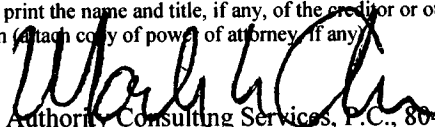


<b>United States Bankruptcy Court For The Southern District of New York</b>		<b>PROOF OF CLAIM</b>					
In re (Name of Debtor) <b>Maxum Health Services Corp</b>		Case Number <b>10-16564</b>					
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.							
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Virginia Department of Taxation</b>		<input type="checkbox"/> Check if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy or statement giving particulars.  <input type="checkbox"/> Check if you never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check if this address differs from the address on the envelope sent to you by the court.					
Name and Address Where Notices Should Be Sent  <b>Virginia Department of Taxation P.O. Box 2156 Richmond, VA 23218-2156</b>							
Telephone No 804-649-2445							
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces } <input type="checkbox"/> amends } a previous filed claim dated: _____					
1. BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Service performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)							
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><b>RECEIVED</b></p> <p><b>MAY 09 2011</b></p> <p><b>BMC GROUP</b></p> </div> <div style="text-align: center;"> <p>Retiree Benefits as defined in U.S.C. § 1114(a)                      Wages, salaries, and commissions (fill out below)                      Your social security number _____                      Unpaid compensation for services performed                      from _____ (date) to _____ (date)</p> </div> </div>							
2. DATE DEBT WAS INCURRED <b>See Attached</b>		3. IF COURT JUDGEMENT, DATE OBTAINED <b>N/A</b>					
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.							
<input type="checkbox"/> SECURED CLAIM \$ <u>0.00</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe)		<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <b>\$ 5,780.00</b> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2,000, 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. § 507(a)(3)) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> Taxes or penalties of government units – 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other – 11 U.S.C. §§ 507(a)(2), (a)(5) – (Describe briefly)					
Amount of arrearage and other charges included in secured claim above if and \$ _____  <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS <b>\$ 0.00</b> 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.							
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: <table style="width:100%; border: none;"> <tr> <td style="text-align: center;"><b>\$ 0.00</b> (Unsecured)</td> <td style="text-align: center;"><b>\$ 0.00</b> (Secured)</td> <td style="text-align: center;"><b>\$ 5,780.00</b> (Priority)</td> <td style="border: 1px solid black; text-align: center;"><b>\$ 5,780.00</b> (Total)</td> </tr> </table>				<b>\$ 0.00</b> (Unsecured)	<b>\$ 0.00</b> (Secured)	<b>\$ 5,780.00</b> (Priority)	<b>\$ 5,780.00</b> (Total)
<b>\$ 0.00</b> (Unsecured)	<b>\$ 0.00</b> (Secured)	<b>\$ 5,780.00</b> (Priority)	<b>\$ 5,780.00</b> (Total)				
<input type="checkbox"/> Check if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement 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 DOCUMENT: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence or security interest. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8. TIME-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: <b>April 29, 2011</b>	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)  Taxing Authority Consulting Services, P.C., 804-649-2445, info@taxva.com						

THIS SPACE IS FOR COURT USE ONLY

THIS SPACE IS FOR  
insight  
00165  
MAY - 2 2011

B-10A

VIRGINIA DEPARTMENT OF TAXATION  
P.O. BOX 2156  
RICHMOND, VIRGINIA 23218-2156

SUMMARY OF UNPAID TAXES ASSESSED IN THE NAME OF

**NAME Maxum Health Services Corp**

**CASE NO. 10-16564**

\*Priority amount represents priority tax and interest due as of the petition date.

†Secured amount is claimed as secured to the extent of any interest of the debtor(s) in real property; otherwise claimed as priority.

Acct. Name/Tax Type	Status	Tax Period(s)	Secured Amount†	Priority Amount*	Unsecured Amount	Total
<b><u>PRIORITY TAXES</u></b>						
Corporate	ASMNT	2000	\$	680.00	\$ -	\$ 680.00
Corporate	ASMNT	2004	\$	850.00	\$ -	\$ 850.00
Corporate	ASMNT	2005	\$	850.00	\$ -	\$ 850.00
Corporate	ASMNT	2006	\$	850.00	\$ -	\$ 850.00
Corporate	ASMNT	2007	\$	850.00	\$ -	\$ 850.00
Corporate	ASMNT	2008	\$	850.00	\$ -	\$ 850.00
Corporate	ASMNT	2009	\$	850.00	\$ -	\$ 850.00

**NON-PRIORITY TAXES**

<b>TOTAL</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>5,780.00</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>5,780.00</b>
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