


UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: OPEN MRI, INC.		Case Number: 10-16577-AJG
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): PIMA COUNTY, ARIZONA		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
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		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>2,088.46</u> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <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)(____). Amount entitled to priority: \$ _____ <i>*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.</i>
2. Basis for Claim: <u>Personal Prop. Taxes 2010</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3974</u> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other Describe: <u>Personal Property reference number 10012213974</u> Value of Property: \$ <u>150,000.00</u> Annual Interest Rate <u>16.000</u> % Amount of arrearage and other charges as of time case filed included in secured claim. if any: \$ _____ Basis for perfection: <u>ARS § 42-17153</u> Amount of Secured Claim: \$ <u>2,088.46</u> Amount Unsecured: \$ _____		
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: <u>4-20-2011</u> 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 <i>Terri A. Roberts</i>		FOR COURT USE ONLY Insight  00157

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

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

**2010 NOTICE OF VALUE
PERSONAL PROPERTY**



PROPERTY LOCATION	ACCOUNT NUMBER	TAXPAYER NUMBER
1020 E PALMDALE 150 TUC	0213974	0901161

OPEN MRI SOLUTIONS

1020 E PALMDALE ST 150
TUCSON, AZ 85714-0000

PARCEL-CODE	
AREA-CODE	0150
APPRAISER	F
PHONE NUMBER	(520) 243-8706

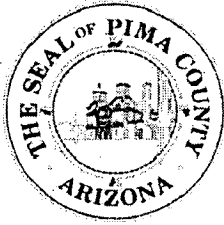
This is your Notice of Value for Personal Property for the current Personal Property Tax Roll. Please Review all of the information found on the front and back of this notice.

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			FULL CASH VALUE
B	STORE MOTEL APT FURNITURE AND FIXTURES			150000
TOTAL VALUES				150000

ASSESSMENT INFORMATION					
	TOTAL VALUES (FROM ABOVE)	BUSINESS EXEMPTION *IF APPLICABLE	NET ADJUSTED VALUES	OTHER EXEMPTION *IF APPLICABLE	NET ASSESSED VALUE
LTD VALUE	150000	0	150000	0	31500
FULL CASH VALUE	150000	0	150000	0	31500



Beth Ford
Pima County Treasurer

Personal Property Tax Inquiry

TAX YEAR	2010	REFERENCE NO	10012213974	AS OF	12/10/2010
----------	------	--------------	-------------	-------	------------

TAX BILLED		TAX PAYER ADDRESS	
FIRST HALF	\$2,088.46	OPEN MRI SOLUTIONS 1020 E PALMDALE ST 150 TUCSON AZ 85714	
SECOND HALF	\$2,088.46		
TOTAL YEAR	\$4,176.92		

AMOUNTS PAID					AMOUNTS DUE				
HALF	TAX	INTEREST	MHR	TOTAL	HALF	TAX	INTEREST	MHR	TOTAL
FIRST	\$2,088.46	\$0.00	\$0.00	\$2,088.46	FIRST	\$0.00	\$0.00	\$0.00	\$0.00
SECOND	\$0.00	\$0.00	\$0.00	\$0.00	SECOND	\$2,088.46	\$0.00	\$0.00	\$2,088.46
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
TOTAL AMOUNT PAID				\$2,088.46	TOTAL AMOUNT DUE				\$2,088.46

PAYMENT HISTORY									
PAYMENT DATE	DESCRIPTION	TAX	INTEREST	MHR	FEES		RECLAIM REF	REFUND	TOTAL
					SEIZE	NSF			
11/01/2010	FIRST HALF PAYMENT	\$2,088.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,088.46
TOTAL		\$2,088.46	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,088.46

Thu Apr 07 09:55:32 MST 2011

Southern District of New York Claims Register

10-16577-ajg Open MRI, Inc.

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

<i>Creditor:</i> (5515409) PIMA COUNTY C/O PIMA COUNTY ATTORNEY'S OFFICE 32 N. STONE AVE, STE 2100 TUCSON, AZ 85701	Claim No: 1 <i>Original Filed</i> Date: 04/21/2011 <i>Original Entered</i> Date: 04/21/2011	<i>Status:</i> Filed by: CR Entered by: Roberts, Terri Modified:
Secured claimed: \$2088.46 Total claimed: \$2088.46		
<i>History:</i> <u>Details</u> 1-1 04/21/2011 Claim #1 filed by PIMA COUNTY, total amount claimed: \$2088.46 (Roberts, Terri)		
<i>Description:</i> (1-1) Personal Prop. Taxes 2010		
<i>Remarks:</i>		

Claims Register Summary

Case Name: Open MRI, Inc.
Case Number: 10-16577-ajg
Chapter: 11
Date Filed: 12/10/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured		
Secured	\$2088.46	
Priority		
Unknown		
Administrative		
Total	\$2088.46	\$0.00