

UNITED STATES BANKRUPTCY COURT

Southern District of New York

PROOF OF CLAIM

Name of Debtor: COMPREHENSIVE MEDICAL IMAGING CENTERS, INC.

Case Number: 10-16566-AJG

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): PIMA COUNTY, ARIZONA

Name and address where notices should be sent: C/O PIMA COUNTY ATTORNEY'S OFFICE 32 NORTH STONE AVENUE, SUITE 2100 TUCSON, ARIZONA 85701

Telephone number: (520) 740-5750

RECEIVED APR 22 2011 BMC GROUP

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

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Telephone number:

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.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 145.83

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: Personal Prop. Taxes 2010 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5753

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe: Personal Property reference number 10012175753

Value of Property: \$ 77,479.00 Annual Interest Rate 16.000 %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection: ARS § 42-17153

Amount of Secured Claim: \$ 145.83 Amount Unsecured: \$

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$11,725\*) 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).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,600\* 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)( ).

Amount entitled to priority:

\$

\*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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: 4-20-2011

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.

Terri A. Roberts, Deputy County Attorney Terri A. Roberts

FOR COURT USE ONLY



ATTACHMENT TO PIMA COUNTY  
PROOF OF CLAIM

DELINQUENT TAXES ACCRUE INTEREST AT  
THE STATUTORY RATE OF 16% PER ANNUM  
PRORATED MONTHLY

A.R.S. § 42-18053



**Beth Ford**  
**Pima County Treasurer**

**Personal Property Tax Inquiry**

<b>TAX YEAR</b>	2010	<b>REFERENCE NO</b>	10012175753	<b>AS OF</b>	12/10/2010
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<b>TAX BILLED</b>		<b>TAX PAYER ADDRESS</b>	
FIRST HALF	\$145.83	COMPREHENSIVE MEDICAL CARE PC YURI TALALAEV PO BOX 87230 TUCSON AZ 85754 7230	
SECOND HALF	\$145.83		
<b>TOTAL YEAR</b>	<b>\$291.66</b>		

<b>AMOUNTS PAID</b>					<b>AMOUNTS DUE</b>				
HALF	TAX	INTEREST	MHR	TOTAL	HALF	TAX	INTEREST	MHR	TOTAL
FIRST	\$145.83	\$0.00	\$0.00	\$145.83	FIRST	\$0.00	\$0.00	\$0.00	\$0.00
SECOND	\$0.00	\$0.00	\$0.00	\$0.00	SECOND	\$145.83	\$0.00	\$0.00	\$145.83
SHERIFF SEIZURE FEE				\$0.00	SHERIFF SEIZURE FEE				\$0.00
NSF FEE				\$0.00	NSF FEE				\$0.00
RECLAIMED REFUNDS				\$0.00	RECLAIMED REFUNDS				\$0.00
<b>TOTAL AMOUNT PAID</b>				<b>\$145.83</b>	<b>TOTAL AMOUNT DUE</b>				<b>\$145.83</b>

<b>PAYMENT HISTORY</b>									
PAYMENT DATE	DESCRIPTION	TAX	INTEREST	MHR	FEES		RECLAIM REF	REFUND	TOTAL
					SEIZE	NSF			
10/15/2010	FIRST HALF PAYMENT	\$145.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$145.83
<b>TOTAL</b>		<b>\$145.83</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$145.83</b>

Thu Apr 07 09:54:11 MST 2011

Bill Staples  
Pima County Assessor  
33 N. Stone #110  
Tucson, AZ 85701  
www.asr.pima.gov

**2010 NOTICE OF VALUE  
PERSONAL PROPERTY**



<b>PROPERTY LOCATION</b>	<b>ACCOUNT NUMBER</b>	<b>TAXPAYER NUMBER</b>
17450 S LA CANADA TUC	0175753	0500039
<b>COMPREHENSIVE MEDICAL CARE PC</b> <b>YURI TALALAEV</b> <b>PO BOX 87230</b> <b>TUCSON, AZ 85754-7230</b>	<b>PARCEL-CODE</b>	
	<b>AREA-CODE</b>	3002
	<b>APPRAISER</b>	E
	<b>PHONE NUMBER</b>	(520) 243-8703

This is your Notice of Value for Personal Property for the current Personal Property Tax Roll. Please Review all of the information found on the front and back of this notice.

**APPEAL INSTRUCTIONS:** If you believe that this property has been improperly valued or erroneously listed, you may petition the Assessor for review within 20 days of the NOTICE DATE. A "Personal Property Petition for Review of Valuation" (form DOR 82530) may be obtained from the Assessor's Office or downloaded from our website.

Filing an appeal does not relieve you of the responsibility of timely payment of the tax bill you will receive in September.

Petitions for review must be filed with the Assessor's Office by the Appeal Deadline printed below.

LEGAL CLASS	ASSESSMENT RATIO	VALUATION DATE	NOTICE DATE	APPEAL DEADLINE	
1	21%	01/01/2010	07/23/10	08/16/10	
PROPERTY SCHEDULE	DESCRIPTION			LTD VALUE	FULL CASH VALUE
A	OFFICE FURNITURE AND EQUIPMENT			4859	4859
C	MACHINERY AND EQUIPMENT			24150	24150
E	COMPUTER EQUIPMENT			450	450
F	OTHER PROPERTY			45900	45900
G	SUPPLIES ON HAND			200	200
J	COPYING EQUIPMENT			1920	1920
<b>TOTAL VALUES</b>				<b>77479</b>	<b>77479</b>

SOME VALUES MAY BE ESTIMATED

ASSESSMENT INFORMATION					
	TOTAL VALUES (FROM ABOVE)	BUSINESS EXEMPTION *IF APPLICABLE	NET ADJUSTED VALUES	OTHER EXEMPTION *IF APPLICABLE	NET ASSESSED VALUE
LTD VALUE	77479	66440	11039	0	2318
FULL CASH VALUE	77479	66440	11039	0	2318