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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
In re:

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER, et al¹,

Debtors.

Chapter 11 Case

No. 13-22840 (RDD)
(Jointly Administered)

-----X
**PLAN ADMINISTRATOR'S FIRST OMNIBUS OBJECTION TO
ALLOWANCE OF CERTAIN PROOFS OF CLAIM**

(Amended and Superseded Claims)

Monica Terrano, as Plan Administrator (the "PA") for the estate of Sound Shore Medical Center of Westchester, and its affiliated debtors (collectively, the "Estate"), by and through her counsel, respectfully moves this court (the "Motion") for entry of an Order pursuant to 11 USC § 502 and Fed. R. Bankr. P. 3007 disallowing and expunging certain proofs of claim identified on Exhibit A, annexed hereto, on the basis that such claims have been amended and superseded by at least one subsequently filed claim, as respectively set forth on such exhibit.

Background

¹ The debtors in these chapter 11 cases, along with the last four digits of each debtor's federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

1. On May 29, 2013 (the "Petition Date"), Sound Shore Medical Center of Westchester and its debtor affiliates (each a "Debtor" and together the "Debtors"), each Debtor filed with this court a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") with the United States Bankruptcy Court for the Southern District of New York (the "Court"). Pursuant to sections 1107 and 1108 of the Bankruptcy Code, the Debtors are continuing to administer their affairs as debtors-in-possession.

2. On June 10, 2013, the United States Trustee appointed an Official Committee of Unsecured Creditors (the "Committee"). [Docket No. 67]. The Committee has retained Alston & Bird, LLP as its counsel. No Trustee or examiner has been appointed in this case.

3. On June 3, 2013, this Court granted an order to employ GCG, Inc. ("GCG"), as the Debtors' Claims and Noticing Agent [Docket No. 41].

4. By order of this Court dated July 25, 2013 (the "General Bar Date Order"). [Docket No. 194], with certain exceptions, the general deadline for the filing of proofs of claim against the Debtors was established as September 16, 2013 (the "General Bar Date") and the deadline for governmental units to file claims against the estate was established as of November 25, 2015 (the "Governmental Bar Date" and collectively with the General Bar Date, the "Bar Date"). On August 13, 2013, the Debtors caused written notice of the Bar Date to be mailed to the Debtor's known and potential creditors [Docket No. 265]. In addition, on August 15, 2013, the Debtors caused notice of the Bar Date to be published in The New York Times [Docket No. 299].

5. Thereafter, on December 13, 2013, an order was entered establishing January 31, 2014 (the "Administrative Bar Date") as the deadline for the filing of all administrative proofs of

claim against the Debtors (the "Administrative Bar Date Order") [Docket No. 490]. On December 19, 2013, the Debtors caused written notice of the Administrative Bar Date to be mailed to the Debtors' known and potential administrative creditors [Docket No. 516]. Additionally, on December 26, 2013, the Debtors caused notice of the Administrative Bar Date to be published in The New York Times Local Edition [Docket No. 622].

6. On November 6, 2014, the Court entered an Order (the "Confirmation Order") confirming the Debtors' First Amended Plan of Liquidation Under Chapter 11 of the Bankruptcy Code of Sound Shore Medical Center of Westchester, *et al.* (the "Plan") [Docket No. 908]. Pursuant to the Confirmation Order, Monica Terrano has been appointed as Plan Administrator. Pursuant to the Plan, the Plan Administrator has the authority, among other things, to object to claims on behalf of the Estate.

7. On December 9, 2014, the Debtors filed their Notice of (I) Entry of Order Confirming Debtors' First Amended Plan of Liquidation; (II) Occurrence of Effective Date of Plan; (III) Supplemental Administrative Claims Bar Date; (IV) Professional Fee Claims Bar Date; and (V) Bar Date for Proofs of Claim Relating to Executory Contracts Rejected Pursuant to Plan declaring the Plan to be "effective" [Docket No. 940].

Jurisdiction

8. This Court has jurisdiction over this Application pursuant to 28 U.S.C. § 1408. This is a core proceeding pursuant to 28 U.S.C. § 157(b)(2)(B). The statutory predicates for the relief requested herein are Section 502 of the Bankruptcy Code and Rules 3002 and 3007 of the Federal Rules of Bankruptcy Procedure (the "Bankruptcy Rules").

Relief Requested

9. Since the passing of the Bar Date, the Plan Administrator, the Estate, and its counsel and advisors, have conducted a review of all filed Proofs of Claim (including any supporting documentation), along with the Estate's books and records to identify objectionable claims. As a result of the review, numerous objectionable claims have been uncovered which are addressed by this Motion. The claims that are the subject of this Objection are those claims which have been amended and superseded by at least one subsequently filed claim.

10. Upon examining the proofs of claim identified on Exhibit A under the heading "*Claims to be Expunged or Reduced*" (the "Amended and Superseded Claims"), the Plan Administrator has determined that each such claim had been amended and superseded by at least one subsequently filed claim which is identified under the heading "*Surviving Claims*" (the "Amended Surviving Claims").

11. The Plan Administrator is thus seeking entry of an order disallowing and expunging from the claims register each of the Amended and Superseded Claims. The Surviving Claims are not affected by the relief sought herein and this Objection does not constitute any admission or finding with respect to any of the Surviving Claims, which will remain pending against the Estate, and may be subject to future objection.

Basis for Relief Requested

12. As part of the claims reconciliation process, the Plan Administrator has identified certain Proofs of Claim which should be disallowed and expunged on the basis that such claims have been amended or superseded by subsequently filed claims. By this Objection, the Plan Administrator thus (a) objects to each Proof of Claim listed on Exhibit A attached as having been amended and superseded by subsequently filed claims, and (b) seeks entry of an order or orders

pursuant to Section 502 of the Bankruptcy Code and Rule 3007 of the Federal Rules of Bankruptcy Procedure disallowing and expunging each such claim as identified in Exhibit A attached hereto.

13. A filed proof of claim is deemed allowed unless a party in interest objects thereto. See 11 U.S.C. § 502(a). If an objection refuting at least one of the claim's essential allegations is asserted, the claimant then has the burden to demonstrate the validity of the claim. *See In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Adelphia Commc'ns Corp.*, No. 02-41729, 2007 Bankr. LEXIS 660 at *15 (Bankr. S.D.N.Y. Feb. 20, 2007); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000).

14. Section 502(a) of the Bankruptcy Code provides, in pertinent part, as follows:

(a) A claim or interest, proof of which is filed, under section 501 of this title, is deemed allowed, unless a party in interest, including a creditor of a general partner in a partnership, that is a debtor in a case under chapter 7 of this title, objects.

11 U.S.C. § 502(a).

15. If an objection refuting at least one of the claim's essential allegations is asserted, the claimant has the burden to demonstrate validity of the claim. *See In re Oneida Ltd.*, 400 B.R. 384, 389 (Bankr. S.D.N.Y. 2009); *In re Rockefeller Ctr. Props.*, 272 B.R. 524, 539 (Bankr. S.D.N.Y. 2000). The objecting party need only provide sufficient evidence to negate *prima facie* validity of the claim by refuting one or more facts in the filed claim. *In re Waterman Steamship Corp.*, 200 B.R. 770 (Bankr. S.D.N.Y. 1996). Once the *prima facie* validity of a claim has been refuted, the ultimate burden of persuasion shifts back to the claimant. *Id.* *See also, In re St. Johnsbury Trucking Co.*, 206 B.R. 318, 323 (Bankr. S.D.N.Y. 1997). Additionally, if the

objecting party shifts the burden it is up to the claimant to prove its claim, not the objector to disprove the claim. *In re King*, 305 B.R. 152 (Bankr. S.D.N.Y. 2004).

16. Section 502(b)(1) of the Bankruptcy Code further provides, in relevant part, that a claim may not be allowed to the extent that “such claim is unenforceable against the debtor and property of the debtor, under any agreement or applicable law.” 11 U.S.C. § 502(b)(1). The Debtors cannot be required to pay on the same claim more than once. *See, e.g., In re Finley*, 160 B.R. 882, 894 (Bankr. S.D.N.Y. 1993) (“In bankruptcy, multiple recoveries for an identical injury are generally disallowed.”).

17. As indicated above, the Plan Administrator, the Estate and its advisors have diligently and carefully reviewed and scrutinized each of the proofs of claim filed in this case and have determined that the claims set forth on Exhibit A hereto have been amended and superseded by the subsequently corresponding Surviving Claim.

18. To avoid the possibility of multiple recoveries by the same creditor, the Plan Administrator thus seek to disallow and expunge all Amended and Superseded Claims, as identified on Exhibit A hereto. All Surviving Claims will remain on the claims register subject to further objection on any basis.

RESERVATION OF RIGHTS

19. The Plan Administrator reserve all rights to object to any Surviving Claims, as identified on the annexed exhibits, by any of the claimants affected by the Motion against the Estate. Should one or more of the objections in this application be denied or dismissed, the Plan Administrator reserves its rights to further object to the disputed claim on any other grounds, discovered by the Plan Administrator during the pendency of these cases.

NOTICE

20. Notice of this Objection will be given by mailing a copy of this Objection and the proposed order to (i) the Office of the United States Trustee for this district, (ii) counsel for the Committee, (iii) each of the claimants listed on Exhibit A at the respective addresses set forth on such exhibit, and (iv) each of the entities who have filed a notice of appearance in accordance with Bankruptcy Rule 2002. The Plan Administrator submits that such notice is sufficient under the circumstances and no other or further notice need be provided.

21. No previous request for the relief sought has been made by the Plan Administrator to this or any other Court.

WHEREFORE, the Plan Administrator respectfully request that the relief requested herein be granted and this Court enter an order, substantially in the form annexed hereto as Exhibit B, and grant such other and further relief as is just and proper.

Dated: Great Neck, New York
February 20, 2015

GARFUNKEL WILD, P.C.
Counsel for the Plan Administrator and Estate

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*Counsel for the Debtor
and Debtor-in-Possession*

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
In re:

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER, et al.¹

Chapter 11
Case No. 13-22840 (RDD)

Debtors.

(Jointly Administered)

-----X

**DECLARATION OF MONICA TERRANO IN
SUPPORT OF FIRST OMNIBUS OBJECTIONS TO CLAIMS**

STATE OF NEW YORK)

) ss.:
COUNTY OF NASSAU

Pursuant to 28 U.S.C. § 1746, I, Monica Terrano, hereby declare:

1. I am the Plan Administrator (“PA”) for the Estate of Sound Shore Medical Center of Westchester, and its debtor affiliates (the “Estate”). In my capacity as the PA, I am authorized to submit this declaration (the “Declaration”) in support of the Estate’s First Omnibus Objection to Claims (the “First Omnibus Objection”)².

¹ The debtors in these chapter 11 cases, along with the last four digits of each debtor’s federal tax identification number include: Sound Shore Health System, Inc. (1398), Sound Shore Medical Center of Westchester (0117), The Mount Vernon Hospital (0115), Howe Avenue Nursing Home, Inc., d/b/a Helen and Michael Schaffer Extended Care Center (0781), NRHMC Services Corporation (9137), The M.V.H. Corporation (1514) and New Rochelle Sound Shore Housing, LLC (0117). There are certain additional affiliates of the Debtors who are not debtors and have not sought relief under Chapter 11.

² Capitalized terms, unless herein defined, shall have the meaning ascribed to them in the Omnibus Objection.

2. Except as otherwise indicated, all facts set forth in this Declaration are based upon: (a) my personal knowledge; (b) my review of relevant documents, including Proofs of Claim, (as defined below); (c) my experience and knowledge of the Estate's prior operations, books and records and personnel; and (d) as to matters involving United States bankruptcy law or rules or other applicable laws, my reliance on the advice of counsel or other advisors to the Estate. If called upon to testify, I could and would testify to the facts set forth herein on that basis.

3. I am a Certified Public Accountant with over 15 years of experience in the healthcare industry. Over the past five years, I have worked primarily on Chapter 11 cases relating to hospital restructurings and/or liquidations. During this time, I have specialized in all aspects of bankruptcy case administration, including claims review and reconciliation, and the preparation of related statements and required schedules and have been focusing primarily on bankrupt hospitals.

CLAIMS ADMINISTRATION PROCESS

4. Since the expiration of the General Bar Date and Governmental Bar Date, considerable time and effort has been expended by the Estate and its professionals and advisors in connection with the claims administration process to ensure a high level of diligence in reviewing and reconciling approximately 1,700 proofs of claim (the "Proofs of Claim") filed in connection with these Chapter 11 cases. Over the next several months, working directly with the Estates' professionals and advisors, I personally reviewed, analyzed and considered the merits of each Proof of Claim and determined that the claims covered by the First Omnibus Objection were subject to objection. Throughout the process, I regularly interfaced with the Estate's professional's and advisors to address potential legal issues impacting the claims.

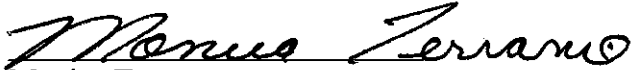
THE AMENDED CLAIMS

5. I am generally familiar with the information contained in the First Omnibus Objection. Based on my review of the Proofs of Claim, I assisted the Estate's bankruptcy counsel in the preparation of the First Omnibus Objection and related schedules by identifying all filed claims that had been amended or superceded (the "Amended Claims") by subsequently filed claims.

6. In evaluating the Amended Claims, the Debtor and its advisors performed in-depth comparisons of the claims listed on the Debtors' books and records, and each of the filed proofs of claim (including supporting documentation) and ultimately determined that each Amended Claim had been (a) amended and/or superceded by a subsequently filed claim. Therefore, I believe that disallowance, expungement, reclassification, reduction, or modification of each Amended Claim, for the reasons set forth in the First Omnibus Objection, is appropriate.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Dated: February 28, 2015
Great Neck, New York


Monica Terrano

Sound Shore Medical Center of Westchester, et al.,
Exhibit A - Pre-Petition Amended & Superseded Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
1	1199 SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: New Rochelle Sound Shore Housing, LLC	737	13-22846	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: New Rochelle Sound Shore Housing, LLC	1004	13-22846	Priority: \$50,865,703.00*
2	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	734	13-22840	Secured: \$2,383,976.62 Priority: \$948,480.69*	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Sound Shore Medical Center of Westchester	1001	13-22840	Secured: \$2,383,976.62 Priority: \$948,480.69 Unsecured: \$49,364,200.86*
3	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: NRHMC Services Corporation	691	13-22845	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: NRHMC Services Corporation	1005	13-22845	Priority: \$50,865,703.00*
4	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	736	13-22844	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Sound Shore Health System, Inc.	1006	13-22844	Priority: \$50,865,703.00*
5	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: The M.V.H. Corporation	739	13-22843	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: The M.V.H. Corporation	1007	13-22843	Priority: \$50,865,703.00*

Sound Shore Medical Center of Westchester, et al., Exhibit A - Pre-Petition Amended & Superseded Claims									
Note: Claimants are listed alphabetically by last name or by entity name.									
SEQ NO.	CLAIMS TO BE EXPUNGED					SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
6	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Howe Avenue Nursing Home, Inc.	740	13-22842	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Howe Avenue Nursing Home, Inc.	1008	13-22842	Priority: \$50,865,703.00*	
7	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	779	13-22841	Secured: \$1,364,467.54 Priority: \$440,375.60*	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: The Mount Vernon Hospital, Inc.	1002	13-22841	Secured: \$1,364,467.54 Priority: \$440,375.60 Unsecured: \$50,047,715.73*	
8	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	847	13-22840	Unsecured: \$432,339.97	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	850	13-22844	Unsecured: \$626,808.89	
9	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	848	13-22841	Unsecured: \$194,468.92	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	850	13-22844	Unsecured: \$626,808.89	
10	DE LAGE LANDEN FINANCIAL SERVICES INC C/O FOX ROTHSCHILD LLP ATTN MICHAEL G MENKOWITZ, ESQ 2000 MARKET ST 20TH FL PHILADELPHIA, PA 19103 Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	539	13-22840	Secured: \$91,027.14* Unsecured: Unliquidated	DE LAGE LANDEN FINANCIAL SERVICES INC C/O FOX ROTHSCHILD LLP ATTN MICHAEL G MENKOWITZ, ESQ 2000 MARKET ST 20TH FL PHILADELPHIA, PA 19103 Date Filed: 07/08/14 Debtor: Sound Shore Medical Center of Westchester	1509	13-22840	Unsecured: \$405,308.33	
11	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 08/27/13 Debtor: The Mount Vernon Hospital, Inc.	318	13-22841	Priority: \$529.33 Unsecured: \$1,056.25	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 06/10/14 Debtor: The Mount Vernon Hospital, Inc.	1496	13-22841	Priority: \$3.33 Unsecured: \$9,831.25	

CLAIMS TO BE EXPUNGED					SURVIVING CLAIMS			
SEQ NO.	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
12	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 09/03/13 Debtor: NRMHC Services Corporation	399	13-22845	Priority: \$1,636.14* Unsecured: \$1,178.14*	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101	1498	13-22845	Priority: \$636.14 Unsecured: \$178.14
13	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 11/15/13 Debtor: The Mount Vernon Hospital, Inc.	1044	13-22841	Priority: \$3.33 Unsecured: \$28,356.25	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101	1496	13-22841	Priority: \$3.33 Unsecured: \$9,831.25
14	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 11/18/13 Debtor: Sound Shore Medical Center of Westchester	1045	13-22840	Secured: \$107,185.05 Priority: \$7,081.59 Unsecured: \$54,801.07	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101	1524	13-22840	Priority: \$7,081.59 Unsecured: \$26,801.07
15	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 06/10/14 Debtor: Sound Shore Medical Center of Westchester	1497	13-22840	Secured: \$107,185.05 Priority: \$7,081.59 Unsecured: \$27,401.07	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101	1524	13-22840	Priority: \$7,081.59 Unsecured: \$26,801.07
16	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	797	13-22840	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	1503	13-22840	Admin: \$1,291,460.56*
17	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	798	13-22841	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	1502	13-22841	Admin: \$252,654.60*

Sound Shore Medical Center of Westchester, *et al.*,
Exhibit A - Pre-Petition Amended & Superseded Claims

Note: Claimants are listed alphabetically by last name or by entity name.

Sound Shore Medical Center of Westchester, et al., Exhibit A - Pre-Petition Amended & Superseded Claims									
Note: Claimants are listed alphabetically by last name or by entity name.									
SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS				
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
18	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 01/31/14 Debtor: Sound Shore Medical Center of Westchester	1393	13-22840	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: Sound Shore Medical Center of Westchester	1503	13-22840	Admin: \$1,291,460.56*	
19	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 01/31/14 Debtor: The Mount Vernon Hospital, Inc.	1394	13-22841	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: The Mount Vernon Hospital, Inc.	1502	13-22841	Admin: \$252,654.60*	
20	FIRST FINANCIAL CORPORATE LEASING LLC DBA FIRST FINANCIAL HEALTHCARE SOLUTIONS ET AL C/O SHIPMAN & GOODWIN LLP ATTN ERIC GOLDSTEIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103 Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	314	13-22840	Unsecured: \$914,136.60	FIRST FINANCIAL CORPORATE LEASING LLC DBA FIRST FINANCIAL HEALTHCARE SOLUTIONS ET AL C/O SHIPMAN & GOODWIN LLP ATTN ERIC GOLDSTEIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103 Date Filed: 11/25/14 Debtor: Sound Shore Medical Center of Westchester	1527	13-22840	Unsecured: \$1,019,439.56	
21	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/04/13 Debtor: The Mount Vernon Hospital, Inc.	2	13-22841	Secured: \$12,822.94	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 05/16/14 Debtor: The Mount Vernon Hospital, Inc.	1490	13-22841	Unsecured: \$7,776.85	
22	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	25	13-22840	Secured: \$9,731.00	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1515	13-22840	Unsecured: \$7,617.85	
23	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	26	13-22840	Secured: \$6,995.80	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/18/14 Debtor: Sound Shore Medical Center of Westchester	1507	13-22840	Unsecured: \$5,947.98	

Sound Shore Medical Center of Westchester, et al., Exhibit A - Pre-Petition Amended & Superseded Claims									
Note: Claimants are listed alphabetically by last name or by entity name.									
SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS				
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
24	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1076	13-22840	Unsecured: \$9,459.56	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 08/17/14 Debtor: Sound Shore Medical Center of Westchester	1506	13-22840	Unsecured: \$7,424.04	
25	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	27	13-22840	Secured: \$15,070.55	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1072	13-22840	Unsecured: \$15,220.55	
26	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	28	13-22840	Secured: \$9,459.56	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 08/17/14 Debtor: Sound Shore Medical Center of Westchester	1506	13-22840	Unsecured: \$7,424.04	
27	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	29	13-22840	Secured: \$12,053.37	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1514	13-22840	Unsecured: \$8,289.02	
28	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1073	13-22840	Unsecured: \$12,627.34	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1514	13-22840	Unsecured: \$8,289.02	
29	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1074	13-22840	Unsecured: \$7,345.59	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 08/18/14 Debtor: Sound Shore Medical Center of Westchester	1507	13-22840	Unsecured: \$8,947.96	
30	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1075	13-22840	Unsecured: \$10,217.55	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1515	13-22840	Unsecured: \$7,617.85	

Sound Shore Medical Center of Westchester, et al.,
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Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
31	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123 Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester HEALTHCARE BUSINESS SOLUTI 41 ARTILLERY PARK RD TOTOWA, NJ 07512	128	13-22840	Unsecured: \$3,692.64	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123 Date Filed: 12/23/14 Debtor: Sound Shore Medical Center of Westchester HEALTHCARE BUSINESS SOLUTIONS 41 ARTILLERY PARK RD TOTOWA, NJ 07512	1529	13-22840	Admin: \$5,306.92
32	Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc. LOCKWOOD REALTY LLC C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601	263	13-22841	Unsecured: \$263,763.90	Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc. LOCKWOOD REALTY LLC C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601	873	13-22841	Unsecured: \$485,467.20
33	Date Filed: 08/05/13 Debtor: Sound Shore Medical Center of Westchester NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	95	13-22840	Unsecured: \$43,591.79	Date Filed: 02/03/14 Debtor: Sound Shore Medical Center of Westchester NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1353	13-22840	Unsecured: \$92,572.29
34	Date Filed: 08/10/13 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	5	13-22845	Priority: \$5,989.27* Unsecured: \$3,798.18*	Date Filed: 08/04/14 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1512	13-22845	Priority: \$6,574.27 Unsecured: \$2,798.18
35	Date Filed: 10/10/13 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1027	13-22845	Priority: \$7,293.58* Unsecured: \$2,860.68*	Date Filed: 08/04/14 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1512	13-22845	Priority: \$6,574.27 Unsecured: \$2,798.18
36	Date Filed: 08/27/13 Debtor: NRHMC Services Corporation STATE OF NEW YORK DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE DIVISION GOVERNOR W AVERELL HARRIMAN STATE OFFICE BLDG CAMPUS, BLDG 12, RM 256 ALBANY, NY 12240	302	13-22845	Admin: \$763.98	Date Filed: 11/18/13 Debtor: NRHMC Services Corporation STATE OF NEW YORK DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE DIVISION GOVERNOR W AVERELL HARRIMAN STATE OFFICE BLDG CAMPUS BLDG 12 RM 256 ALBANY, NY 12240	1421	13-22845	Secured: \$2,036.13

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SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS				
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
37	UNITEDHEALTHCARE INSURANCE COMPANY ATTN RACHEL A SMITH UHC CDM 185 ASYLUM ST 03B HARTFORD, CT 06103 Date Filed: 06/25/13 Debtor: Sound Shore Health System, Inc.	45	13-22844	Unsecured: \$102,005.72	UNITED HEALTHCARE INSURANCE COMPANY ON BEHALF OF PICIS INC/OPTUMINSIGHT ATTN RACHEL A SMITH, UHC, CDM 185 ASYLUM ST - 03B HARTFORD, CT 06103 Date Filed: 06/28/13 Debtor: Sound Shore Health System, Inc.	48	13-22844	Unsecured: \$102,005.72	
38	WYCHE, DENISE 80 GUION PL APT 12W NEW ROCHELLE, NY 10801 Date Filed: 08/29/13 Debtor: Sound Shore Medical Center of Westchester	339	13-22840	Unsecured: \$9,322.80	WYCHE, DENISE 80 GUION PL APT 12W NEW ROCHELLE, NY 10801 Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	931	13-22840	Priority: \$126,284.86	
39	ZIMMER INC ATTN LYNDIA MILLER PO BOX 708 WARSAW, IN 46581 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	808	13-22840	Admin: \$2,987.11 Unsecured: \$24,331.46	ZIMMER INC ATTN LYNDIA MILLER PO BOX 708 WARSAW, IN 46581 Date Filed: 09/20/13 Debtor: Sound Shore Medical Center of Westchester	881	13-22840	Admin: \$2,987.11 Unsecured: \$24,331.46	
* Denotes an unliquidated component.									

Sound Shore Medical Center of Westchester, et al.,
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Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNDED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
1	1199 SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: New Rochelle Sound Shore Housing, LLC	737	13-22846	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: New Rochelle Sound Shore Housing, LLC	1004	13-22846	Priority: \$50,865,703.00*
2	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	734	13-22840	Secured: \$2,383,976.62 Priority: \$948,480.69*	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Sound Shore Medical Center of Westchester	1001	13-22840	Secured: \$2,383,976.62 Priority: \$948,480.69 Unsecured: \$49,364,200.86*
3	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: NRHMC Services Corporation	691	13-22845	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: NRHMC Services Corporation	1005	13-22845	Priority: \$50,865,703.00*
4	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	736	13-22844	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Sound Shore Health System, Inc.	1006	13-22844	Priority: \$50,865,703.00*
5	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER PC ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: The M.V.H. Corporation	739	13-22843	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: The M.V.H. Corporation	1007	13-22843	Priority: \$50,865,703.00*

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SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
6	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: Howe Avenue Nursing Home, Inc.	740	13-22842	Unliquidated	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: Howe Avenue Nursing Home, Inc.	1008	13-22842	Priority: \$50,865,703.00*
7	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	779	13-22841	Secured: \$1,364,467.54 Priority: \$440,375.60*	1199SEIU HEALTH CARE EMPLOYEES PENSION FUND C/O LEVY RATNER P C ATTN SUZANNE HEPNER, ESQ 80 8TH AVE 8TH FL NEW YORK, NY 10011 Date Filed: 09/23/13 Debtor: The Mount Vernon Hospital, Inc.	1002	13-22841	Secured: \$1,364,467.54 Priority: \$440,375.60 Unsecured: \$50,047,715.73*
8	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	847	13-22840	Unsecured: \$432,339.97	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	850	13-22844	Unsecured: \$626,808.89
9	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	848	13-22841	Unsecured: \$194,468.92	CONVERGENT REVENUE CYCLE MANAGEMENT INC C/O GORDON & REES LLP ATTN MEGAN M ADEYEMO, ESQ 555 17TH ST STE 3400 DENVER, CO 80202 Date Filed: 09/16/13 Debtor: Sound Shore Health System, Inc.	850	13-22844	Unsecured: \$626,808.89
10	DE LAGE LANDEN FINANCIAL SERVICES INC C/O FOX ROTHSCHILD LLP ATTN MICHAEL G MENKOWITZ, ESQ 2000 MARKET ST 20TH FL PHILADELPHIA, PA 19103 Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	539	13-22840	Secured: \$91,027.14* Unsecured: Unliquidated	DE LAGE LANDEN FINANCIAL SERVICES INC C/O FOX ROTHSCHILD LLP ATTN MICHAEL G MENKOWITZ, ESQ 2000 MARKET ST 20TH FL PHILADELPHIA, PA 19103 Date Filed: 07/08/14 Debtor: Sound Shore Medical Center of Westchester	1509	13-22840	Unsecured: \$405,308.33
11	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 08/27/13 Debtor: The Mount Vernon Hospital, Inc.	318	13-22841	Priority: \$529.33 Unsecured: \$1,056.25	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 08/10/14 Debtor: The Mount Vernon Hospital, Inc.	1496	13-22841	Priority: \$3.33 Unsecured: \$9,831.25

Sound Shore Medical Center of Westchester, et al., Exhibit A - Pre-Petition Amended & Superseded Claims									
Note: Claimants are listed alphabetically by last name or by entity name.									
SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS				
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
12	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 09/03/13 Debtor: NRHMC Services Corporation	399	13-22845	Priority: \$1,636.14* Unsecured: \$1,178.14*	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 06/10/14 Debtor: NRHMC Services Corporation	1498	13-22845	Priority: \$636.14 Unsecured: \$178.14	
13	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 11/15/13 Debtor: The Mount Vernon Hospital, Inc.	1044	13-22841	Priority: \$3.33 Unsecured: \$28,356.25	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 06/10/14 Debtor: The Mount Vernon Hospital, Inc.	1496	13-22841	Priority: \$3.33 Unsecured: \$9,831.25	
14	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 11/18/13 Debtor: Sound Shore Medical Center of Westchester	1045	13-22840	Secured: \$107,185.05 Priority: \$7,081.59 Unsecured: \$54,801.07	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 10/09/14 Debtor: Sound Shore Medical Center of Westchester	1524	13-22840	Priority: \$7,081.59 Unsecured: \$26,801.07	
15	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 06/10/14 Debtor: Sound Shore Medical Center of Westchester	1497	13-22840	Secured: \$107,185.05 Priority: \$7,081.59 Unsecured: \$27,401.07	DEPARTMENT OF THE TREASURY - IRS INTERNAL REVENUE SERVICE PO BOX 7346 PHILADELPHIA, PA 19101 Date Filed: 10/09/14 Debtor: Sound Shore Medical Center of Westchester	1524	13-22840	Priority: \$7,081.59 Unsecured: \$26,801.07	
16	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	797	13-22840	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: Sound Shore Medical Center of Westchester	1503	13-22840	Admin: \$1,291,460.56*	
17	EMPIRE HEALTHCHOICE ASSURANCE INC C/O EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 09/16/13 Debtor: The Mount Vernon Hospital, Inc.	798	13-22841	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: The Mount Vernon Hospital, Inc.	1502	13-22841	Admin: \$252,654.60*	

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SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
18	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 01/31/14 Debtor: Sound Shore Medical Center of Westchester EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	1393	13-22840	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: Sound Shore Medical Center of Westchester EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006	1503	13-22840	Admin: \$1,291,460.56*
19	Date Filed: 01/31/14 Debtor: The Mount Vernon Hospital, Inc. FIRST FINANCIAL CORPORATE LEASING LLC DBA FIRST FINANCIAL HEALTHCARE SOLUTIONS ET AL C/O SHIPMAN & GOODWIN LLP ATTN ERIC GOLDSTEIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103	1394	13-22841	Unliquidated	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: The Mount Vernon Hospital, Inc. FIRST FINANCIAL CORPORATE LEASING LLC DBA FIRST FINANCIAL HEALTHCARE SOLUTIONS ET AL C/O SHIPMAN & GOODWIN LLP ATTN ERIC GOLDSTEIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103	1502	13-22841	Admin: \$252,654.60*
20	Date Filed: 08/27/13 Debtor: Sound Shore Medical Center of Westchester	314	13-22840	Unsecured: \$914,136.60	EMPIRE HEALTHCHOICE ASSURANCE INC DBA EMPIRE BLUE CROSS BLUE SHIELD ATTN LOUIS L BENZA, ESQ ONE LIBERTY PLAZA 14TH FL NEW YORK, NY 10006 Date Filed: 04/11/14 Debtor: The Mount Vernon Hospital, Inc. FIRST FINANCIAL CORPORATE LEASING LLC DBA FIRST FINANCIAL HEALTHCARE SOLUTIONS ET AL C/O SHIPMAN & GOODWIN LLP ATTN ERIC GOLDSTEIN ONE CONSTITUTION PLAZA HARTFORD, CT 06103	1527	13-22840	Unsecured: \$1,019,439.56
21	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/04/13 Debtor: The Mount Vernon Hospital, Inc. FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	2	13-22841	Secured: \$12,822.94	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 05/16/14 Debtor: The Mount Vernon Hospital, Inc. FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962	1490	13-22841	Unsecured: \$7,776.65
22	Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	25	13-22840	Secured: \$9,731.00	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	1515	13-22840	Unsecured: \$7,617.85
23	Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	26	13-22840	Secured: \$6,995.80	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 06/18/14 Debtor: Sound Shore Medical Center of Westchester FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	1507	13-22840	Unsecured: \$6,947.98

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24	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1076	13-22840	Unsecured: \$9,459.56	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 08/17/14 Debtor: Sound Shore Medical Center of Westchester	1506	13-22840	Unsecured: \$7,424.04
25	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	27	13-22840	Secured: \$15,070.55	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1072	13-22840	Unsecured: \$15,220.55
26	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	28	13-22840	Secured: \$9,459.56	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 08/17/14 Debtor: Sound Shore Medical Center of Westchester	1506	13-22840	Unsecured: \$7,424.04
27	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	29	13-22840	Secured: \$12,053.37	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1514	13-22840	Unsecured: \$8,299.02
28	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 06/27/13 Debtor: Sound Shore Medical Center of Westchester	1073	13-22840	Unsecured: \$12,627.34	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1514	13-22840	Unsecured: \$8,299.02
29	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1074	13-22840	Unsecured: \$7,345.59	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921 Date Filed: 08/17/14 Debtor: Sound Shore Medical Center of Westchester	1507	13-22840	Unsecured: \$6,947.96
30	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121 Date Filed: 12/20/13 Debtor: Sound Shore Medical Center of Westchester	1075	13-22840	Unsecured: \$10,217.55	FORD MOTOR CREDIT COMPANY LLC PO BOX 62180 COLORADO SPRINGS, CO 80962 Date Filed: 08/11/14 Debtor: Sound Shore Medical Center of Westchester	1515	13-22840	Unsecured: \$7,617.96

Sound Shore Medical Center of Westchester, et al.,
Exhibit A - Pre-Petition Amended & Superseded Claims

Note: Claimants are listed alphabetically by last name or by entity name.

Sound Shore Medical Center of Westchester, et al.,
Exhibit A - Pre-Petition Amended & Superseded Claims

Note: Claimants are listed alphabetically by last name or by entity name.

CLAIMS TO BE EXPUNGED					SURVIVING CLAIMS				
SEQ NO.	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	
31	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123 Date Filed: 08/12/13 Debtor: Sound Shore Medical Center of Westchester HEALTHCARE BUSINESS SOLLTI 41 ARTILLERY PARK RD TOTOWA, NJ 07512	128	13-22840	Unsecured: \$3,692.64	FRIED BROTHERS INC 467 N 7TH ST PHILADELPHIA, PA 19123 Date Filed: 12/23/14 Debtor: Sound Shore Medical Center of Westchester HEALTHCARE BUSINESS SOLUTIONS 41 ARTILLERY PARK RD TOTOWA, NJ 07512	1529	13-22840	Admin: \$5,306.92	
32	Date Filed: 08/23/13 Debtor: The Mount Vernon Hospital, Inc. LOCKWOOD REALTY LLC C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601	263	13-22841	Unsecured: \$263,763.90	LOCKWOOD REALTY LLC C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601 Date Filed: 09/19/13 Debtor: The Mount Vernon Hospital, Inc.	873	13-22841	Unsecured: \$485,467.20	
33	Date Filed: 08/05/13 Debtor: Sound Shore Medical Center of Westchester NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	95	13-22840	Unsecured: \$43,591.79	LOCKWOOD REALTY LLC C/O REICH REICH & REICH PC 235 MAIN ST STE 450 WHITE PLAINS, NY 10601 Date Filed: 02/03/14 Debtor: Sound Shore Medical Center of Westchester NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1353	13-22840	Unsecured: \$92,572.29	
34	Date Filed: 08/10/13 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	5	13-22845	Priority: \$5,989.27* Unsecured: \$3,798.18*	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205 Date Filed: 08/04/14 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1512	13-22845	Priority: \$6,574.27 Unsecured: \$2,798.18	
35	Date Filed: 10/10/13 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	1027	13-22845	Priority: \$7,293.58* Unsecured: \$2,860.68*	NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205 Date Filed: 08/04/14 Debtor: NRHMC Services Corporation STATE OF NEW YORK DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE DIVISION GOVERNOR W AVERELL HARRIMAN STATE OFFICE BLDG CAMPUS BLDG 12 RM 256 ALBANY, NY 12240	1512	13-22845	Priority: \$6,574.27 Unsecured: \$2,798.18	
36	Date Filed: 08/27/13 Debtor: NRHMC Services Corporation NEW YORK STATE DEPARTMENT OF TAXATION & FINANCE BANKRUPTCY SECTION PO BOX 5300 ALBANY, NY 12205	302	13-22845	Admin: \$763.98	STATE OF NEW YORK DEPARTMENT OF LABOR UNEMPLOYMENT INSURANCE DIVISION GOVERNOR W AVERELL HARRIMAN STATE OFFICE BLDG CAMPUS BLDG 12 RM 256 ALBANY, NY 12240 Date Filed: 11/18/13 Debtor: NRHMC Services Corporation	1421	13-22845	Secured: \$2,036.13	

Sound Shore Medical Center of Westchester, et al.,
Exhibit A - Pre-Petition Amended & Superseded Claims

Note: Claimants are listed alphabetically by last name or by entity name.

SEQ NO.	CLAIMS TO BE EXPUNGED				SURVIVING CLAIMS			
	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT	NAME	CLAIM NO.	CASE NUMBER	CLAIM AMOUNT
37	UNITEDHEALTHCARE INSURANCE COMPANY ATTN RACHEL A SMITH UHC CDM 185 ASYLUM ST 038 HARTFORD, CT 06103 Date Filed: 06/25/13 Debtor: Sound Shore Health System, Inc.	45	13-22844	Unsecured: \$102,005.72	UNITED HEALTHCARE INSURANCE COMPANY ON BEHALF OF PICIS INC/OPTUMINSIGHT ATTN RACHEL A SMITH, UHC, CDM 185 ASYLUM ST - 038 HARTFORD, CT 06103 Date Filed: 08/28/13 Debtor: Sound Shore Health System, Inc.	48	13-22844	Unsecured: \$102,005.72
38	WYCHE, DENISE 80 GUJON PL APT 12W NEW ROCHELLE, NY 10801 Date Filed: 08/29/13 Debtor: Sound Shore Medical Center of Westchester	339	13-22840	Unsecured: \$9,322.60	WYCHE, DENISE 80 GUJON PL APT 12W NEW ROCHELLE, NY 10801 Date Filed: 09/12/13 Debtor: Sound Shore Medical Center of Westchester	931	13-22840	Priority: \$126,284.86
39	ZIMMER INC ATTN LYNDIA MILLER PO BOX 708 WARSAW, IN 46581 Date Filed: 09/16/13 Debtor: Sound Shore Medical Center of Westchester	808	13-22840	Admin: \$2,987.11 Unsecured: \$24,331.46	ZIMMER INC ATTN LYNDIA MILLER PO BOX 708 WARSAW, IN 46581 Date Filed: 09/20/13 Debtor: Sound Shore Medical Center of Westchester	881	13-22840	Admin: \$2,987.11 Unsecured: \$24,331.46
* Denotes an unliquidated component.								

1199 SEIU Healthcare Employees Pension Fund Claim Nos. 737, 734, 691, 736, 739, 740 and 779 are over 200 pages. I have attached the Proof of Claim Form and Addendum to the Proof of Claim on all of their claims. If you require additional backup on these claims, please contact Ellen Huggler at 516-393-2235.



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☒ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows:  If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ 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: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011 Telephone number: 212-627-8100 Email Address: shepner@levyratner.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): 09-16-13 A11:09 IN		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>unliquidated and contingent</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
FD-501 - 09/73 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN		
2. Basis for Claim: <u>contingent claim for withdrawal liability</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). ☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)() _____ Amount entitled to priority: \$ <u>unliquidated</u> *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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 [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached (See instruction #8, and the definition of "redacted")] DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available, please explain: _____		
9. Signature: (See instruction #9) Check the appropriate box. ☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005) (Attach copy of power of attorney, if any) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: <u>Suzanne Hepner</u> Title: <u>Attorney</u> (Signature) <u>September 12, 2013</u> (Date) Company: <u>Levy Ratner</u> Address and telephone number (if different from notice address above): _____ _____ _____ Telephone number: _____ email: _____		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR. Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). 1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim. 2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim. 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor. 3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases. 4. Secured Claim: Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.	5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a): If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. 6. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 7. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt 8. Documents: Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. 9. Date and Signature: The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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Chapter 11

In re:

ADDENDUM TO PROOF OF
CLAIM

NEW ROCHELLE SOUND SHORE HOUSING, LLC,

Case No. 13-22846 (RDD)

Debtor.

