

UNITED STATES BANKRUPTCY COURT U S BANKRUPTCY COURT - SOUTHERN DISTRICT OF NEW YORK - NEW Y		PROOF OF CLAIM CHAPTER 11		THIS SPACE IS FOR COURT USE ONLY
In re (Name of Debtor) (Name of Co-Debtor) INSIGHT HEALTH SERVICES HOLDINGS CORP		Case Number 10-16564		
Name of Creditor Kentucky Department of Revenue Name and Addresses Where Notices Should Be Sent Legal Branch – Bankruptcy Section Attn: Leanne Warren P. O. Box 5222 Frankfort, Kentucky 40602 Revenue Collection Officer's Name: Michael Lindsay Telephone No.: (502) 564-4921, Ext. # FAX No.: (502) 564-8479		<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: (OSCAR NO.) 337035		CHECK HERE IF THIS CLAIM <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended and Substituted A previously filed claim, dated		
1. BASIS FOR CLAIM: See Attached Schedule				
2. DATE DEBT WAS INCURRED: See Attached Schedule of Liabilities		3. JUDGEMENT DATE:		
4. CLASSIFICATION OF CLAIM. <input type="checkbox"/> SECURED CLAIM <input type="checkbox"/> Secured to the extent that there is sufficient equity in the Assets of the estate. County Book Page Date Filed Brief Description of Collateral: ... all property and rights to property owned or subsequently acquired		<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <input type="checkbox"/> Administrative Expenses Claim 11 U. S. C. §503 (b)(1)(B) Specify the priority of the claim. <input checked="" type="checkbox"/> Taxes or penalties of governmental units 11 U. S. C. §507 (a)(8)		RECEIVED MAY 16 2011 BMC GROUP
5. TOTAL AMOUNT OF CLAIM CALCULATED AS OF PETITION DATE 12/10/2010:				
Administrative Expenses	Unsecured Non Priority	Secured Tax Claim	Unsecured Priority	Total <i>Unknown</i>
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making the proof of claim. In filing this claim, claimant had deducted all amounts the claimant owes to debtor.				THIS SPACE IS FOR COURT USE ONLY
DATE 05/10/2011	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) Michael Lindsay			

I certify that a copy of this claim was mailed to the debtor's attorney

M. Lindsay
Creditor

DATE *05/10/2011*

RYAN B BENNETT, ATTY
300 NORTH LASALLE

CHICAGO IL 60654



Insight Health Corporation
Case # 000337035

KENTUCKY DEPARTMENT OF REVENUE
Unsecured Priority Tax
Claims Due

Period Ending	Notice Number	Tax Liability	Contingent Liability	Interest	Penalty and Fees	Credit if Applicable	Total Due
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Corporation Income Tax Account: 000153141 - Per KRS 141.040

*12/31/2005							Unknown
Total Due for Corporation Tax							Unknown
Grand Total							UNKNOWN

*Taxpayer has failed to file required return(s).
As required by law, the claim will be amended when required return(s) are filed.

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):**

<i>Creditor:</i> (5539193) Kentucky Department of Revenue Legal Branch-Bankruptcy Section Attn: Michael Hornback P.O. Box 5222 Frankfort, KY 40602	Claim No: 5 <i>Original Filed Date:</i> 05/13/2011 <i>Original Entered Date:</i> 05/13/2011	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Howard, Jennifer <i>Modified:</i>
Total claimed:		
<i>History:</i>		
<i>Details</i> <u>5-1</u> 05/13/2011 Claim #5 filed by Kentucky Department of Revenue, total amount claimed: \$0 (Howard, Jennifer)		
<i>Description:</i> (5-1) Non-filed Corporate Income Tax Returns		
<i>Remarks:</i>		

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		
Secured		
Priority		
Unknown		
Administrative		
Total	\$0.00	\$0.00