00%		

Paid Bills Summary									
Entity	Year	Statement ID	Tax Paid	Disc/P&A	PAID	Net Fee Paid	Under/Over/Refund	Posting Date	Amount Paid
<b>Total for Year 2005</b>									
10	2006	68573	1,220.72		0.00	0.00			16,132.42
20	2006	68573	6,916.00		0.00	0.00	0.00	11/07/2006	1,220.72
30	2006	68573	2,328.51		0.00	0.00	0.00	11/07/2006	6,916.00
40	2006	68573	148.74		0.00	0.00	0.00	11/07/2006	2,328.51
50	2006	68573	23.11		0.00	0.00	0.00	11/07/2006	148.74
52	2006	68573	19.70		0.00	0.00	0.00	11/07/2006	23.11
61	2006	68573	471.15		0.00	0.00	0.00	11/07/2006	19.70
90	2006	68573	783.24		0.00	0.00	0.00	11/07/2006	471.15
<b>Total for Year 2006</b>									
10	2007	21395	925.77		0.00	0.00			11,909.17
20	2007	54500	4,428.74	664.31	0.00	0.00	0.00	01/29/2008	925.77
30	2007	21395	1,715.53		0.00	0.00	0.00	06/09/2008	5,093.05
40	2007	21395	116.59		0.00	0.00	0.00	01/29/2008	1,715.53
50	2007	21395	17.61		0.00	0.00	0.00	01/29/2008	116.59
52	2007	21395	15.00		0.00	0.00	0.00	01/29/2008	17.61
61	2007	21395	332.79		0.00	0.00	0.00	01/29/2008	15.00
90	2007	21395	594.66		0.00	0.00	0.00	01/29/2008	332.79
<b>Total for Year 2007</b>									
10	2008	71766	443.84		0.00	0.00			8,811.00
20	2008	71766	2,119.03		0.00	0.00	0.00	01/27/2009	443.84
30	2008	71766	815.64		0.00	0.00	0.00	01/27/2009	2,119.03
40	2008	71766	55.16		0.00	0.00	0.00	01/27/2009	815.64
50	2008	71766	8.40		0.00	0.00	0.00	01/27/2009	55.16
52	2008	71766	7.27		0.00	0.00	0.00	01/27/2009	8.40
61	2008	71766	148.73		0.00	0.00	0.00	01/27/2009	7.27
90	2008	71766	288.13		0.00	0.00	0.00	01/27/2009	148.73
<b>Total for Year 2008</b>									
10	2009	22776	534.04		0.00	0.00			3,886.20
20	2009	22776	2,563.58		0.00	0.00	0.00	01/21/2010	534.04
30	2009	22776	1,028.03		0.00	0.00	0.00	01/21/2010	2,563.58
40	2009	22776	63.02		0.00	0.00	0.00	01/21/2010	1,028.03
50	2009	22776	9.65		0.00	0.00	0.00	01/21/2010	63.02
52	2009	22776	8.70		0.00	0.00	0.00	01/21/2010	9.65
61	2009	22776	181.18		0.00	0.00	0.00	01/21/2010	8.70
90	2009	22776	361.00		0.00	0.00	0.00	01/21/2010	181.18
<b>Total for Year 2009</b>									
10	2010	22585	391.48		0.00	0.00			4,749.20
20	2010	22585	1,880.61		0.00	0.00	0.00	01/25/2011	391.48
30	2010	22585	803.87		0.00	0.00	0.00	01/25/2011	1,880.61
40	2010	22585	44.39		0.00	0.00	0.00	01/25/2011	803.87
<b>Total for Year 2010</b>									
<b>Total for Year 2011</b>									

\*\*\* Continued on Next Page \*\*\*

NOTICE: This document is not a tax certificate and does not absolve a Taxpayer from tax liability in any way. If this document is found to be in error, it may be corrected by the Collection Office listed above. Responsibility to pay the remaining taxes rests entirely with the Taxpayer, as outlined in the Texas Property Tax Code.

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Ex Code	Description

Entity	Year	Statement ID	Tax Paid	Disc/Pai	Paid	At Fee Paid	Under/Over/Refund	Posting Date	Amount Paid
50	2010	22585	6.85		0.00	0.00	0.00	01/25/2011	6.85
52	2010	22585	6.38		0.00	0.00	0.00	01/25/2011	6.38
61	2010	22585	137.16		0.00	0.00	0.00	01/25/2011	137.16
90	2010	22585	268.57		0.00	0.00	0.00	01/25/2011	268.57
<b>Total for Year 2010</b>									<b>3,539.31</b>
<b>Total Paid:</b>									<b>122,841.22</b>

**Unpaid Bills Summary**  
 No information on file.

**Paid Refunds Summary**  
 No information on file.

ESTIMATED TAXES FOR 20 11 \$ 3,539.31

\*\*\* End of Statement \*\*\*

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**LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**

ATTORNEYS AT LAW  
1300 MAIN STREET, SUITE 300 (77002)  
P.O. BOX 3064 (77253-3064)  
HOUSTON, TEXAS  
713/844-3478  
FAX 713/844-3503

February 10, 2011

BMC Group, Inc  
444 N Nash St  
El Segundo, CA 90245

In Re: Insight Health Services Holdings Corp.  
Bankruptcy Case No. 10-16564  
U.S. Bankruptcy Court; Southern District of New York (Manhattan)

Dear Sir or Madame:

Enclosed for filing in the above captioned matters, please find an original and one copy of the following document:

1. Administrative Proof of Claim for the following entity:
  - a. Matagorda County

Please file in your usual manner and return the copy file stamped to the undersigned to evidence the filing of same. Your cooperation in this matter is greatly appreciated.

Should you have any questions, comments or concerns, please contact the Chapter 11 Paralegal Elise Freedman.

By copy of this correspondence, all interested parties are being notified of said filing.

Very truly yours,



**ROBIN L. HOFFMAN**  
*File Clerk*

*Linebarger Goggan Blair & Sampson LLP*

Enclosures: As stated.