(Jointly Administered)

-----X

1. Claimant, 1199SEIU Health Care Employees Pension Fund ("Pension Fund"), is a multi-employer plan as defined by the Employer Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S. §§1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York 10036.

2. The Pension Fund is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, *inter alia*, Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon"), which are required, pursuant to their respective CBAs, to make periodic contributions to the Pension Fund on behalf of their 1199 bargaining unit employees. A copy of the applicable CBA is attached hereto as Exhibit A.

3. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the plan the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§1381, 1391.

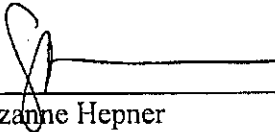
4. On or about May 29, 2013, New Rochelle Sound Shore housing, LLC filed for bankruptcy under Chapter 11 of the United States Bankruptcy Code ("Code"). As Sound Shore and Mount Vernon intend to sell substantially all of their assets, the Pension Fund hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore and Mount Vernon's potential complete withdrawal from the Fund in 2013 and the joint and several liability of all the Debtors for Sound Shore and Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

5. Claimant reserves the right to file further claims based upon any conduct of the Debtor or third parties occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner
LEVY RATNER, P.C.
Attorneys for 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.

**Claim No. 737 is 191 pages. If you would like to view this
claim in its entirety, please contact Ellen Huggler at
516-393-2235.**



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP INC. SEP 16 2013 If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ 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: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011 Telephone number: 212-627-8100 Email Address: shepner@levyratner.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): 09-16-13 A 10:28 IN FILED - 91734 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER Telephone number: _____ Email Address: ROBERT D. DRAIN	If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>1,830,955.17 + contingent claim for withdrawal liability</u>		
☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>contribution to employee benefit fund</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☒ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>2,383,976.62 (see addendum)</u> Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ <u>948,480.69</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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. [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted")]
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.
Print Name: Suzanne Hepner September 12, 2013
Title: Attorney (Signature) (Date)
Company: Levy Ratner
Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. **Last Four Digits of Any Number by Which Creditor Identifies Debtor:** State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER, et al.

Chapter 11

ADDENDUM TO PROOF OF
CLAIM

Case No. 13-22840 (RDD)

Debtors. (Jointly Administered)

1. Claimant, the 1199SEIU Health Care Employees Pension Fund ("PF" or the "Fund"), is a multi-employer pension fund as defined by the Employee Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S.C. §§ 1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York, 10036.

2. The PF is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, inter alia, Sound Shore Medical Center of Westchester ("Sound Shore" or "Debtor"), which are required, pursuant to their respective CBAs, to make periodic contributions to the PF on behalf of their 1199 bargaining unit employees.

3. On or about May 29, 2013, the Debtor filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code ("Code").

4. The League of Voluntary Hospitals and Homes of New York ("League") is a multiemployer association which is a party to a series of collective bargaining agreements with 1199. Sound Shore is a member of the League. By virtue of its membership in the League,

Sound Shore is bound to the terms and conditions of the collective bargaining agreements which the League enters into. 1199 and the League are parties to a collective bargaining agreement ("League Agreement"), covering service, clerical, technical, and certain professional job classifications for the term of June 1, 2009 through April 30, 2015. A copy of the League Agreement is attached hereto as Exhibit A.

5. Under the terms of the CBA, the Debtor was required to make monthly contributions to the PF in an amount equal to: 6.75% of the gross payroll paid to covered employees for the period commencing in January 2006 and continuing through November 2009, 7.45% for the period commencing in December 2009 and continuing through November 2010, 8.71% for the period commencing in December 2010 and continuing through November 2011, 9.16% for the period commencing in December 2011 and continuing through November 2012, 11.5% for the period commencing in December 2012 and continuing through March 2013, and 11.81% for the period commencing in April 2013 and continuing through November 30, 2013.

6. The Debtor failed to pay its full contributions as they came due to the PF on behalf of the 1199 bargaining unit employees employed at Sound Shore.

7. The CBA provides for the arbitration of disputes, including the failure to remit contributions to the PF, the National Benefit Fund for Health and Human Service Employees, the League/1199SEIU Training and Upgrading Fund, and the 1199SEIU/Employer Child Care Fund, and the League/1199SEIU/Health Care Industry Job Security Fund (collectively, the "Funds"). The PF pursued and obtained numerous arbitration awards as a result of Sound Shore's failure to remit contributions to the Funds. The Funds sought entry of judgment on the awards over the years, which were subsequently docketed as judgment liens ("Judgment Liens") by the Clerk of the Supreme Court of Westchester County, New York. See

Exhibit B. The Funds' Judgment Liens against Sound Shore have a balance remaining of \$922,097.38, inclusive of interest and costs.

8. On or about December 16, 2011, Sound Shore signed an Affidavit of Confession of Judgment ("COJ"), attached hereto as Exhibit C, in the amount of \$3,568,829.47. Pursuant to the terms of the COJ, Sound Shore was required to make monthly arrears payments to the Funds, in addition to timely remitting its contractually required monthly contributions. Sound Shore defaulted on its COJ and failed to cure its default upon notice by the Funds. The Funds entered the COJ with the Clerk of the Supreme Court of Westchester County, New York, and it was docketed as a lien against Sound Shore (the "COJ Lien"). See Exhibit D. The COJ Lien has a remaining balance of \$1,461,879.24. The Judgment Liens together with the COJ Lien (the "Liens") have a balance of \$2,383,976.62.

9. Pursuant to the delinquency schedule attached hereto as Exhibit E, Sound Shore owes the PF the pre-petition amount of \$1,830,955.17, representing contributions due through May 28, 2013, interest accrued thereon and related costs, of which \$948,480.69 qualifies as a priority claim under Code § 507(a)(5).

10. In addition, contingent proofs of claim have been filed by the Union for pre-petition wages owed to 1199 bargaining unit employees, including, inter alia, accrued benefit time. Pursuant to the terms of the CBA, the Debtor is required to remit contributions to the PF on any pre-petition wage claims paid to the 1199 bargaining unit employees. Accordingly, Claimant submits an unliquidated claim for these contributions, the precise amount of which is not known to Claimant at this time. However, the amount due can be readily calculated once the allowed amount of the pre-petition wages payable to the 1199 bargaining unit members is determined, and the PF will amend its claim once the amounts due are determined.

11. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§ 1381, 1391. As the Debtor intends to sell substantially all of its assets, the PF hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore's potential complete withdrawal from the Pension Fund and the joint and several liability of all the Debtors for Sound Shore's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

Reservations and Priorities

12. The claim, or a portion of the claim, herein is entitled to treatment as a secured claim and/or priority under Code § 507. Notwithstanding the foregoing, Claimant reserves the right to demand payment, in part or in whole, of its claim herein as an administrative expense under Code § 503.

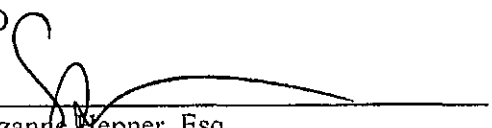
¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.

13. Claimant reserves the right to file further claims based upon any conduct
of the Debtor occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS
CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Wepner, Esq.
LEVY RATNER, P.C.
Attorneys for the 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

**Claim No. 734 is 361 pages. If you would like to view this
claim in its entirety, please contact Ellen Huggler at
516-393-2235.**



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Flowe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☒ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP INC. SEP 16 2013 If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i> Filed on:	
Name and address where notices should be sent: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011 Telephone number: 212-627-8100 Email Address: shepner@levyratner.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): Telephone number: 09-16-13 A11:04 IN Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>unliquidated and contingent</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>contingent claim for withdrawal liability</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: 	3a. Debtor may have scheduled account as: <i>(See instruction #3a)</i>	3b. Uniform Claim Identifier (optional): <i>(See instruction #3b)</i>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable <i>(when case was filed)</i>	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>unliquidated</u>
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted"))
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. Signature: (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Suzanne Hepner _____
Title: Attorney _____ (Signature) _____
Company: Levy Ratner _____ (Date) September 12, 2013
Address and telephone number (if different from notice address above): _____

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:
State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:
State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:
Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:
If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:
Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):
If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):
If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:
An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:
Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:
The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

In re:

ADDENDUM TO PROOF OF
CLAIM

NRHMC SERVICES CORPORATION,

Case No. 13-22845 (RDD)

Debtor.
(Jointly Administered)

-----X

1. Claimant, 1199SEIU Health Care Employees Pension Fund ("Pension Fund"), is a multi-employer plan as defined by the Employer Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S. §§1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York 10036.

2. The Pension Fund is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, inter alia, Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon"), which are required, pursuant to their respective CBAs, to make periodic contributions to the Pension Fund on behalf of their 1199 bargaining unit employees. A copy of the applicable CBA is attached hereto as Exhibit A.

3. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the plan the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§1381, 1391.

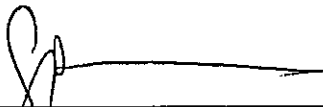
4. On or about May 29, 2013, NRHMC Services Corporation filed for bankruptcy under Chapter 11 of the United States Bankruptcy Code ("Code"). As Sound Shore and Mount Vernon intend to sell substantially all of their assets, the Pension Fund hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore and Mount Vernon's potential complete withdrawal from the Fund in 2013 and the joint and several liability of all the Debtors for Sound Shore and Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

5. Claimant reserves the right to file further claims based upon any conduct of the Debtor or third parties occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner
LEVY RATNER, P.C.
Attorneys for 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.



Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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 [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted")]
- DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**
- If the documents are not available, please explain. _____

9. **Signature:** (See instruction #9) Check the appropriate box.
- ☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
- (Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Suzanne Hepner

Title: Attorney

Company: Levy Ratner

Address and telephone number (if different from notice address above): _____

Telephone number: _____ email: _____

September 12, 2013

(Date)

(Signature)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

In re:

SOUND SHORE HEALTH SYSTEM, INC.,

ADDENDUM TO PROOF OF
CLAIM

Case No. 13-22844 (RDD)

Debtor.
(Jointly Administered)

-----X

1. Claimant, 1199SEIU Health Care Employees Pension Fund ("Pension Fund"), is a multi-employer plan as defined by the Employer Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S. §§1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York 10036.

2. The Pension Fund is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, inter alia, Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon"), which are required, pursuant to their respective CBAs, to make periodic contributions to the Pension Fund on behalf of their 1199 bargaining unit employees. A copy of the applicable CBA is attached hereto as Exhibit A.

3. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the plan the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§1381, 1391.

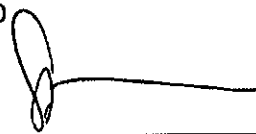
4. On or about May 29, 2013, Sound Shore Health System, Inc. filed for bankruptcy under Chapter 11 of the United States Bankruptcy Code ("Code"). As Sound Shore and Mount Vernon intend to sell substantially all of their assets, the Pension Fund hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore and Mount Vernon's potential complete withdrawal from the Fund in 2013 and the joint and several liability of all the Debtors for Sound Shore and Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

5. Claimant reserves the right to file further claims based upon any conduct of the Debtor or third parties occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner
LEVY RATNER, P.C.
Attorneys for 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.

**Claim No. 736 is 191 pages. If you would like to view this
claim in its entirety, please contact Ellen Huggler at
516-393-2235.**



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☒ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP INC. SEP 16 2013 If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i> Filed on:	
Name and address where notices should be sent: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011 Telephone number: 212-627-8100 Email Address: shepner@levyratner.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars	
Name and address where payment should be sent (if different from above): 09-16-13 A10:59 IN Telephone number: Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>unliquidated and contingent</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges		
FILED - 00733 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
2. Basis for Claim: <u>contingent claim for withdrawal liability</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☒ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>unliquidated</u>		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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 [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See Instruction #8, and the definition of "redacted")]
- DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING**
- If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.
- ☐ I am the creditor ☐ I am the creditor's authorized agent (Attach copy of power of attorney, if any) ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Suzanne Hepner

Title: Attorney

Company: Levy Ratner

Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

September 12, 2013

(Signature)

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

In re:

THE M.V.H. CORPORATION,

ADDENDUM TO PROOF OF
CLAIM

Case No. 13-22843 (RDD)

Debtor.
(Jointly Administered)

-----X

1. Claimant, 1199SEIU Health Care Employees Pension Fund ("Pension Fund"), is a multi-employer plan as defined by the Employer Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S. §§1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York 10036.

2. The Pension Fund is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, *inter alia*, Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon"), which are required, pursuant to their respective CBAs, to make periodic contributions to the Pension Fund on behalf of their 1199 bargaining unit employees. A copy of the applicable CBA is attached hereto as Exhibit A.

3. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the plan the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§1381, 1391.

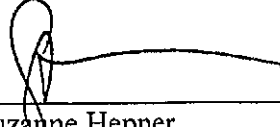
4. On or about May 29, 2013, The M.V.H. Corporation filed for bankruptcy under Chapter 11 of the United States Bankruptcy Code ("Code"). As Sound Shore and Mount Vernon intend to sell substantially all of their assets, the Pension Fund hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore and Mount Vernon's potential complete withdrawal from the Fund in 2013 and the joint and several liability of all the Debtors for Sound Shore and Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

5. Claimant reserves the right to file further claims based upon any conduct of the Debtor or third parties occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner
LEVY RATNER, P.C.
Attorneys for 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.

**Claim No. 739 is 191 pages. If you would like to view this
claim in its entirety, please contact Ellen Huggler at
516-393-2235.**

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☒ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC		Your Claim is Scheduled As Follows: 
Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846		
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011		
Telephone number: 212-627-8100 Email Address: shepner@levyratner.com		
Name and address where payment should be sent (if different from above): 09-16-13 A10:56 IN Telephone number: Email Address:		
☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>unliquidated and contingent</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>contingent claim for withdrawal liability</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a) 3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). ☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>unliquidated</u> * Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted"))
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

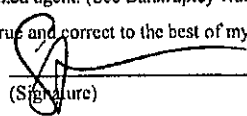
Print Name: Suzanne Hepner

Title: Attorney

Company: Levy Ratner

Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____


(Signature)

September 12, 2013

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. **Last Four Digits of Any Number by Which Creditor Identifies Debtor:** State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

In re:

ADDENDUM TO PROOF OF
CLAIM

HOWE AVENUE NURSING HOME, D/B/A HELEN
AND MICHAEL SCHAFFER EXTENDED CARE
CENTER,

Case No. 13-22842 (RDD)

(Jointly Administered)

Debtor.

-----X

1. Claimant, 1199SEIU Health Care Employees Pension Fund ("Pension Fund"), is a multi-employer plan as defined by the Employer Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S. §§1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York 10036.

2. The Pension Fund is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, inter alia, Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon"), which are required, pursuant to their respective CBAs, to make periodic contributions to the Pension Fund on behalf of their 1199 bargaining unit employees. A copy of the applicable CBA is attached hereto as Exhibit A.

3. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the plan the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§1381, 1391.

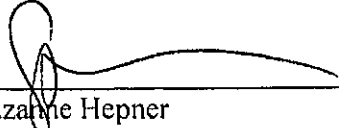
4. On or about May 29, 2013, Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center filed a petition under Chapter 11 of the United States Bankruptcy Code ("Code"). As Sound Shore and Mount Vernon intend to sell substantially all of their assets, the Pension Fund hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Sound Shore and Mount Vernon's potential complete withdrawal from the Fund in 2013 and the joint and several liability of all the Debtors for Sound Shore and Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

5. Claimant reserves the right to file further claims based upon any conduct of the Debtor or third parties occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner
LEVY RATNER, P.C.
Attorneys for 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

¹ The Debtors include: Sound Shore Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Sound Shore Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Sound Shore housing, LLC.

**Claim No. 740 is 191 pages. If you would like to view this
claim in its entirety, please contact Ellen Huggler at
516-393-2235.**

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM			
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☒ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP INC. SEP 16 2013 If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.			
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).					
Name of Creditor (the person or other entity to whom the Debtor owes money or property): 1199SEIU Health Care Employees Pension Fund	☐ 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: Suzanne Hepner, Esq. Levy Ratner, P.C. 80 8th Avenue, 8th Floor New York, NY 10011 Telephone number: 212-627-8100 Email Address: shepner@levyratner.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.				
Name and address where payment should be sent (if different from above): 09-16-13 A 11:42 IN					
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>986,855.87 + contingent claim for withdrawal liability</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.					
2. Basis for Claim: <u>contributions to employee benefit fund</u> (See instruction #2)					
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width: 100%;"> <tr> <td style="width: 30%;"> Nature of property or right of setoff: Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % (when case was filed) </td> <td style="width: 30%;"> ☒ Real Estate ☐ Motor Vehicle ☐ Other </td> <td style="width: 40%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>1,364,467.54 (see addendum)</u> Amount Unsecured: \$ _____ </td> </tr> </table>			Nature of property or right of setoff: Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % (when case was filed)	☒ Real Estate ☐ Motor Vehicle ☐ Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>1,364,467.54 (see addendum)</u> Amount Unsecured: \$ _____
Nature of property or right of setoff: Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % (when case was filed)	☒ Real Estate ☐ Motor Vehicle ☐ Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ <u>1,364,467.54 (see addendum)</u> Amount Unsecured: \$ _____			
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%;"> <tr> <td style="width: 30%;"> ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="width: 30%;"> ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="width: 40%;"> ☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>440,375.60</u> </td> </tr> </table> *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4) ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	☒ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ <u>440,375.60</u>
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6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$					
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)					

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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 [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted")]
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief
Print Name: Suzanne Hepner Title: Attorney (Signature) September 12, 2013 (Date)
Company: Levy Ratner
Address and telephone number (if different from notice address above): _____
Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

Chapter 11

In re:

ADDENDUM TO PROOF OF
CLAIM

THE MOUNT VERNON HOSPITAL, INC.

Case No. 13-22841 (RDD)

Debtors.

(Jointly Administered)

-----X

1. Claimant, the 1199SEIU Health Care Employees Pension Fund ("PF" or the "Fund"), is a multi-employer pension fund as defined by the Employee Retirement Income Security Act ("ERISA") and the Multiemployer Pension Plan Amendments Act of 1980 ("MPPAA"), 29 U.S.C. §§ 1002(37)(A), 1301(a)(3), and maintains its principal place of business at 330 W. 42nd Street, New York, New York, 10036.

2. The PF is established and maintained pursuant to collective bargaining agreements ("CBAs") entered into by and between 1199SEIU United Healthcare Workers East ("1199" or the "Union"), and employers, including, inter alia, The Mount Vernon Hospital, Inc. ("Mount Vernon" or "Debtor"), which are required, pursuant to their respective CBAs, to make periodic contributions to the PF on behalf of their 1199 bargaining unit employees.

3. On or about May 29, 2013, the Debtor filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code ("Code").

4. The League of Voluntary Hospitals and Homes of New York ("League") is a multiemployer association which is a party to a series of collective bargaining agreements with 1199. Mount Vernon is a member of the League. By virtue of its membership in the League, Mount Vernon is bound to the terms and conditions of the collective bargaining

agreements which the League enters into. 1199 and the League are parties to a collective bargaining agreement ("League Agreement"), covering service, clerical, technical, and certain professional job classifications for the term of June 1, 2009 through April 30, 2015. A copy of the League Agreement is attached hereto as Exhibit A.

5. Under the terms of the CBA, the Debtor was required to make monthly contributions to the PF in an amount equal to: 6.75% of the gross payroll paid to covered employees for the period commencing in January 2006 and continuing through November 2009, 7.45% for the period commencing in December 2009 and continuing through November 2010, 8.71% for the period commencing in December 2010 and continuing through November 2011, 9.16% for the period commencing in December 2011 and continuing through November 2012, 11.5% for the period commencing in December 2012 and continuing through March 2013, and 11.81% for the period commencing in April 2013 and continuing through November 30, 2013.

6. The Debtor failed to pay its full contributions as they came due to the PF on behalf of the 1199 bargaining unit employees employed at Mount Vernon.

7. The CBA provides for the arbitration of disputes, including the failure to remit contributions to the PF, the National Benefit Fund for Health and Human Service Employees, the League/1199SEIU Training and Upgrading Fund, and the 1199SEIU/Employer Child Care Fund, and the League/1199SEIU/Health Care Industry Job Security Fund (collectively, the "Funds"). The PF pursued and obtained numerous arbitration awards as a result of Mount Vernon's failure to remit contributions to the Funds. The Funds sought entry of judgment on the awards over the years, which were subsequently docketed as judgment liens ("Judgment Liens") by the Clerk of the Supreme Court of Westchester County, New York. See

Exhibit B. The Funds' Judgment Liens against Mount Vernon have a balance remaining of \$1,066,067.11, inclusive of interest and costs.

8. On or about March 15, 2012, Mount Vernon signed an Affidavit of Confession of Judgment ("COJ"), attached hereto as Exhibit C, in the amount of \$2,272,573.02. Pursuant to the terms of the COJ, Mount Vernon was required to make monthly arrears payments to the Funds, in addition to timely remitting its contractually required monthly contributions. Mount Vernon defaulted on its COJ and failed to cure its default upon notice by the Funds. The Funds entered the COJ with the Clerk of the Supreme Court of Westchester County, New York, and it was docketed as a lien against Mount Vernon (the "COJ Lien"). See Exhibit D. The COJ Lien has a remaining balance of \$298,400.43. The Judgment Liens together with the COJ Lien (the "Liens") have a balance of \$1,364,467.54.

9. Pursuant to the delinquency schedule attached hereto as Exhibit E, Mount Vernon owes the PF the pre-petition amount of \$986,855.87, representing contributions due through May 28, 2013, interest accrued thereon and related costs, of which \$440,375.60 qualifies as a priority claim under Code § 507(a)(5).

10. In addition, contingent proofs of claim have been filed by the Union for pre-petition wages owed to 1199 bargaining unit employees, including, inter alia, accrued benefit time. Pursuant to the terms of the CBA, the Debtor is required to remit contributions to the PF on any pre-petition wage claims paid to the 1199 bargaining unit employees. Accordingly, Claimant submits an unliquidated claim for these contributions, the precise amount of which is not known to Claimant at this time. However, the amount due can be readily calculated once the allowed amount of the pre-petition wages payable to the 1199 bargaining unit members is determined, and the PF will amend its claim once the amounts due are determined.

11. The MPPAA requires employers withdrawing from multiemployer pension plans to pay the employers' pro rata share of the pension plan's unfunded vested liabilities. 29 U.S.C. §§ 1381, 1391. As the Debtor intends to sell substantially all of its assets, the PF hereby files this contingent withdrawal liability claim against all the Debtors¹, based on Mount Vernon's potential complete withdrawal from the Pension Fund and the joint and several liability of all the Debtors for Mount Vernon's withdrawal liability, as members of the same controlled group. Claimant's claim for withdrawal liability is entitled to treatment as a priority claim, in part or in whole, under Code § 507(a)(5). Further, Claimant reserves the right to demand payment of withdrawal liability as an administrative expense under Code § 503(b).

Reservations and Priorities

12. The claim, or a portion of the claim, herein is entitled to treatment as a secured claim and/or priority under Code § 507. Notwithstanding the foregoing, Claimant reserves the right to demand payment, in part or in whole, of its claim herein as an administrative expense under Code § 503.

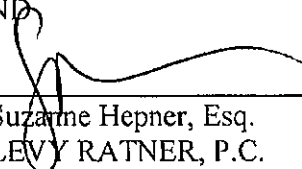
¹ The Debtors include: Mount Vernon Medical Center of Westchester, The Mount Vernon Hospital, Inc., Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center, the M.V.H. Corporation, Mount Vernon Health Systems, Inc., NRHMC Services Corporation, and New Rochelle Mount Vernon housing, LLC.

13. Claimant reserves the right to file further claims based upon any conduct
of the Debtor occurring after the date hereof.

CLAIMANT RESERVES THE RIGHT TO AMEND, MODIFY OR SUPPLEMENT THIS
CLAIM.

Dated: New York, New York
September 12, 2013

1199SEIU HEALTH CARE EMPLOYEES PENSION
FUND

By: 

Suzanne Hepner, Esq.
LEVY RATNER, P.C.
Attorneys for the 1199SEIU Health Care Employees
Pension Fund
80 8th Avenue, 8th Floor
New York, NY 10011

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN DISTRICT OF NEW YORK</u>		PROOF OF CLAIM						
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840-rdd	 COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim Court Claim Number: _____ (If known) Filed on: _____ ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Convergent Revenue Cycle Management, Inc.								
Name and address where notices should be sent: Megan M. Adeyemo, Esq. GORDON & REES LLP 555 17th Street, Suite 3400 Denver, CO 80202 Telephone number: 303-534-5160 email: madeyemo@gordonrees.com								
Name and address where payment should be sent (if different from above): FILED - 00047 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Telephone number: _____ email: _____								
1. Amount of Claim as of Date Case Filed: \$ 432,339.97 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: Services Performed - Collections (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Basis for perfection: _____ Value of Property: \$ _____ Amount of Secured Claim: \$ _____ Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed) Amount Unsecured: \$ _____ Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; font-size: small;"><tr><td style="width: 33%; vertical-align: top;">☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).</td><td style="width: 33%; vertical-align: top;">☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</td><td style="width: 33%; vertical-align: top;">☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</td></tr><tr><td style="vertical-align: top;">☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).</td><td style="vertical-align: top;">☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).</td><td style="vertical-align: top;">☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_____).</td></tr></table> Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)(_____).
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)(_____).						
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

B16 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7 and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Joseph S. Partain

Title: Senior Vice President & General Counsel

Company: Convergent Revenue Cycle Management, Inc.

Address and telephone number (if different from notice address above):

Joseph S. Partain 09/16/2013
(Signature) (Date)

Telephone number

email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a service, identify the corporate services as the company. Criminal penalties apply for making a false statement on a proof of claim.



B10 (Official Form 10) (04/13)

3

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.



Convergent Revenue Cycle Management, Inc
 13575 Heathcote Blvd. - Ste 300
 Gainesville, VA 20155
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	11/30/2012
Purchase Order Number	
Our Reference	3250-10970-1211
Sales Order Number	
Customer Number	3250

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		December 31, 2012					
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	QUANTITY	SHIPPED
1	Problem Claims - 13410	1	\$37,672.08	\$37,672.08	1	1	
2	Problem Claims - 13439	1	\$35,541.21	\$35,541.21	1	1	
				SUBTOTAL			\$73,213.29
				TAX			\$0.00
				SHIPPING			\$0.00
				TOTAL AMOUNT DUE			\$73,213.29

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext 2435 or email: lhitt@convergentusa.com

Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901

BILL TO: **ATTN: ACCOUNTS PAYABLE**
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

REMIT TO:

Invoice	
Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3250-10970-1301
Sales Order Number	
Customer Number	3250

TERMS		DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
NET 30 DAYS		February 28, 2013					
ITEM NO.	INVOICE						
1	Problem Claims - 13410						
2	Problem Claims - 13439						
	ORDERED	QUANTITY	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE	
	1	1		1	\$8,803.55	\$8,803.55	
	1	1		1	\$28,094.65	\$28,094.65	
SUBTOTAL					TAX	SHIPPING	TOTAL AMOUNT DUE
\$36,898.20					\$0.00	\$0.00	\$36,898.20

Questions Regarding Your Invoice?
Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Invoice	
Page:	1 of 1
Date:	02/28/2013
Purchase Order Number	
Our Reference	3250-10970-1302
Sales Order Number	
Customer Number	3250

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
		March 31, 2013					
ITEM NO.	INVOICE	QUANTITY	ORDERED	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	Problem Claims - 13410	1	1		1	\$13,260.78	\$13,260.78
2	Problem Claims - 13439	1	1		1	\$32,963.29	\$32,963.29
						SUBTOTAL	\$46,224.07
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$46,224.07

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page	1 of 1
Date	03/31/2013
Purchase Order Number	
Our Reference	3250-10970-1303
Sales Order Number	
Customer Number	3250

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		April 30, 2013					
1	Problem Claims - 13410			1	1		
2	Problem Claims - 13439			1	1		

QUANTITY	UNIT PRICE	EXTENDED PRICE
1	\$11,998.55	\$11,998.55
1	\$36,413.99	\$36,413.99

Questions Regarding Your Invoice?

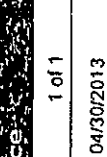
Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
\$48,412.54	\$0.00	\$0.00	\$48,412.54

REMIT TO:

BILL TO: **ATTN: ACCOUNTS PAYABLE**
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

 Convergent										REMIT TO										Invoice																																																	
BILL TO: ATTN: ACCOUNTS PAYABLE Sound Shore-2nd Contact SOUND SHORE MEDICAL CENTER										PO Box 677688 Dallas TX 75267-768 888-511-7901										Page: 1 of 1 Date: 04/30/2013 Purchase Order Number Our Reference 3250-10970-1304 Sales Order Number Customer Number 3250																																																	
TERMS NET 30 DAYS										DUE DATE May 31, 2013										SALES PERSON										CUSTOMER CONTACT										SHIP DATE										SHIP VIA										SHIP REFERENCE									
INVOICE										QUANTITY ORDERED BACK ORD. SHIPPED										UNIT PRICE										EXTENDED PRICE																																							
1 Problem Claims - 13410										1										\$4,909.61										\$4,909.61																																							
2 Problem Claims - 13439										1										\$37,732.23										\$37,732.23																																							
SUBTOTAL										TAX										SHIPPING										TOTAL AMOUNT DUE																																							
\$42,641.84										\$0.00										\$0.00										\$42,641.84																																							

Questions Regarding Your Invoice

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Attn: Accounts Payable
BILL TO: SOUND SHORE MEDICAL CENTER

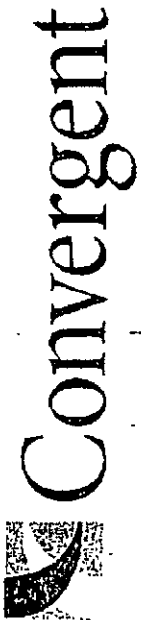
REMIT TO:

CONVERGENT HEALTHCARE
PO BOX 677688
DALLAS, TX 75267-7688

SHIP TO:

NUMBER INVOICE
3250-10970-1305
DATE
31-May-13
PURCHASE ORDER NUMBER
1 of 1
OUR REFERENCE
SALES ORDER NUMBER
CUSTOMER NUMBER LOCATION NUMBER

TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING REFERENCE	
30 Net	30-Jun-13						
ITEM NO.	INVOICE	QUANTITY	ORDERED	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED AMOUNT
1	PROBLEM CLAIMS - 13410	1	1			5,591.41	5,591.41
2	PROBLEM CLAIMS - 13439	1	1			17,063.12	17,063.12
SUBTOTAL						22,654.53	
TAX						0.00	
SHIPPING/HANDLING						0.00	
TOTAL							22,654.53
SPECIAL INSTRUCTIONS							



CONVERGENT HEALTHCARE
PO BOX 677688
DALLAS, TX 75267-7688

REMIT TO:

Attn: Accounts Payable
BILL TO: SOUND SHORE MEDICAL CENTER

SHIP TO:

NUMBER 3252-10978-1211
DATE 30-NOV-12
INVOICE
PURCHASE ORDER NUMBER 1 of 1
OUR REFERENCE
SALES ORDER NUMBER
CUSTOMER NUMBER
LOCATION NUMBER

TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING REFERENCE
30 Net	31-Dec-12					
ITEM NO.	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD.	QUANTITY SHIPPED	UNIT PRICE	EXTENDED AMOUNT
1	-13412	1		1	4,651.05	4,651.05
2	-13441	1		1	9,128.65	9,128.65
3	PAYMENT APPLIED CK #5001886 / APRIL 11,2013	1		1	(5,825.99)	(5,825.99)
SPECIAL INSTRUCTIONS						TOTAL
						7,953.71
						0.00
						0.00
						7,953.71



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Invoice:	1 of 1
Page:	12/31/2012
Date:	Purchase Order Number
Our Reference	3252-10978-1212
Sales Order Number	
Customer Number	3252

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1 - 13412	INVOICE						
2 - 13441							

ITEM NO	QUANTITY	UNIT PRICE	EXTENDED PRICE
1	1	\$7,233.56	\$7,233.56
2	1	\$7,960.96	\$7,960.96
SUBTOTAL		\$15,194.52	\$15,194.52
TAX		\$0.00	\$0.00
SHIPPING		\$0.00	\$0.00
TOTAL AMOUNT DUE			\$15,194.52

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

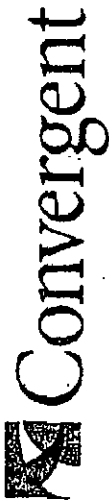
REMIT TO:
 Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901

Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3252-10878-1301
Sales Order Number	
Customer Number	3252

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE							
ITEM NO.	1 - 13412						
	2 - 13441						
		QUANTITY	ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE	
		1	1	1	\$2,548.78	\$2,548.78	
					\$6,259.09	\$6,259.09	
SUBTOTAL							\$8,807.87
TAX							\$0.00
SHIPPING							\$0.00
TOTAL AMOUNT DUE							\$8,807.87

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901

REMIT TO:

BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Invoice	
Page:	1 of 1
Date:	03/31/2013
Purchase Order Number	
Our Reference	3252-10978-1303
Sales Order Number	
Customer Number	3252

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE															
1	- 13412	April 30, 2013																				
2	- 13441																					
<table border="1"> <thead> <tr> <th>ITEM NO</th> <th>INVOICE</th> <th>QUANTITY</th> <th>UNIT PRICE</th> <th>EXTENDED PRICE</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>- 13412</td> <td>1</td> <td>\$1,307.01</td> <td>\$1,307.01</td> </tr> <tr> <td>2</td> <td>- 13441</td> <td>1</td> <td>\$10,676.13</td> <td>\$10,676.13</td> </tr> </tbody> </table>								ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE	1	- 13412	1	\$1,307.01	\$1,307.01	2	- 13441	1	\$10,676.13	\$10,676.13
ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE																		
1	- 13412	1	\$1,307.01	\$1,307.01																		
2	- 13441	1	\$10,676.13	\$10,676.13																		
SUBTOTAL \$11,983.14				TAX \$0.00		SHIPPING \$0.00																
TOTAL AMOUNT DUE \$11,983.14																						

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc.
 PO Box 677688
 Dallas TX 75267-768
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3252-10978-1304
Sales Order Number	
Customer Number	3252

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		May 31, 2013					
ITEM NO.	1 - 13412						
2 - 13441							

QUANTITY	UNIT PRICE	EXTENDED PRICE
1	\$766.21	\$766.21
1	\$4,599.86	\$4,599.86

SUBTOTAL	\$5,366.07
TAX	\$0.00
SHIPPING	\$0.00
TOTAL AMOUNT DUE	\$5,366.07

Questions Regarding Your Invoice
 Please Contact: Lisa Hill @ 888-511-7901 ext: 2435 or email: lhill@convergentusa.com



Convergent Revenue Cycle Management, Inc.
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	05/31/2013
Purchase Order Number	
Our Reference	3252-10978-1305
Sales Order Number	
Customer Number	3252

TERMS	NET 30 DAYS	INVOICE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
ITEM NO.	QUANTITY	ORDERED	BACK ORD.	QUANTITY	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	- 13412	1		1	1	\$73.56	\$73.56
2	- 13441	1		1	1	\$486.49	\$486.49
						SUBTOTAL	\$560.05
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$560.05

Questions Regarding Your Invoice

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



CONVERGENT HEALTHCARE
PO BOX 677688
DALLAS, TX 75267-7688

REMIT TO:

Attn: Accounts Payable
BILL TO: SOUND SHORE MEDICAL CENTER

SHIP TO:

NUMBER		INVOICE	
3256-10986-1210	DATE	31-Oct-12	PAGE 1 of 1
PURCHASE ORDER NUMBER		OUR REFERENCE	
SALES ORDER NUMBER		CUSTOMER NUMBER	
LOCATION NUMBER			

TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING REFERENCE																																																
30 Net	30-Nov-12																																																					
<table border="1"> <thead> <tr> <th>ITEM NO.</th> <th>INVOICE</th> <th>QUANTITY ORDERED</th> <th>QUANTITY SHIPPED</th> <th>UNIT PRICE</th> <th>EXTENDED AMOUNT</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>-13414</td> <td>1</td> <td>1</td> <td>8,688.78</td> <td>8,688.78</td> </tr> <tr> <td>2</td> <td>-13443</td> <td>1</td> <td>1</td> <td>8,831.97</td> <td>8,831.97</td> </tr> <tr> <td>3</td> <td>PAYMENT APPLIED CK #5001915 / MAY 2, 2013</td> <td>1</td> <td>1</td> <td>(7,993.91)</td> <td>(7,993.91)</td> </tr> <tr> <td colspan="4">SUBTOTAL</td> <td>9,526.84</td> <td>9,526.84</td> </tr> <tr> <td colspan="4">TAX</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td colspan="4">SHIPPING/HANDLING</td> <td>0.00</td> <td>0.00</td> </tr> <tr> <td colspan="4">TOTAL</td> <td></td> <td>9,526.84</td> </tr> </tbody> </table>							ITEM NO.	INVOICE	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	EXTENDED AMOUNT	1	-13414	1	1	8,688.78	8,688.78	2	-13443	1	1	8,831.97	8,831.97	3	PAYMENT APPLIED CK #5001915 / MAY 2, 2013	1	1	(7,993.91)	(7,993.91)	SUBTOTAL				9,526.84	9,526.84	TAX				0.00	0.00	SHIPPING/HANDLING				0.00	0.00	TOTAL					9,526.84
ITEM NO.	INVOICE	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT PRICE	EXTENDED AMOUNT																																																	
1	-13414	1	1	8,688.78	8,688.78																																																	
2	-13443	1	1	8,831.97	8,831.97																																																	
3	PAYMENT APPLIED CK #5001915 / MAY 2, 2013	1	1	(7,993.91)	(7,993.91)																																																	
SUBTOTAL				9,526.84	9,526.84																																																	
TAX				0.00	0.00																																																	
SHIPPING/HANDLING				0.00	0.00																																																	
TOTAL					9,526.84																																																	
SPECIAL INSTRUCTIONS																																																						



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Page	1 of 1
Date:	12/31/2012
Purchase Order Number	
Our Reference	3256-10886-1212
Sales Order Number	
Customer Number	3256

TERMS		DUE DATE		SALES PERSON		CUSTOMER CONTACT		SHIP DATE		SHIP VIA		SHIP REFERENCE		
NET 30 DAYS		January 31, 2013												
INVOICE														
ITEM NO.														
1	- 13414													
2	- 13443													
		QUANTITY		UNIT PRICE		EXTENDED PRICE								
		ORDERED		BACK ORD		SHIPPED								
		1		\$2,211.19		\$2,211.19								
		1		\$7,279.68		\$7,279.68								
SUBTOTAL												TAX	SHIPPING	TOTAL AMOUNT DUE
\$9,490.87												\$0.00	\$0.00	\$9,490.87

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergenusa.com

Convergent

REMITTO:

Convergent Revenue Cycle Management, Inc
13575 Heathcote Blvd, Suite 300
Gainesville VA 20155

BILL TO: Attn: Accounts Payable
SOUND SHORE MEDICAL CTR - MDCAID PMS
16 GUION PLACE
NEW ROCHELLE NY 10802

SHIP TO: SOUND SHORE MEDICAL CTR - MDCAID PMS
16 GUION PLACE
NEW ROCHELLE NY 10802

NUMBER Invoice
1256-10986-1301
DATE 02-13-13
PORT OF ORIGIN NUMBER of 1
OUR REFERENCE
SALES ORDER NUMBER
CUSTOMER NUMBER LOCATION NUMBER
3256 1-0986

