

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
Chapter 11

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. sec. 503.

Name of Creditor: (The person or entity to whom the debtor owes money or property)
TN Dept. of Environment and Conservation

Name and addresses where notices should be sent:
TN Dept. of Environment and Conservation
c/o TN Atty General, Bankruptcy Div.
PO Box 20207
Nashville, TN 37202-0207

Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach copy of statement 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:
 04-3570028

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

1. Basis for Claim:

Goods sold Additional Information: **RECEIVED**
 Services performed **MAR 14 2011**
 Money loaned **BMC GROUP**
 Personal injury/wrongful death
 Taxes.
 Other: 2007 DRH Fee

Retiree benefits as defined in 11 U.S.C. sec. 1114(a)
 Wages, salaries, and compensations (Fill out below)
 Your SS# _____
 Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred: 03/17/08 **3. If court judgment, date obtained**

4. Total Amount of Claim at Time Case Filed : \$ 800.00

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

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

5. Secured Claim: ** \$0.00

Check this box if your claim is secured by collateral (including a right of setoff.)

Brief description of collateral

Real Estate Motor Vehicle
 Other

Value of Collateral: Unknown

Amount of arrearage and other charges at time case filed included in secured claim above, if any:

**Upon notice and proof from debtor that part or all of this claim is unsecured by operation of 11 USC sec 506(a), creditor reserves the right to claim such unsecured portion as a priority claim under 11 USC sec. 507(a)(8).

6. Unsecured Priority Claim:

Check this box if you have an unsecured priority claim

Amount entitled to priority **\$ 0.00**

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300)*, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier --11 U.S.C. sec. 507(a)(3)
 Contributions to an employee benefit plan--11 U.S.C. sec. 507(a)(4)
 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. sec. 507(a)(6)
 Alimony, maintenance, or support owed to a spouse, former spouse, or child -- 11 U.S.C. sec. 507(a)(7)
 Taxes or penalties of governmental units --11 U.S.C. sec. 507(a)(8)
 Other--Specify applicable paragraph of 11 U.S.C. sec. 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. This Space is for Court Use Only

8. Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date: February 07, 2011

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)

/s/ Marvin E. Clements, Jr.
Marvin E. Clements, Jr. Senior Counsel



Southern District of New York Claims Register

10-16564-ajg InSight Health Services Holdings Corp.

Judge: Arthur J. Gonzalez **Chapter:** 11
Office: Manhattan **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

Creditor: (5463491) TN Dept. of Environment and Conservation c/o TN Atty General, Bankruptcy Div. PO Box 20207 Nashville, TN 37202-0207	Claim No: 4 <i>Original Filed</i> Date: 03/08/2011 <i>Original Entered</i> Date: 03/08/2011	Status: Filed by: CR Entered by: Clements, Marvin Modified:
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Unsecured claimed: \$800.00 Total claimed: \$800.00
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History: <u>Details</u> 4-1 03/08/2011 Claim #4 filed by TN Dept. of Environment and Conservation, total amount claimed: \$800 (Clements, Marvin)
Description: (4-1) 2007 DRH Fee
Remarks:

Claims Register Summary

Case Name: InSight Health Services Holdings Corp.
Case Number: 10-16564-ajg
Chapter: 11
Date Filed: 12/10/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$800.00	
Secured		
Priority		
Unknown		
Administrative		
Total	\$800.00	\$0.00