

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: INSIGHT HEALTH CORP.

Case Number: 10-16568

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. § 505.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Illinois Department of Employment Security

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

Name and address where notices should be sent:

Illinois Department of Employment Security 33 S. State Chicago IL. 60603

Telephone number: (312) 793-6874

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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: \$ 1,232.40

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.

2. Basis for Claim: Unemployment Taxes (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: 8857

Wages, salaries, or commissions (up to \$10,950*) 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: 0789027 (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.

Up to \$2,425* 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)().

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: \$ 0.00 Amount Unsecured: \$ 0.00

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:

Date: 02/14/2011

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.

Ellis Beckman

Ellis Beckman

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C

FOR COURT USE ONLY

FEB 22 2011

Insight



00106

ILLINOIS DEPARTMENT OF EMPLOYMENT SECURITY

PROOF OF CLAIM FOR
DEPARTMENT OF EMPLOYMENT SECURITY
CONTRIBUTIONS/TAXES
(BANKRUPTCY CODE CASES)

CASE NUMBER : 10-16568NY
TYPE OF CASE : 11
PETITION DATE : 12/10/2010
ACCOUNT NUMBER : 0789027
FEIN : 0521278857
DOCUMENT IDENTIFIER : 0611033076
SS# :

UNITED STATES BANKRUPTCY COURT
OLD CUSTOM HOUSE, RM 615
NEW YORK NY 10004-1408

IN THE MATTER OF: EMPLOYER : INSIGHT HEALTH CORP.
DBA :
ADDRESS : 26250 ENTERPRISE CT STE 100
LAKE FOREST CA 92630-8407

- The undersigned whose business address is 33 South State Street, Chicago, Illinois is the agent of the State of Illinois Department of Employment Security, and is authorized to make this request for payment on behalf of the State of Illinois.
- The debtor is indebted to the State of Illinois Department of Employment Security, in the sum of 1,232.40
- The grounds for liability are contributions/taxes due under the Illinois Unemployment Insurance Act.

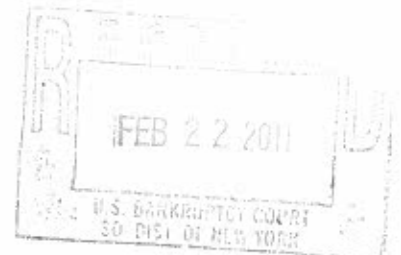
-----UNPAID-----

QTR/YR	CONTRIBUTIONS	INTEREST TO PETITION DATE	PENALTY	OTHER	DATE NOTICE OF LIEN FILED
1/10	16.21	0.61	0.00	0.00	
*4/10	1,215.58	0.00	0.00	0.00	
TOTAL:	1,231.79	0.61	0.00	0.00	

* Wages are estimated because employer failed to file required reports.

4. SECURED	0.00
5. PRIORITY	1,232.40
6. GENERAL UNSECURED	0.00
TOTAL U1 TAX CLAIM	1,232.40

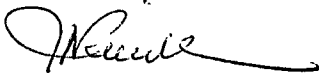
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The amount of all payments on this claim have been credited and deducted for the purpose of making this claim.

SEND ALL REMITTANCES, NOTICES, ETC. TO:

ILLINOIS DEPT. OF EMPLOYMENT SECURITY
BANKRUPTCY UNIT - 10TH FLOOR
33 S. STATE ST.
CHICAGO IL 60603


By: Collections Unit Manager

(312) 793-1270