TERMS		DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIPPING REFERENCE													
30 NET		02-MAR-13																		
<table border="1"> <thead> <tr> <th>ITEM NO.</th> <th>QUANTITY</th> <th>UNIT PRICE</th> <th>EXTENDED AMOUNT</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>1</td> <td>9,245.22</td> <td>9,245.22</td> </tr> <tr> <td>2</td> <td>1</td> <td>3,492.01</td> <td>3,492.01</td> </tr> </tbody> </table>									ITEM NO.	QUANTITY	UNIT PRICE	EXTENDED AMOUNT	1	1	9,245.22	9,245.22	2	1	3,492.01	3,492.01
ITEM NO.	QUANTITY	UNIT PRICE	EXTENDED AMOUNT																	
1	1	9,245.22	9,245.22																	
2	1	3,492.01	3,492.01																	
SUBTOTAL 12,737.23				TAX 0.00		SHIPPING/HANDLING 0.00		TOTAL 12,737.23 Currency: USD												
SPECIAL INSTRUCTIONS																				

REMIT TO:

BILL TO: **ATTN: ACCOUNTS PAYABLE**
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

BILL TO:

ATTN: ACCOUNTS PAYABLE

Sound Shore-2nd Contact

SOUND SHORE MEDICAL CENTER

Invoice	
Page:	1 of 1
Date:	02/28/2013
Purchase Order Number	
Our Reference	3256-10986-1302
Sales Order Number	
Customer Number	3256

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
		March 31, 2013					
ITEM NO.	INVOICE			ORDERED	QUANTITY	UNIT PRICE	EXTENDED PRICE
1	-13414			1	1	\$812.94	\$812.94
2	-13443			1	1	\$15,301.84	\$15,301.84
				SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
				\$16,114.78	\$0.00	\$0.00	\$16,114.78

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Invoice	
Page:	1 of 1
Date:	03/31/2013
Purchase Order Number	
Our Reference	3256-10986-1303
Salas Order Number	
Customer Number	3256

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	- 13414	April 30, 2013					
2	- 13443						
ITEM NO.	INVOICE	QUANTITY	ORDERED	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	- 13414	1	1		1	\$1,740.51	\$1,740.51
2	- 13443	1	1		1	\$2,760.23	\$2,760.23
						SUBTOTAL	\$4,500.74
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$4,500.74

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext. 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-768
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3256-10986-1304
Sales Order Number	
Customer Number	3256

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE:		May 31, 2013					
ITEM NO.					QUANTITY	UNIT PRICE	EXTENDED PRICE
1	- 13414			1	1	\$6,698.60	\$6,698.60
2	- 13443			1	1	\$5,709.83	\$5,709.83

Questions Regarding Your Invoice Please Contact: Lisa Hitt @ 888-511-7901 ext. 2435 or email: lhitt@convergentusa.com	SUBTOTAL \$12,408.43	TAX \$0.00	SHIPPING \$0.00	TOTAL AMOUNT DUE \$12,408.43



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901

REMIT TO

BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Invoice	
Page	1 of 1
Date	05/31/2013
Purchase Order Number	
Our Reference	3256-10986-1305
Sales Order Number	
Customer Number	3256

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
ITEM NO.	INVOICE						
1	- 13443						

QUANTITY	ORDERED	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	1			\$21.46	\$21.46

Questions Regarding Your Invoice	Subtotal	Tax	Shipping	Total Amount Due
Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com	\$21.46	\$0.00	\$0.00	\$21.46

Convergent Revenue Cycle Management, Inc
13575 Heathcote Blvd. - Ste. 300
Gainesville, VA 20155
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

Invoice	
Page:	1 of 1
Date:	10/31/2012
Purchase Order Number	
Our Reference	3258-10994-1210
Sales Order Number	
Customer Number	3258

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
NET 30 DAYS	November 30, 2012						
ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	SHIPPED	
1	- 13416	1	\$2,156.96	\$2,156.96	1		
2	- 13445	1	\$10,197.95	\$10,197.95	1		
				SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
				\$12,354.91	\$0.00	\$0.00	\$12,354.91

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc

PO Box 677688

Dallas TX 75267-7688

888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE

Sound Shore-2nd Contact

SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	12/31/2012
Purchase Order Number	
Our Reference	3258-10994-1212
Sales Order Number	
Customer Number	3258

TERMS	NET 30 DAYS	INVOICE	SALES PERSON	DUE DATE	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	- 13416			January 31, 2013				
2	- 13445							
ITEM NO	QUANTITY	ORDERED	BACK ORD	SHIPPED	UNIT PRICE	EXTENDED PRICE		
1	1	1		1	\$1,751.83	\$1,751.83		
2	1	1		1	\$4,623.77	\$4,623.77		
					SUBTOTAL	\$6,375.60	TAX	\$0.00
					SHIPPING	\$0.00		
					TOTAL AMOUNT DUE	\$6,375.60		

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3258-10994-1301
Sales Order Number	
Customer Number	3258

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		February 28, 2013					
ITEM NO.	1 - 13416						
	2 - 13445						
QUANTITY	1						
ORDERED	1						
BACK ORD.							
SHIPPED	1						
UNIT PRICE	\$889.29						
EXTENDED PRICE	\$8,373.45						
TAX	\$0.00						
SUBTOTAL	\$9,262.74						
SHIPPING	\$0.00						
TOTAL AMOUNT DUE	\$9,262.74						

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

REMIT TO:

BILL TO: **ATTN: ACCOUNTS PAYABLE**
Sound Shore-2nd Contact
SOUND SHORE MEDICAL CENTER

BILL TO: ATTN: ACCOUNTS PAYABLE

Sound Shore-2nd Contact

SOUND SHORE MEDICAL CENTER

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Pages:	1 of 1
Date:	03/31/2013
Purchase Order Number	
Our Reference	3258-10994-1303
Sales Order Number	
Customer Number	3258

TERMS	NET 30 DAYS	INVOICE	SALES PERSON	DUE DATE	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	13416							
2	13445							
ITEM NO	QUANTITY	ORDERED	BACK ORD	SHIPPED	UNIT PRICE	EXTENDED PRICE		
1	1	1			\$2,846.54	\$2,846.54		
2	1	1			\$4,466.29	\$4,466.29		
						SUBTOTAL	TAX	SHIPPING
						\$7,312.83	\$0.00	\$0.00
						TOTAL AMOUNT DUE		
						\$7,312.83		

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc.
 PO Box 677688
 Dallas TX 75267-768
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 SOUND SHORE MEDICAL CENTER

Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3258-10994-1304
Sales Order Number	
Customer Number	3258

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		May 31, 2013					
ITEM NO.					QUANTITY	UNIT PRICE	EXTENDED PRICE
1	- 13416			1	1	\$2,072.17	\$2,072.17
2	- 13445			1	1	\$5,145.90	\$5,145.90

Questions Regarding Your Invoice	SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com	\$7,218.07	\$0.00	\$0.00	\$7,218.07

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
Name of Debtor: The Mount Vernon Hospital, Inc.	Case Number: 13-22841-rdd							
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Convergent Revenue Cycle Management, Inc.								
Name and address where notices should be sent: Megan M. Adeyemo, Esq. GORDON & REES LLP 555 17 th Street, Suite 3400 Denver, CO 80202 Telephone number: 303-534-5160 email: madeyemo@gordonrees.com								
Name and address where payment should be sent (if different from above): FILED - DEBAR U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK MIDNIGHT MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____ ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
1. Amount of Claim as of Date Case Filed: \$ <u>194,468.92</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: <u>Services Performed - Collections</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other: _____ Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%; font-size: small;"> <tr> <td style="width: 33%; vertical-align: top;"> ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier. 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8) </td> <td style="vertical-align: top;"> ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). </td> </tr> </table> Amount entitled to priority: \$ _____			☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)(____).
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)(____).						
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)								

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2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other co-obligor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Joseph S. Partain

Title: Senior Vice President and General Counsel

Company: Convergent Revenue Cycle Management, Inc.

Address and telephone number (if different from notice address above):

Joseph S. Partain
(Signature)

09/16/2013
(Date)

Telephone number

email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a service, identify the corporate service as the company. Criminal penalties apply for making a false statement on a proof of claim.



B10 (Official Form 10) (04/13)

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DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money in property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Convergent Revenue Cycle Management, Inc.
PO Box 677688
Dallas TX 75267-7688
888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
MOUNT VERNON HOSPITAL

Page:	1 of 1
Date:	12/31/2012
Purchase Order Number	
Our Reference	3251-10974-1212
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	Problem Claims - 13411						
2	Problem Claims - 13440						
ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	SHIPPED	
1		1	\$11,186.14	\$11,186.14	1		
2		1	\$13,047.78	\$13,047.78	1		
				SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
				\$24,233.92	\$0.00	\$0.00	\$24,233.92

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

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 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



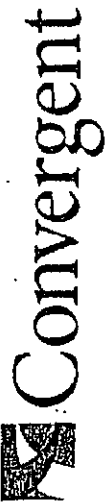
BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3251-10974-1301
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	INVOICE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
ITEM NO	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	BACK ORD	SHIPPED
1	Problem Claims - 13411	1	\$4,207.99	\$4,207.99	1		
2	Problem Claims - 13440	1	\$9,615.72	\$9,615.72	1		
				SUBTOTAL	TAX	- SHIPPING	TOTAL AMOUNT DUE
				\$13,823.71	\$0.00	\$0.00	\$13,823.71

Questions Regarding Your Invoice?

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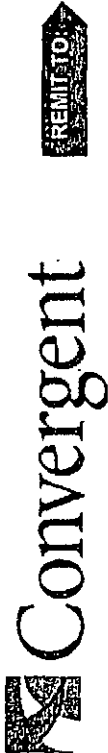
BILL TO: ATTN: ACCOUNTS PAYABLE
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Page	1 of 1
Date:	02/28/2013
Purchase Order Number	
Our Reference	3251-10974-1302
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
	INVOICE	March 31, 2013					
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	BACK ORD.	SHIPPED
1	Problem Claims - 13411	1	\$10,108.99	\$10,108.99	1		
2	Problem Claims - 13440	1	\$4,771.19	\$4,771.19	1		
				SUBTOTAL			
				\$14,880.18			
				TAX			
				\$0.00			
				SHIPPING			
				\$0.00			
				TOTAL AMOUNT DUE			
				\$14,880.18			

Questions Regarding Your Invoice?
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Convergent Revenue Cycle Management, Inc
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BILL TO: ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	03/31/2013
Purchase Order Number	
Our Reference	3251-10974-1303
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	Problem Claims - 13411						
2	Problem Claims - 13440						
ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	BACK ORD	SHIPPED
1		1	\$2,984.51	\$2,984.51	1		
2		1	\$14,915.84	\$14,915.84	1		
				SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
				\$17,900.35	\$0.00	\$0.00	\$17,900.35

Questions Regarding Your Invoice?
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



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 Dallas TX 75267-768
 888-511-7901



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 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3251-10974-1304
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		May 31, 2013					
1	Problem Claims - 13411			1	1	\$2,547.44	\$2,547.44
2	Problem Claims - 13440			1	1	\$7,458.14	\$7,458.14

Questions Regarding Your Invoice
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SUBTOTAL	\$10,005.58	TAX	\$0.00	SHIPPING	\$0.00	TOTAL AMOUNT DUE	\$10,005.58



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 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	05/31/2013
Purchase Order Number	
Our Reference	3251-10974-1305
Sales Order Number	
Customer Number	3251

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		June 30, 2013					
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	EXTENDED PRICE	TAX	SHIPPING	TOTAL AMOUNT DUE
1	Problem Claims - 13411	1	\$824.44	\$824.44	\$0.00	\$0.00	\$4,885.62
2	Problem Claims - 13440	1	\$4,061.18	\$4,061.18	\$0.00	\$0.00	\$4,885.62
SUBTOTAL							\$4,885.62
TAX							\$0.00
SHIPPING							\$0.00
TOTAL AMOUNT DUE							\$4,885.62

Questions Regarding Your Invoice
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

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Invoice	
Page:	1 of 1
Date:	12/31/2012
Purchase Order Number	
Our Reference	3254-10982-1212
Sales Order Number	
Customer Number	3254

TERMS	NET 30 DAYS	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1 - 13413						
2 - 13442						
ITEM NO	INVOICE	QUANTITY	BACK ORD	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	13413	1			\$743.07	\$743.07
2	13442	1			\$14,522.09	\$14,522.09
					SUBTOTAL	\$15,265.16
					TAX	\$0.00
					SHIPPING	\$0.00
					TOTAL AMOUNT DUE	\$15,265.16

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



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Invoice	
Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3254-10982-1301
Sales Order Number	
Customer Number	3254

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE							
ITEM NO							
1	-13413						
2	-13442						
				ORDERED	QUANTITY	UNIT PRICE	EXTENDED PRICE
				1	1	\$738.35	\$738.35
				1	1	\$3,303.15	\$3,303.15
						SUBTOTAL	\$4,041.50
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$4,041.50

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext. 2435 or email: Lhitt@convergentusa.com



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 Dallas TX 75267-7688
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Page:	1 of 1
Date:	02/28/2013
Purchase Order Number	
Our Reference	3254-10982-1302
Sales Order Number	
Customer Number	3254

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE							
ITEM NO.	1 - 13413						
	2 - 13442						
		ORDERED	QUANTITY	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE
		1	1		1	\$329.84	\$329.84
		1	1		1	\$3,129.62	\$3,129.62
SUBTOTAL							\$3,459.46
TAX							\$0.00
SHIPPING							\$0.00
TOTAL AMOUNT DUE							\$3,459.46

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901

REMIT TO:

BILL TO:
ATTN: ACCOUNTS PAYABLE
MOUNT VERNON HOSPITAL - MDCARE - PMS
MOUNT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUTH VERNON, NY 10550

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergenlusa.com

 Convergent										REMIT TO:										Invoice																																																	
BILL TO: ATTN: ACCOUNTS PAYABLE MOUNT VERNON HOSPITAL - MDCARE - PMS MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUTH VERNON, NY 10550										PO Box 677688 Dallas TX 75267-7688 888-511-7901										Page: 1 of 1 Date: 03/31/2013 Purchase Order Number Our Reference: 3254-10982-1303 Sales Order Number Customer Number: 3254																																																	
TERMS NET 30 DAYS INVOICE 1 - 13413 2 - 13442										SALES PERSON April 30, 2013										CUSTOMER CONTACT SHIP DATE SHIP VIA										SHIP REFERENCE																																							
ITEM NO. 1 2										QUANTITY 1 1										ORDERED 1 1										BACK ORD. 1 1										SHIPPED 1 1										UNIT PRICE \$672.43 \$2,979.92										EXTENDED PRICE \$672.43 \$2,979.92									
SUBTOTAL \$3,652.35										TAX \$0.00										SHIPPING \$0.00										TOTAL AMOUNT DUE \$3,652.35																																							

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



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 PO Box 677688
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 ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3254-10982-1304
Sales Order Number	
Customer Number	3254

TERMS		DUE DATE		SALES PERSON		CUSTOMER CONTACT		SHIP DATE		SHIP VIA		SHIP REFERENCE	
NET 30 DAYS		May 31, 2013											
ITEM NO.	INVOICE	QUANTITY	ORDERED	BACK ORD.	EXT. SHIPPED	UNIT PRICE	EXTENDED PRICE						
1	- 13413	1	1			\$154.31	\$154.31						
2	- 13442	1	1			\$2,150.67	\$2,150.67						

Questions Regarding Your Invoice	SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com	\$2,304.98	\$0.00	\$0.00	\$2,304.98

Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



REMIT TO:

BILL TO: ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUNT VERNON, NY 10550

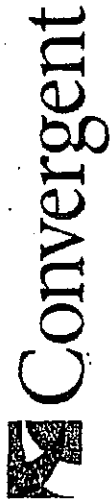
Page:	1 of 1
Date:	05/31/2013
Purchase Order Number	
Our Reference	3254-10982-1305
Sales Order Number	
Customer Number	3254

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE							
ITEM NO	1 - 13413						
2 - 13442							

QUANTITY	UNIT PRICE	EXTENDED PRICE
1	\$14.52	\$14.52
1	\$65.07	\$65.07

SUBTOTAL	\$79.59
TAX	\$0.00
SHIPPING	\$0.00
TOTAL AMOUNT DUE	\$79.59

Questions Regarding Your Invoice
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

Page:	1 of 1
Date:	12/31/2012
Purchase Order Number	
Our Reference	3257-10990-1212
Sales Order Number	
Customer Number	3257

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1 - 13415							
2 - 13444							
ITEM NO	INVOICE	QUANTITY	ORDERED	BACK ORDER	SHIPPED	UNIT PRICE	EXTENDED PRICE
1		1	1			\$1,065.73	\$1,065.73
2		1	1			\$1,779.92	\$1,779.92
						SUBTOTAL	\$2,845.65
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$2,845.65

Questions Regarding Your Invoice?
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



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BILL TO: ATTN: ACCOUNTS PAYABLE
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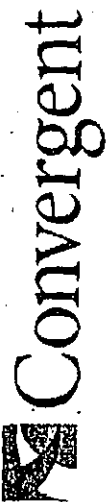
Invoice	
Page:	1 of 1
Date:	01/31/2013
Purchase Order Number	
Our Reference	3257-10990-1301
Sales Order Number	
Customer Number	3257

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE							
1	- 13415						
2	- 13444						

ITEM NO	QUANTITY	ORDERED	BACK ORD	SHIPPED	UNIT PRICE	EXTENDED PRICE
1	1	1		1	\$3,760.77	\$3,760.77
2	1	1		1	\$2,900.20	\$2,900.20

SUBTOTAL	\$6,660.97	TAX	\$0.00	SHIPPING	\$0.00	TOTAL AMOUNT DUE	\$6,660.97

Questions Regarding Your Invoice?
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



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 888-511-7901

REMIT TO:

BILL TO: ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

Invoice	
Page:	1 of 1
Date:	02/28/2013
Purchase Order Number	
Our Reference	3257-10990-1302
Sales Order Number	
Customer Number	3257

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		March 31, 2013					
ITEM NO.	QUANTITY	ORDERED	BACK ORD.	SHIPPED	UNIT PRICE	EXTENDED PRICE	
1	-13415	1		1	\$3,050.40	\$3,050.40	
2	-13444	1		1	\$5,653.38	\$5,653.38	
						SUBTOTAL	\$8,703.78
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$8,703.78

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
ITEM NO:	INVOICE						
1	- 13415			1	1	\$1,174.64	\$1,174.64
2	- 13444			1	1	\$1,640.09	\$1,640.09
				SUBTOTAL		TAX	TOTAL AMOUNT DUE
				\$2,814.73		\$0.00	\$2,814.73

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext. 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 PO Box 677688
 Dallas TX 75267-768
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUNT VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3257-10990-1304
Sales Order Number	
Customer Number	3257

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		May 31, 2013					
ITEM NO.							
1	- 13415			1			
2	- 13444			1			

QUANTITY	UNIT PRICE	EXTENDED PRICE
1	\$1,767.04	\$1,767.04
1	\$2,760.77	\$2,760.77

SUBTOTAL	\$4,527.81
TAX	\$0.00
SHIPPING	\$0.00
TOTAL AMOUNT DUE	\$4,527.81

Questions Regarding Your Invoice
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com



Convergent Revenue Cycle Management, Inc
 13575 Heathcote Blvd. - Ste.300
 Gainesville, VA 20155
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

Invoice	
Page:	1 of 1
Date:	11/30/2012
Purchase Order Number	
Our Reference	3259-10998-1211
Sales Order Number	
Customer Number	3259

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		December 31, 2012					
ITEM NO							
1	- 13417						
2	- 13446						

QUANTITY	UNIT PRICE	EXTENDED PRICE
1	\$7,091.66	\$7,091.66
1	\$3,091.27	\$3,091.27

SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
\$10,182.93	\$0.00	\$0.00	\$10,182.93

Questions Regarding Your Invoice?
 Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

Convergent Revenue Cycle Management, Inc
PO Box 677688
Dallas TX 75267-7688
888-511-7901

BILL TO: **ATTN: ACCOUNTS PAYABLE**
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

REMIT TO:

Invoice		1 of 1
Page:		
Date:		12/31/2012
Purchase Order Number		
Our Reference		3259-10998-1212
Sales Order Number		
Customer Number		3259

TERMS	NET 30 DAYS	BUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
		January 31, 2013					
ITEM NO	INVOICE			QUANTITY	UNIT PRICE	EXTENDED PRICE	
1	- 13417			ORDERED	BACK ORD.	SHIPPED	
				1	1	\$9,365.39	\$9,365.39
2	- 13446			1	1	\$2,810.46	\$2,810.46

Questions Regarding Your Invoice?

Please Contact: Lisa Hill @ 888-511-7901 ext: 2435 or email: lhil@convergentusa.com

	SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
	\$12,175.85	\$0.00	\$0.00	\$12,175.85



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Sound Shore-2nd Contact
MOUNT VERNON HOSPITAL

ATTN: ACCOUNTS PAYABLE
Sound Shore-2nd Contact
MOUNT VERNON HOSPITAL

TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
NET 30 DAYS	February 28, 2013					
ITEM NO.	INVOICE			QUANTITY	UNIT PRICE	EXTENDED PRICE
				ORDERED	EACH ORD	SHIPPED

1	-13417	1	\$1,111.02	\$1,111.02
2	-13446	1	\$1,038.11	\$1,038.11

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergeniusa.com

SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
\$2,149.13	\$0.00	\$0.00	\$2,149.13



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 Dallas TX 75267-7688
 888-511-7901



ATTN: ACCOUNTS PAYABLE
 Sound Shore-2nd Contact
 MOUNT VERNON HOSPITAL

BILL TO:

Page	1 of 1
Date	02/28/2013
Purchase Order Number	
Our Reference	3259-10998-1302
Sales Order Number	
Customer Number	3259

TERMS	NET 30 DAYS	DUE DATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
INVOICE		March 31, 2013					
ITEM NO	QUANTITY	ORDERED	BACK ORD	SHIPPED	UNIT PRICE	EXTENDED PRICE	
1	- 13417	1		1	\$1,819.84	\$1,819.84	
2	- 13446	1		1	\$4,994.06	\$4,994.06	
						SUBTOTAL	\$6,813.90
						TAX	\$0.00
						SHIPPING	\$0.00
						TOTAL AMOUNT DUE	\$6,813.90

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext: 2435 or email: lhitt@convergentusa.com

Convergent Revenue Cycle Management, Inc

PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO:
 ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	03/31/2013
Purchase Order Number	
Our Reference	3259-10998-1303
Sales Order Number	
Customer Number	3259

TERMS	NET 30 DAYS	DUPLICATE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
1	-13417						
2	-13446						
ITEM NO	INVOICE	QUANTITY	UNIT PRICE	EXTENDED PRICE	TAX	SHIPPING	TOTAL AMOUNT DUE
1		1	\$2,747.98	\$2,747.98	\$0.00	\$0.00	\$14,592.05
2		1	\$11,844.07	\$11,844.07	\$0.00	\$0.00	\$11,844.07
SUBTOTAL							\$14,592.05
TAX							\$0.00
SHIPPING							\$0.00
TOTAL AMOUNT DUE							\$14,592.05

Questions Regarding Your Invoice?

Please Contact: Lisa Hitt @ 888-511-7901 ext. 2435 or email: lhatt@convergentusa.com



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 PO Box 677688
 Dallas TX 75267-7688
 888-511-7901



BILL TO: ATTN: ACCOUNTS PAYABLE
 MOUNT VERNON HOSPITAL - MDCARE - PMS
 MOUNT VERNON HOSPITAL
 12 NORTH 7TH AVE
 MOUTH VERNON, NY 10550

Invoice	
Page:	1 of 1
Date:	04/30/2013
Purchase Order Number	
Our Reference	3259-10998-1304
Sales Order Number	
Customer Number	3259

TERMS	NET 30 DAYS	INVOICE	SALES PERSON	CUSTOMER CONTACT	SHIP DATE	SHIP VIA	SHIP REFERENCE
ITEM NO.	QUANTITY	UNIT PRICE	EXTENDED PRICE	ORDERED	BACK ORD.	SHIPPED	
1	1	\$1,947.20	\$1,947.20	1			
2	1	\$6,522.52	\$6,522.52	1			

Questions Regarding Your Invoice

Please Contact: Lisa Hill @ 888-511-7901 ext: 2435 or email: lhil@convergentusa.com

SUBTOTAL	TAX	SHIPPING	TOTAL AMOUNT DUE
\$8,469.72	\$0.00	\$0.00	\$8,469.72

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP SEP 12 2013
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): De Lage Landen Financial Services, Inc. Name and address where notices should be sent: Michael G. Menkowitz, Esquire Fox Rothschild LLP 2000 Market Street, 20th Floor Philadelphia, PA 19103 Telephone number: (215) 299-2000 Email Address: mmenkowitz@foxrothschild.com	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i> Filed on: _____	
Name and address where payment should be sent (if different from above): FILED - 00539 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Telephone number: Email Address:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ See Attachment (unliquidated)		
If all or part of the claim is secured, complete item 4 If all or part of the claim is entitled to priority, complete item 5 If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: See Attachment (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☒ Other Describe: _____ Value of Property: \$ See Attachment Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ See Attachment Basis for perfection: See Attachment Amount of Secured Claim: \$ See Attachment (unliquidated) Amount Unsecured: \$ See Attachment (unliquidated)	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCC) (04/13)

8. Documents: Attached are 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 (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted"))

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

9. Signature: (See instruction #9) Check the appropriate box.

☐ I am the creditor ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Cheryl Glick _____

Title: Litigation & Bankruptcy Specialist _____ (Signature) Cheryl Glick _____ (Date) 9/10/13

Company: De Lage Landen Financial Services, Inc. _____

Address and telephone number (if different from notice address above): _____

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, *et al.*, c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:
These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:
Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage, note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 35 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Modified B10 (GCG) (04/13)

DEFINITIONS

INFORMATION

Debtor

A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Display of Proof of Claim on Case Administration Website

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.



Fox Rothschild LLP
ATTORNEYS AT LAW

2000 Market Street, 20th Floor
Philadelphia, PA 19103-3222
Tel 215.299.2000 Fax 215.299.2150
www.foxrothschild.com

JASON C. MANFREY
Direct Dial: 215-299-2122
Email Address: JManfrey@Foxrothschild.com

September 11, 2013

VIA OVERNIGHT EXPRESS

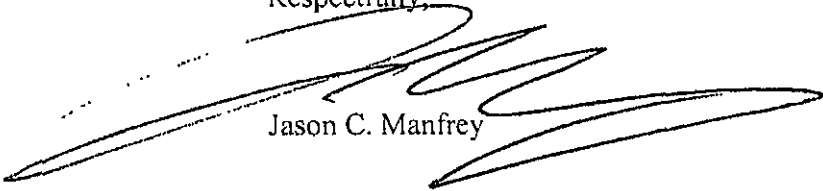
Sound Shore Medical Center of Westchester
C/O GCG Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: Sound Shore Medical Center of Westchester, Bankruptcy Case No. 13-22840

Claims Agent:

Fox Rothschild LLP represents De Lage Landen Financial Services, Inc. ("Claimant"), Claimant in the above-captioned bankruptcy case. Enclosed, please find one (1) original and one (1) copy of Claimant's proof of claim. Please return to Fox Rothschild a time-stamped copy of the proof of claim in the self-addressed prepaid envelope enclosed herein.

Respectfully,


Jason C. Manfrey

JCM

Enclosures

A Pennsylvania Limited Liability Partnership

California Florida Colorado Nevada Connecticut New Jersey Delaware New York District of Columbia
Pennsylvania

ACTIVE 22430340v1 09/11/2013 1:39 PM

**In re Sound Shore Medical Center of Westchester
Debtor in the United States Bankruptcy Court
Southern District of New York
Case No. 13-22840 (RDD)**

Attachment to the Proof of Claim of De Lage Landen Financial Services, Inc.

Claimant is De Lage Landen Financial Services, Inc. ("Claimant"). On May 29, 2013 (the "Petition Date"), Sound Shore Medical Center of Westchester ("SSMC"), and certain of its debtor affiliates, as debtors and debtors-in-possession (each a "Debtor" and collectively the "Debtors") each filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the Southern District of New York (the "Court"). Prior to the Petition Date, on March 28, 2013, Debtor SSMC signed that certain Master Lease Schedule No. 01, dated March 28, 2013 (the "Da Vinci Contract"), pursuant to which Debtor SSMC intended to lease from De Lage Landen one (1) da Vinci SI (single-console) surgical system with skills simulator, including all software, accessories and attachments (the "Surgical Equipment"). A copy of the Da Vinci Contract is attached hereto as Exhibit "A".

Under the terms of the Da Vinci Contract, Debtor SSMC must pay a total monthly payment in the amount of \$30,342.38 for the Surgical Equipment. Pursuant to the Da Vinci Contract, De Lage Landen remained the holder of all right, title, and interest in the Surgical Equipment until Debtor SSMC performed all of its duties and obligations under the Da Vinci Contract. De Lage Landen retained a security interest in the Surgical Equipment as collateral in order to secure Debtor SSMC's obligations under the Da Vinci Contract.

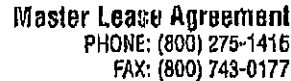
In order to perfect De Lage Landen's interest in the Surgical Equipment, on April 1, 2013, De Lage Landen filed a Uniform Commercial Code Financing Statement (the "Financing Statement"). A copy of the Financing Statement is attached hereto as Exhibit "B".

Debtor SSMC has defaulted under the terms of the Da Vinci Contract by its failure to pay the monthly rental payments due under the Da Vinci Contract for use of the Surgical Equipment. Debtor SSMC has not made any monthly rent payment due and, therefore, is in default of the Da Vinci Contract. Debtor SSMC's past due rent for the months of July, August, and September, is \$91,027.14.

The Claimant has an unliquidated secured claim against the Debtor SSMC to the extent of the value of the Surgical Equipment (the "Secured Claim"). Additionally, the Claimant has an unsecured claim in an unliquidated amount against Debtor SSMC to the extent there is a deficiency between the value of the Surgical Equipment and the total amounts due and owing to De Lage Landen under the terms of the Da Vinci Contract (the "Unsecured Claim").

Claimant reserves the right to amend this Proof of Claim as such future events may warrant.

Exhibit "A"



TERMS AND CONDITIONS

Exposure factors

(JUL 25 1987) 546 L J B D H 80

54561903H00

MASTER LEASE SCHEDULE

\$1 Purchase Option

The Master Lease Schedule No. 01 (Lessor) is by and between DE LAGE LANDEN FINANCIAL SERVICES, INC. ("Lessor") and SOUND SHORE MEDICAL CENTER OF WESTCHESTER ("Lessee") and incorporates the terms and conditions of that certain Master Lease Agreement dated as of MARCH 20, 13 between Lessor and Lessee ("Master Lease"). Lessor hereby leases to Lessee and Lessee hereby leases from Lessor the following described items of equipment for the Lease Term and on terms and conditions set forth herein. The Lease shall become effective as against Lessor upon Lessee's execution hereof.

1. **EQUIPMENT:** One (1) da Vinci SI (single-console) surgical system w/ Skills Simulator including all accessories and attachments

Equipment Location	City	State	Zip	Phone
16 GUION PLACE	NEW ROCHELLE	NY	10802	
Billing Address	City	State	Zip	Phone
16 GUION PLACE	NEW ROCHELLE	NY	10802	

2. **LEASE TERM:** The Lease shall commence on the day that Lessee executes a Delivery and Acceptance Certificate with respect to the Equipment ("Commencement Date"). The Base Lease Term of the Lease shall be for the term indicated below and shall commence on either the first or the fifteenth day of the month following the Commencement Date, according to Lessor's standard procedures ("Base Term Commencement Date").

- (a) Base Lease Term: 48 months.

3. **LEASE PAYMENTS:**
(a) Interim Rent is due and payable in full on the date specified in Lessor's invoice(s) hereinafter and shall be computed by dividing one payment of Base Term Rent by thirty (30) and multiplying the result by the number of days from and including the Commencement Date to the day preceding the Base Term Commencement Date.

- (b) Base Term Rent consists of:

Number of Payments	Amount	Days	Total
48	42780.00		42780.00

Frequency of Base Term Rent: ☒ Monthly ☐ Quarterly ☐ Other

The first installment of Base Term Rent shall be due and payable upon the earlier of (i) the date specified in Lessor's invoice hereinafter, or (ii) Base Term Commencement Date.

- (c) The X (X) year Interest Rate Swap (the "Index Rate") had a yield of X %, as published in the Wall Street Journal ("WSJ") on . Lessor may adjust the Base Term Rent upward to the amount of \$ per one (1) basis point of increase in the Index Rate as published in the WSJ on the Commencement Date (or, if such day is not a business day in which the Index Rate is published, then the next business day in which it is published shall be used), at which point the Base Term Rent shall become fixed for the term of the lease. If the WSJ is unavailable or does not contain the specific Index Rate for the specific day, another reputable source will be used such as Bloomberg, Reuters, etc. Without limiting the foregoing, in the event that the Commencement Date does not occur on or before (the "Target Date"), then the Lessee shall pay per annum interest of \$ from and including the Target Date to the day preceding the Commencement Date, as directed by Lessor.

4. **SPECIAL PAYMENTS:**

The following Special Payment(s) shall be due and payable on the date Lessee executes this Lease.

Security Deposit	(PLUS)	Advance Payment	(PLUS)	Other	(TOTAL)	Total
	+		+		=	
	+		+		=	
	+		+		=	

5. **STIPULATED LOSS VALUES:** (None)

6. **STANDARDS FOR USE AND MAINTENANCE:** (see Master Lease)

7. **STANDARDS FOR RETURN CONDITION:** (see Master Lease)

8. **PURCHASE OPTION:**

In addition to all of Lessor's other obligations hereunder, Lessee shall remit to Lessor the amount of One Dollar (\$1) upon the expiration of the Lease Term. Notwithstanding the foregoing, it is understood and agreed that title to the Equipment passed to Lessee on the Commencement Date and that Lessor's interest therein consists of a security interest therein and that such title and claim of all items and accessories afloat through Lessor but otherwise on an "As Is" and "Where Is" basis and without warranty or representation of any kind from Lessor. Without limiting the foregoing, Lessor disclaims any warranty of merchantability or fitness for a particular purpose. Lessee shall pay all taxes attributable to any sale other than net income taxes imposed on any gain recognized by Lessor as a direct result of such sale.

9. **ADDITIONAL PROVISIONS:**

The Master Lease is intended to include the following: "If Lessee is required to report the components of its payments to Lessor hereunder to certain state and/or federal agencies or public health coverage programs such as Medicare, Medicaid, SCHIP or others, Lessor will upon Lessee's written request, provide Lessee with a detailed outline of the components of its payment(s) which may include equipment, software, service and other related components. This provision shall survive the expiration of this Lease."

10. **MODIFICATIONS AND WAIVERS, EXECUTION IN COUNTERPARTS:**

To the extent any of the terms and conditions set forth in this Lease conflict with or are inconsistent with the Master Lease, this Lease shall govern and control. No amendment, modification or waiver of this Lease will be effective unless evidenced by a written document signed by both parties. This Lease may be executed in counterparts, all of which when taken together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the parties hereto have caused this Master Lease Schedule to be executed and delivered by their duly authorized representatives as of the dates set forth below.

Lessor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER

Signature: [Signature] Date: 3/29/13

Print Name: John P. Mamangakis

Title: Sr. Vice President

Lessor: DE LAGE LANDEN FINANCIAL SERVICES, INC.

Signature: Date:

Print Name:

Title:

FOR OFFICE USE ONLY	Lease Number	Customer No.
	Commencement Date	Base Term Commencement Date

AUTHORIZATION FOR DIRECT DEBIT

Lessee Name SOUND SHORE MEDICAL CENTER OF WESTCHESTER			
Application/Lease Number 100-10013221			
Lessee Address 16 GUION PLACE	City NEW ROCHELLE	State NY	Zip 10802

Please provide the following information and attach a voided check to this application.

Bank Account Number (required)
Customer Name on Bank Account (required)
Bank Routing Number (required)
Lessee Contact Name
Contact Phone Number
Contact Fax Number

Terms and Conditions

1. Bank is authorized to charge the above identified account number _____ in the name of Lessee/Direct for payments, fees, expenses, taxes and other charges owing in connection with the above referenced Lease and all renewals or extensions thereof.
2. Bank shall disburse proceeds in the amounts stated above in accordance with the foregoing authorization or when Bank receives verbal or written authorization to do so from Lessee.
3. This Authorization and the Lease will remain in full force and effect until the obligations in connection with the Lease have been fulfilled.
4. The Lessee authorizes Bank to release information concerning the Lessee's financial condition to suppliers, other creditors, credit bureaus and other credit reporters; and also authorizes Bank to obtain such information from any third party at any time.

The Lessee by its execution of the Authorization accepts the foregoing terms, conditions and instructions.

Executed as of March 29, 2013

Signature: [Signature]
Print Name: John P. Mammyakis
Title: Sr Vice President

Signature: _____
Print Name: _____
Title: _____

DIRECT DEBIT AGREEMENT ADDENDUM

This Addendum ("Addendum") is made part of and amends that certain Lease Agreement related to Application No. Lease #100-10013221 by and between DE LAKE LANDEN FINANCIAL SERVICES, INC. ("Lessor") and SOUND SHORE MEDICAL CENTER OF WESTCHESTER ("Lessee"). Unless otherwise defined herein, capitalized terms shall have the definition set forth in the Agreement.

NOW, THEREFORE, for good and valuable consideration, intending to be legally bound and pursuant to the terms and conditions of the Agreement, it is hereby agreed as follows:

1. The following shall be added to the Agreement as an additional event of default: "Lessee shall be in default of the Agreement in the event Lessee revokes its authorization for direct debit such that Lessor may no longer direct debit Lessee's account for all payments owing under this Agreement."
2. It is expressly agreed by the parties that this Addendum is supplemental to the Agreement which is by reference made a part hereof and all the terms and conditions and provisions thereof, unless specifically modified herein, are to apply to this Addendum and are made a part of this Addendum as though they were expressly rewritten.
3. In the event of any conflict, inconsistency or incongruity between the provisions of this Addendum and any of the provisions of the Agreement, the provisions of this Addendum shall in all respects govern and control.

IN WITNESS WHEREOF, the parties have caused this Addendum to be executed on the dates set forth below.

LESSEE	LESSEE <u>BOUND SHORE MEDICAL CENTER OF WESTCHESTER</u>		
	Signature X <u>[Signature]</u>	Date <u>March 27, 2013</u>	
	Print Name <u>John P. Mamangakis</u>	Title <u>sr Vice President</u>	
LESSOR	LESSOR _____		
	Signature X _____	Date _____	
	Print Name _____	Title _____	

DELIVERY AND ACCEPTANCE

APPLICATION NUMBER _____

LESSOR	Full Legal Name SOUND SHORE MEDICAL CENTER OF WESTCHESTER DPA Name (Y/N) _____
	Billing Address 18 GUION PLACE Phone Number _____
	City NEW ROCHELLE County _____ State NY Zip Code 10802

EQUIPMENT DESCRIPTION	Equipment Location (If not same as above) 18 GUION PLACE		
	City NEW ROCHELLE County _____ State NY Zip Code 10802		
	Quantity	Model Number	Description (Attach Schedule if necessary)
			One (1) da Vinci SI (single console) surgical system w/ Skills Simulator including all accessories and attachments

On behalf of Lessee, I hereby certify that all of the equipment and software (if applicable) (such Equipment and Software being referred to collectively as the "Equipment") referred to in Master Lease Schedule No. **01** ("Lease") issued pursuant to that certain Master Lease Agreement, dated as of **MARCH 28, 2013**, has been delivered to and been received by Lessee, that all installation or other work necessary prior to the use thereof has been examined by the Lessee and is in good operating order and condition and is in all respects satisfactory to Lessee, and that the Equipment is accepted by the Lessee for all purposes under the Lease. Lessee represents and warrants that the Billing Address and the Equipment Location set forth above are correct.

ACCORDINGLY, I AUTHORIZE LESSOR TO PURCHASE THE EQUIPMENT.

DO NOT SIGN THIS DELIVERY AND ACCEPTANCE CERTIFICATE UNTIL YOU HAVE RECEIVED THE EQUIPMENT.

