


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 FEB 22 2011
		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.		RECEIVED FEB 28 2011 BMC GROUP
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 checked="" type="checkbox"/> amends a previously filed claim, date : 1-17-11 CLAIM WITHDRAWN, ACCOUNTS NOT INCLUDED IN FILING.		
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)				
2. Date debt was incurred:		3. If court judgement, date obtained:		
4. Total Amount of Claim at Time Case Filed: \$ 0 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: 2-16-2011 /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>		