

OB10 (Official Form 10)
(Rev. 6/91)

**United States Bankruptcy Court
District of New York**

PROOF OF CLAIM

In re (Name of Debtor)
Insight Health Services Corp. DBA/Insight Health Corp

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" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property.)

Southern California Gas Company
Name and Address Where Notices Should Be Sent
**Mass Markets Credit & Collections
The Gas Company
P. O. Box 30337
Los Angeles, CA 90030-0337 Tel No. 213 244-8322**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statements giving particulars.

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

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

**THIS SPACE IS FOR
COURT USE ONLY**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
XXX-XXX-2644

Check here if this claim: replaces a previously filed claim, dated: _____
 amends

1. BASIS FOR CLAIM:

Goods Sold
 Services Performed

Money Loaned

Personal Injury/wrongful death
Services performed

Taxes
 Other (Describe briefly)
 Natural Gas Utility

**RECEIVED
MAR 14 2011
BMC GROUP**

Retiree benefits as defined in 11 U.S.C. § 11114(a)

Wages, salaries, and compensation (fill out below)

Your social security number _____

Unpaid compensation for _____

from _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED:
12/10/10

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

SECURED CLAIM \$ **n/a**
Attach evidence of perfection of security interest
Brief description of Collateral:
Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above,
if any \$ **n/a**

UNSECURED NONPRIORITY CLAIM \$ **100.29**
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$ _____

Specify the priority of the claim.

Wages, Salaries, or commissions (up to \$2000), earned no more than 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)

Contributions to an employee benefits plan - 11 U.S.C. § 507 (a) (4)

Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -- 11 U.S.C. §507(a)(6)

Taxes or penalties of Governmental units -- 11 U.S.C. §507(a)(7)

Other -- 11 U.S.C. 507(a)(2), (a) (5) -- (Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ **100.29** (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ _____ Total

Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statements of all additional charges.

6. CREDITS AND SETOFFS. The amount of all 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.

7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such a promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgment, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-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.

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MAR - 7 2011
U.S. BANKRUPTCY COURT
SO DIST OF NEW YORK

Insight
00112

DATE
3/4/11

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attached copy of power of attorney, if any)

By **Elizabeth Alvarez, Collection Supervisor**

Date Mailed
Mar-2-2011

INSIGHT HEALTH CORP
9660 LURLINE AVE
CHATSWORTH CA 91311

SOUTHERN CALIFORNIA GAS COMPANY FORM 1096-U (6-04)

The Gas Company
P O Box 30337
Los Angeles, CA 90030-0337

PLEASE PAY THIS AMOUNT \$

100.29

ACCOUNT NUMBER
XXX-XXX-2644

For 24-Hour Service and Information

Name INSIGHT HEALTH CORP
Serv 9660 LURLINE AVE
Addr CHATSWORTH CA 91311

Call:  1 (800) 427 2200

Rate Climate

Duplicate Bill

ACCOUNT NUMBER
XXX-XXX-2644

Zone

Billing Period	Meter	Readings	Difference	Billing
From	Number	Prev	=CCF	Factor =
To		Present		Therms
09/28/06	10			
10/13/06				
Summary Of Charges			Amount	
	10/13/06			8.14
	Previous Balance			92.15
	Total Gas Charges Including Tax And Fees			100.29

Total Current Gas Charges 100.29

TOTAL AMOUNT DUE \$ 100.29