LESSOR SIGNATURE	Signature X <i>[Signature]</i> Date 4-26-13
	Print Name John P. Mamangelis Title Senior Vice President
	Legal Name of Corporation SOUND SHORE MEDICAL CENTER OF WESTCHESTER
OFFICE USE ONLY	Name of Authorized person verifying Delivery and Acceptance of Equipment _____
	Signature of Employee _____ Date of Telephone Verification _____

THE ABOVE SIGNATORY AFFIRMS THAT HE/SHE IS A DULY AUTHORIZED CORPORATE OFFICER OR OFFICIAL, PARTNER OR PROPRIETOR OF THE ABOVE NAMED LESSEE.

0840000215

Exhibit "B"

726922

2013 Apr 01 PM12:54

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY.

A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 800-858-5294
B. SEND ACKNOWLEDGMENT TO: (Name and Address) CSC 801 Adlai Stevenson Dr Springfield, IL 62703, USA NYfilings@cscinfo.com (Fax) 800-345-6059

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME SOUND SHORE MEDICAL CENTER OF WESTCHESTER				
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS 16 GUION PLACE		CITY NEW ROCHELLE	STATE NY	POSTAL CODE 10802
ADD'L INFO RE ORGANIZATION DEBTOR		1e. TYPE OF ORGANIZATION Corporation	1f. JURISDICTION OF ORGANIZATION NY	COUNTRY USA

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
ADD'L INFO RE ORGANIZATION DEBTOR		2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	COUNTRY

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME De Lage Landen Financial Services, Inc.				
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 1111 Old Eagle School Road		CITY Wayne	STATE PA	POSTAL CODE 19087
			COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

ONE (1) DA VINCI SJ (SINGLE-CONSOLE) SURGICAL SYSTEM WITH SKILLS SIMULATOR INCLUDING ALL ADDITIONS, ATTACHMENTS, ACCESSIONS, SUBSTITUTIONS, REPLACEMENTS AND PROCEEDS OF SUCH COLLATERAL.

5. ALTERNATIVE DESIGNATION (if applicable)	☒ LESSEE/LESSOR	☐ CONSIGNEE/CONSIGNOR	☐ BAILEE/BAILOR	☐ SELLER/BUYER	☐ AG. LIEN	☐ NON-UCC FILING
6. [This FINANCING STATEMENT is to be filed (or record) (or recorded) in this REAL ESTATE RECORDS. Attach Addendum (if applicable)]	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional)		☐ All Debtors	☐ Debtor 1	☐ Debtor 2	
8. OPTIONAL FILER REFERENCE DATA 100-10013221 [74770232]						

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

Filing Number-201304015346741

From: (215) 299-2000
Joseph DiStanislao
Fox Rothschild
2000 Market Street

Origin ID: REDA



J13201306280326

SHIP TO: (215) 299-2058

BILL SENDER

Sound Shore M.C. of Westchester
c/o GCG INC.
5151 Blazer Pkwy Ste A

Dublin, OH 43017

Ship Date: 11SEP13
ActWgt: 0.5 LB
CAD: 103768149/WSXI2750

Delivery Address Bar Code

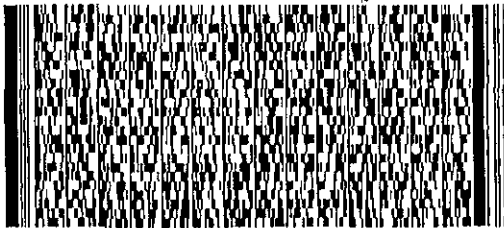


Ref # 029725.00013-1304
Invoice #
PO #
Dept #

RELEASE#: 3785346

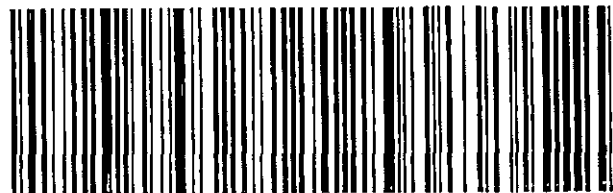
THU - 12 SEP AA
STANDARD OVERNIGHT

TRK# 7966 6373 7849
0201



XX OSUA

43017
OH-US
LCK



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor: MOUNT VERNON HOSPITAL		Case Number: 13-22841-RDD
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		COURT USE ONLY
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		
Telephone number: 1-800-973-0424	email:	Creditor Number:
Name and address where payment should be sent (if different from above): Internal Revenue Service 290 BROADWAY NEW YORK, NY 10007		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:
Telephone Number: (212) 436-1318		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$ 1,585.58</u> FILED - 00318 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Taxes</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe:		
Basis for perfection: _____		
Value of Property: \$ _____		
Amount of Secured Claim: \$ _____		
Annual Interest Rate ____% ☐ fixed or ☐ variable (when case was filed)		
Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
		Amount entitled to priority: <u>\$ 529.33</u>
☐ Up to \$2,775* 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)(____).
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		



B10 (Official Form 10) (4/13)

2

7. Documents: Attach are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: KAREN BURKE
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ KAREN BURKE
(Signature)

08/23/2013
(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service
290 BROADWAY
NEW YORK, NY 10007

Telephone number: (212) 436-1318

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: MOUNT VERNON HOSPITAL
12 NORTH SEVENTH AVENUE
MOUNT VERNON, NY 10550

Case Number

13-22841-RDD

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

05/29/2013

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0115	WT-FICA	12/31/2012	04/29/2013	\$0.00	\$3.33
XX-XXX0115	EXEMPT OR	12/31/2012	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0115	EXCISE	04/01/2013 - 05/29/2013	/ Unassessed-No Return	\$526.00	\$0.00
				\$526.00	\$3.33

Total Amount of Unsecured Priority Claims:

\$529.33

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$1,056.25

Total Amount of Unsecured General Claims:

\$1,056.25

I UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED.

Internal Revenue Service

Insolvency

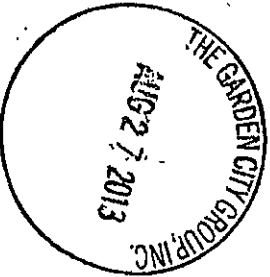
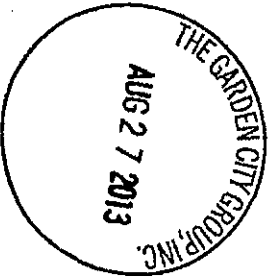
290 Broadway, Floor 5

New York, NY 10277-1867

ATTN: K. SUCKE - GPO

Official Business

Penalty for Private Use, \$300



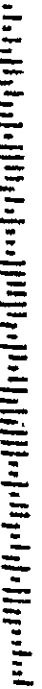
neopost
08/23/2013
US POSTAGE

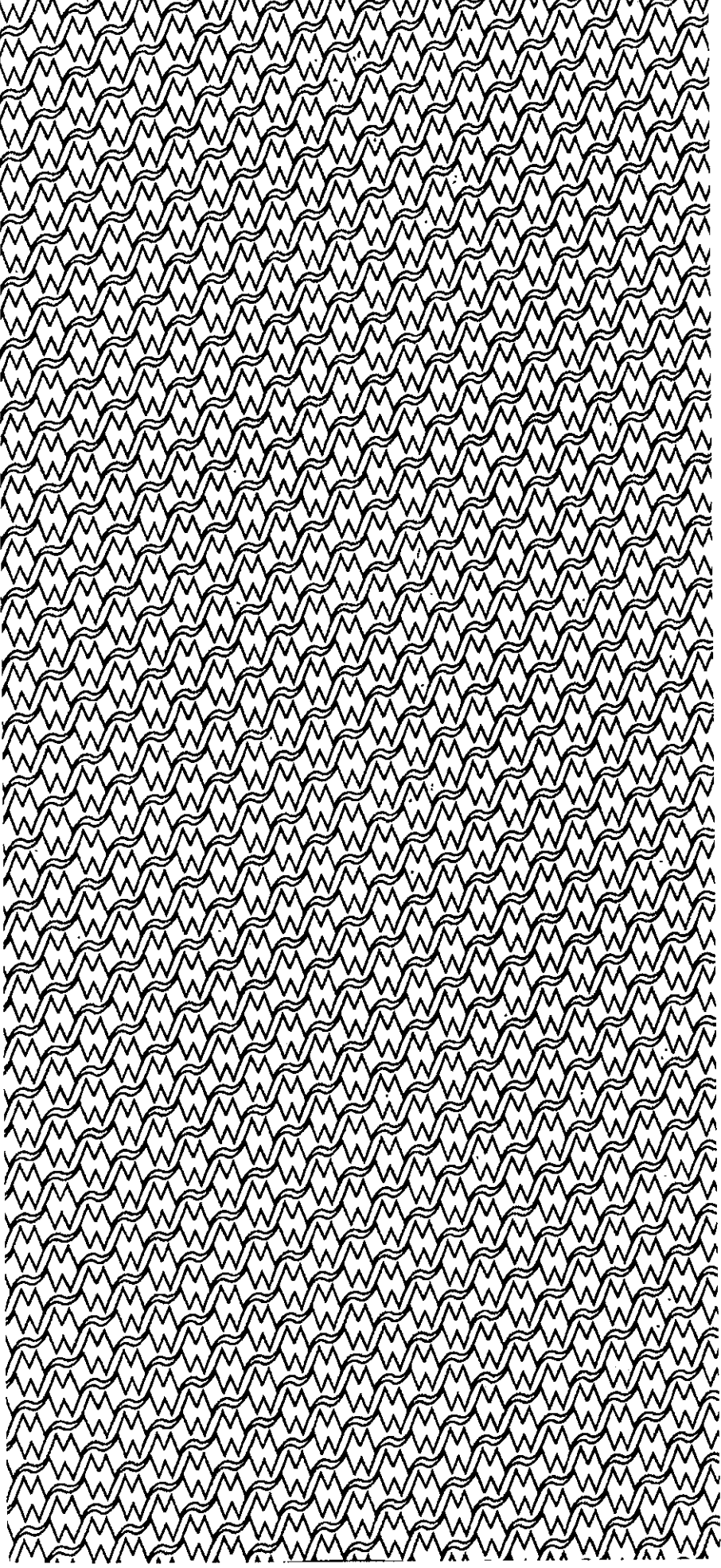


FIRST-CLASS MAIL
\$00.66
US OFFICIAL MAIL
\$300 Penalty
For Private Use
ZIP 10007
041L12100031

GCG, INC.
1985 Marcus Ave. STE 200
LAKE SUCCESS, N.Y. 11042

1104282029





From: (631) 470-5000
Yvette Smith-Crooks
The Garden City Group, Inc.
1985 Marcus Avenue
Suite 200
LAKE SUCCESS, NY 11042

Origin ID: TKLA



Ship Date: 27AUG13
ActWgt: 1.0 LB
CAD: 100098143/INET3430

Delivery Address Bar Code



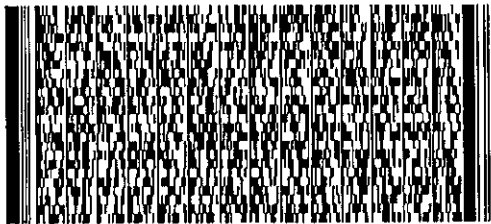
SHIP TO: (614) 289-5400
Attn: Matthew Michalak
The Garden City Group, Inc.
5151 BLAZER PKWY
STE A
DUBLIN, OH 43017

BILL SENDER

Ref # GCG
Invoice #
PO #
Dept #

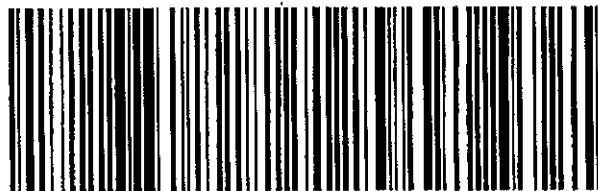
WED - 28 AUG 10:30A
PRIORITY OVERNIGHT

TRK# 7965 5732 8970
0201



XX OSUA

43017
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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
Name of Debtor: NRHMC SERVICES CORPORATION		Case Number: 13-22845-RDD						
<i>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Telephone number: 1-800-973-0424 email: Creditor Number:		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: _____ ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
Name and address where payment should be sent (if different from above): Internal Revenue Service 290 BROADWAY NEW YORK, NY 10007 Telephone Number: (212) 436-1318 email:								
1. Amount of Claim as of Date Case Filed: <u>\$ 2,814.28</u> FILED - 00309 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: <u>Taxes</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate ____% ☐ fixed or ☐ variable (when case was filed) Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____								
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width: 100%;"> <tr> <td>☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td>☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).</td> <td>☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).</td> </tr> <tr> <td>☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).</td> <td>☒ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).</td> <td>☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)().</td> </tr> </table> Amount entitled to priority: \$ <u>1,636.14</u>			☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)().
☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)().						
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)								



B10 (Official Form 10) (4/13)

2

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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- ☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: KAREN BURKE
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ KAREN BURKE
(Signature)

08/29/2013
(Date)

Address and telephone number (if different from notice address above):

Internal Revenue Service
290 BROADWAY
NEW YORK, NY 10007

Telephone number: (212) 436-1318

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: NRHMC SERVICES CORPORATION
16 GUION PLACE
NEW ROCHELLE, NY 10802

Case Number

13-22845-RDD

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

05/29/2013

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX9137	CORP-INC	12/31/2012	1 NOT FILED	\$1,000.00	\$0.00
XX-XXX9137	FUTA	12/31/2012	05/13/2013	\$625.04	\$11.10
				<u>\$1,625.04</u>	<u>\$11.10</u>

Total Amount of Unsecured Priority Claims:

\$1,636.14

Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX9137	CORP-INC	12/31/2008	1 NOT FILED	\$1,000.00	\$0.00

Penalty to date of petition on unsecured priority claims (including interest thereon) \$178.14

Total Amount of Unsecured General Claims:

\$1,178.14

THE ABOVE LIABILITY HAS BEEN LISTED AS A POTENTIAL LIABILITY FOR THE DEBTOR BECAUSE THE RETURN HAS NOT BEEN FILED. AS SOON AS THE DEBTOR FILES THE RETURN WITH THE IRS AS REQUIRED BY LAW THIS CLAIM WILL BE ADJUSTED TO REFLECT THE ASSESSED LIABILITY.

Internal Revenue Service
Insolvency
290 Broadway, Floor 5
New York, NY 10277-1867
K. Budge - GPC
Official Business
Penalty for Private Use, \$300

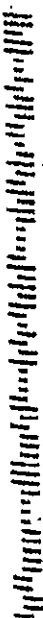


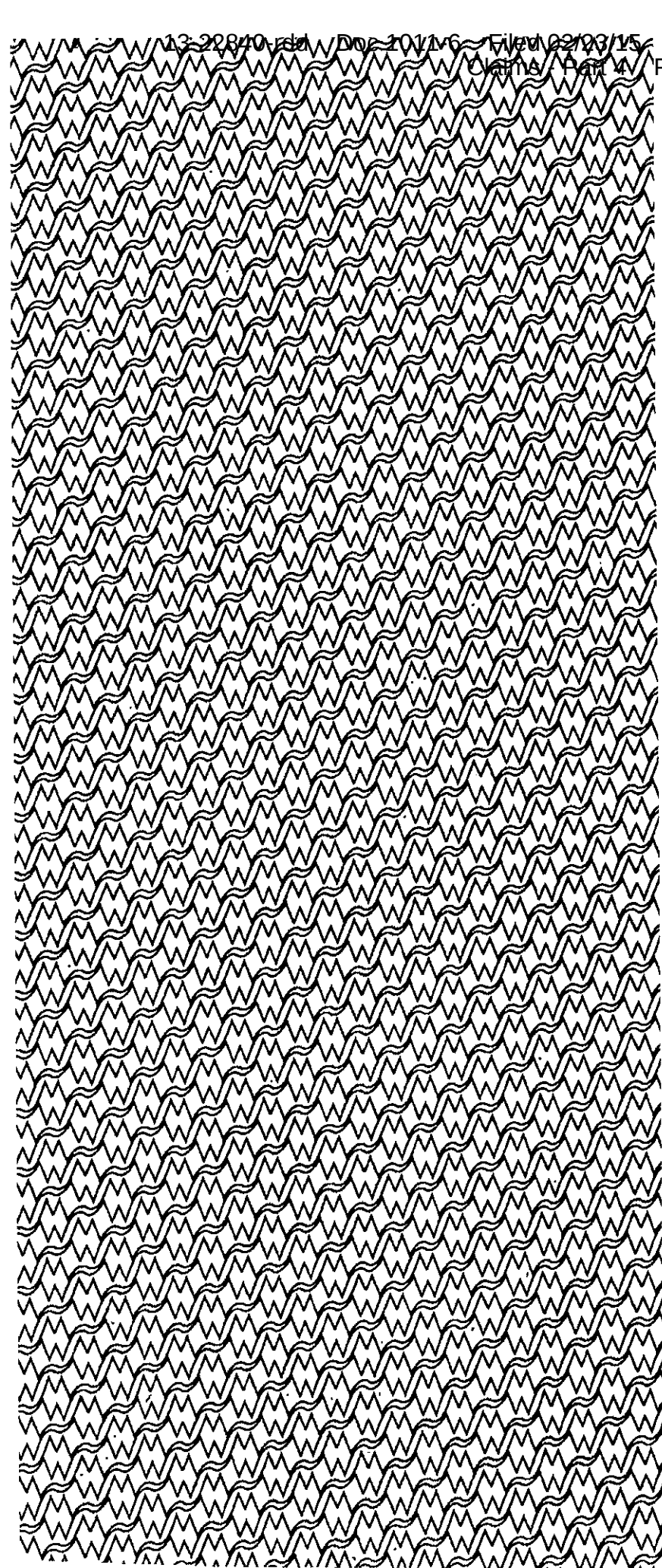
ZIP 10007
04112100081

08/30/2013
\$0.1500
For Private Use

GCG, INC.
1985 Marcus Ave., STE. 200
LAKE Success, NY 11042

11042202950





From: (631) 470-5153
Andrea Mallick
The Garden City Group, Inc.
1985 Marcus Avenue

Lake Success, NY 11042

Origin ID: TKLA

FedEx
Express



J13201306280328

SHIP TO: (614) 289-5400

BILL THIRD PARTY

Mr. Matt Michalak
GCG-Ohio Office
5151 BLAZER PKWY STE A

DUBLIN, OH 43017

Ship Date: 03SEP13
ActWgt: 1.0 LB
CAD: 100098143/NET3430

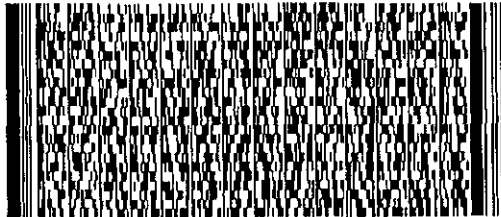
Delivery Address Bar Code



Ref # -ssm-
Invoice #
PO #
Dept #

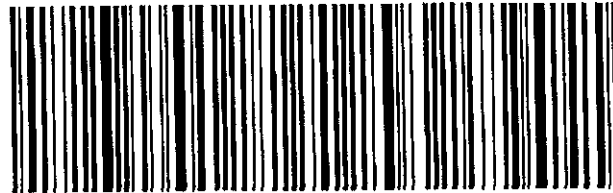
WED - 04 SEP AA
STANDARD OVERNIGHT

TRK# 7966 0036 4480
0201



XX OSUA

43017
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Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

AMENDED

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor: MOUNT VERNON HOSPITAL		Case Number: 13-22841-RDD
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Telephone number: 1-800-973-0424 email: Creditor Number:		COURT USE ONLY ☐ Check this box if 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): Internal Revenue Service 290 BROADWAY NEW YORK, NY 10007 Telephone Number: (212) 436-1318 email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$28,359.58 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Taxes (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: See Attachment	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe:		Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$
Value of Property: \$		Amount of Secured Claim: \$
Annual Interest Rate % ☐ fixed or ☐ variable (when case was filed)		Amount Unsecured: \$
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). Amount entitled to priority: \$3.33
☐ Up to \$2,775* 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)().
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (4/13)

2

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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: KAREN BURKE
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ KAREN BURKE
(Signature)

11/14/2013
(Date)

Address and telephone number (if different from notice address above):
Internal Revenue Service
290 BROADWAY
NEW YORK, NY 10007

Telephone number: (212) 436-1318

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: MOUNT VERNON HOSPITAL
12 NORTH SEVENTH AVENUE
MOUNT VERNON, NY 10550

Case Number

13-22841-RDD

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

05/29/2013

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX0115	EXEMPT OR	12/31/2011	11/25/2013	\$0.00	\$0.00
XX-XXX0115	WT-FICA	12/31/2012	04/29/2013	\$0.00	\$3.33
XX-XXX0115	EXEMPT OR	12/31/2012	/ Unassessed-No Return	\$0.00	\$0.00
				<u>\$0.00</u>	<u>\$3.33</u>

Total Amount of Unsecured Priority Claims:

\$3.33

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$28,356.25

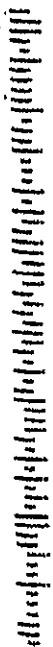
Total Amount of Unsecured General Claims:

\$28,356.25

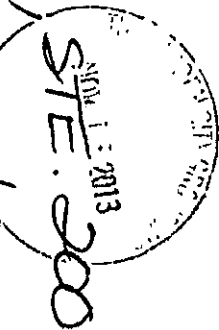
I UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION
AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

Internal Revenue Service
Insolvency
290 Broadway, Floor 5
New York, NY 10277-1867
ATTN: Ivan G. P. G.
Official Business
Penalty for Private Use, \$300

1104233029



GCG INC.
1985 Marcus Ave.
Lake Success, NY 11042



neopost
11/14/2013
US POSTAGE

FIRST-CLASS MAIL
\$00.66
US OFFICIAL MAIL
\$300 Penalty
For Private Use
ZIP 10007
041L1210031

From: (831) 470-5153
Andrea Mallick
The Garden City Group, Inc.
1985 Marcus Avenue

Origin ID: TKLA



J13201306280326

Lake Success, NY 11042

SHIP TO: (614) 289-5400
Mr. Matt Michalak
GCG-Ohio Office
5151 BLAZER PKWY STE A

DUBLIN, OH 43017

BILL THIRD PARTY

Ship Date: 15NOV13
ActWgt: 2.0 LB
CAD: 100098143/NET3430

Delivery Address Bar Code



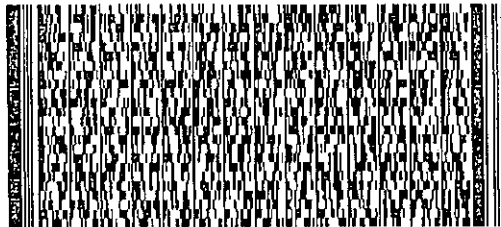
Ref # -SSM, AAM & SVP-
Invoice #
PO #
Dept #

MON - 18 NOV AA
STANDARD OVERNIGHT

TRK# 7971 7424 5497
0201

SB OSUA

43017
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SIAG VDSESHADE

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Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER	Case Number: 13-22840-RDD	FILED - 01045 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		COURT USE ONLY
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: (if known) Filed on:
Telephone number: 1-800-973-0424 email: Creditor Number:		
Name and address where payment should be sent (if different from above): Internal Revenue Service 290 BROADWAY NEW YORK, NY 10007		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone Number: (212) 436-1318 email:		
1. Amount of Claim as of Date Case Filed: \$ 169,067.71 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Taxes</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☒ Real Estate ☐ Motor Vehicle ☐ Other Describe: <i>*All of debtor(s) right, title and interest to property - 26 U.S.C. §6321</i>		Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: \$ 107,185.05
Value of Property: \$ _____ Annual Interest Rate <u>3</u> % ☐ fixed or ☒ variable (when case was filed)		Basis for perfection: <u>See Attachment</u> Amount of Secured Claim: \$ 107,185.05 Amount Unsecured: \$ 54,801.07
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). Amount entitled to priority: \$ 7,081.59
☐ Up to \$2,775* 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)().
<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		



B10 (Official Form 10) (4/13)

2

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, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: KAREN BURKE
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ KAREN BURKE
(Signature)

11/14/2013
(Date)

Address and telephone number (if different from notice address above):
Internal Revenue Service
290 BROADWAY
NEW YORK, NY 10007

Telephone number: (212) 436-1318

Email:

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10802

Case Number
13-22840-RDD
Type of Bankruptcy Case
CHAPTER 11
Date of Petition
05/29/2013

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition date)

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Penalty to Petition Date	Interest to Petition Date	Notice of Tax Lien Filed: Date	Office Location
XX-XXX0117	WT-FICA	03/31/2012	08/20/2012	\$0.00	\$0.00	\$57,835.37	03/26/2013	SECRETARY OF ST
XX-XXX0117	WT-FICA	06/30/2012	11/26/2012	\$0.00	\$0.00	\$47,988.44	03/26/2013	SECRETARY OF ST
XX-XXX0117	WT-FICA	09/30/2012	02/18/2013	\$0.00	\$0.00	\$1,361.24	03/26/2013	SECRETARY OF ST
				\$0.00	\$0.00	\$107,185.05		

Total Amount of Secured Claims:

\$107,185.05

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0117	BENE PLAN	12/31/2007	08/31/2009	\$0.00	\$56.01
XX-XXX0117	INCOME	12/31/2010	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	INCOME	12/31/2011	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	EXEMPT OR	12/31/2011	11/25/2013	\$0.00	\$0.00
XX-XXX0117	WT-FICA	12/31/2012	05/06/2013	\$6,971.51	\$54.07
XX-XXX0117	INCOME	12/31/2012	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	EXEMPT OR	12/31/2012	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	WT-FICA	04/01/2013 - 05/29/2013	08/19/2013	\$0.00	\$0.00
				\$6,971.51	\$110.08

Total Amount of Unsecured Priority Claims:

\$7,081.59

Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0117	INCOME	12/31/2007	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	INCOME	12/31/2008	/ Unassessed-No Return	\$0.00	\$0.00

1 UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10802

Case Number

13-22840-RDD

Type of Bankruptcy Case

CHAPTER 11

Date of Petition

05/29/2013

Unsecured General Claims (Continued from Page 1)

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
XX-XXX0117	INCOME	12/31/2009	1 Unassessed-No Return	\$0.00	\$0.00
				\$0.00	\$0.00

Penalty to date of petition on unsecured priority claims (including interest thereon) \$54,501.07

Penalty to date of petition on unsecured general claims (including interest thereon) \$300.00

Total Amount of Unsecured General Claims:

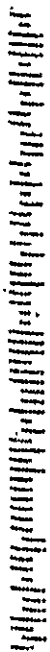
\$54,801.07

UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED. WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION
AS REQUIRED BY LAW, THE CLAIM WILL BE AMENDED.

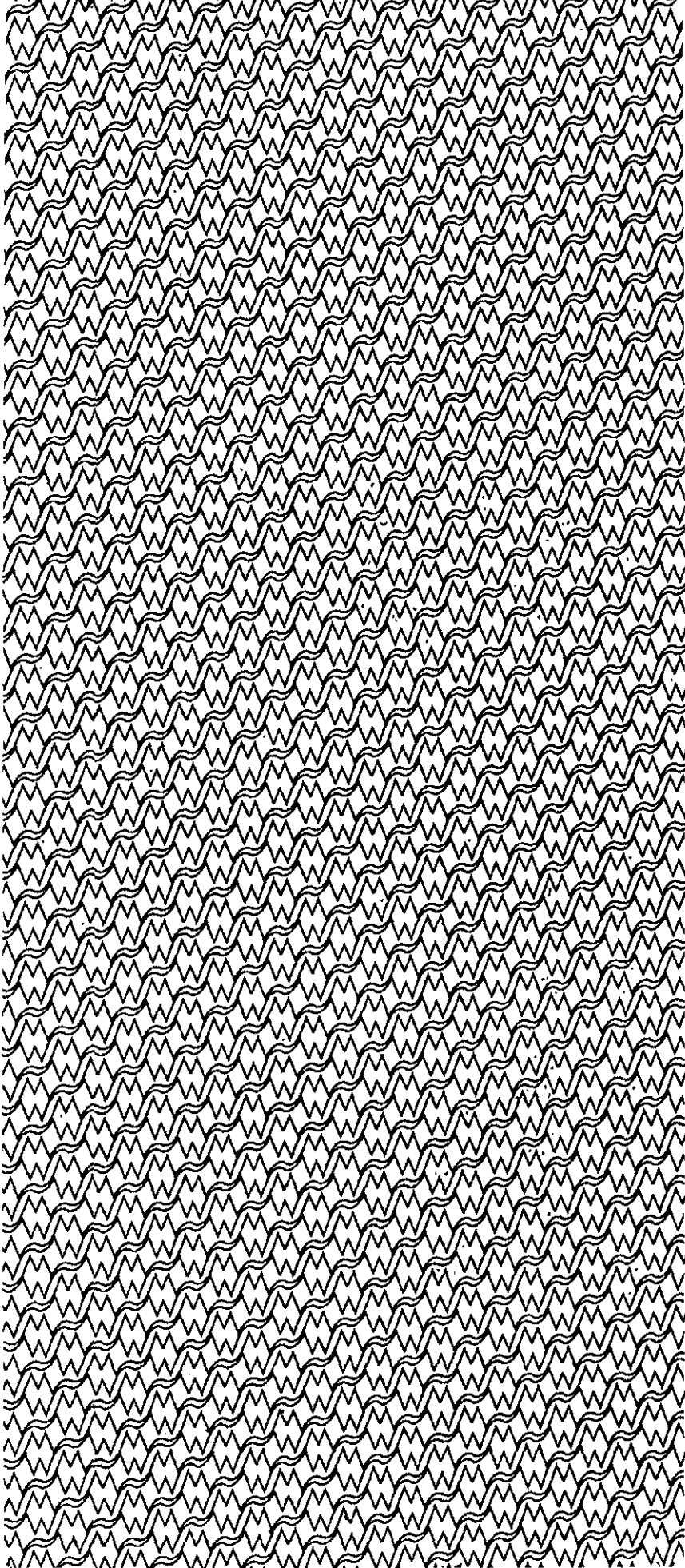
Internal Revenue Service
Insolvency
290 Broadway, Floor 5
New York, NY 10277-1865
~~ATTN: IRSOL.49.6~~
Official Business
Penalty for Private Use, \$300

GCG, INC.
1985 Marcus Ave. STE. 200
LAW Success, N.Y. 11042

1104232023



neopost
11/14/2013
US POSTAGE
FIRST-CLASS MAIL
\$00.66
US OFFICIAL MAIL
5300 Penalty
For Private Use
ZIP 10007
041112100031



From: (631) 470-5000
Sharna Greaves
The Garden City Group, Inc.
1985 Marcus Avenue
Suite 200
Lake Success, NY 11042

Origin ID: TKLA



Ship Date: 18NOV13
ActWgt: 0.5 LB
CAD: 100098143/NET3430

Delivery Address Bar Code



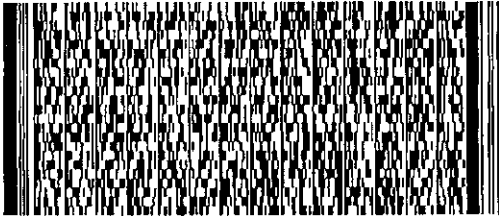
SHIP TO: (631) 470-5000
Matthew Michalak
GCG - Ohio
5151 Blazer Parkway
ste A
DUBLIN, OH 43017

BILL SENDER

Ref # SSM
Invoice #
PO #
Dept #

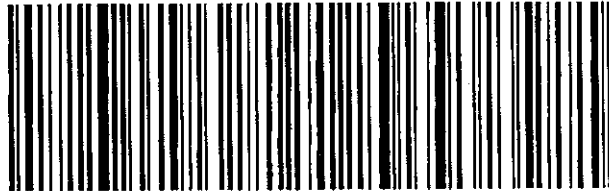
TUE - 19 NOV AA
STANDARD OVERNIGHT

TRK# 7971 8478 6116
0201



XX OSUA

43017
OH-US
LCK



51AG1/05E6/1AGE

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Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

AMENDED #1

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER		Case Number: 13-22840-RDD
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. §503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service		COURT USE ONLY
Name and address where notices should be sent: Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346		☒ Check this box if this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: <u>11/14/2013</u>
Telephone number: 1-800-973-0424 email: Creditor Number:		
Name and address where payment should be sent (if different from above): Internal Revenue Service 290 BROADWAY NEW YORK, NY 10007		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone Number: (212) 436-1318 email:		
1. Amount of Claim as of Date Case Filed: <u>\$ 141,667.71</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Taxes</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>See Attachment</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☒ Real Estate ☐ Motor Vehicle ☐ Other Describe: <i>*All of debtor(s) right, title and interest to property - 26 U.S.C. §6321</i>		Amount of arrearage and other charges, as of the time case filed, included in secured claim, if any: <u>\$ 107,185.05</u>
Value of Property: <u>\$</u>		Basis for perfection: <u>See Attachment</u>
Annual Interest Rate <u>3</u> % ☐ fixed or ☒ variable (when case was filed)		Amount of Secured Claim: <u>\$ 107,185.05</u> Amount Unsecured: <u>\$ 27,401.07</u>
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
Amount entitled to priority: <u>\$ 7,081.59</u>		
☐ Up to \$2,775* 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)():
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		



B10 (Official Form 10) (4/13)

2

7. Documents: Attach are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorsor, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print name: KAREN BURKE
Title: Bankruptcy Specialist
Company: Internal Revenue Service

/s/ KAREN BURKE
(Signature)

06/06/2014
(Date)

Address and telephone number (if different from notice address above):
Internal Revenue Service
290 BROADWAY
NEW YORK, NY 10007

Telephone number: (212) 436-1318

Email:

1. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

2. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

3. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

4. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

5. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

6. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

7. The system of claim 1, wherein the
control unit is configured to
determine a location of the
vehicle based on the location
of the vehicle and the location
of the vehicle.

TO BE USED IN THE METHOD OF CLAIM 1

Proof of Claim for Internal Revenue Taxes

Department of the Treasury/Internal Revenue Service



Form 10
Attachment

In the Matter of: SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10802

Case Number 13-22840-RDD
Type of Bankruptcy Case CHAPTER 11
Date of Petition 05/29/2013

Amendment No. 1 to Proof of Claim dated 11/14/2013.

The United States has not identified a right of setoff or counterclaim. However, this determination is based on available data and is not intended to waive any right to setoff against this claim debts owed to this debtor by this or any other federal agency. All rights of setoff are preserved and will be asserted to the extent lawful.

Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition date)

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Penalty to Petition Date	Interest to Petition Date	Notice of Tax Lien Filed: Date	Office Location
XX-XXX0117	WT-FICA	03/31/2012	08/20/2012	\$0.00	\$0.00	\$57,835.37	03/26/2013	SECRETARY OF ST
XX-XXX0117	WT-FICA	06/30/2012	11/26/2012	\$0.00	\$0.00	\$47,988.44	03/26/2013	SECRETARY OF ST
XX-XXX0117	WT-FICA	09/30/2012	02/18/2013	\$0.00	\$0.00	\$1,361.24	03/26/2013	SECRETARY OF ST
				\$0.00	\$0.00	\$107,185.05		

Total Amount of Secured Claims:

\$107,185.05

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0117	BENE PLAN	12/31/2007	08/31/2009	\$0.00	\$56.01
XX-XXX0117	INCOME	12/31/2010	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	INCOME	12/31/2011	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	WT-FICA	12/31/2012	05/06/2013	\$6,971.51	\$54.07
XX-XXX0117	INCOME	12/31/2012	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	WT-FICA	04/01/2013 - 05/29/2013	08/19/2013	\$0.00	\$0.00
				\$6,971.51	\$110.08

Total Amount of Unsecured Priority Claims:

\$7,081.59

Unsecured General Claims

Taxpayer ID Number	Kind of Tax	Tax Period	Date Tax Assessed	Tax Due	Interest to Petition Date
XX-XXX0117	INCOME	12/31/2007	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	INCOME	12/31/2008	/ Unassessed-No Return	\$0.00	\$0.00
XX-XXX0117	INCOME	12/31/2009	/ Unassessed-No Return	\$0.00	\$0.00
				\$0.00	\$0.00

Penalty to date of petition on unsecured priority claims (including interest thereon) \$27,101.07
Penalty to date of petition on unsecured general claims (including interest thereon) \$300.00

Total Amount of Unsecured General Claims:

\$27,401.07

UNASSESSED TAX LIABILITY(IES) HAVE BEEN LISTED ON THIS CLAIM BECAUSE OUR RECORDS SHOW NO RETURN(S) FILED, WHEN THE DEBTOR(S) FILES THE RETURN OR PROVIDES OTHER INFORMATION
AS REQUIRED BY LAW THE CLAIM WILL BE AMENDED

13-22840-rdd

Doc 1011-7

Filed 02/23/15

Entered 02/23/15 10:48:51

Proof of

Claims - Part 5

Pg 7 of 35

Internal Revenue Service
Insolvency
290 Broadway, Floor 5
New York, NY 10277-1867
ATTN: R. Bulcke GPC
Official Business
Penalty for Private Use, \$300

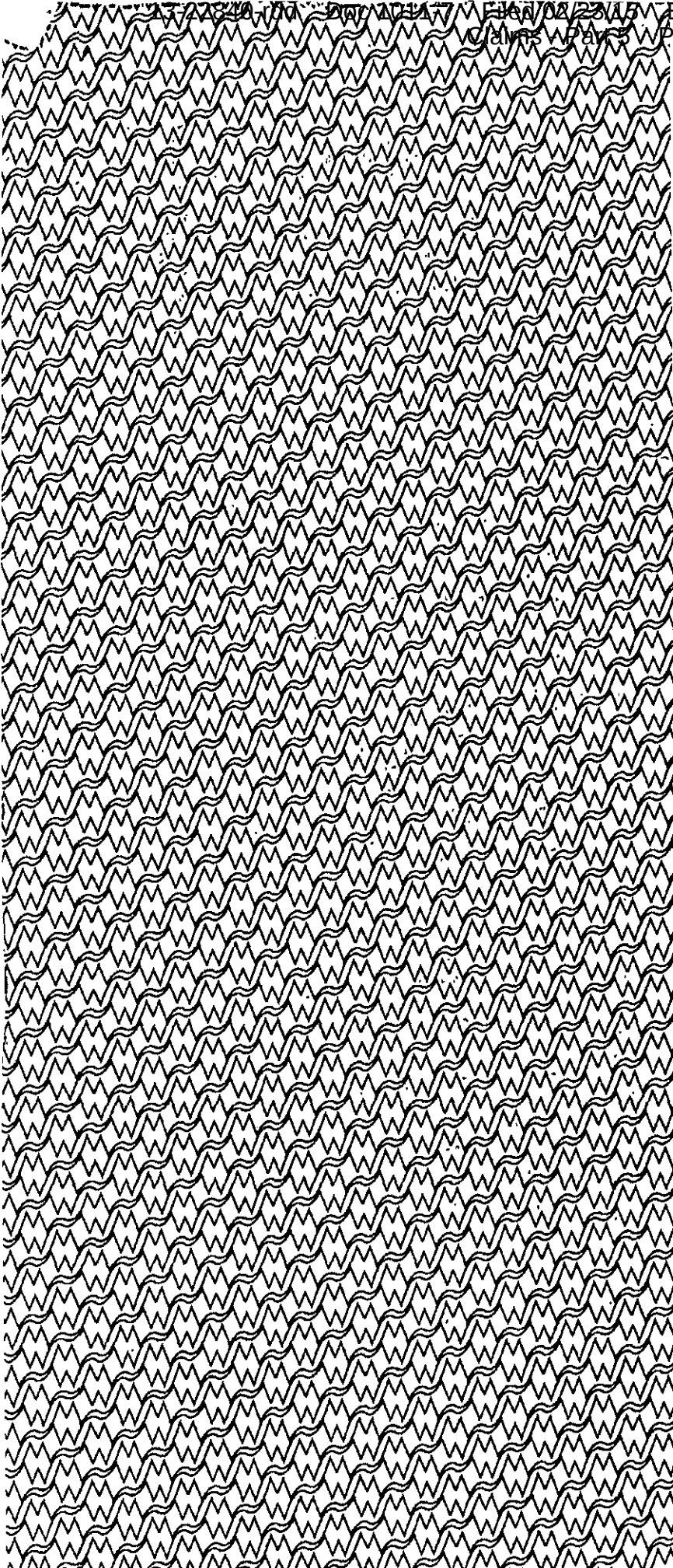
*GGG, INC.
1985 Marcus Ave., Ste. 200
New Hyde Park, NY 11042*

1104282023

neopost
06/05/2014
US POSTAGE



FIRST-CLASS MAIL
\$00.69
US OFFICIAL MAIL
\$300 Penalty
For Private Use
ZIP 10007
041L12100031



From: (631) 470-5153
Andrea Mallick
The Garden City Group, Inc.
1985 Marcus Avenue

Origin ID: TKLA



J14 101402070326

Lake Success, NY 11042

SHIP TO: (614) 289-5400
Mr. Matt Michalak
GCG-Ohio Office
5151 BLAZER PKWY STE A

BILL THIRD PARTY

DUBLIN, OH 43017

Ship Date: 10JUN14
Act/Ngt: 1.0 LB
CAD: 100098143/NET3490

Delivery Address Bar Code



Ref # SSM
Invoice #
PO #
Dept #

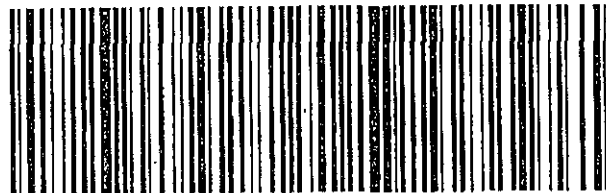
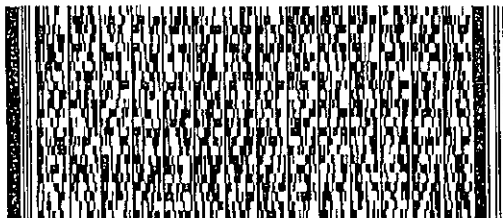
WED - 11 JUN AA
STANDARD OVERNIGHT

TRK# 7702 5510 3157

0201

XX OSUA

43017
OH-US
LCK



5*2G5ARC4/F220

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

FILED - 00797

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN



09-16-13 A11:12 IN



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffter Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	<u>Your Claim is Scheduled As Follows:</u> If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Empire HealthChoice Assurance, Inc.	☐ 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: Empire Blue Cross Blue Shield One Liberty Plaza, 14th Floor New York, NY 10006 Attn: Louis L. Benza Telephone number: (212) 476-1228 Email Address: Louis.benza@empireblue.com	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): Telephone number: Email Address:		
1. Amount of Claim as of Date Case Filed (May 29, 2013): <u>SEE ATTACHED RIDER</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>SEE ATTACHED RIDER</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim fits into one of the following categories, check the box specifying the priority and state the amount. ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(3). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ _____ *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See Instruction 10, and the definition of "redacted")
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. Signature: (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Louis L. Benza
Title: Senior Associate General Counsel
Company: Empire HealthChoice Assurance, Inc.
Address and telephone number (if different from notice address above): _____

Telephone number: (212) 476-1228 email: Louis.Benza@empireblue.com

Signature: Louis L. Benza Date: 9/13/13

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-9982 IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rules of Bankruptcy Procedure (FRBP) 2002(a).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(e)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Modified B10 (GCG) (04/13)

DEFINITIONS	INFORMATION
Debtor A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.	Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.
Creditor A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).	Acknowledgment of Filing of Claim To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.
Claim A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.	Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to PRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.
Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.	Display of Proof of Claim on Case Administration Website As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.
Section 503(b)(9) Claim A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.
Secured Claim Under 11 U.S.C. § 506(a) A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).	Claim Entitled to Priority Under 11 U.S.C. § 507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.
Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
In re:

SOUND SHORE MEDICAL CENTER OF,
WESTCHESTER, et al.,

Debtor.

: Chapter 11

: Case No. 13-22840(RDD)
: -----X

RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S PROOF OF CLAIM

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield ("Empire"), submits this rider in further support of its proof of claim against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession ("Debtor").

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors' health plans which cover some or all of the Debtors' Employees, and one or more Participating Provider Agreements (the "Par Contract") between Empire and one or more of the Debtors. This proof of claim is being filed in accordance with the Order Granting Motion to Set Last Day to File Proofs of Claim, entered on July 25, 2013 (ECF No. 194) (the "Bar Date Order").

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together

with any additional administrative services agreements between Empire and any other Debtor, (the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period prior to the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which

may be presently in amounts not fully ascertainable, but to be later provided if such claims are estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees) as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

EMPIRE BLUE CROSS BLUE SHIELD

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

From: (212) 735-8744
Robert K. Dakis, Esq.
MorrisonCohen LLP
909 Third Avenue

New York, NY 10022

Origin ID: JRBA

FedEx
Express



J13201306280326

Ship Date: 13SEP13
ActWgt: 1.0 LB
CAD: 1971514/NET3430

Delivery Address Bar Code



SHIP TO: (000) 000-0000

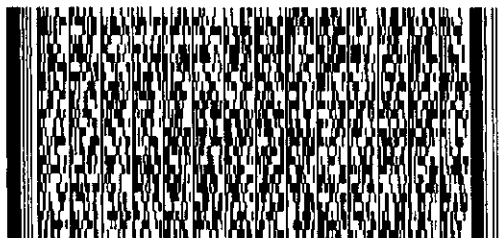
BILL SENDER

**Sound Shore Medical Center
of Westchester, et al.
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
DUBLIN, OH 43017**

Ref # 015243-0096
Invoice #
PO #
Dept #

**MON - 16 SEP 10:30A
PRIORITY OVERNIGHT**

TRK# 7966 8683 6158
0201



SB OSUA

**43017
OH-US
LCK**



51AG18256/1A9E

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number. Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

09-16-13 A11:12 IN

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☒ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Empire HealthChoice Assurance, Inc.		If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent: Empire Blue Cross Blue Shield One Liberty Plaza, 14th Floor New York, NY 10006 Attn: Louis L. Benza Telephone number: (212) 476-1228 Email Address: Louis.benza@empireblue.com		
Name and address where payment should be sent (if different from above): Telephone number: Email Address:		
☐ Check this box to indicate that this claim amends a previously filed claim. ☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.		
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>SEE ATTACHED RIDER</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>SEE ATTACHED RIDER</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other _____		
Describe: _____		
Value of Property: \$ _____		
Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		
Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____		
Basis for perfection: _____		
Amount of Secured Claim: \$ _____		
Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).		
☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 \$2,775* 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 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. Documents: Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted")
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. Signature: (See instruction #9) Check the appropriate box.
☐ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Louis L. Benza
Title: Senior Associate General Counsel (Signature)
Company: Empire HealthChoice Assurance, Inc. (Date) 7/13/13
Address and telephone number (if different from notice address above): _____

Telephone number: (212) 476-1228 email: Louis.Benza@empireblue.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3371.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-9982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blezer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number: These Chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim. ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR. Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g). 1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim. 2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim. 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor. 3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor. 3b. Uniform Claim Identifier: If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in Chapter 13 cases. 4. Secured Claim: Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.	5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a): If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. 6. Claim Pursuant to 11 U.S.C. § 503 (b)(9): If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below) 7. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt. 8. Documents: Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning. 9. Date and Signature: The individual completing this proof of claim must sign and date it, FRBP 901.1. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Modified B10 (GCG) (04/13)

DEFINITIONS	INFORMATION
Debtor A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.	Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.
Creditor A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).	Acknowledgment of Filing of Claim To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.
Claim A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.	Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation of communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.
Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.	Display of Proof of Claim on Case Administration Website As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.
Section 503(b)(9) Claim A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.
Secured Claim Under 11 U.S.C. § 506(a) A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).	Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.
Claims Entitled to Priority Under 11 U.S.C. § 507(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.	

with any additional administrative services agreements between Empire and any other Debtor, (the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period prior to the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which

may be presently in amounts not fully ascertainable, but to be later provided if such claims are estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees) as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

EMPIRE BLUE CROSS BLUE SHIELD

One Liberty Plaza, 14th Fl.

New York, NY 10006

Attn: Louis L. Benza, Esq.

From: (212) 735-8744
Robert K. Dakis, Esq.
MorrisonCohen LLP
909 Third Avenue

New York, NY 10022

Origin ID: JRBA

FedEx
Express



J13201306280326

Ship Date: 13SEP13
ActWgt: 1.0 LB
CAD: 1971514/INET3430

Delivery Address Bar Code



SHIP TO: (000) 000-0000

BILL SENDER

**Sound Shore Medical Center
of Westchester, et al.
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
DUBLIN, OH 43017**

Ref # 015243-0096
Invoice #
PO #
Dept #

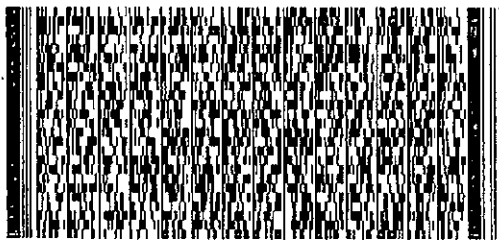
**MON - 16 SEP 10:30A
PRIORITY OVERNIGHT**

TRK# 7966 8683 6158

0201

SB OSUA

**43017
OH-US
LCK**



51AG192561A9E

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.
Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): ☐ The M.V.H. Corporation ☐ SoundShore Health System, Inc. ☐ NRRMC Services Corporation ☐ New Rochelle Sound Shore Housing LLC
Name of Creditor (The person or entity to whom the debtor owes money or property): Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield		
Name and Address Where Notices Should be Sent: EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: ☐ Goods sold ☒ Services performed ☐ Personal Injury/Wrongful Death ☐ Wages (Dates) _____ ☐ Money loaned ☐ Taxes ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ See Attached (Total)		
5. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
6. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box. ☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (Attach copy of power of attorney, if any)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): Telephone number: 212-476-1228 email: louis.benza@empireblue.com		



THIS SPACE IS FOR COURT USE ONLY
 2014 JAN 31 P 12:24
 U.S. DISTRICT COURT
 S.D. NEW YORK

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

CRT

FILED - 81393
 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
 SOUND SHORE MEDICAL CENTER OF WESTCHESTER
 ROBERT D. DRAIN

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X		
In re:	:	
	:	
SOUND SHORE MEDICAL CENTER OF,	:	Chapter 11
WESTCHESTER, et al.,	:	
	:	
Debtor.	:	Case No. 13-22840(RDD)
	:	
-----X		

RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S
ADMINISTRATIVE EXPENSE CLAIM

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield ("Empire"), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession ("Debtor").

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors' health plans which cover some or all of the Debtors' Employees, and one or more Participating Provider Agreements (the "Par Contract") between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

EMPIRE BLUE CROSS BLUE SHIELD
One Liberty Plaza, 14th Fl.
New York, NY 10006
Attn: Louis L. Benza, Esq.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.
1985 Marcus Avenue, Suite 200
Lake Success, NY 11042

From: Mimi Correa
Deputy Clerk

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kuriakose	\$26,000.00
Daisy Kuriakose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$See Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

2 of 3
packs

Empire Healthchoice Assurance See Attachment
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express
b. Recipient to pick up at Court: _____

CONFIRMATION BY RECIPIENT

NOTE: *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: _____

I have received the number and description of claims as indicated in line # 1.a. above.

Employee's name: _____

[Please print]

Employee's signature: _____

Employee's telephone number: _____

Name of Employer: _____

From: (631) 470-5000
Attn: Arturo D. Tavaréz
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

SHIP TO: (631) 470-5000
Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

BILL THIRD PARTY

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/NET3370

Delivery Address Bar Code



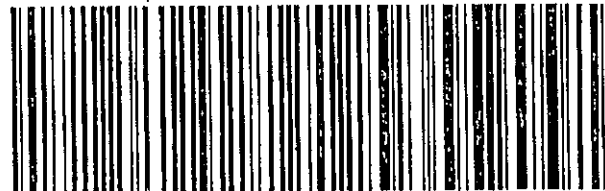
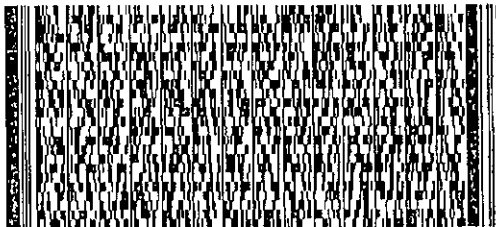
Ref # -SSM-

RMA #:
Return Reason:

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 5788
0221

43017
OH-US



518G11AA04/93AR

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK	ADMINISTRATIVE EXPENSE PROOF OF CLAIM	Administrative Expense Bar Date January 31, 2014
Note: This form should only be used by claimants asserting an Administrative Expense arising between May 29, 2013 and November 6, 2013 (the "Administrative Claim Period"). THIS FORM SHOULD NOT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) and 507(a)(2).		
Indicate Debtor(s) against which you assert a claim by checking the appropriate box(es) below.		
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☒ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	Case No. 13-22840 13-22841 13-22842	Name of Debtor (Check Only One): ☐ The M.V.H. Corporation ☐ SoundShore Health System, Inc. ☐ NRIHC Services Corporation ☐ New Rochelle Sound Shore Housing L.L.C.
Name of Creditor (The person or entity to whom the debtor owes money or property) Empire HealthChoice Assurance, Inc. d/b/a Empire Blue Cross Blue Shield		
Name and Address Where Notices Should be Sent: EMPIRE BLUE CROSS BLUE SHIELD One Liberty Plaza, 14th Fl. New York, NY 10006 Attn: Louis L. Benza, Esq.		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		
1. BASIS FOR CLAIM: ☐ Goods sold ☐ Money loaned ☒ Services performed ☐ Taxes ☐ Personal Injury/Wrongful Death ☐ Retiree Benefits as Defined in 11 U.S.C. § 1114(a) ☐ Wages (Dates) _____ ☐ Other (Specify): _____		
2. DATE DEBT WAS INCURRED (IF KNOWN):		
3. DESCRIPTION OF CLAIM (IF KNOWN): See Attached		
FILED - 01394 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: \$ See Attached (Total)		
5. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		
6. SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. Do not send original documents. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
7. TIME-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
8. Signature: Check the appropriate box ☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other co-debtor. (See Bankruptcy Rule 3005) (Attach copy of power of attorney, if any)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: Louis Benza Title: Senior Associate General Counsel Company: Empire Blue Cross Blue Shield Address and telephone number (if different from notice address above): Telephone number: 212-476-1228 email: louis.benza@empireblue.com		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. IF BY HAND: United States Bankruptcy Court, SDNY, 300 Quarropas Street, Room 248, White Plains, New York 10601; Attn: Clerk of the Court. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

CRT

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X	
In re:	:
	:
SOUND SHORE MEDICAL CENTER OF,	:
WESTCHESTER, et al.,	:
	:
Debtor.	:
	:
-----X	

Chapter 11

Case No. 13-22840(RDD)

RIDER TO EMPIRE BLUE CROSS BLUE SHIELD'S
ADMINISTRATIVE EXPENSE CLAIM

Empire HealthChoice Assurance, Inc., d/b/a Empire Blue Cross Blue Shield ("Empire"), submits this rider in further support of its proof of administrative expense against Sound Shore Medical Center of Westchester and together with its affiliated debtors in possession, as Debtors and Debtors-in-Possession ("Debtor").

1. Claimant. The undersigned, Louis Benza, whose business and mailing address is Empire Blue Cross Blue Shield, One Liberty Plaza, 14th Fl., New York, NY 10006, is an authorized signatory of Empire. Empire files this claim under the administrative services agreements between Empire and one or more of the Debtors, whereby Empire provides certain administrative services in regard to the Debtors' health plans which cover some or all of the Debtors' Employees, and one or more Participating Provider Agreements (the "Par Contract") between Empire and one or more of the Debtors.

2. Indebtedness. Pursuant to an administrative services agreement in effect on May 28, 2013 between The Mount Vernon Hospital and Empire, and the administrative services agreement between Empire and Sound Shore Medical Center of Westchester (together with any additional administrative services agreements between Empire and any other Debtor,

(the "ASO Agreements"), Empire administered performed certain administrative services in regard to aspects of the Debtors' self-funded group health plan. Empire continued to provide services under the ASO Agreements after the filing and the Debtor has continued to remit payment for these services as invoiced. Given that the Debtor has remained current on amounts owing under the ASO Agreements, Empire is unaware of any post-petition amounts owing to Empire, either under the ASO Agreements. However, under the ASO Agreements, Empire reserves certain audit rights and as such, Empire may, in the future, determine that amounts are owing under the ASO Agreements for the period following the Debtors' filing of this case.

3. Pursuant to the Par Contract, one or more Debtor serves as a participating provider in Empire's network. Pursuant to the Par Contract, such Debtor may, at times, owe Empire money for, among other things, overpayments. Empire is unaware of any claim that it may have against any Debtor at this time under the Par Contract. By filing this Claim, Empire is merely preserving its rights to further investigate this matter and determine what, if any, claims Empire has against any Debtor. If, in fact, Empire has any additional claim or claims against a Debtor, Empire will amend this Claim to include, among other things, the amount of such claim.

4. Collateral. The indebtedness of the Debtor to Empire is not secured.

5. Supporting Documents. The writings on which these claims are founded include, among other things, the following documents:

- The ASO Agreements
- The Par Contract

The Supporting Documents are voluminous, but are available upon request.

6. Open Account. The claims were not founded on an open account.

7. Judgments. No judgment has been rendered on the claims.

8. Credits and Set-Offs. Debtor has not made any payments on the claims, and none have been credited. The claims are not subject to any setoffs, defenses or counterclaims by the Debtor.

9. Security Interests and Priority Status. Empire's claims are general unsecured claims.

10. Execution and Waiver. The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Empire's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) consent by Empire to the jurisdiction of this Court with respect to any proceeding commenced in this case against or otherwise involving Empire; (c) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in these cases against or otherwise involving Empire; (d) a waiver of any right to the subordination, in favor of Empire, of indebtedness or liens held by any other creditors of the Debtor; or (e) an election of remedies which waives or otherwise affects any other remedy. Empire, respectfully, expressly reserves its right to file any separate or additional proof of claim with respect to the claim set forth herein or otherwise (which proof of claim, if so filed, shall not be deemed to supersede this proof of claim, unless otherwise expressly stated therein), to amend or supplement this proof of claim in any respect, including with respect to the filing of additional or amended claims for the purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Empire also asserts the following additional claims, to the extent that such claims exist: (a) contingent claims, (b) claims which may be presently in amounts not fully ascertainable, but to be later provided if such claims are

estimated and/or liquidated, and (c) claims for all costs and expenses (including attorneys' fees)
as allowed under the terms of the Prepetition Group Contract.

11. Notices. All notices with respect to this proof of claim should be sent to:

EMPIRE BLUE CROSS BLUE SHIELD
One Liberty Plaza, 14th Fl.
New York, NY 10006
Attn: Louis L. Benza, Esq.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

Date: February 5, 2014

To: GCG, Inc.
1985 Marcus Avenue, Suite 200
Lake Success, NY 11042

From: Mimi Correa
Deputy Clerk

1. a. Number of claims in this transmittal: 39

b. Case name (if applicable): Sound Shore Medical Center, et al.

c. Description of claim: (Creditor name and amount of claim.)

Mary K. Murphy	\$See Attachment
Renella Mitchell	\$2,995.00
Bio-Rad Laboratories, Inc.	\$3,850.37
Joseph DeRose	\$9,639.57
Maria S. Albito	\$7,597.09
Beverly Stewart	\$17,731.00
Daisy Kurinkose	\$26,000.00
Daisy Kurinkose	\$1,000.00
Sonia P. Slavicjo	\$51,587.00
Cynthia Holmes	\$3,520.00
Sanipro Disposal Inc.	\$29,448.22
Sanipro Disposal Inc.	\$12,387.50
Robert C. Goldstein	\$2,000.00
Edna Buckley	???
Stephen Jesmajian	\$70,000.00
Susan Kurian	\$22,865.50
Veronica Turnbull	\$2,458.33
Silvie Maria Correia	\$4,127.24
Siemens Medical Solutions	\$63,663.49
Robin Ten Eyck	\$45,116.43
Saramma George	\$3,080.00
Benedicte Hanser	\$See Attachment
Neelkanth LLC	\$8,796.39
Neelkanth LLC	\$267,992.00
Neelkanth LLC	\$16,020.54
Frank D'Ambrosio	\$300.00
Metro Blood Service	\$104,169.00
Orange Pathology Associates	\$See Attachment
Orange Pathology Associates	\$See Attachment
Dr. Bartholome Rodriguez	\$300,000.00
Dr. Patricia Ann Devine	\$185,113.55
Dr. Rozafa L. Pali	\$300,000.00
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment
Empire Healthchoice Assurance	See Attachment

273
packs

Empire Healthchoice Assurance See Attachment
Empire Healthchoice Assurance See Attachment

2. a. Courier: Federal Express
b. Recipient to pick up at Court: _____
-

CONFIRMATION BY RECIPIENT

NOTE: *The portion below is to be completed by recipient and returned to the Court by FAX [914-390-4073].*

Date: _____

I have received the number and description of claims as indicated in line # 1.a. above.

Employee's name: _____
[Please print]

Employee's signature: _____

Employee's telephone number: _____

Name of Employer: _____

From: (631) 470-5000
Attn: Arturo D. Tavaraz
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

SHIP TO: (631) 470-5000
Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

BILL THIRD PARTY

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code



Ref# -SSM-

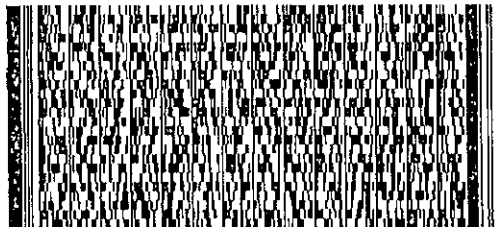
RMA #:
Return Reason:

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 5788

0221

43017
OH-US



518G1AA0493AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503		
Name of Creditor (the person or other entity to whom the debtor owes money or property): First Financial Corporate Leasing, LLC dba First Financial Healthcare Solutions, FFCSI Fund 6, LLC and FFCSI Fund 7, LLC		
Name and address where notices should be sent: Shipman & Goodwin LLP (c/o Eric Goldstein) One Constitution Plaza Hartford, CT 06103 Telephone number: (860) 251-5059 email: egoldstein@goodwin.com		COURT USE ONLY ☐ Check this box if 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): FILED - 00314 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Telephone number: _____ email: _____		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>914,136.60</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>See attachment</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)().
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: \$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8).

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Eric S. Goldstein, Esq.
Title: Counsel for First Financial Corp Leasing LLC
Company: Shipman & Goodwin LLP
Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____

E. Goldstein
(Signature)

8/26/13
(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B 10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT - SOUTHERN District of NEW YORK		PROOF OF CLAIM
Name of Debtor: THE MOUNT VERNON HOSPITAL		Case Number: 13-22841 Ch11
<i>NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i> Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company, LLC		
Name and address where notices should be sent: Ford Motor Credit Company, LLC P.O. Box 6275 Dearborn, MI 48121 Telephone number: 1-800-955-8532 email:		
Name and address where payment should be sent (if different from above): Ford Motor Credit Company, LLC Dept 55953 P.O. Box 55000 Detroit, MI 48255-0953 Telephone number: 1-800-955-8532 email:		COURT USE ONLY ☐ Check this box if 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): Ford Motor Credit Company, LLC Dept 55953 P.O. Box 55000 Detroit, MI 48255-0953 Telephone number: 1-800-955-8532 email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$12,822.94</u> Total remaining lease payments: 26 Contractual payment amount: \$493.19 If all or part of the claim is secured, complete item 4. Lease Termination Date: 08/17/2015 If all or part of the claim is entitled to priority, complete item 5. Creditor Remarks:		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>True Lease</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>0 1 1 2</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: VIN 1FMCU9J95DUA69800		Basis for perfection: <u>* see attached</u>
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate: _____ % ☒ Fixed or ☐ Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(u). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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) <u> </u> .
Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/1/16 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. (See instruction #6)		

B 10 (Official Form 10) (04/13)

2

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: SONYA GRAHL

Title: Account Services Representative

Company: Ford Motor Credit Company, LLC

Address and telephone number (if different from notice address above):

/s/ SONYA GRAHL
(Signature)

6/4/2013
(Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Itemized Statement Required by Bankruptcy Rule 3001 (c) (2) (A) as of Petition Date

Ford Motor Credit Company, LLC

Debtor Name: THE MOUNT VERNON HOSPITAL

Account Number: 0119

Remaining Payments 12,822.94

Late Charges: + 0.00

Fees: + 0.00

Other: - 0.00

Amount of Claim: 12,822.94

1-800-727-7000 Ford Credit www.fordcredit.com		LESSEE (and Lessor Name and Address (including County)) (Lessor Name and Address) (and Co-Signer) THE MOUNT VERNON HOSPITAL 12 N BEVORTH AVE MOUNT VERNON NY 10558 COUNTY		LESSOR (Name and Address) SCARSDALE FORD INC. 887 CENTRAL AVENUE SCARSDALE NY 10583	
"Vehicle Company" is SCARSDALE FORD INC. The "Vehicle" is 2008-2009-2010-2011-2012-2013-2014-2015-2016-2017-2018-2019-2020-2021-2022-2023-2024-2025-2026-2027-2028-2029-2030-2031-2032-2033-2034-2035-2036-2037-2038-2039-2040-2041-2042-2043-2044-2045-2046-2047-2048-2049-2050-2051-2052-2053-2054-2055-2056-2057-2058-2059-2060-2061-2062-2063-2064-2065-2066-2067-2068-2069-2070-2071-2072-2073-2074-2075-2076-2077-2078-2079-2080-2081-2082-2083-2084-2085-2086-2087-2088-2089-2090-2091-2092-2093-2094-2095-2096-2097-2098-2099-2100-2101-2102-2103-2104-2105-2106-2107-2108-2109-2110-2111-2112-2113-2114-2115-2116-2117-2118-2119-2120-2121-2122-2123-2124-2125-2126-2127-2128-2129-2130-2131-2132-2133-2134-2135-2136-2137-2138-2139-2140-2141-2142-2143-2144-2145-2146-2147-2148-2149-2150-2151-2152-2153-2154-2155-2156-2157-2158-2159-2160-2161-2162-2163-2164-2165-2166-2167-2168-2169-2170-2171-2172-2173-2174-2175-2176-2177-2178-2179-2180-2181-2182-2183-2184-2185-2186-2187-2188-2189-2190-2191-2192-2193-2194-2195-2196-2197-2198-2199-2200-2201-2202-2203-2204-2205-2206-2207-2208-2209-2210-2211-2212-2213-2214-2215-2216-2217-2218-2219-2220-2221-2222-2223-2224-2225-2226-2227-2228-2229-2230-2231-2232-2233-2234-2235-2236-2237-2238-2239-2240-2241-2242-2243-2244-2245-2246-2247-2248-2249-2250-2251-2252-2253-2254-2255-2256-2257-2258-2259-2260-2261-2262-2263-2264-2265-2266-2267-2268-2269-2270-2271-2272-2273-2274-2275-2276-2277-2278-2279-2280-2281-2282-2283-2284-2285-2286-2287-2288-2289-2290-2291-2292-2293-2294-2295-2296-2297-2298-2299-2300-2301-2302-2303-2304-2305-2306-2307-2308-2309-2310-2311-2312-2313-2314-2315-2316-2317-2318-2319-2320-2321-2322-2323-2324-2325-2326-2327-2328-2329-2330-2331-2332-2333-2334-2335-2336-2337-2338-2339-2340-2341-2342-2343-2344-2345-2346-2347-2348-2349-2350-2351-2352-2353-2354-2355-2356-2357-2358-2359-2360-2361-2362-2363-2364-2365-2366-2367-2368-2369-2370-2371-2372-2373-2374-2375-2376-2377-2378-2379-2380-2381-2382-2383-2384-2385-2386-2387-2388-2389-2390-2391-2392-2393-2394-2395-2396-2397-2398-2399-2400-2401-2402-2403-2404-2405-2406-2407-2408-2409-2410-2411-2412-2413-2414-2415-2416-2417-2418-2419-2420-2421-2422-2423-2424-2425-2426-2427-2428-2429-2430-2431-2432-2433-2434-2435-2436-2437-2438-2439-2440-2441-2442-2443-2444-2445-2446-2447-2448-2449-2450-2451-2452-2453-2454-2455-2456-2457-2458-2459-2460-2461-2462-2463-2464-2465-2466-2467-2468-2469-2470-2471-2472-2473-2474-2475-2476-2477-2478-2479-2480-2481-2482-2483-2484-2485-2486-2487-2488-2489-2490-2491-2492-2493-2494-2495-2496-2497-2498-2499-2500-2501-2502-2503-2504-2505-2506-2507-2508-2509-2510-2511-2512-2513-2514-2515-2516-2517-2518-2519-2520-2521-2522-2523-2524-2525-2526-2527-2528-2529-2530-2531-2532-2533-2534-2535-2536-2537-2538-2539-2540-2541-2542-2543-2544-2545-2546-2547-2548-2549-2550-2551-2552-2553-2554-2555-2556-2557-2558-2559-2560-2561-2562-2563-2564-2565-2566-2567-2568-2569-2570-2571-2572-2573-2574-2575-2576-2577-2578-2579-2580-2581-2582-2583-2584-2585-2586-2587-2588-2589-2590-2591-2592-2593-2594-2595-2596-2597-2598-2599-2600-2601-2602-2603-2604-2605-2606-2607-2608-2609-2610-2611-2612-2613-2614-2615-2616-2617-2618-2619-2620-2621-2622-2623-2624-2625-2626-2627-2628-2629-2630-2631-2632-2633-2634-2635-2636-2637-2638-2639-2640-2641-2642-2643-2644-2645-2646-2647-2648-2649-2650-2651-2652-2653-2654-2655-2656-2657-2658-2659-2660-2661-2662-2663-2664-2665-2666-2667-2668-2669-2670-2671-2672-2673-2674-2675-2676-2677-2678-2679-2680-2681-2682-2683-2684-2685-2686-2687-2688-2689-2690-2691-2692-2693-2694-2695-2696-2697-2698-2699-2700-2701-2702-2703-2704-2705-2706-2707-2708-2709-2710-2711-2712-2713-2714-2715-2716-2717-2718-2719-2720-2721-2722-2723-2724-2725-2726-2727-2728-2729-2730-2731-2732-2733-2734-2735-2736-2737-2738-2739-2740-2741-2742-2743-2744-2745-2746-2747-2748-2749-2750-2751-2752-2753-2754-2755-2756-2757-2758-2759-2760-2761-2762-2763-2764-2765-2766-2767-2768-2769-2770-2771-2772-2773-2774-2775-2776-2777-2778-2779-2780-2781-2782-2783-2784-2785-2786-2787-2788-2789-2790-2791-2792-2793-2794-2795-2796-2797-2798-2799-2800-2801-2802-2803-2804-2805-2806-2807-2808-2809-2810-2811-2812-2813-2814-2815-2816-2817-2818-2819-2820-2821-2822-2823-2824-2825-2826-2827-2828-2829-2830-2831-2832-2833-2834-2835-2836-2837-2838-2839-2840-2841-2842-2843-2844-2845-2846-2847-2848-2849-2850-2851-2852-2853-2854-2855-2856-2857-2858-2859-2860-2861-2862-2863-2864-2865-2866-2867-2868-2869-2870-2871-2872-2873-2874-2875-2876-2877-2878-2879-2880-2881-2882-2883-2884-2885-2886-2887-2888-2889-2890-2891-2892-2893-2894-2895-2896-2897-2898-2899-2900-2901-2902-2903-2904-2905-2906-2907-2908-2909-2910-2911-2912-2913-2914-2915-2916-2917-2918-2919-2920-2921-2922-2923-2924-2925-2926-2927-2928-2929-2930-2931-2932-2933-2934-2935-2936-2937-2938-2939-2940-2941-2942-2943-2944-2945-2946-2947-2948-2949-2950-2951-2952-2953-2954-2955-2956-2957-2958-2959-2960-2961-2962-2963-2964-2965-2966-2967-2968-2969-2970-2971-2972-2973-2974-2975-2976-2977-2978-2979-2980-2981-2982-2983-2984-2985-2986-2987-2988-2989-2990-2991-2992-2993-2994-2995-2996-2997-2998-2999-3000-3001-3002-3003-3004-3005-3006-3007-3008-3009-3010-3011-3012-3013-3014-3015-3016-3017-3018-3019-3020-3021-3022-3023-3024-3025-3026-3027-3028-3029-3030-3031-3032-3033-3034-3035-3036-3037-3038-3039-3040-3041-3042-3043-3044-3045-3046-3047-3048-3049-3050-3051-3052-3053-3054-3055-3056-3057-3058-3059-3060-3061-3062-3063-3064-3065-3066-3067-3068-3069-3070-3071-3072-3073-3074-3075-3076-3077-3078-3079-3080-3081-3082-3083-3084-3085-3086-3087-3088-3089-3090-3091-3092-3093-3094-3095-3096-3097-3098-3099-3100-3101-3102-3103-3104-3105-3106-3107-3108-3109-3110-3111-3112-3113-3114-3115-3116-3117-3118-3119-3120-3121-3122-3123-3124-3125-3126-3127-3128-3129-3130-3131-3132-3133-3134-3135-3136-3137-3138-3139-3140-3141-3142-3143-3144-3145-3146-3147-3148-3149-3150-3151-3152-3153-3154-3155-3156-3157-3158-3159-3160-3161-3162-3163-3164-3165-3166-3167-3168-3169-3170-3171-3172-3173-3174-3175-3176-3177-3178-3179-3180-3181-3182-3183-3184-3185-3186-3187-3188-3189-3190-3191-3192-3193-3194-3195-3196-3197-3198-3199-3200-3201-3202-3203-3204-3205-3206-3207-3208-3209-3210-3211-3212-3213-3214-3215-3216-3217-3218-3219-3220-3221-3222-3223-3224-3225-3226-3227-3228-3229-3230-3231-3232-3233-3234-3235-3236-3237-3238-3239-3240-3241-3242-3243-3244-3245-3246-3247-3248-3249-3250-3251-3252-3253-3254-3255-3256-3257-3258-3259-3260-3261-3262-3263-3264-3265-3266-3267-3268-3269-3270-3271-3272-3273-3274-3275-3276-3277-3278-3279-3280-3281-3282-3283-3284-3285-3286-3287-3288-3289-3290-3291-3292-3293-3294-3295-3296-3297-3298-3299-3300-3301-3302-3303-3304-3305-3306-3307-3308-3309-3310-3311-3312-3313-3314-3315-3316-3317-3318-3319-3320-3321-3322-3323-3324-3325-3326-3327-3328-3329-3330-3331-3332-3333-3334-3335-3336-3337-3338-3339-3340-3341-3342-3343-3344-3345-3346-3347-3348-3349-3350-3351-3352-3353-3354-3355-3356-3357-3358-3359-3360-3361-3362-3363-3364-3365-3366-3367-3368-3369-3370-3371-3372-3373-3374-3375-3376-3377-3378-3379-3380-3381-3382-3383-3384-3385-3386-3387-3388-3389-3390-3391-3392-3393-3394-3395-3396-3397-3398-3399-3400-3401-3402-3403-3404-3405-3406-3407-3408-3409-3410-3411-3412-3413-3414-3415-3416-3417-3418-3419-3420-3421-3422-3423-3424-3425-3426-3427-3428-3429-3430-3431-3432-3433-3434-3435-3436-3437-3438-3439-3440-3441-3442-3443-3444-3445-3446-3447-3448-3449-3450-3451-3452-3453-3454-3455-3456-3457-3458-3459-3460-3461-3462-3463-3464-3465-3466-3467-3468-3469-3470-3471-3472-3473-3474-3475-3476-3477-3478-3479-3480-3481-3482-3483-3484-3485-3486-3487-3488-3489-3490-3491-3492-3493-3494-3495-3496-3497-3498-3499-3500-3501-3502-3503-3504-3505-3506-3507-3508-3509-3510-3511-3512-3513-3514-3515-3516-3517-3518-3519-3520-3521-3522-3523-3524-3525-3526-3527-3528-3529-3530-3531-3532-3533-3534-3535-3536-3537-3538-3539-3540-3541-3542-3543-3544-3545-3546-3547-3548-3549-3550-3551-3552-3553-3554-3555-3556-3557-3558-3559-3560-3561-3562-3563-3564-3565-3566-3567-3568-3569-3570-3571-3572-3573-3574-3575-3576-3577-3578-3579-3580-3581-3582-3583-3584-3585-3586-3587-3588-3589-3590-3591-3592-3593-3594-3595-3596-3597-3598-3599-3600-3601-3602-3603-3604-3605-3606-3607-3608-3609-3610-3611-3612-3613-3614-3615-3616-3617-3618-3619-3620-3621-3622-3623-3624-3625-3626-3627-3628-3629-3630-3631-3632-3633-3634-3635-3636-3637-3638-3639-3640-3641-3642-3643-3644-3645-3646-3647-3648-3649-3650-3651-3652-3653-3654-3655-3656-3657-3658-3659-3660-3661-3662-3663-3664-3665-3666-3667-3668-3669-3670-3671-3672-3673-3674-3675-3676-3677-3678-3679-3680-3681-3682-3683-3684-3685-3686-3687-3688-3689-3690-3691-3692-3693-3694-3695-3696-3697-3698-3699-3700-3701-3702-3703-3704-3705-3706-3707-3708-3709-3710-3711-3712-3713-3714-3715-3716-3717-3718-3719-3720-3721-3722-3723-3724-3725-3726-3727-3728-3729-3730-3731-3732-3733-3734-3735-3736-3737-3738-3739-3740-3741-3742-3743-3744-3745-3746-3747-3748-3749-3750-3751-3752-3753-3754-3755-3756-3757-3758-3759-3760-3761-3762-3763-3764-3765-3766-3767-3768-3769-3770-3771-3772-3773-3774-3775-3776-3777-3778-3779-3780-3781-3782-3783-3784-3785-3786-3787-3788-3789-3790-3791-3792-3793-3794-3795-3796-3797-3798-3799-3800-3801-3802-3803-3804-3805-3806-3807-3808-3809-3810-3811-3812-3813-3814-3815-3816-3817-3818-3819-3820-3821-3822-3823-3824-3825-3826-3827-3828-3829-3830-3831-3832-3833-3834-3835-3836-3837-3838-3839-3840-3841-3842-3843-3844-3845-3846-3847-3848-3849-3850-3851-3852-3853-3854-3855-3856-3857-3858-3859-3860-3861-3862-3863-3864-3865-3866-3867-3868-3869-3870-3871-3872-3873-3874-3875-3876-3877-3878-3879-3880-3881-3882-3883-3884-3885-3886-3887-3888-3889-3890-3891-3892-3893-3894-3895-3896-3897-3898-3899-3900-3901-3902-3903-3904-3905-3906-3907-3908-3909-3910-3911-3912-3913-3914-3915-3916-3917-3918-3919-3920-3921-3922-3923-3924-3925-3926-3927-3928-3929-3930-3931-3932-3933-3934-3935-3936-3937-3938-3939-3940-3941-3942-3943-3944-3945-3946-3947-3948-3949-3950-3951-3952-3953-3954-3955-3956-3957-3958-3959-3960-3961-3962-3963-3964-3965-3966-3967-3968-3969-3970-3971-3972-3973-3974-3975-3976-3977-3978-3979-3980-3981-3982-3983-3984-3985-3986-3987-3988-3989-3990-3991-3992-3993-3994-3995-3996-3997-3998-3999-4000-4001-4002-4003-4004-4005-4006-4007-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CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

000792

NEW YORK STATE

www.dmv.ny.gov



Title and Identification No.

1FMCU9J95DUA69800
1FMCU9J95DUA69800

Year

2013

Make

FORD

Model Code

ECP

Body/Hull

SUBN

LIENS

Document No

181217T

Color

GY

Wt /Sts /Lgth

3674

Fuel

GAS

Cyl /Prop.

4

New or Used

NEW

Type of Title

VEHICLE

Date Issued

9/18/12

Name and Address of Owner(s)

CAB EAST LLC
PO BOX 105704
ATLANTA GA

ODOMETER READING:

00010

ACTUAL MILEAGE

00010

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

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HTD LEASING LLC

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ATLANTA

GA 30348

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DEPARTMENT OF MOTOR VEHICLES

MV-999 (1.11)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		ORIGINAL PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840-RDD	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East, LLC		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Ford Motor Credit Company LLC as agent for CAB East, LLC P.O. Box 6275 Dearborn, Michigan 48121 Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC as agent for CAB East, LLC Department 55953 PO Box 55000 Detroit, Michigan 48255-0953 Telephone number: _____ email: _____		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: <u>\$ 9,731.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Lease Claim</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>1291</u>	3a. Debtor may have scheduled account as: <u>(See instruction #3a)</u>	3b. Uniform Claim Identifier (optional): <u>(See instruction #3b)</u>
4. Secured Claim / LEASE ARREARS (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: 2012 Ford Edge 2FMDK4KC4CBA06537 Value of Property: \$ _____ (exclusive of mileage and accessories) Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: LEASE ARREARS <u>\$ 0.00</u> Basis for perfection: _____ Amount of Secured Claim: <u>\$ 0.00</u> Amount Unsecured: <u>\$ 0.00</u> Creditor reserves the right to amend its claim to seek a deficiency balance, if any, in the event creditor's collateral is liquidated.
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ 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 the case was filed or the debtor's business ceased, 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)().
*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. (See instruction #6)		

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: Partner

Company: Deily, Mooney & Glastetter, LLP

Address and telephone number (if different from notice address above):

8 Thurlow Terrace

Albany, New York 12203

(Signature)

6/19/13

(Date)

Telephone number: (518) 436-0344

email: mmooney@deilylawfirm.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Deily, Mooney & Glastetter, LLP
Attorneys at Law

Martin A. Mooney, Partner

Admitted in NY and MA

8 Thurlow Terrace, Albany, New York 12203

P: (518) 436-0344 | F: (518) 436-8273

mmooney@deilylawfirm.com

June 24, 2013

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

Re: Sound Shore Medical Center of Westchester
Case No. 13-22840-RDD
Our File No. B-Ford.13.01976

To Whom It May Concern:

Enclosed please find one (1) original and one (1) copy of the Proof of Claim on behalf of our client, Ford Motor Credit Company LLC as agent for CAB East, LLC, sought to be entered in the above-referenced bankruptcy case.

Please provide our office with the time-stamped copy of the filed Proof of Claim in the self addressed stamped envelope provided.

Please be advised that any opposition papers or communications should be forwarded to our ALBANY office: Deily, Mooney, & Glastetter, LLP, 8 Thurlow Terrace, Albany, New York 12203.

Very truly yours,

DEILY, MOONEY & GLASTETTER, LLP

A handwritten signature in dark ink, appearing to read 'M. A. Mooney', written over the printed name.

Martin A. Mooney

MAM/dac

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

VEHICLE MAINTENANCE, INSURANCE AND USE

Previous editions may NOT be used

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

000912



NEW YORK STATE

www.dmv.ny.gov

Title and Identification No.

2FMDK4KC4CBA06537
2FMDK4KC4CBA06537

Year

2012

Make

FORD

Model Code

EDG

Body/Hull

SUBN

* * LIENS * *

Document No.

764467X

Color

GY

Wt./Sts./Lgth.

4113

Fuel

GAS

Cyl./Prop.

6

New or Used

NEW

Type of Title

VEHICLE

Date Issued

4/03/12

Name and Address of Owner(s)

CAB EAST LLC
PO BOX 105704
ATLANTA GA

ODOMETER READING:

00521

ACTUAL MILEAGE

00521

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

HTD LEASING LLC
PO BOX 105704
ATLANTA

GA 30348

Lienholder

01

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES



Deely, Mooney & Glastetter, LLP

Attorneys at Law

8 Thurlow Terrace

Albany, New York 12203-1006

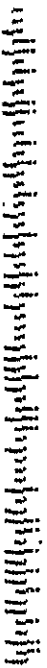
ADDRESS SERVICE REQUESTED

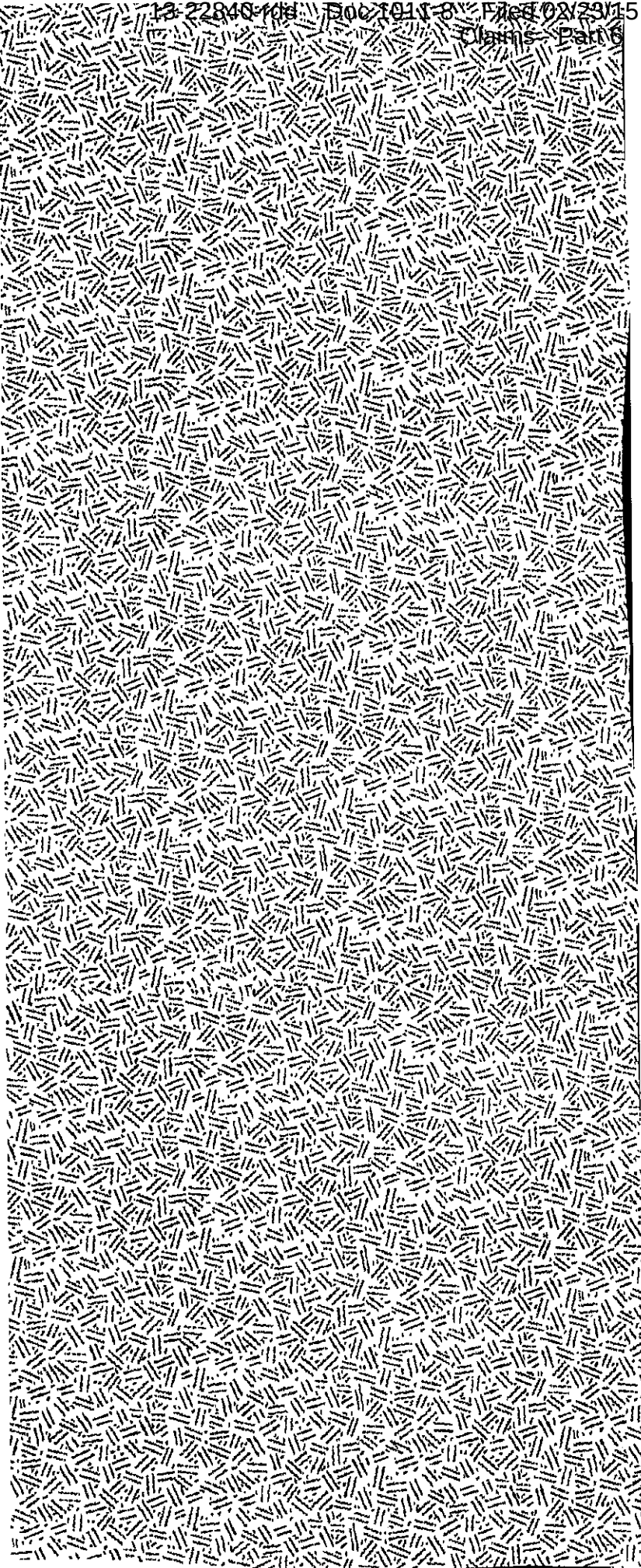
Sound Shore Medical Center of Westchester
c/o GCCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017



02 1P
0003212989
MAILED FROM ZIP CODE 12203
PITNEY BOWES
\$ 000.86
JUN 24 2013

4301739306 0001





ORIGINAL

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM						
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840-RDD							
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East, LLC		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____						
Name and address where notices should be sent: Ford Motor Credit Company LLC as agent for CAB East, LLC P.O. Box 6275 Dearborn, Michigan 48121 Telephone number: _____ email: _____								
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC as agent for CAB East, LLC Department 55953 P.O. Box 55000 Detroit, Michigan 48255-0953 Telephone number: _____ email: _____								
FILED - 00074 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN								
1. Amount of Claim as of Date Case Filed: \$ 6,995.80 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: Lease Claim (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: 6373	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim / LEASE ARREARS (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.								
<table style="width: 100%;"> <tr> <td style="width: 50%;"> Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: 2012 Ford Escape 1FMCU9E73CKB98685 </td> <td style="width: 50%;"> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: LEASE ARREARS \$ 349.79 </td> </tr> <tr> <td> Value of Property: \$ _____ (exclusive of mileage and accessories) </td> <td> Basis for perfection: _____ </td> </tr> <tr> <td> Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed) </td> <td> Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00 </td> </tr> </table>			Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: 2012 Ford Escape 1FMCU9E73CKB98685	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: LEASE ARREARS \$ 349.79	Value of Property: \$ _____ (exclusive of mileage and accessories)	Basis for perfection: _____	Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00
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Value of Property: \$ _____ (exclusive of mileage and accessories)	Basis for perfection: _____							
Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00							
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.								
<table style="width: 100%;"> <tr> <td style="width: 33%;"> ☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B) </td> <td style="width: 33%;"> ☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4). </td> <td style="width: 33%;"> ☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). </td> </tr> <tr> <td> ☐ 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). </td> <td> ☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8) </td> <td> ☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(). </td> </tr> </table>			☐ 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 the case was filed or the debtor's business ceased, 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)().
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☐ 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: \$ 0.00								
<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>								
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)								

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- ☒ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
- (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: Partner

Company: Deily, Mooney & Glastetter, LLP

Address and telephone number (if different from notice address above):

8 Thurlow Terrace

Albany, New York 12203

(Signature)

6/19/13

(Date)

Telephone number: (518) 436-0344 email: mmooney@deilylawfirm.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Deily, Mooney & Glastetter, LLP
Attorneys at Law

Martin A. Mooney, Partner

Admitted in NY and MA

8 Thurlow Terrace, Albany, New York 12203

P: (518) 436-0344 | F: (518) 436-8273

mmooney@deilylawfirm.com

June 24, 2013

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

Re: Sound Shore Medical Center of Westchester
Case No. 13-22840-RDD
Our File No. B-Ford.13.01976

To Whom It May Concern:

Enclosed please find one (1) original and one (1) copy of the Proof of Claim on behalf of our client, Ford Motor Credit Company LLC as agent for CAB East, LLC, sought to be entered in the above-referenced bankruptcy case.

Please provide our office with the time-stamped copy of the filed Proof of Claim in the self addressed stamped envelope provided.

Please be advised that any opposition papers or communications should be forwarded to our ALBANY office: Deily, Mooney, & Glastetter, LLP, 8 Thurlow Terrace, Albany, New York 12203.

Very truly yours,

DEILY, MOONEY & GLASTETTER, LLP

A handwritten signature in black ink, appearing to read 'MAM', written over the printed name of Martin A. Mooney.

Martin A. Mooney

MAM/dac

Claim: MOTOR VEHICLE LEASE AGREEMENT Page 29 of 35

1-800-727-7000		LIVESTOCK (and Co-lessee) Name and Address (including County and Zip Code)		LESSOR (Name and Address)	
 Ford Credit www.fordcredit.com		ROUND SHORE MEDICAL CENTER of Westchester 16 BUDEN PLACE NEW ROCHELLE, NY 10801 WESTCHESTER COUNTY		SCARSDALE FORD INC. 887 CENTRAL AVENUE SCARSDALE, NY 10583	
"Finance Company" is FORD CREDIT. The "Halter" is JESSE EASE, JR. and its assignee. By signing this Lease and Co-lease, you agree to the terms of the lease and the terms of the Vehicle Lease Addendum. A copy of the Vehicle Lease Addendum is attached to this lease.					
1. Your payment schedule is shown in item 1(a). You entered into a "Monthly Payment Lease". 2. Your payment schedule is shown in item 1(b). You entered into a "Variable Payment Lease".					
Make/Model		Year/Make/Model		Vehicle Identification Number	
NEW		19		2012 ESCAPE LIMITED	
Make/Model		Year/Make/Model		Vehicle Use	
NEW		19		BUSINESS	
You state that the Vehicle will be used primarily for: ☒ Personal, family or household use ☐ Commercial, business or commercial use ☐ Agricultural, business or commercial use.					
1. Amount Due At Lease Signing or Delivery (including Sales Tax)					
2. Payments (Monthly Payments)					
3. Other Charges (one part of your monthly payment)					
4. Total of Payments (The amount you will have paid by the end of the term)					
5. Amount Due At Lease Signing or Delivery					
6. Amount Due At Lease Signing or Delivery					
7. Total of Payments					
8. Total of Payments					
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CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

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NEW YORK STATE										www.dmv.ny.gov
										
Title and Identification No.		Year	Make	Model Code	Body/Hull	* * LIENS * *				
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Color	Wt./Sts./Lgh.	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued				
GY	3331	GAS	4	NEW	VEHICLE	4/24/12				
Name and Address of Owner(s)			ODOMETER READING:			00010				
CAB EAST LLC			ACTUAL MILEAGE			00010				
PO BOX 105704										
ATLANTA GA 30348										
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.										
Lienholder					Lienholder					
HTD LEASING LLC					01					
PO BOX 105704					* ONE LIEN RECORDED *					
ATLANTA GA 30348										
Lienholder					Lienholder					
* ONE LIEN RECORDED *					* ONE LIEN RECORDED *					

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES



Deily, Mooney & Glastetter, LLP
Attorneys at Law

8 Thurlow Terrace
Albany, New York 12203-1006

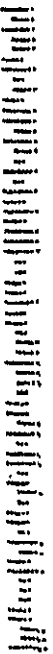
ADDRESS SERVICE REQUESTED

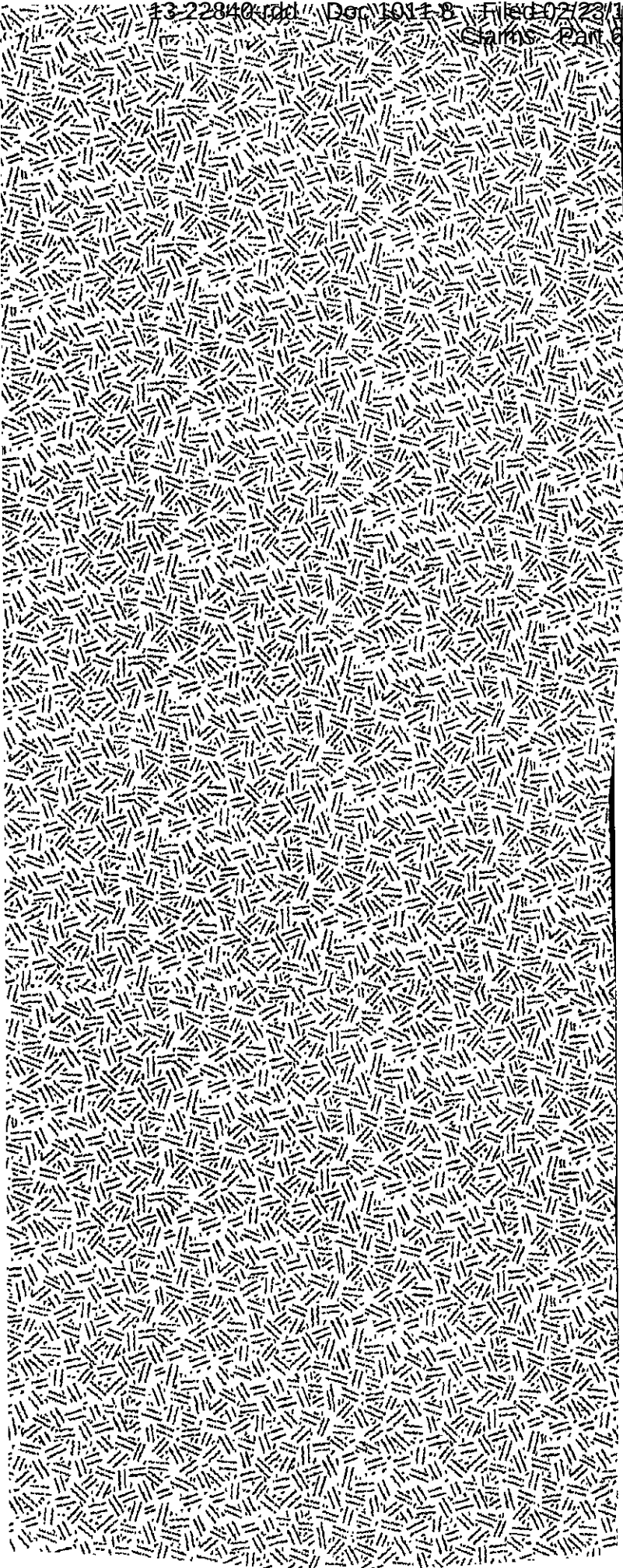
Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017



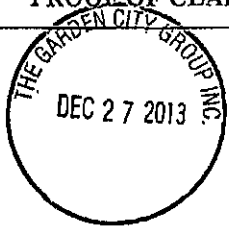
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B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester, et al.	Case Number: 13-22840-rdd	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for Cab East LLC		
Name and address where notices should be sent: Ford Motor Credit Company LLC PO Box 6275 Dearborn, MI 48121 Telephone number: (800) 955-8532 email:		COURT USE ONLY ☐ Check this box if 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): Ford Motor Credit Company LLC Department 55953, PO Box 55000 Detroit, MI 48255-0953 Telephone number: (800) 955-8532 email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>9,459.56</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Auto Lease</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>9 3 0 2</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ <u>0.00</u> Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.
Title: 950 New Loudon Rd. Suite 109
Company: Latham, NY 12110
Address and telephone number (if different from notice address above):

(Signature)

(Date)

12/19/2013

Telephone number: (518) 786-9069 email: mamooney@schillerknapp.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

3

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507

(a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

PL 11 SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS
1 may NOT be used. ORIGINAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CD-LESSEE/GUARANTEE COPY PLY 4 - LESSOR

VEHICLE MAINTENANCE, INSURANCE AND USE

[illegible]

READ THIS ARBITRATION PROVISION CAREFULLY AND IN ITS ENTIRETY

ARBITRATION

[illegible]

本行在 2014 年 12 月 31 日及 2015 年 12 月 31 日

1. RIGHT TO A TRIAL WHETHER BY A JUDGE OR A JURY
 2. RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR A CLASS MEMBER IN ANY CLASS ACTION YOU MAY NAME
 3. AGREE AS TO WHETHER IN COURT OR BY ARBITRATION
 4. BROAD RIGHTS TO DISCOVERY AS ARE AVAILABLE IN A LAWSUIT
 5. RIGHT TO APPEAL THE DECISION OF AN ARBITRATOR

4. OTHER RIGHTS THAT ARE AVAILABLE IN A LAWSUIT

[illegible]

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From [redacted] and [redacted] [redacted]

NOTICE: SEE OTHER SIDE FOR IMPORTANT INFORMATION

19

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

000912

NEW YORK STATE							www.dmv.ny.gov
							LIENS
Title and Identification No.		Year	Make	Model Code	Body/Hull	Document No.	
2FMDK4KC4CBA06537		2012	FORD	EDG	SUBN	764467X	
2FMDK4KC4CBA06537							
Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued	
GY	4113	GAS	6	NEW	VEHICLE	4/03/12	
Name and Address of Owner(s)			ODOMETER READING:		00521		
CAB EAST LLC PO BOX 105704 ATLANTA GA 30348			ACTUAL MILEAGE		00521		
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.							
Lienholder			Lienholder				
UNITED LEASING LLC PO BOX 105704 ATLANTA GA 30348			ONE LIEN RECORDED				
Lienholder			Lienholder				
ONE LIEN RECORDED			ONE LIEN RECORDED				
MV-999 (1/11)							
DEPARTMENT OF MOTOR VEHICLES							

B 10 (Official Form 10) (12/12)

ORIGINAL

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester	Case Number: 13-22840-RDD	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East, LLC		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Ford Motor Credit Company LLC as agent for CAB East, LLC P.O. Box 6275 Dearborn, Michigan 48121 Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC as agent for CAB East, LLC Department 55953 PO Box 55000 Detroit, Michigan 48255-0953 Telephone number: _____ email: _____		
Name and address where payment should be sent (if different from above): U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ 15,070.55		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Lease Claim : (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 9386	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim / LEASE ARREARS (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: 2012 Ford Escape IFMCU9D70CKA96956 Value of Property: \$ _____ (exclusive of mileage and accessories) Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: LEASE ARREARS \$ 0.00 Basis for perfection: _____ Amount of Secured Claim: \$ 0.00 Amount Unsecured: \$ 0.00 Creditor reserves the right to amend its claim to seek a deficiency balance, if any, in the event creditor's collateral is liquidated.
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ 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 the case was filed or the debtor's business ceased, 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: \$ 0.00		
*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. (See instruction #6)		

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: Partner

Company: Dcily, Mooney & Glastetter, LLP

Address and telephone number (if different from notice address above).

8 Thurlow Terrace

Albany, New York 12203

Telephone number: (518) 436-0344 email: mmooney@dcilylawfirm.com

(Signature)

6/19/13

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care, goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Deily, Mooney & Glastetter, LLP
Attorneys at Law

Martin A. Mooney, Partner

Admitted in NY and MA

8 Thurlow Terrace, Albany, New York 12203

P: (518) 436-0344 | F: (518) 436-8273

mmooney@deilylawfirm.com

June 24, 2013

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

Re: Sound Shore Medical Center of Westchester
Case No. 13-22840-RDD
Our File No. B-Ford.13.01976

To Whom It May Concern:

Enclosed please find one (1) original and one (1) copy of the Proof of Claim on behalf of our client, Ford Motor Credit Company LLC as agent for CAB East, LLC, sought to be entered in the above-referenced bankruptcy case.

Please provide our office with the time-stamped copy of the filed Proof of Claim in the self addressed stamped envelope provided.

Please be advised that any opposition papers or communications should be forwarded to our ALBANY office: Deily, Mooney, & Glastetter, LLP, 8 Thurlow Terrace, Albany, New York 12203.

Very truly yours,

DEILY, MOONEY & GLASTETTER, LLP

A handwritten signature in black ink, appearing to read 'MAM', written over the printed name of Martin A. Mooney.

Martin A. Mooney

MAM/dac

Claims Part 7 Page 35

1-800-727-7000 LESSEE (and Co-Lessee) Name and Address (including County and Zip Code) LESSOR (Name and Address)

Ford **FordCredit** **www.fordcredit.com** **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** **16 BUILDING PLACE** **NEW ROCHELLE, NY 10850** **SCARBOROUGH FORD, INC.** **807 CENTRAL AVENUE** **SCARBOROUGH, NY 10583**

Vehicle Identification Number: **1FTHJ257A0C001556** Year/Make/Model: **2008 FORD ESCAPE** Vehicle Use: **PERSONAL**

By signing "I, [Name] (and Co-Lessee) agree to lease the Vehicle according to the terms on the front and back of this lease and the terms of the Vehicle Lease Agreement, if any, attached to this lease."

If your payment schedule is shown in item 11, you entered into a **LEASE TO PURCHASE** agreement.

If your payment schedule is shown in item 12, you entered into a **LEASE WITH PURCHASE OPTION** agreement.

1. Amount Due At Lease Signing or Delivery: \$ **12,801.32**

2. Payments: (a) Monthly Payment: \$ **128.01** (b) First Monthly Payment Due On: **02/23/2011** (c) Your Payment of \$ **128.01** is due on the **23rd** day of each month. The last payment is due on the **23rd** day of each month. The total of your monthly payments is \$ **128.01**.

3. Other Charges (not part of your monthly payment): (a) Acquisition Fee: \$ **128.01** (b) Title Fee: \$ **12.00** (c) Registration Fee: \$ **12.00** (d) License Fee: \$ **12.00** (e) Sales Tax: \$ **12.00** (f) Other: \$ **0.00**

4. Total of Payments: (The amount you will have paid by the end of the lease) \$ **12,801.32**

5. Amount Due At Lease Signing or Delivery: \$ **12,801.32**

6. Amount Due At Lease Signing or Delivery: \$ **12,801.32**

7. Your payment is determined as shown below:

8. Gross capitalized cost: The agreed upon value of the Vehicle is \$ **27,801.32** and any taxes you pay over the lease term (such as service charges, insurance, and any outstanding prior credit or lease balance): \$ **27,801.32**

9. Capitalized cost reduction: The amount of any net trade-in allowance, rebate, cashback credit, or cash that you pay that reduces the gross capitalized cost: \$ **0.00**

10. Adjusted capitalized cost: The amount used in calculating your lease payment: \$ **27,801.32**

11. Monthly payment: The amount of your monthly payment: \$ **128.01**

12. Total of payments: The amount of your total payments: \$ **12,801.32**

13. Lease term: The number of months in your lease: **36**

14. Mileage limit: The number of miles you can drive the Vehicle during the lease term: **36,000**

15. Early termination: You may have to pay a substantial charge if you end the lease early. The charge will be the difference between the actual mileage and the mileage limit, plus the difference between the actual value and the residual value. The actual value is the value of the Vehicle at the end of the lease term. The residual value is the value of the Vehicle at the end of the lease term. The charge will be the difference between the actual mileage and the mileage limit, plus the difference between the actual value and the residual value.

16. Excess wear and use: You may be charged for excessive wear and use based on our standard for normal use. At the scheduled end of the lease term, we will inspect the Vehicle. You must pay for excess wear and use based on our standard for normal use. At the scheduled end of the lease term, we will inspect the Vehicle. You must pay for excess wear and use based on our standard for normal use.

17. Purchase option: At the end of the lease term, you have the option to purchase the Vehicle for the purchase price shown on the back of this lease. The purchase price is the adjusted capitalized cost plus the sales tax and any other charges. The purchase price is the adjusted capitalized cost plus the sales tax and any other charges.

18. State disclosure: The following are disclosures of the GROSS CAPITALIZED COST and the ADJUSTED CAPITALIZED COST. The GROSS CAPITALIZED COST is the sum of the RESIDUAL CAPITALIZED COST and any CAPITALIZED COST REDUCTION. The ADJUSTED CAPITALIZED COST is the amount used in calculating your lease payment. The ADJUSTED CAPITALIZED COST may be used to compare the early termination charge and the purchase price.

19. Optional insurance: These coverages are not required by law. You may choose to purchase optional insurance. The coverages are not required by law. You may choose to purchase optional insurance. The coverages are not required by law. You may choose to purchase optional insurance.

20. Special fees and taxes: The following are special fees and taxes that you may be charged for. The fees and taxes are not required by law. You may be charged for special fees and taxes that you may be charged for. The fees and taxes are not required by law. You may be charged for special fees and taxes that you may be charged for.

21. Vehicle insurance minimums: You must insure the Vehicle during the lease term with the minimum insurance required by law. The minimum insurance required by law is: (a) comprehensive coverage of \$100,000; (b) collision coverage of \$100,000; (c) liability coverage with bodily injury limits of \$100,000 per person and \$300,000 per accident; (d) property damage coverage of \$100,000; (e) uninsured motorist coverage of \$100,000; (f) underinsured motorist coverage of \$100,000; (g) medical payments coverage of \$10,000; (h) death benefit coverage of \$10,000; (i) other coverage as required by law.

22. Late payments: You will pay a late charge on each payment that is not received within 10 days after it is due. The late charge is 7.5% of the full amount of the scheduled payment. The late charge is 7.5% of the full amount of the scheduled payment.

23. Lessee services: The following are lessee services that you may be charged for. The services are not required by law. You may be charged for lessee services that you may be charged for. The services are not required by law. You may be charged for lessee services that you may be charged for.

24. Signatures and important notices: The following are signatures and important notices that you must provide. The signatures are not required by law. You must provide signatures and important notices that you must provide. The signatures are not required by law. You must provide signatures and important notices that you must provide.

25. Arbitration provision: You acknowledge that you have read and agree to be bound by the arbitration provision on the reverse side of this contract.

26. Notice to the lessee: 1. Do not sign this agreement before you read it or if it contains any blank space. 2. You are entitled to a completely filled-in copy of this agreement when you sign it.

27. Motor vehicle lease agreement: The following are the terms of the motor vehicle lease agreement. The terms are not required by law. You must provide the terms of the motor vehicle lease agreement. The terms are not required by law. You must provide the terms of the motor vehicle lease agreement.

28. Lessee: **SOUND SHORE MEDICAL CENTER OF WESTCHESTER** By **[Signature]** Title **CEO/President**

29. Lessor: **SCARBOROUGH FORD, INC.** By **[Signature]** Title **CEO/President**

30. Original: The following are the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide.

31. Ply 1 - Original: The following are the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide.

32. Ply 2 - Lessee: The following are the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide.

33. Ply 3 - Co-Lessee/Signatory Copy: The following are the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide.

34. Ply 4 - Lessor: The following are the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide. The documents are not required by law. You must provide the original documents that you must provide.

VEHICLE MAINTENANCE, INSURANCE AND USE

[illegible]

DEFULT AND LOSS OF VEHICLE

[illegible]

ADDITIONAL INFORMATION

[illegible]

READ THIS ARBITRATION PROVISION CAREFULLY AND IN ITS ENTIRETY

ARBITRATION

[illegible]

USE TO GIVE U

RIGHT TO A TRIAL, WHETHER BY A JUDGE OR JURY
RIGHT TO PARTICIPATE AS A CLASS REPRESENTATIVE OR A CLASS MEMBER IN ANY CLASS CLAIM YOU MAY HAVE
AGREE TO US WHETHER IN COURT OR IN ARBITRATION
BROAD RIGHTS TO DISCOVERY AS ARE AVAILABLE IN A LAWSUIT
THE RIGHT TO APPEAL THE DECISION OF AN ARBITRATOR
OTHER RIGHTS THAT ARE AVAILABLE IN A LAWSUIT

[illegible]

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

000550

NEW YORK STATE								www.dmv.ny.gov
		Title and Identification No		Year	Make	Model Code	Body/Hull	LIENS
		1FMCU9D70CKA96956		2012	FORD	ECP	SUBN	Document No
		1FMCU9D70CKA96956						493859G
Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued		
BL	3331	GAS	4	NEW	VEHICLE	12/13/11		
Name and Address of Owner(s)				ODOMETER READING:		00010		
CAB EAST LLC				ACTUAL MILEAGE		00010		
PO BOX 105704								
ATLANTA GA 30348								
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.								
Lienholder				Lienholder				
HTD LEASING LLC				01				
PO BOX 105704				* ONE LIEN RECORDED *				
ATLANTA GA 30348								
Lienholder				Lienholder				
* ONE LIEN RECORDED *				* ONE LIEN RECORDED *				
DEPARTMENT OF MOTOR VEHICLES								

MV-999 (1-11)

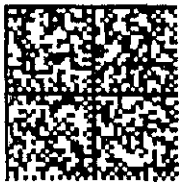


Deily, Mooney & Glastetter, LLP
Attorneys at Law

8 Thurlow Terrace
Albany, New York 12203-1006

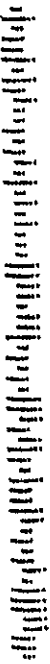
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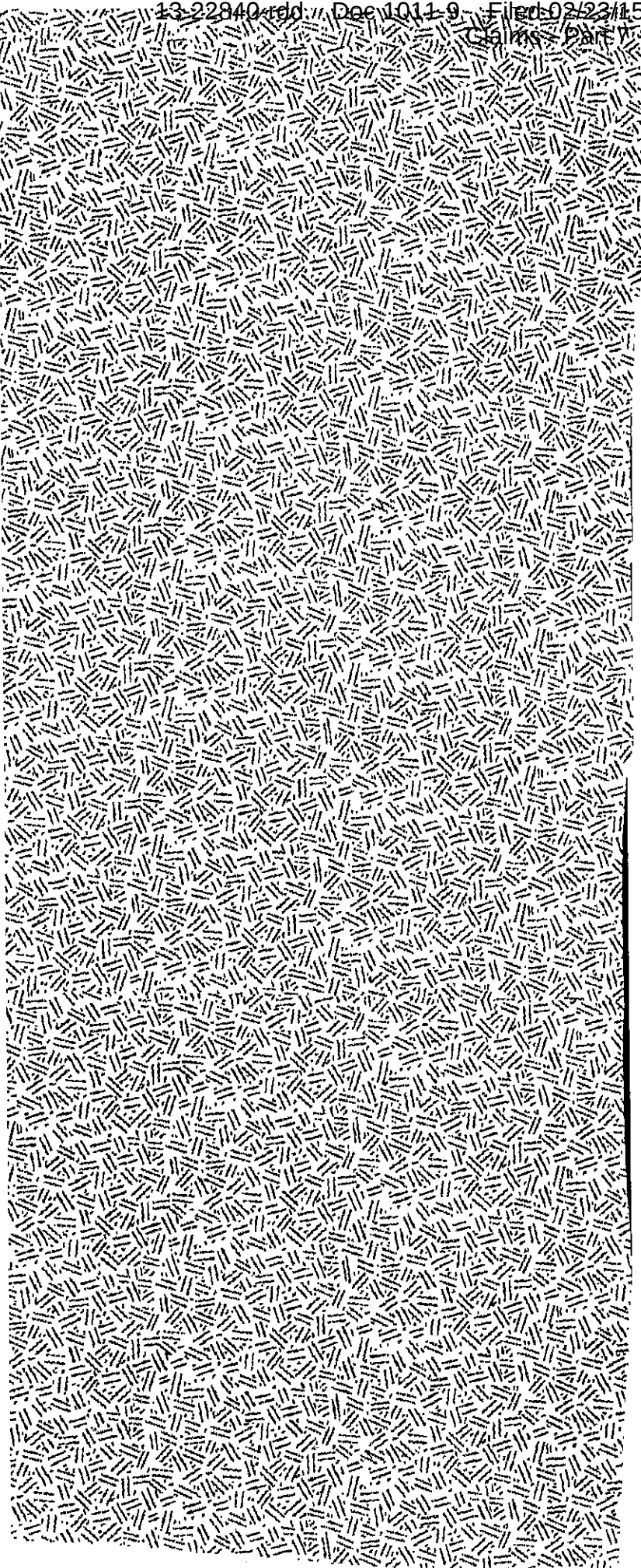
Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017



UNITED STATES POSTAGE
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MAILED FROM ZIP CODE 12203

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ORIGINAL

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor:

Sound Shore Medical Center of Westchester

Case Number:

13-22840-RDD



NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

Ford Motor Credit Company LLC as agent for CAB East, LLC

COURT USE ONLY

Name and address where notices should be sent:

Ford Motor Credit Company LLC as agent for CAB East, LLC
P.O. Box 6275
Dearborn, Michigan 48121

Telephone number:

email:

☐ Check this box if 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):

Ford Motor Credit Company LLC as agent for CAB East, LLC
Department 55953
PO Box 55000
Detroit, Michigan 48255-0953

Telephone number:

email:

FILED - 00028

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed: \$ 9,459.56

If all or part of the claim is secured, complete item 4.

If all or part of the claim is entitled to priority, complete item 5.

☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.

2. Basis for Claim: Lease Claim
(See instruction #2)

3. Last four digits of any number
by which creditor identifies debtor:
9 3 0 2

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

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. Secured Claim / LEASE ARREARS (See instruction #4)

Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other
Describe: 2012 Ford Escape 1FMCU9EG5CKC22405

Value of Property: \$ _____
(exclusive of mileage and accessories)

Annual Interest Rate _____ ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case was filed,
included in secured claim, if any: LEASE ARREARS

\$ 429.98

Basis for perfection: _____

Amount of Secured Claim: \$ 0.00

Amount Unsecured: \$ 0.00

Creditor reserves the right to amend its claim to seek a deficiency balance, if any, in the event creditor's collateral is liquidated.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ 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 the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).

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

Amount entitled to priority:

\$ 0.00

☐ 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)().

*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. (See instruction #6)

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: Partner

Company: Deily, Mooney & Glastetter, LLP

Address and telephone number (if different from notice address above):

8 Thurlow Terrace

Albany, New York 12203

(Signature)

6/19/13

(Date)

Telephone number: (518) 436-0344 email: mmooney@deilylawfirm.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Deily, Mooney & Glastetter, LLP
Attorneys at Law

Martin A. Mooney, Partner

Admitted in NY and MA

8 Thurlow Terrace, Albany, New York 12203

P: (518) 436-0344 | F: (518) 436-8273

mamooney@deilylawfirm.com

June 24, 2013

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

Re: Sound Shore Medical Center of Westchester
Case No. 13-22840-RDD
Our File No. B-Ford.13.01976

To Whom It May Concern:

Enclosed please find one (1) original and one (1) copy of the Proof of Claim on behalf of our client, Ford Motor Credit Company LLC as agent for CAB East, LLC, sought to be entered in the above-referenced bankruptcy case.

Please provide our office with the time-stamped copy of the filed Proof of Claim in the self addressed stamped envelope provided.

Please be advised that any opposition papers or communications should be forwarded to our ALBANY office: Deily, Mooney, & Glastetter, LLP, 8 Thurlow Terrace, Albany, New York 12203.

Very truly yours,

DEILY, MOONEY & GLASTETTER, LLP

A handwritten signature in black ink, appearing to read 'Martin A. Mooney', written over a horizontal line.

Martin A. Mooney

MAM/dac

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

FC 10031-P JUL 10 NOTICE. SEE OTHER SIDE FOR IMPORTANT INFORMATION
FC 10031 APR4
Previous editions may NOT be used

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

001109

NEW YORK STATE								www.dmv.ny.gov
		Title and Identification No.		Year	Make	Model Code	Body/Hull	LIENS Document No.
1FMCU9EG5CKC22405		1FMCU9EG5CKC22405		2012	FORD	ECP	SUBN	772226X
Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued		
GY	3441	GAS	6	NEW	VEHICLE	4/24/12		
Name and Address of Owner(s)				ODOMETER READING:		00010		
CAB EAST LLC				ACTUAL MILEAGE		00010		
PO BOX 105704								
ATLANTA GA 30348								
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.								
Lienholder				Lienholder				
HTD LEASING LLC				01				
PO BOX 105704				* ONE LIEN RECORDED *				
ATLANTA GA 30348								
Lienholder				Lienholder				
* ONE LIEN RECORDED *				* ONE LIEN RECORDED *				
								MV-999 (1/11)
DEPARTMENT OF MOTOR VEHICLES								

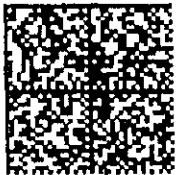


Deily, Mooney & Glastetter, LLP
Attorneys at Law

8 Thurlow Terrace
Albany, New York 12203-1006

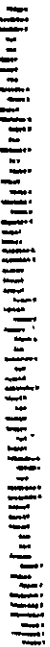
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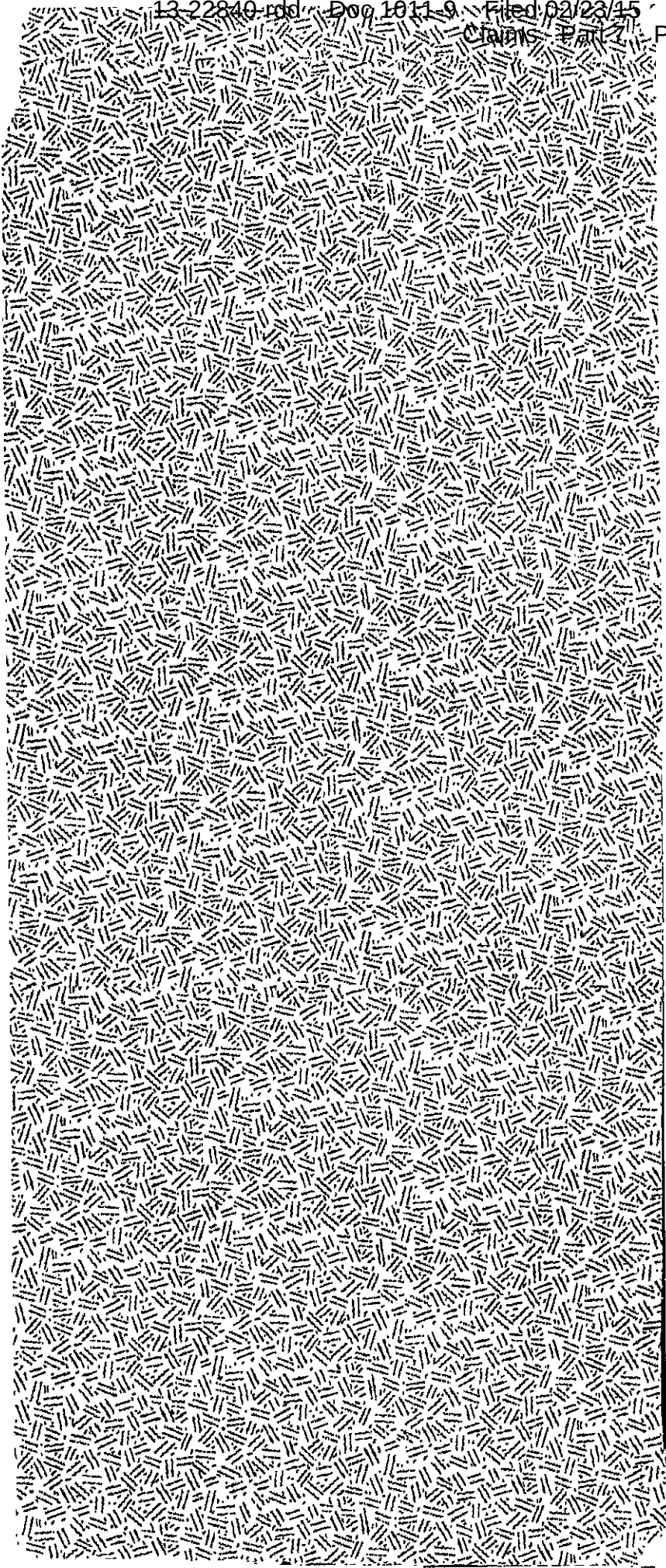
Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017



UNITED STATES POSTAGE
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\$ 000.86⁰
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ORIGINAL

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor: Sound Shore Medical Center of Westchester		Case Number: 13-22840-RDD	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East, LLC			
Name and address where notices should be sent: Ford Motor Credit Company LLC as agent for CAB East, LLC P.O. Box 6275 Dearborn, Michigan 48121 Telephone number: _____ email: _____		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC as agent for CAB East, LLC Department 55953 PO Box 55000 Detroit, Michigan 48255-0953 Telephone number: _____ email: _____			
1. Amount of Claim as of Date Case Filed: <u>\$ 12,053.37</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Lease Claim</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: <u>3724</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim / LEASE ARREARS (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☒ Motor Vehicle ☐ Other Describe: 2012 Ford Edge 2FMDK3K94CBA09811 Value of Property: \$ _____ (exclusive of mileage and accessories). Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: LEASE ARREARS <u>\$ 0.00</u> Basis for perfection: _____ Amount of Secured Claim: <u>\$ 0.00</u> Amount Unsecured: <u>\$ 0.00</u> Creditor reserves the right to amend its claim to seek a deficiency balance, if any, in the event creditor's collateral is liquidated.	
5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
☐ 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 the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. §507 (a)(4).	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5)	Amount entitled to priority: <u>\$ 0.00</u>
☐ 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)().	
*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. (See instruction #6)			

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor.

☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: Partner

Company: Deily, Mooney & Glastetter, LLP

Address and telephone number (if different from notice address above).

8 Thurlow Terrace

Albany, New York 12203

(Signature)

6/19/13

(Date)

Telephone number: (518) 436-0344 email: mmooney@deilylawfirm.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Deily, Mooney & Glastetter, LLP
Attorneys at Law

Martin A. Mooney, Partner

Admitted in NY and MA

8 Thurlow Terrace, Albany, New York 12203

P: (518) 436-0344 | F: (518) 436-8273

mmooney@deilylawfirm.com

June 24, 2013

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

Re: Sound Shore Medical Center of Westchester
Case No. 13-22840-RDD
Our File No. B-Ford.13.01976

To Whom It May Concern:

Enclosed please find one (1) original and one (1) copy of the Proof of Claim on behalf of our client, Ford Motor Credit Company LLC as agent for CAB East, LLC, sought to be entered in the above-referenced bankruptcy case.

Please provide our office with the time-stamped copy of the filed Proof of Claim in the self addressed stamped envelope provided.

Please be advised that any opposition papers or communications should be forwarded to our ALBANY office: Deily, Mooney, & Glastetter, LLP, 8 Thurlow Terrace, Albany, New York 12203.

Very truly yours,

DEILY, MOONEY & GLASTETTER, LLP

A handwritten signature in black ink, appearing to read 'Martin A. Mooney', is written over a horizontal line.

Martin A. Mooney

MAM/dac

Claims - Part 7 - Pg 28 of 35

1-800-727-7000 (LESSEE (and Co-Lessee) Name and Address (Including County) (LESSOR (Name and Address))
FordCredit **Scarsdale Ford Inc.**
 16 GULION PL. NEW ROCHELLE, NY 10881 887 CENTRAL AVENUE SCARSDALE, NY 10583
 www.fordcredit.com

FORD MOTOR CREDIT The "Lessor" is **UND ERY LLC** and to borrow by signing "Your" (Lessor and Co-Lessee) agree to lease the Vehicle according to the terms on the front and back of this lease and the terms of the West-Car's Standard Terms, attached to this lease.

If Your payment schedule is shown in Item 20, You entered into a "Monthly Payment Lease." If Your payment schedule is shown in Item 20, You entered into an "Advance Payment Lease."

Item	Amount or Delivery	Vehicle Identification Number	Vehicle Use
NEW	147	2B12 EDOE LIMITED BYK0KJ39ACB8981	BUSINESS

You view this Vehicle will be used primarily for: ☒ Personal, family or household use ☐ Agricultural, business or commercial use ☐ Other

WARNING: Important consumer protections may not apply if this agreement indicates you are leasing the Vehicle primarily for agricultural, business or commercial use.

1. Amount Due At Lease Signing or Delivery (Estimated Total)	2. Payments	3. Other Charges (not part of Your monthly payment)	4. Total of Payments (The amount You will have paid by the end of the term)
3671.47	573.97 Your first monthly payment is \$573.97. It is due on the day of each month. The first payment is due on the day of each month. The first payment is due on the day of each month.	NR	23769.42

5. Amounts Due At Lease Signing or Delivery:

a. Capitalized cost reduction	b. Not included in advance
1300.00	NR
c. First monthly payment	d. Residual value
573.97	NR
e. Advance payment	f. Purchase price
NR	NR
g. Purchase price security deposit	h. Title fees
NR	NR
i. Registration fees	j. Acquisition fee
NR	NR
k. Acquisition fee	l. Documentation fee
NR	NR
m. Other fees	n. Other fees
NR	NR
Total	Total
3671.47	3671.47

7. Your payment is determined as shown below:

a. Gross capitalized cost. The agreed upon value of the Vehicle is	b. Total of lease payments. The number of payments is Your term.
3660.00	3673.97
c. Depreciation. The amount of depreciation is the difference between the agreed upon value and the residual value.	d. Sales tax
3660.00	NR
e. Residual value. The value of the Vehicle at the end of the lease term is the residual value.	f. Total of lease payments. The depreciation and any amortized amount plus the first charge.
NR	3673.97
g. Depreciation and any amortized amount. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the lease term.	h. Lease payments. The number of payments is Your term.
NR	3673.97
i. Residual charge. The amount charged in addition to the depreciation and any amortized amount.	j. Sales tax
NR	NR
k. Total of lease payments. The depreciation and any amortized amount plus the first charge.	l. Total of lease payments.
3673.97	3673.97
m. Lease term in months.	n. Lease term in months.
36	36

8. Early Termination. You may have to pay a substantial charge if You end this lease early. The charges will be as follows:

a. Gross capitalized cost. The agreed upon value of the Vehicle is	b. Total of lease payments. The number of payments is Your term.
3660.00	3673.97
c. Depreciation. The amount of depreciation is the difference between the agreed upon value and the residual value.	d. Sales tax
3660.00	NR
e. Residual value. The value of the Vehicle at the end of the lease term is the residual value.	f. Total of lease payments. The depreciation and any amortized amount plus the first charge.
NR	3673.97
g. Depreciation and any amortized amount. The amount charged for the Vehicle's decline in value through normal use and for other items paid over the lease term.	h. Lease payments. The number of payments is Your term.
NR	3673.97
i. Residual charge. The amount charged in addition to the depreciation and any amortized amount.	j. Sales tax
NR	NR
k. Total of lease payments. The depreciation and any amortized amount plus the first charge.	l. Total of lease payments.
3673.97	3673.97
m. Lease term in months.	n. Lease term in months.
36	36

9. Official Fees and Taxes. The estimated total amount You will pay for official and license fees, registration, title and sales tax is \$97.50. Your monthly payments or agreed-upon amount. The actual total of fees and taxes may be higher or lower depending on the state in which the Vehicle is leased.

10. Vehicle's Value. You must maintain the Vehicle during the lease term. The amount of depreciation is the difference between the agreed upon value and the residual value. The amount of depreciation is the difference between the agreed upon value and the residual value.

11. LATE PAYMENTS. You will pay a late charge on each payment that is not received within 15 days after it is due. The charge is 1.5% of the full amount of the scheduled payment or \$20.00, whichever is less.

12. LESSOR SERVICES. (See Item 20 on back)

13. Arbitration. This lease contains an arbitration provision. If you have a dispute with the Lessor, you agree to arbitrate the dispute. The arbitration will be held in the state of New York.

14. SIGNATURES AND IMPORTANT NOTICES.

LESSEE: **BOUNDSHORE MEDICAL CENTER OF WESTCHESTER** By *[Signature]* Title *[Title]*

CO-LESSEE: By *[Signature]* Title *[Title]*

LESSOR: **SCARSDALE FORD INC.** By *[Signature]* Title *[Title]*

CO-LESSOR: By *[Signature]* Title *[Title]*

15. Arbitration. This lease contains an arbitration provision. If you have a dispute with the Lessor, you agree to arbitrate the dispute. The arbitration will be held in the state of New York.

16. SIGNATURES AND IMPORTANT NOTICES.

LESSEE: **BOUNDSHORE MEDICAL CENTER OF WESTCHESTER** By *[Signature]* Title *[Title]*

CO-LESSEE: By *[Signature]* Title *[Title]*

LESSOR: **SCARSDALE FORD INC.** By *[Signature]* Title *[Title]*

CO-LESSOR: By *[Signature]* Title *[Title]*

17. Arbitration. This lease contains an arbitration provision. If you have a dispute with the Lessor, you agree to arbitrate the dispute. The arbitration will be held in the state of New York.

18. SIGNATURES AND IMPORTANT NOTICES.

LESSEE: **BOUNDSHORE MEDICAL CENTER OF WESTCHESTER** By *[Signature]* Title *[Title]*

CO-LESSEE: By *[Signature]* Title *[Title]*

LESSOR: **SCARSDALE FORD INC.** By *[Signature]* Title *[Title]*

CO-LESSOR: By *[Signature]* Title *[Title]*

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[illegible][illegible]

CAB EAST LLC
POB105704
ATLANTA

GA 30348

000738

NEW YORK STATE								www.dmv.ny.gov
		Title and Identification No.		Year	Make	Model Code	Body/Hull	* * LIENS * *
2FMDK3K94CBA09811		2FMDK3K94CBA09811		2012	FORD	EDG	SUBN	Document No.
Color	Wt./Sts./Lgth	Fuel	Cyl./Prop.	New or Used	Type of Title	Date Issued		
GY	3890	GAS	4	NEW	VEHICLE	5/15/12		
Name and Address of Owner(s)				ODOMETER READING:		00147		
CAB EAST LLC				ACTUAL MILEAGE		00147		
POB105704								
ATLANTA GA 30348								
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.								
Lienholder				Lienholder				
HTD LEASING LLC				01				
PO BOX 105704				* ONE LIEN RECORDED *				
ATLANTA GA 30348								
Lienholder				Lienholder				
* ONE LIEN RECORDED *				* ONE LIEN RECORDED *				

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES



Deily, Mooney & Glastetter, LLP
Attorneys at Law

8 Thurlow Terrace
Albany, New York 12203-1006

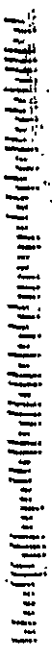
ADDRESS SERVICE REQUESTED

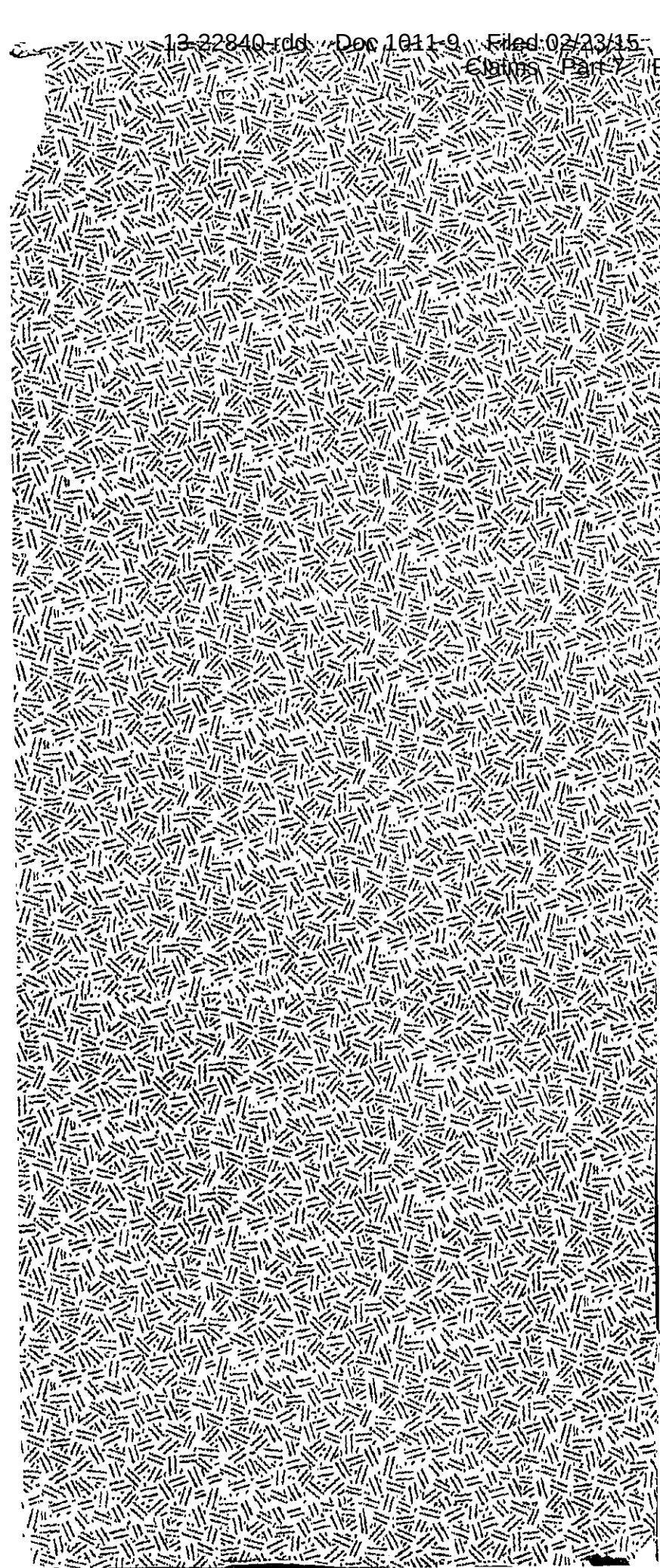
Sound Shore Medical Center of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017



UNITED STATES POSTAGE
PITNEY BOWES
02 1P
000321 2989
JUN 24 2013
\$ 000.860
MAILED FROM ZIP CODE 12203

4301789306 0001





B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester, et al.	Case Number: 13-22840-rdd	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East LLC		
Name and address where notices should be sent: Ford Motor Credit Company LLC PO Box 6275 Dearborn, MI 48121 Telephone number: (800) 955-8532 email:		FILED - 01071 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC Department 55953, PO Box 55000 Detroit, MI 48255-0953 Telephone number: (800) 955-8532 email:		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>12,627.34</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Auto Lease</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 3 7 2 4	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____). Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor,
or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: 950 New Loudon Rd. Suite 109

Company: Latham, NY 12110

Address and telephone number (if different from notice address above):

(Signature)

(Date)

12/19/2013

Telephone number: (518) 786-9069 email: mamooney@schillerknapp.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

3

DEFINITIONS	INFORMATION
Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.
Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.
Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.	Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.
Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.
Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.	Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

1-800-737-7000 LEASEE (and Co-Lessee) Name and Address (including County) (LEASOR Name and Address)
NEW YORK DATE 04/05/2012

Ford
FordCredit
www.fordcredit.com

BOUNDSHORE MEDICAL CENTER OF WESTCHESTER
16 QUINN PL.
NEW ROCHELLE NY 10801
WESTCHESTER COUNTY

SCARBOROUGH FORD INC.
437 CENTRAL AVENUE
SCARBOROUGH NY 10583

YOUR FUTURE CHOICE The "Motorist" is _____ The "Lessor" is _____
By signing this Lease and Co-Lease, you agree to the terms and conditions of this Lease and the terms of any Motorist's Addendum, if any, attached to this lease.

If you are a Motorist, you agree to the terms and conditions of this Lease and the terms of any Motorist's Addendum, if any, attached to this lease.

If you are a Co-Lessee, you agree to the terms and conditions of this Lease and the terms of any Co-Lessee's Addendum, if any, attached to this lease.

Vehicle Information

Make/Model	Year	Vehicle Identification Number	Vehicle Type
NEW	147	2012 EDGE LIMITED 2FMDK3L94C209931	BUSINESS

The price for this vehicle will be based primarily on the following factors:

- 1. Amount Due At Lease Signing or Delivery
- 2. Payments (to all parties)
- 3. Other Charges (not part of your monthly payment)
- 4. Total of Payments (the amount you will have paid by the end of the lease)

1. Amount Due At Lease Signing or Delivery: \$3571.47

2. Payments (to all parties): \$73.97

3. Other Charges (not part of your monthly payment): \$0.00

4. Total of Payments (the amount you will have paid by the end of the lease): \$23750.42

Amount Due At Lease Signing or Delivery

Item	Amount
a. Capitalized cost reduction	\$3571.47
b. First monthly payment	\$73.97
c. Acquisition fee	\$0.00
d. Processing fee	\$0.00
e. Title fee	\$0.00
f. Registration fee	\$0.00
g. Acquisition fee	\$0.00
h. Total	\$3571.47

Amount Due At Lease Signing or Delivery

Item	Amount
a. Capitalized cost reduction	\$3571.47
b. First monthly payment	\$73.97
c. Acquisition fee	\$0.00
d. Processing fee	\$0.00
e. Title fee	\$0.00
f. Registration fee	\$0.00
g. Acquisition fee	\$0.00
h. Total	\$3571.47

7. Your payment is determined as shown below:

Item	Amount
a. Gross capitalized cost. The agreed upon value of the Vehicle (\$35000.00) and any items you pay over the lease term (such as taxes, license, insurance, and any applicable title or sales tax) will be added to the gross capitalized cost.	\$35000.00
b. Capitalized cost reduction. The amount of any pre-lease allowance, rebate, discount, and/or cash that you pay that reduces the gross capitalized cost.	\$3571.47
c. Acquisition fee. The amount of the fee charged to you for the lease.	\$0.00
d. Processing fee. The amount of the fee charged to you for the lease.	\$0.00
e. Title fee. The amount of the fee charged to you for the lease.	\$0.00
f. Registration fee. The amount of the fee charged to you for the lease.	\$0.00
g. Acquisition fee. The amount of the fee charged to you for the lease.	\$0.00
h. Total	\$3571.47

8. Optional Insurance These services are not required to enter into this lease and will not be provided unless you purchase a separate policy from an insurer licensed in the State of New York.

9. LATE PAYMENTS You will pay a late charge on each payment due that is not received within 15 days after it is due. The charge is 1.5% of the amount of the scheduled payment of \$50.00 or more.

10. LEASE SERVICES (See Item 12 on back)

11. SIGNATURES AND IMPORTANT NOTICES

12. ARBITRATION This Lease is governed by the arbitration provisions of the Motor Vehicle Lease Agreement, which is incorporated by reference into this Lease. Any dispute arising out of or in connection with this Lease, including any dispute as to the existence, validity, or enforceability of this Lease, shall be referred to and resolved by binding arbitration administered by the American Arbitration Association (AAA) in accordance with its Commercial Arbitration Rules. The arbitration shall be held in New York, New York. The arbitrator's decision shall be final and binding on all parties to this Lease.

13. NOTICE TO THE LESSEE: 1. Do not sign this agreement before you read it or if it contains any blank spaces. 2. You are entitled to a completely filed-in copy of this agreement when you sign it.

You acknowledge that you received a written copy of this lease at the time you signed it and a notice of assignment of this lease by the Lessor to the Lessee.

MOTOR VEHICLE LEASE AGREEMENT

LESSOR: BOUNDSHORE MEDICAL CENTER OF WESTCHESTER

LESSEE: SCARBOROUGH FORD INC.

DATE: 04/05/2012

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

OPTIONAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSEE

24. VEHICLE INSURANCE

ARMED YOUR LIFE. F4 1-01

2019-2020	
2019-2020	2019-2020

4. 10.000 EARLY TERMINATION AND RETURN THE VEHICLE

in Detroit and
near them the

CONSTITUTIONAL BANK

INCREASE THE
THEY CAN DO

[illegible]

1000

If You Insure The Vehicle Properly For Periods Longer Than 30 Days

to the fact that the system is not yet fully operational.

best the Vehicle and sell it at a public or private sale. You also give

1950. By Julian
 1951. You and

ADDITIONAL INFORMATION

1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.

NO INFO SERVICE.

1. **புது ந'கரம்** இ
கோவை, 10.05.2011, சன

number 301. Call for price of book without obligation, regardless whether you incur charges at 1-800-44-

192125, Peruvita

You need a valid license to drive a motor vehicle on the highway. If you are caught driving without a valid license, you will be charged with a traffic violation. If you are caught driving without a valid license, you will be charged with a traffic violation.

...do not pay. Total
... ..

READ THIS ARBITRATION PROVISION CAREFULLY AND IN ITS ENTIRETY

ARJ

NOTES: (1) CLAIMS arising out of or relating to Your Education for Credit will convert, at the existing conversion rate, to the existing rate of 1.5% per month, or 18% per year, if the claimant is not a party to the contract.

1000

BROAD LIGHT TO DISCOVERY AS ARE AVAILABLE IN A LAWSUIT

WASHINGTON, D.C.
LAWYERS

... which is not allowed. The applicant also has the "right" to be heard from the side

THEY ARE THE ONLY TWO COMPANIES IN THE

deemed or found to be unenforceable for any reason in a case in which such suit, action, claim, demand, or request is made or maintained. The withdrawal of any such motion or suit, action, claim, demand, or request shall not constitute an admission of the validity and scope of the union's right to sue.

1000

Previous editions may NOT be used.

CAB EAST LLC
POB105704
ATLANTA

GA 30348

000738

NEW YORK STATE									
Title and Identification No.		Year	Make	Model Code	Body/Hull	Document No.	Date Issued		
2FMDK3K94CBA09811		2012	FORD	EDG	SUBN	686490B	5/15/12		
Color	Wt/Sts/Lgth	Fuel	Cyl./Prop.	New or Used	Type of Title				
GY	3890	GAS	4	NEW	VEHICLE				
Name and Address of Owner(s)					ODOMETER READING:		00147		
CAB EAST LLC					ACTUAL MILEAGE		00147		
POB105704									
ATLANTA GA					30348				

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder	Lienholder
POB105704	01
POB105704	ONE LIEN RECORDED
ATLANTA	ONE LIEN RECORDED
GA 30348	ONE LIEN RECORDED

DEPARTMENT OF MOTOR VEHICLES

MV-999 (1/11)

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester, et al.	Case Number: 13-22840-rdd	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East LLC		
Name and address where notices should be sent: Ford Motor Credit Company LLC PO Box 6275 Dearborn, MI 48121 Telephone number: (800) 955-8532 email:		COURT USE ONLY ☐ Check this box if 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): Ford Motor Credit Company LLC Department 55953, PO Box 55000 Detroit, MI 48255-0953 Telephone number: (800) 955-8532 email:		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>7,345.59</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Auto Lease</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 6 3 7 3	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

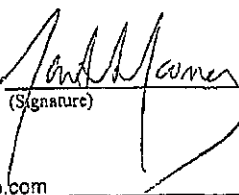
8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor. ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.
Title: 950 New Loudon Rd. Suite 109
Company: Latham, NY 12110
Address and telephone number (if different from notice address above):


(Signature)

12/19/2013

(Date)

Telephone number: (518) 786-9069 email: mmooney@schillerknapp.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS		INFORMATION
Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case.	A claim also may be secured if the creditor owes the debtor money (has a right to setoff).	Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.
Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).	Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.	
Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.	Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.	Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.
Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.	Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.	
Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.	Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.	

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

001115

NEW YORK STATE							www.dmv.ny.gov
Title and Identification No.		Year	Make	Model Code	Body/Hull	Document No.	
1FMCU9E73CKB98685		2012	FORD	ECP	SUBN	4420250	
Color	Wt/Sts/Lgh	Fuel	Cyl/Prop.	New or Used	Type of Title	Date Issued	
GY	3331	GAS	4	NEW	VEHICLE	4/24/12	
Name and Address of Owner(s)			ODOMETER READING:		00010		
CAB EAST LLC			ACTUAL MILEAGE		00010		
PO BOX 105704							
ATLANTA GA 30348							
This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.							
Lienholder				Lienholder			
ONE LIEN RECORDED				ONE LIEN RECORDED			
Lienholder				Lienholder			
ONE LIEN RECORDED				ONE LIEN RECORDED			

DEPARTMENT OF MOTOR VEHICLES

MV-999 (1/11)

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Sound Shore Medical Center of Westchester, et al.	Case Number: 13-22840-rdd	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Ford Motor Credit Company LLC as agent for CAB East LLC		
Name and address where notices should be sent: Ford Motor Credit Company LLC PO Box 6275 Dearborn, MI 48121 Telephone number: (800) 955-8532 email:		FILED - 01075 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN
Name and address where payment should be sent (if different from above): Ford Motor Credit Company LLC Department 55953, PO Box 55000 Detroit, MI 48255-0953 Telephone number: (800) 955-8532 email:		☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>10,217.55</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Auto Lease</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 1 2 9 1	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed) Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☐ I am the creditor. ☒ I am the creditor's authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent.
(See Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, indorser, or other codebtor.
(See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Martin A. Mooney, Esq.

Title: 950 New Loudon Rd. Suite 109

Company: Latham NY 12110

Address and telephone number (if different from notice address above):

(Signature)

12/19/2013
(Date)

Telephone number: (518) 786-9069 email: mmooney@schillerknapp.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

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DEFINITIONS	INFORMATION
Debtor A debtor is the person, corporation, or other entity that has filed a bankruptcy case. Creditor A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101 (10). Claim A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101 (5). A claim may be secured or unsecured. Proof of Claim A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed. Secured Claim Under 11 U.S.C. § 506 (a) A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.	A claim also may be secured if the creditor owes the debtor money (has a right to setoff). Unsecured Claim An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien. Claim Entitled to Priority Under 11 U.S.C. § 507 (a) Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims. Redacted A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded. Acknowledgment of Filing of Claim To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim. Offers to Purchase a Claim Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 <i>et seq.</i>), and any applicable orders of the bankruptcy court.

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

FC 10031-# JUL 10
FC 10031-APP
Provided by NSA/ISS/750

CAB EAST LLC
PO BOX 105704
ATLANTA

GA 30348

000912

NEW YORK STATE

www.dmv.ny.gov



Title and Identification No.

2FMDK4KC4CBA06537

2FMDK4KC4CBA06537

Year

2012

Make

FORD

Model Code

EDG

Body/Hull

SUBN

LIENS

Document No.

764467X

Color

GY

Wt./Sts./Lgth.

4113

Fuel

GAS

Cyl./Prop.

6

New or Used

NEW

Type of Title

VEHICLE

Date Issued

4/03/12

Name and Address of Owner(s)

CAB EAST LLC
PO BOX 105704
ATLANTA GA

ODOMETER READING:

00521

ACTUAL MILEAGE

00521

This document is your proof of ownership for this vehicle, boat or manufactured home. Keep it in a safe place, not with your license or registration or in your vehicle or boat. To dispose of your vehicle, boat or manufactured home, complete the transfer section on the back and give this title to the new owner.

Lienholder

Lienholder

HYD LEASING LLC

PO BOX 105704

ATLANTA

GA 30348

01

ONE LIEN RECORDED

Lienholder

Lienholder

ONE LIEN RECORDED

ONE LIEN RECORDED

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES

FILED - 00128

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT <i>Southern District of New York</i>		PROOF OF CLAIM
Name of Debtor: <i>Sound Shore Medical Center</i>	Case Number: <i>13-22840(RDD)</i>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>Fried Brothers Inc.</i>		
Name and address where notices should be sent: <i>467 North 7th Street Philadelphia, PA 19123</i>		COURT USE ONLY ☐ Check this box if this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Telephone number: <i>215-627-3205</i> email: <i>tony@fbisecurity.com</i>		
Name and address where payment should be sent (if different from above):		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: email:		
1. Amount of Claim as of Date Case Filed: \$ <i>3692.64</i>		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
☒ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <i>Goods Sold</i> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <i>UN02</i>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe:		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/01/16 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. (See instruction #6)		

B10 (Official Form 10) (04/13)

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7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: _____

Title: _____

Company: _____

Address and telephone number (if different from notice address above): _____

Telephone number: _____ email: _____

(Signature)

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

3

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

FBI FRIED BROTHERS, INC. Claims - Part 8 Pg 20 of 35ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**INVOICE**

Number	183556-1
Invoice Date	02/25/2013
Ordered Date	05/08/2012
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		DAVE/GARY		NR169439	05/01/2012
Entered By	Ship Via	Terms	FRT		
David	FEDEX RECEIVER	NET 10 DAYS	WAREHOUSE		
Quantity	U/M	Item #	Description	Price	Extension
Order Ship Back					
25	25	0	EA MNS024882	TRUTH 27.19-23.100 RH 1-3/8" C-C W 7/16" LOCK UP	29.6000 740.00
25	25	0	EA MNS024883	TRUTH 27.19-23.101 LH 1-3/8" C-C W/ 7/16" LOCK UP	29.6000 740.00

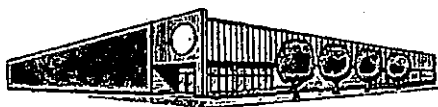
SubTotal 1,480.00

5640

CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 1,480.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

FBI FRIED BROTHERS, INC.ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**INVOICE**

Number	194646-1
Invoice Date	02/25/2013
Ordered Date	02/20/2013
Ship Date	02/25/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust. Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		GARY/MITCH			02/20/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 10 DAYS			
Quantity	U/M	Item #	Description	Price	Extension
Order	Ship	Back			
2	2	0	EA 500-083	TACO LHL 510 PASSAGE LEVER FOR UL PANIC N-DX-LHL510SC	50.0000 100.00

SubTotal 100.00

4634

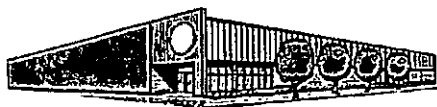
CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 100.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

FBI FRIED BROTHERS, INC.

Claims - Part 8 Pg 22 of 35

INVOICEESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL

Number	195149-1
Invoice Date	03/20/2013
Ordered Date	03/05/2013
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rsl	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			

Customer/Order Instructions**DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2**

Quantity	U/M	Item #	Description	Price	Extension
Order	Ship	Back			
1	0	0	EA MNS029007	RIXSON 0601 24VAC/DC AL SMOK-CHEK V PUSH SIDE ELECTRIFIED CLOSER/HOLDER	456.4500 0.00
1	0	0	EA MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000 0.00
50	50	0	EA .250-930	ILCO 998SB FOR YALE SECTIONAL YALE SECTIONAL KEY D *** SHIPPING INFORMATION *** Tracking# 85962403089026	1.0600 53.00

SubTotal 53.00

4950

CURRENT	30 Days	60 Days
826.84	0.00	0.00

90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 53.00**PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.**

FBI FRIED BROTHERS, INC.ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**INVOICE**

Number	195306-1
Invoice Date	03/20/2013
Ordered Date	03/08/2013
Ship Date	03/20/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust. Code	Ordered By	Salesman	Job/Ref	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH		PHIL 3/8/13	03/08/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Quantity	U/M	Item #	Description	Price	Extension
6	EA	468-113	SCHLAGE 16-211 626 3-WAY F SERIES DEAD LATCH UNIVERSAL *** SHIPPING INFORMATION *** Tracking# 859624030089019	12.3400	74.04

SubTotal 74.04

0644

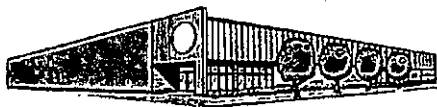
CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 74.04

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

FBI FRIED BROTHERS, INC.

Claims - Part 8 Pg 24 of 35

INVOICEESTABLISHED 1923
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL

Number	195859-1
Invoice Date	03/25/2013
Ordered Date	03/22/2013
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust. Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		GARY/MITCH			03/22/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Quantity	U/M	Item	Description	Price	Extension
Order Ship Back					
4	4	0	EA 312-002	MARKS IQILITE BLACK ACCESS CONTROL LOCK SCHLAGE KEYWAY *** SHIPPING INFORMATION *** Tracking# 859624030089118	325.0000 1300.00

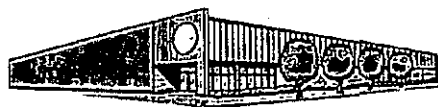
SubTotal 1,300.00

5948

CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 1,300.00

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

FBI FRIED BROTHERS, INC. Claims - Part 8 Pg 25 of 35ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**INVOICE**

Number	195149-2
Invoice Date	04/11/2013
Ordered Date	03/05/2013
Ship Date	03/26/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			

Customer/Order Instructions

DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2

Quantity	U/M	Item #	Description	Price	Extension
1	EA	MNS029007	RIXSON 0601 24VAC/DC AL SMOK-CHEK V PUSH SIDE ELECTRIFIED CLOSER/HOLDER	456.4500	456.45
1	EA	MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000	0.00

SubTotal 456.45

4933

SHIPPING & HANDLING 18.14

CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 474.59

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

Signature: _____

FBI FRIED BROTHERS, INC.ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**INVOICE**

Number	195149-3
Invoice Date	04/23/2013
Ordered Date	03/05/2013
Ship Date	04/16/2013
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02	PHIL	GARY/MITCH			03/05/2013
Entered By	Ship Via	Terms	FRT		
Mitch	FEDEX RECEIVER	NET 30 DAYS			
Customer/Order Instructions					

DIRECT FACTORY SHIPMENT PO#55600 SEC60 6017246-2

Quantity			U/M	Item	Description	Price	Extension
Order	Ship	Back					
1	1	0	EA	MNS029010	RIXSON 550136K- AL SMOK-CHEK V PUSH SIDE ARM ONLY	135.2000	135.20

SubTotal 135.20

4940

SHIPPING & HANDLING 7.00

CURRENT	30 Days	60 Days
826.84	0.00	0.00
90 Days	120 Days	AGING TOTAL
0.00	616.79	4,450.67

Total 142.20

PAST DUE INVOICES ARE SUBJECT TO 1 1/2% MONTHLY SERVICE CHARGE.

FBI FRIED BROTHERS, INC.ESTABLISHED 1922
SUPPLIER OF DOOR HARDWARE, SECURITY PRODUCTS AND ACCESS CONTROL**DEBIT-MEMO**

Number	200691-0
Invoice Date	08/02/2013
Ordered Date	08/02/2013
Ship Date	
Page	1

Bill to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Ship to: SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

Phone: (914) 632-5000 Fax: (914) 365-4363

Phone: (914) 632-5000 Fax: (914) 365-4363

Cust Code	Ordered By	Salesman	Job/Rel	Customer PO	Wanted Date
SOUN02		HOUSE ONLY			08/02/2013
Entered By	Ship Via	Terms	FRT		
Nataliya	FEDEX RECEIVER	NET 30 DAYS			
Customer/Order Instructions					

The Following is a Late Charge for Past Due Balance of \$3007.04

Invoice #	Seq	Inv Date	Due Date	Amount
183556	0001	02/25/2013	03/08/2013	1,480.00
194646	0001	02/25/2013	03/08/2013	100.00
195149	0001	03/20/2013	04/19/2013	53.00
195306	0001	03/20/2013	04/19/2013	74.04
195859	0001	03/25/2013	04/24/2013	1,300.00

Quantity	U/M	Item #	Description	Price	Extension
Order Ship Back					
SubTotal					0.00
LATE CHARGE					68.81
Total					68.81

*Fried Brothers Inc. charges a continual 1.5% finance charge at the beginning of each month following the month in which the net terms had expired.		

FRIED BROTHERS, INC.

ESTABLISHED 1923

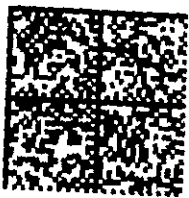
457 NORTH 7TH STREET
PHILADELPHIA, PA 19123-3996
WWW.FBISECURITY.COM

Sound Shore Medical Center of Westchester

c/o GCG Inc.

P.O. Box 9982

Dublin, Ohio 43017-5982



UNITED STATES POSTAGE
02 1M
0004226172
MAILED FROM ZIP CODE 19123
\$ 00.46
AUG 08 2013
PITNEY BOWES

01004013
SSM0202204261



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☐ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: The Mount Vernon Hospital, Inc. Unsecured: \$263,763.90
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): HEALTHCARE BUSINESS SOLUTI	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent: HEALTHCARE BUSINESS SOLUTI 41 ARTILLERY PARK RD TOTOWA, NJ 07612-1122	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
Telephone number: 973-803-0428 Email Address: hbs-consulting@optonline.net	Name and address where payment should be sent (if different from above): Telephone number: Email Address:	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>263,763.90</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6.		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>PERFORMED CONSULTING SERVICES TO OBTAIN ADDITIONAL REVENUE FOR</u> (See instruction #2) <u>PAST AND FUTURE YEARS.</u>		
3. Last four digits of any number by which creditor identifies Debtor:	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Describe: _____	Basis for perfection: _____	
Value of Property: \$ _____	Amount of Secured Claim: \$ _____	
Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 \$2,775* 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 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		



Modified B10 (GCG) (04/13)

8. Documents: Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted"))

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

9. Signature: (See instruction #9). Check the appropriate box.

☒ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: ROBERT BARAGONA

Title: PARTNER

(Signature)

(Date)

Company: HEALTHCARE BUSINESS SOLUTIONS, LLC

Address and telephone number (if different from notice address above):

Telephone number: email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Healthcare Business Solutions (HBS) Consulting
41 Artillery Park Road
Totowa, NJ 07512
973-803-0428
hbs-consulting@optimum.net
EIN: 27-1133783

INVOICE: MVH 12-1

June 27, 2012

Attn: Mr. Robert Connelly
The Mount Vernon Hospital
12 North Seventh Avenue
Mount Vernon, NY 10550

For professional services rendered:

2010 Rate Year – Medicare Nursing & Allied Health engagement – Mount Vernon
Hospital (Provider # 33-0086) \$362,846 (Settlement) x 35% = \$ 126,996.00

Total fees for the above

\$126,996.00

INVOICE DUE UPON RECEIPT

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C. 20250
FEDERAL AGRICULTURAL MECHANIZATION SERVICE
WASHINGTON, D. C. 20250
FEB 23 1965

TO: DIRECTOR, FARM LABOR

FROM: DIRECTOR, FARM LABOR
SUBJECT: [illegible]
[illegible]

RE: [illegible]

Enclosed for the Bureau are two copies of a letterhead memorandum dated and captioned as above. One copy of the memorandum is being furnished to the [illegible] for their information.

Very truly yours,
[illegible]

Enclosure

Healthcare Business Solutions (HBS) Consulting

41 Artillery Park Road

Totowa, NJ 07512

973-803-0428

hbs-consulting@optonline.net

EIN: 27-1133783

INVOICE: MVH 13-001

January 3, 2013

Attn: Mr. Robert Connelly
The Mount Vernon Hospital
12 North Seventh Avenue
Mount Vernon, NY 10550

For professional services rendered:

2006 Medicare Nursing & Allied Health engagement – Mount Vernon Hospital (Provider
33-0086) \$63,433 (Settlement) x 35% = \$ 22,201

Total fees for the above

\$22,201.00

INVOICE DUE UPON RECEIPT

1. A method of determining a value of a function $f(x)$ at a point x on a line segment AB of a polygonal chain, comprising:

receiving a set of vertices of the polygonal chain;

calculating a value of the function $f(x)$ at each of the vertices;

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x .

2. The method of claim 1, wherein the value of the function $f(x)$ at the point x is calculated by:

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x ;

3. The method of claim 1, wherein the value of the function $f(x)$ at the point x is calculated by:

calculating a value of the function $f(x)$ at the point x ;

calculating a value of the function $f(x)$ at the point x ;

Healthcare Business Solutions (HBS) Consulting

41 Artillery Park Road

Totowa, NJ 07512

973-803-0428

hbs-consulting@optonline.net

EIN: 27-1133783

INVOICE: MVH 13-002

May 2, 2013

**Attn: Mr. Robert Connelly
The Mount Vernon Hospital
12 North Seventh Avenue
Mount Vernon, NY 10550**

For professional services rendered:

**2007 Medicare Nursing & Allied Health engagement – Mount Vernon Hospital (Provider
33-0086) \$135,430 (Settlement) x 35% = \$ 47,401**

**2008 Medicare Nursing & Allied Health engagement – Mount Vernon Hospital (Provider
33-0086) \$191,904 (Settlement) x 35% = \$ 67,166**

Total fees for the above

\$114,567

INVOICE DUE UPON RECEIPT

Healthcare Business Solutions (HBS) Consulting

41 Academy Road

Jersey, NJ 07073

973-203-4434

Attention: Mr. Robert C. Jones

887-211-3378

800-571-1111

Page 5 of 35

Mr. Robert C. Jones
The Robert C. Jones
1111 Academy Road
Jersey, NJ 07073

Notwithstanding to whom

800-571-1111 (toll-free) - 800-571-1111 (toll-free)
800-571-1111 (toll-free) - 800-571-1111 (toll-free)

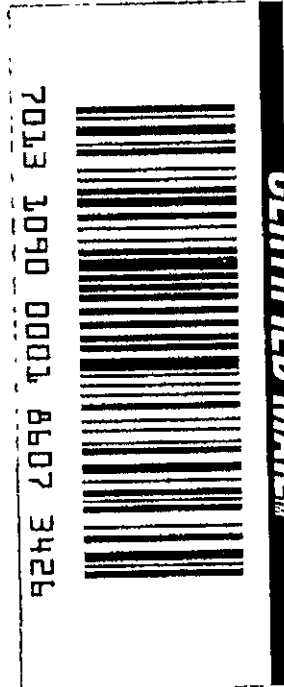
800-571-1111 (toll-free) - 800-571-1111 (toll-free)
800-571-1111 (toll-free) - 800-571-1111 (toll-free)

Page 5 of 35

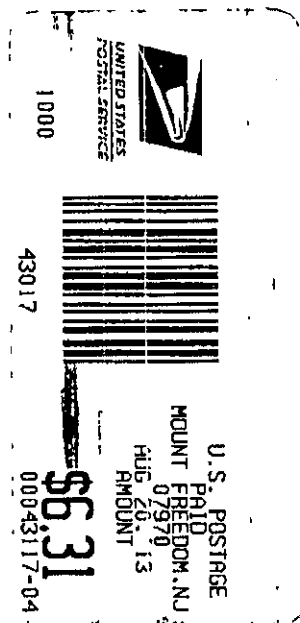
Page 5 of 35

Page 5 of 35

Healthcare Business Solutions, LLC
41 Artillery Park Rd
Totowa, NJ 07512

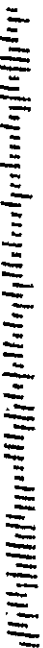


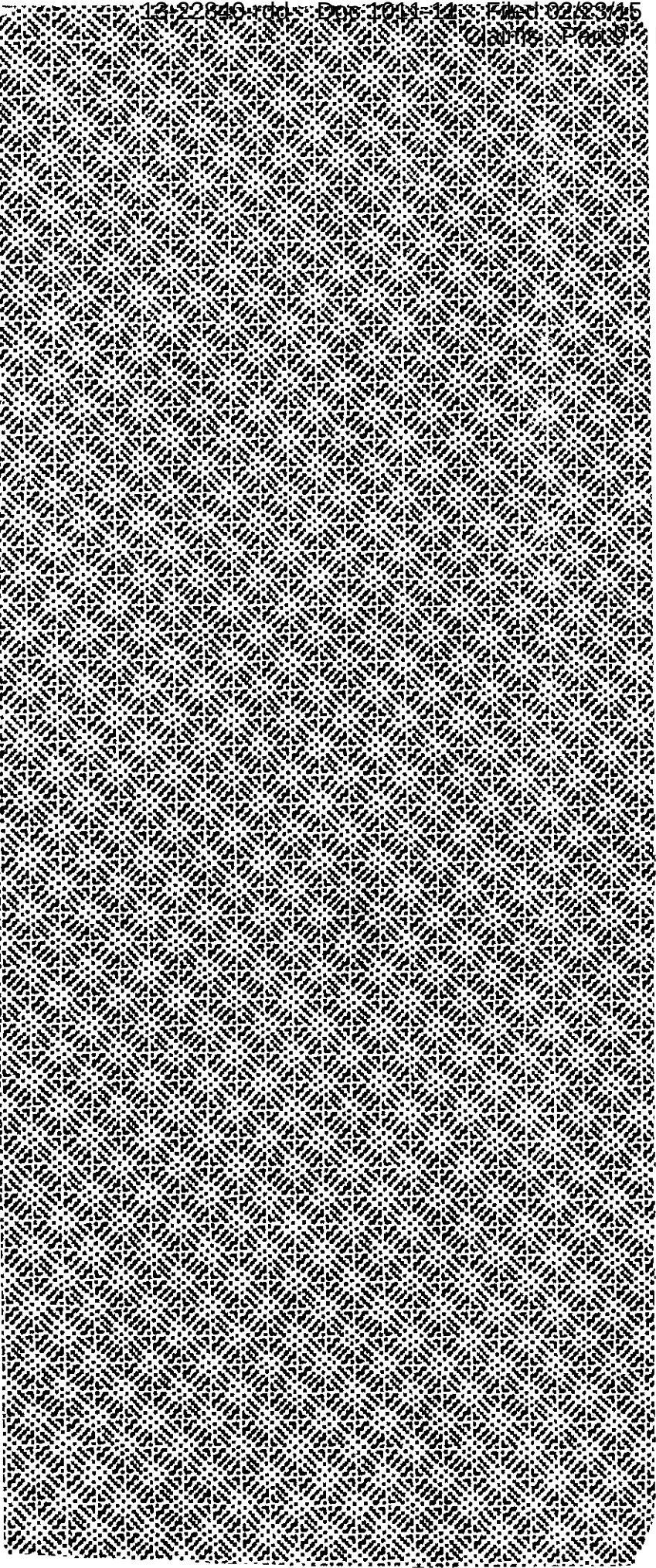
Sound Shore Medical of westchester, et al.
c/o GCG Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982



RETURN RECEIPT
REQUESTED

4301755982 B050





B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.	Case Number: 13-22840	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Lockwood Realty, LLC.		
Name and address where notices should be sent: Reich, Reich & Reich, P.C. 235 Main Street, Suite 450 White Plains, NY 10601		☐ Check this box if this claim amends a previously filed claim.
Telephone number: (914) 949-2126 email: reichlaw@aol.com		Court Claim Number: _____ (if known)
Name and address where payment should be sent (if different from above). Lockwood Realty, LLC c/o Greenridge Management Corp. 701 Westchester Ave, Suite 310W White Plains, NY 10601		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars
Telephone number: (914) 949-5030 email: _____		Filed on: _____
1. Amount of Claim as of Date Case Filed: \$ <u>43,591.79</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5.		
☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges		
2. Basis for Claim: <u>Judgments (copies attached)</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information		
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Value of Property: \$ _____		Basis for perfection: _____
Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,775* 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)(____).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		Amount entitled to priority: \$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

100-775-1100
ELOS 2-01A

B10 (Official Form 10) (04/13)

2

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

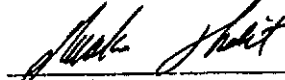
8. Signature: (See instruction #8)

Check the appropriate box.

- ☐ I am the creditor ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Malka Shalit
Title: Managing Member
Company: Lockwood Realty LLC
Address and telephone number (if different from notice address above):
Lockwood Realty LLC 701 Westchester Ave,
Suite 310W White Plains, NY 10604


(Signature)

July 17, 2013
(Date)

Telephone number: (914) 949-5030 email:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a):

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

REICH REICH & REICH, P.C.

ATTORNEYS AT LAW
235 MAIN STREET - SUITE 450
WHITE PLAINS, NEW YORK 10601

(914) 949-2126
FAX (914) 949-1604
e-mail Reichlaw@reichpc.com
www.reichpc.com

LAWRENCE R. REICH
JEFFREY A. REICH
NICHOLAS A. PASALIDES

SIDNEY H. REICH
(1904-1990)

JOANNE KRAISKY
PARALEGAL

August 1, 2013

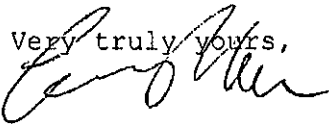
Sound Shore Medical Center
of Westchester, et al.
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

Re: Sound Shore Medical Center of Westchester, et al.
Chapter 11 Case No. 13-22840 (RDD)

Dear Sir or Madam:

Transmitted herewith for filing with the Bankruptcy Court is
Lockwood Realty, LLC's proof of claim.

Please return a date stamped copy in the enclosed self-addressed
envelope.

Very truly yours,

Lawrence R. Reich

LRR/sn
Encls.

TRANSCRIPT OF JUDGMENT

Index Number LT-002534-12/NR

JUDGMENT DEBTOR & ADDRESS		TRADE OR PROFESSION	JUDGMENT CREDITOR & ADDRESS
(1) NRHMC SERVICES CORP. 150 LOCKWOOD AVENUE, SUITE 18, New Rochelle, NY 10801		Unknown	(1) LOCKWOOD REALTY, LLC c/o CIO GREENRIDGE MANAGEMENT, 701 WESTCHESTER AVENUE, SUITE 310W, White Plains, NY 10601

JUDGMENT DOCKETED	JUDGMENT RENDERED	AMOUNT	Attorney for Judgment Creditor Name & Address	REMARKS: Date and manner of change of Status and Judgment
Date Hr. & Min. Index No.	Date County Court Hr. & Min.	Damages Costs Other Fees Total	BERTINE HUFNAGEL HEADLEY ZELTNER DRUMMOND & DOHN LLP 700 WHITE PLAINS ROAD, SUITE 237, Scarsdale, NY 10583-	
01/07/2013	01/07/2013	\$10,468.23		
	Westchester	\$0.00		
	New Rochelle City Court	\$0.00		
	01:50 PM	\$10,468.23		

EXECUTION RETURNED UNSATISFIED	SATISFIED	
	WHEN	HOW & TO WHAT EXTENT

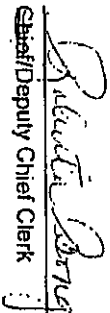
TPP 2825-13

Docketed 4/29/13
Perfect 1/7/13

WewRo

State of New York
County of Westchester
New Rochelle City Court

I, the undersigned judge/clerk of New Rochelle City Court held at 475 North Avenue, New Rochelle, NY 10801, do hereby certify that the above is a correct transcription from the docket of the above judgment. I further certify that defendants, and/or debtors have been summoned, proof of which is filed with the above referenced court. In testimony whereof, I have hereunto set my name and affixed my official seal on this date: January 15, 2013


Chief/Deputy Chief Clerk

TRANSCRIPT OF JUDGMENT

Index Number LT-002532-12/NR

(3)

JUDGMENT DEBTOR & ADDRESS		TRADE OR PROFESSION	JUDGMENT CREDITOR & ADDRESS	
(1) Sound Shore Medical Center Of Westchester 16 Gulion Pl., New Rochelle, NY 10802		Unknown	(1) LOCKWOOD REALTY, LLC c/o C/O GREENRIDGE MANAGEMENT, 701 WESTCHESTER AVENUE, SUITE 310W, White Plains, NY 10601	
JUDGMENT DOCKETED	JUDGMENT RENDERED	AMOUNT		Attorney for Judgment Creditor Name & Address
Date Hr. & Min. Index No.	Date County Court Hr. & Min.	Damages Costs Other Fees Total	\$22,095.37 \$0.00 \$0.00 \$22,095.37	BERTINE HUENAGEL HEADLEY ZELTNER DRUMMOND & DOHN LLP 700 WHITE PLAINS ROAD, SUITE 237, Scarsdale, NY 10583-
EXECUTION RETURNED UNSATISFIED	SATISFIED			
WHEN	HOW & TO WHAT EXTENT			

10022827-13

Docketed 4/12/13
Perfectd 1/7/13
New Ro

State of New York
County of Westchester
New Rochelle City Court

I, the undersigned judge/clerk of New Rochelle City Court hold at 475 North Avenue, New Rochelle, NY 10801, do hereby certify that the above is a correct transcription from the docket of the above judgment. I further certify that defendants, and/or debtors have been summoned, proof of which is filed with the above referenced court. In testimony whereof, I have hereunto set my name and affixed my official seal on this date: January 15, 2013

John T. Rappaport
Chief/Deputy Chief Clerk

TRANSCRIPT OF JUDGMENT

Index Number LT-002535-12/NR

(2)

JUDGMENT DEBTOR & ADDRESS

(1) NRHMC SERVICES CORP.
140 LOCKWOOD AVENUE, SUITE 104, New Rochelle, NY 10801

TRADE OR
PROFESSION

Unknown

JUDGMENT CREDITOR & ADDRESS

(1) LOCKWOOD REALTY, LLC
c/o C/O GREENRIDGE MANAGEMENT, 701 WESTCHESTER
AVENUE, SUITE 310W, White Plains, NY 10601

JUDGMENT DOCKETED	JUDGMENT RENDERED	AMOUNT	Attorney for Judgment Creditor Name & Address	REMARKS: Date and manner of change of Status and Judgment
Date Hr. & Min. Index No.	Date County Court Hr. & Min.	Damages Costs Other Fees Total	BERTINE HUFNAGEL HEADLEY ZELTNER DRUMMOND & DOHN LLP 700 WHITE PLAINS ROAD, SUITE 237, Scarsdale, NY 10583-	
01/07/2013	Westchester New Rochelle City Court	\$11,028.19 \$0.00 \$0.00 \$11,028.19		
01:50 PM				
EXECUTION RETURNED UNSATISFIED	WHEN	HOW & TO WHAT EXTENT		

T002828-13

Docketed 4/29/13
perfected 1/07/13
NewRo

State of New York
County of Westchester
New Rochelle City Court

I, the undersigned judge/clerk of New Rochelle City Court held at 475 North Avenue, New Rochelle, NY 10801, do hereby certify that the above is a correct transcription from the docket of the above judgment. I further certify that defendants, and/or debtors have been summoned, proof of which is filed with the above referenced court. In testimony whereof, I have hereunto set my name and affixed my official seal on this date: January 15, 2013

Ricetta Bongiorno
Chief/Deputy Chief Clerk

REICH REICH & REICH, P.C.
ATTORNEYS AT LAW
235 MAIN STREET, SUITE 450
WHITE PLAINS, NY 10601-2421

Sound Shore Medical Center
of Westchester, et al.
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982





**New York State Department of
Taxation and Finance**

Bankruptcy Section
P O Box 5300
Albany NY 12205-0300

(518) 457-3160

Statement date: 10/8/2013

Amendment: 1st

Case number: 13-22845 RDD

Refer to this number for inquiries

Total claim amount: \$10,154.26

Taxpayer ID#: B-13-3769137-6

Pre-Petition Proof of Claim

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CTR OF WESTCHESTER
c/o GCG, INC.
1985 MARCUS AVENUE SUITE 200
LAKE SUCCESS, NY 10042



FILED - 01017

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN

This is a statement of tax liabilities for NRHMC SERVICES-CORPORATION. Penalty and interest for each liability is computed to 5/29/2013.

Unsecured Priority Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/12	L-040187441-3	1,250.00	0.00	54.31	1,304.31	EST
WITHLD	03/15/12	L-039111272-6	2,345.99	0.00	344.25	2,690.24	ACT
WITHLD	03/31/12	L-038371685-1	0.00	0.00	64.67	64.67	ACT
WITHLD	06/30/12	L-038694230-8	0.00	0.00	47.31	47.31	ACT
WITHLD	06/30/12	L-039111273-5	499.48	0.00	58.00	557.48	ACT
WITHLD	09/30/12	L-039111274-4	2,494.95	0.00	134.62	2,629.57	ACT
SubTotal \$						7,293.58	

General Unsecured Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
CORP	12/31/12	L-040187441-3	0.00	62.50	0.00	62.50	EST
WITHLD	03/15/12	L-039111272-6	0.00	901.73	0.00	901.73	ACT
WITHLD	06/30/12	L-038694230-8	0.00	1,000.00	0.00	1,000.00	ACT
WITHLD	06/30/12	L-039111273-5	0.00	307.39	0.00	307.39	ACT
WITHLD	09/30/12	L-039111274-4	0.00	589.06	0.00	589.06	ACT
SubTotal \$						2,860.68	

This claim amends and supercedes the previous claim dated 6/10/2013.

Current Annual Interest Rates by Tax Type: Corporation - 7.5%, Withholding - 7.5%

Liability Type Descriptions: EST - Estimated (No Return Filed), ACT - Actual Return Filed

ENV-1 (6/96)

State of New York
Department of Taxation and Finance
W A Harriman Campus
Albany NY 12227

Bankruptcy Unit



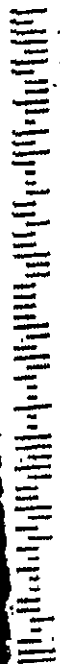
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FIRST CLASS



UNITED STATES POSTAGE
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IAPUS3B 11042





From: (831) 470-5153
Andrea Malick
The Carden City Group, Inc.
1985 Marcus Avenue

Lake Success, NY 11042

Origin ID: TKLA



J13201306280326

SHIP TO: (614) 289-5400
Mr. Matt Michalak
GCG-Ohio Office
5151 BLAZER PKWY STE A

BILL THIRD PARTY

DUBLIN, OH 43017

Ship Date: 10OCT13
ActWgt: 1.0 LB
CAD: 100098143/NET3430

Delivery Address Bar Code



Ref # -XID & SSM-
Invoice #
PO #
Dept #

FRI - 11 OCT AA
STANDARD OVERNIGHT

TRK# 7968 8388 3171

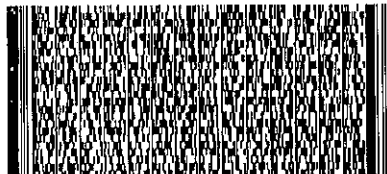
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43017

OH-US

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Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.



**New York State Department of
Taxation and Finance**

Bankruptcy Section
P O Box 5300
Albany NY 12205-0300

(518) 457-3160

Statement date: 6/10/2013

Case number: 13-22845 RDD
Refer to this number for inquiries

Total claim amount: \$9,787.45

Taxpayer ID#: B-13-3769137-6

Pre-Petition Proof of Claim

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CTR OF WESTCHESTER
c/o GCG, INC.
1985 MARCUS AVENUE SUITE 200
LAKE SUCCESS, NY 10042



FILED - 00005

U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

This is a statement of tax liabilities for NRHMC SERVICES CORPORATION. Penalty and interest for each liability is computed to 5/29/2013.

Unsecured Priority Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
WITHLD	03/15/12	L-039111272-6	2,345.99	0.00	344.25	2,690.24	ACT
WITHLD	03/31/12	L-038371685-1	0.00	0.00	64.67	64.67	EST
WITHLD	06/30/12	L-038694230-8	0.00	0.00	47.31	47.31	EST
WITHLD	06/30/12	L-039111273-5	499.48	0.00	58.00	557.48	ACT
WITHLD	09/30/12	L-039111274-4	2,494.95	0.00	134.62	2,629.57	ACT
SubTotal \$						5,989.27	

General Unsecured Liabilities

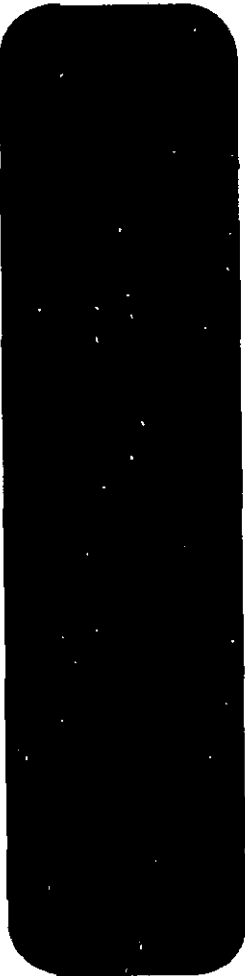
Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
WITHLD	03/15/12	L-039111272-6	0.00	901.73	0.00	901.73	ACT
WITHLD	03/31/12	L-038371685-1	0.00	1,000.00	0.00	1,000.00	EST
WITHLD	06/30/12	L-038694230-8	0.00	1,000.00	0.00	1,000.00	EST
WITHLD	06/30/12	L-039111273-5	0.00	307.39	0.00	307.39	ACT
WITHLD	09/30/12	L-039111274-4	0.00	589.06	0.00	589.06	ACT
SubTotal \$						3,798.18	

Current Annual Interest Rates by Tax Type: Withholding - 7.5%

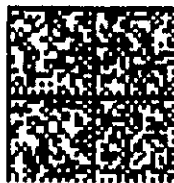
Liability Type Descriptions: ACT - Actual Return Filed, EST - Estimated (No Return Filed)

TC-280 (3/05)

New York State
Department of Taxation and Finance
Bankruptcy Unit
PO Box 5300
Albany NY 12205-0300



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FIRST CLASS



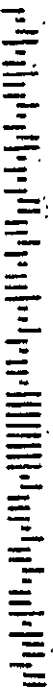
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0004398010
MAILED FROM ZIP CODE 12183



\$ 00.384



DAPUSGB 11042



From: (631) 470-5153
Andrea Mallick
The Garden City Group, Inc.
1985 Marcus Avenue

Origin ID: TKLA



Lake Success, NY 11042

Ship Date: 10JUN13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code



SHIP TO: (614) 289-5400
Mr. Matt Michalak
GCG-Ohio Office
5151 BLAZER PKWY STE A

BILL THIRD PARTY

Ref # -SSM-
Invoice #
PO #
Dept #

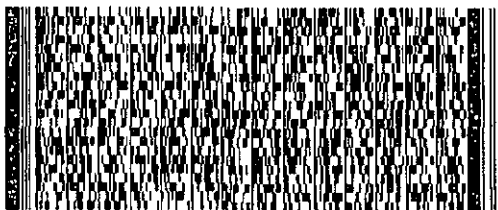
DUBLIN, OH 43017

TUE - 11 JUN 3:00P
STANDARD OVERNIGHT

TRK# 7999 6125 0284
0201

XX OSUA

43017
OH-US
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1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01001250

SSM0202689067



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM								
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No.: 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP, INC. SEP 3 2013								
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).										
Name of Creditor (the person or other entity to whom the Debtor owes money or property): ANN RIVERA	☐ Check this box to indicate that this claim amends a previously filed claim.	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.								
Name and address where notices should be sent: ANN RIVERA 114 W. SIDNEY AVE, THIRD FLOOR MT VERNON, NY 10550	Court Claim Number: (If known) Filed on:									
Telephone number: Email Address:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.									
Name and address where payment should be sent (if different from above): 1285 Woodside Rd Wind Gap, PA 18091 Telephone number: 610-984-5202 Email Address: brunieg1@yahoo.com										
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ <u>unknown</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.										
2. Basis for Claim: <u>Pension payments, Severance pay, accrued sick leave, & other benefits rendered as an employee</u> (See instruction #2)										
3. Last four digits of any number by which creditor identifies Debtor: 7 1 2 2	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)								
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. <table style="width:100%;"> <tr> <td style="width: 50%;"> Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other </td> <td style="width: 50%;"> Basis for perfection: </td> </tr> <tr> <td> Describe: </td> <td> Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ </td> </tr> <tr> <td> Value of Property: \$ </td> <td> Amount of Secured Claim: \$ </td> </tr> <tr> <td> Annual Interest Rate: % ☐ Fixed or ☐ Variable (when case was filed) </td> <td> Amount Unsecured: \$ </td> </tr> </table>			Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other	Basis for perfection:	Describe:	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$	Value of Property: \$	Amount of Secured Claim: \$	Annual Interest Rate: % ☐ Fixed or ☐ Variable (when case was filed)	Amount Unsecured: \$
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other	Basis for perfection:									
Describe:	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$									
Value of Property: \$	Amount of Secured Claim: \$									
Annual Interest Rate: % ☐ Fixed or ☐ Variable (when case was filed)	Amount Unsecured: \$									
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a): If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. <table style="width:100%;"> <tr> <td style="width: 33%;"> ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B) </td> <td style="width: 33%;"> ☒ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier — 11 U.S.C. § 507 (a)(4) </td> <td style="width: 33%;"> ☒ Contributions to an employee benefit plan — 11 U.S.C. § 507 (a)(5) </td> </tr> <tr> <td> ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use — 11 U.S.C. § 507 (a)(7) </td> <td> ☐ Taxes or penalties owed to governmental units — 11 U.S.C. § 507 (a)(8) </td> <td> ☐ Other — Specify applicable paragraph of 11 U.S.C. § 507 (a)() </td> </tr> </table> Amount entitled to priority: \$ *Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)	☒ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 \$2,775* 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)()		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B)	☒ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, 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 \$2,775* 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)()								
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$										
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)										

8. Documents: Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See Instruction #8, and the definition of "redacted".))
- DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
- If the documents are not available, please explain: _____

9. Signature: (See instruction #9) Check the appropriate box.
- ☒ I am the creditor ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004). ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)
- (Attach copy of power of attorney, if any)
- I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.
- Print Name: Ann L. Riviera (Signature) Ann L. Riviera (Date) 8/27/13
- Title: Dist. Aide
- Company: Mt. Vernon Hospital
- Address and telephone number (if different from notice address above): _____
- Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5, and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim; attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below.)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary, in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a service, identify the corporate service as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

INFORMATION

Debtor

A Debtor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Creditor

A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed, stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Display of Proof of Claim on Case Administration Website

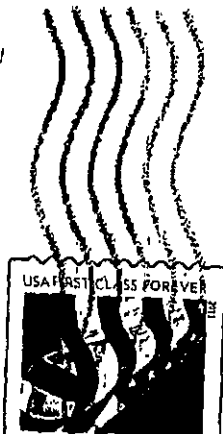
As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

Don L. Ruess
1985 Woodbridge Rd.
Mund Camp Pa 18091

Samuel Shore Medical of Whitehouse
etc
c/o CCC Inc.
P.O. Box 9982
Bullitt, Ohio 43017-5982

30 AUG 2013 PM 11

LEHIGH VALLEY PA 180



DATED: 08/15/13

STATE OF NEW YORK
DEPARTMENT OF LABOR
Unemployment Insurance Division

Governor W. Averell Harriman State Office Building Campus
Building 12, Room 256
Albany, New York 12240

ARRANGEMENT #13-22845

EMPLOYER REG. NO.: 45-121807

**LIQUIDATED ADMINISTRATIVE EXPENSE
CLAIM FOR UNEMPLOYMENT INSURANCE**



CLERK OF THE COURT
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
300 QUARROPAS ST
WHITE PLAINS, NY 10601-0000

IN THE MATTER OF:
NRHMC SERVICES CORP

Julie Brazie is an agent of the New York State Department of Labor, Unemployment Insurance Division, and is authorized to make this claim on behalf of the Commissioner of Labor of the State of New York pursuant to Article 18 of the Labor Law of the State of New York.

The debtor is liable to the New York State Department of Labor in the sum of \$763.98 representing unpaid unemployment insurance contributions.

PERIOD FROM/TO	A/E	Contributions	Section 581D Assessment	Accrued Interest	Posted Interest	Penalty
05/30/13-06/30/13	A	\$763.98				
Total:				\$763.98		

A - Actual Returns Filed E - Estimated, no return filed.

This is in addition to our Priority Claim for \$3,564.10

No part of this debt has been paid. There are no set-offs or counterclaims.

All contributions set forth in the Administrative Expense Claim arose subsequent to the date of petition to wit 05/29/13

All checks in satisfaction of this claim should be made payable to NYS Unemployment Insurance and forwarded to the NYS Department of Labor, Insolvency Unit, at the address indicated above.

Commissioner of Labor

Julie Brazie
By: Julie Brazie
UI Employer Compliance Agent 2
Unemployment Insurance Division

Indicate Acknowledgement Date

FILED - 00302 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. DRAIN Claim Number Assigned _____



Dated: 08/15/13

Fax (518) 457-3256

GA 905 (12/08)

New York State Department of Labor
State Office Campus, Building 12
Albany, NY 12240-0001

Bridge 12 - Rm. 256

Sound Shore Medical Center
c/o GCG- Inc
PO Box 9183-
Dublin, OH 43017-5983-



601000
1011-11
13-22840-rdd

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM						
Name of Debtor: Sound Shore Health System	Case Number: 13-22844	FILED U.S. BANKRUPTCY COURT S.D. OF N.Y. 2013 JUN 25 A						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): UnitedHealthcare Insurance Company								
Name and address where notices should be sent: Rachel A. Smith, UHC, CDM 185 Asylum Street, 03B Hartford, CT 06103 Telephone number: (860) 702-7091 email: rasmith@uhc.com		☐ Check this box if 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: _____ email: _____		☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.						
1. Amount of Claim as of Date Case Filed: \$ <u>102,005.72</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.								
2. Basis for Claim: <u>Unpaid premium for health insurance benefits</u> (See instruction #2)								
3. Last four digits of any number by which creditor identifies debtor: 2 5 1 8	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)						
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.								
Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____% ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____						
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.								
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> ☐ Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> ☐ 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). </td> <td style="vertical-align: top;"> ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table> Amount entitled to priority: \$ _____			☐ 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 the case was filed or the debtor's business ceased, 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)().
☐ 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 the case was filed or the debtor's business ceased, 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)().						
CRT								
*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. (See instruction #6)								

B 10 (Official Form 10) (12/11)

2

7. Documents: Attached are 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. If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

8. Signature: (See instruction #8)

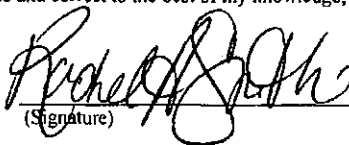
Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor.
(Attach copy of power of attorney, if any.) (See Bankruptcy Rule 3004.) (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Rachel A. Smith
Title: Bankruptcy Legal Services Specialist
Company: UHC
Address and telephone number (if different from notice address above):

Telephone number: _____ email: _____


(Signature)

06/24/2013

(Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.



Rachel A. Smith
Credit & Delinquency Management
185 Asylum Street, 03B
Hartford, CT 06115-0450
Telephone: (860) 702 - 7091
Facsimile: (860) 702 - 6796

June 24, 2013

VIA OVERNIGHT MAIL

ATTN: Vito Genna, Clerk
U.S. Bankruptcy Court
Clerk's Office
300 Quarropas Street
White Plains, NY 10601

Re: Sound Shore Health System, Inc.
Chpt. 11 Bankruptcy filed 5/29/2013 | Case No. 13-22844 | Lead Case 13-22840
Proof of Claim: \$102,005.72

Dear Mr. Genna:

Enclosed please find an executed Proof of Claim regarding debt outstanding of the above-referenced debtors, in the amount of \$102,005.72 being due United Healthcare Insurance Company.

Kindly file and return a stamped copy to my attention in the self-addressed pre-paid envelope enclosed for your convenience.

Your prompt anticipated cooperation in this matter is greatly appreciated.

Should you have any questions or concerns in the meantime, please do not hesitate to contact me.

Thank you.

Cordially yours,

A handwritten signature in cursive script, appearing to read 'Rachel A. Smith'.

Rachel A. Smith
Bankruptcy Legal Services Specialist
Credit & Delinquency Management

RAS/jar
Enclosures

(Overnight Mail No. 1ZR8473F0194454610)

FILED
U.S. BANKRUPTCY COURT
2013 JUN 25 P 12:59
S.D. N.Y.

Co	Customer#	Invoice #	Inv. Date	Due Date	Amount	Customer	Currency	Current	1 - 30	31 - 60	61 - 90	91 - 120	>120	TOTAL
1509	2518	16817	4/12/2011	5/12/2011	\$ 5,151.03	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,151.03	\$ 5,151.03
1509	2518	17285	5/10/2011	6/9/2011	\$ 4,913.10	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,913.10	\$ 4,913.10
1509	2518	17773	6/9/2011	7/9/2011	\$ 5,571.27	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,571.27	\$ 5,571.27
1509	2518	18237	7/12/2011	8/11/2011	\$ 5,435.31	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,435.31	\$ 5,435.31
1509	2518	18725	8/10/2011	9/9/2011	\$ 5,401.32	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,401.32	\$ 5,401.32
1509	2518	19225	9/9/2011	10/9/2011	\$ 5,104.68	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,104.68	\$ 5,104.68
1509	2518	19695	10/10/2011	11/9/2011	\$ 4,396.84	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,396.84	\$ 4,396.84
1509	2518	20206	11/8/2011	12/8/2011	\$ 5,725.65	Sound Shore Health System	USD	-	-	-	-	-	\$ 5,725.65	\$ 5,725.65
1509	2518	20388	11/10/2011	12/10/2011	\$ 2,755.46	Sound Shore Health System	USD	-	-	-	-	-	\$ 2,755.46	\$ 2,755.46
1509	2518	20399	11/16/2011	12/16/2011	\$ 439.08	Sound Shore Health System	USD	-	-	-	-	-	\$ 439.08	\$ 439.08
1509	2518	20735	12/7/2011	1/6/2012	\$ 8,762.11	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,762.11	\$ 8,762.11
1509	2518	21011	12/27/2011	1/26/2012	\$ 46.88	Sound Shore Health System	USD	-	-	-	-	-	\$ 46.88	\$ 46.88
1509	2518	21338	1/6/2012	2/5/2012	\$ 3,656.38	Sound Shore Health System	USD	-	-	-	-	-	\$ 3,656.38	\$ 3,656.38
1509	2518	21419	1/9/2012	2/8/2012	\$ 7,367.29	Sound Shore Health System	USD	-	-	-	-	-	\$ 7,367.29	\$ 7,367.29
1509	2518	21920	2/9/2012	3/10/2012	\$ 4,744.11	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,744.11	\$ 4,744.11
1509	2518	21971	2/9/2012	3/10/2012	\$ 8,908.48	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,908.48	\$ 8,908.48
1509	2518	22547	3/9/2012	4/8/2012	\$ 4,029.48	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,029.48	\$ 4,029.48
1509	2518	22663	3/9/2012	4/8/2012	\$ 7,869.54	Sound Shore Health System	USD	-	-	-	-	-	\$ 7,869.54	\$ 7,869.54
1509	2518	23087	4/6/2012	5/6/2012	\$ 4,150.02	Sound Shore Health System	USD	-	-	-	-	-	\$ 4,150.02	\$ 4,150.02
1509	2518	23120	4/6/2012	5/6/2012	\$ 8,036.00	Sound Shore Health System	USD	-	-	-	-	-	\$ 8,036.00	\$ 8,036.00
1509	2518	23305	4/17/2012	4/17/2012	\$ (458.31)	Sound Shore Health System	USD	-	-	-	-	-	\$ (458.31)	\$ (458.31)

Total Outstanding: \$ 102,005.72

Invoice

Company	Invoice No	Date	Page
1509	19695	10/Oct/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Nov/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services September 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,532.00	3.09	0	4,733.88
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,733.88

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	4,733.88
Sales Tax	0.00
Invoice Total	4,733.88
Payment Received	4,733.88
Balance If paid by 10/Oct/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	20206	08/Nov/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services October 2011 Mt Vernon	Yes	1	1,359.00	2.87	0	3,900.33
3	605323 E/Point Hosted Services New Rochelle October 2011	Yes	1	636.00	2.87	0	1,825.32
4	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,725.65

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,725.65
Sales Tax	0.00
Invoice Total	5,725.65
Payment Received	5,725.65
Balance if paid by 08/Nov/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	20399	16/Nov/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	16/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Car Rental : 10/26/2011 Hertz receipt for \$526.90 less \$(87.82) which belongs to a diferent customer. Total amount due \$439.08	Yes	1	1.00	439.08	0	439.08
2	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total 439.08

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	439.08
Sales Tax	0.00
Invoice Total	439.08
Payment Received	439.08
Balance If paid by 16/Nov/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	1 of 4

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606700 Watson, Bonita R : Sound Shore Medical Center L200 : Airfare : 10/19/2011 - 10/26/2011	Yes	1	1.00	1,155.75	0	1,155.75
2	606700 Watson, Bonita R : Sound Shore Medical Center L200 : Airfare : 10/19/2011 - 10/26/2011	Yes	1	1.00	25.00	0	25.00
3	606725 Watson, Bonita R : Sound Shore Medical Center L200 : Cellular/PDA/Aircard : 10/19/2011	Yes	1	1.00	9.95	0	9.95
4	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Gas - Rental Cars : 10/23/2011	Yes	1	1.00	34.69	0	34.69
5	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/19/2011	Yes	1	1.00	14.68	0	14.68
6	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/20/2011	Yes	1	1.00	27.17	0	27.17
7	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/21/2011	Yes	1	1.00	27.17	0	27.17
8	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/22/2011	Yes	1	1.00	27.17	0	27.17
9	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/24/2011	Yes	1	1.00	23.15	0	23.15
10	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging Tax : 10/25/2011	Yes	1	1.00	19.46	0	19.46
11	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/19/2011	Yes	1	1.00	129.00	0	129.00
12	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/20/2011	Yes	1	1.00	189.00	0	189.00

Page Total **1,682.19**

Comments: Please Remit To:
Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	2 of 4

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
13	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/21/2011	Yes	1	1.00	189.00	0	189.00
14	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/22/2011	Yes	1	1.00	189.00	0	189.00
15	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/24/2011	Yes	1	1.00	161.10	0	161.10
16	606705 Watson, Bonita R : Sound Shore Medical Center L200 : Lodging/Hotel : 10/25/2011	Yes	1	1.00	139.00	0	139.00
17	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	4.00	0	4.00
18	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	17.27	0	17.27
19	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	2.44	0	2.44
20	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/19/2011	Yes	1	1.00	4.49	0	4.49
21	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/20/2011	Yes	1	1.00	55.79	0	55.79
22	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/21/2011	Yes	1	1.00	45.92	0	45.92
23	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/21/2011	Yes	1	1.00	4.08	0	4.08
24	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/22/2011	Yes	1	1.00	47.95	0	47.95

Page Total 860.04

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	3 of 4

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
25	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/22/2011	Yes	1	1.00	2.05	0	2.05
26	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/24/2011	Yes	1	1.00	2.98	0	2.98
27	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/24/2011	Yes	1	1.00	8.76	0	8.76
28	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	2.75	0	2.75
29	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	2.00	0	2.00
30	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/25/2011	Yes	1	1.00	29.46	0	29.46
31	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	4.96	0	4.96
32	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	2.34	0	2.34
33	606715 Watson, Bonita R : Sound Shore Medical Center L200 : Meals Individual Travel : 10/26/2011	Yes	1	1.00	4.49	0	4.49
34	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/19/2011	Yes	1	1.00	52.06	0	52.06
35	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/20/2011	Yes	1	1.00	10.00	0	10.00
36	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/21/2011	Yes	1	1.00	10.00	0	10.00

Page Total 131.85

Comments: Please Remit To.

Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Invoice

Company	Invoice No	Date	Page
1509	20388	10/Nov/2011	4 of 4

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Dec/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
37	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Parking/Tolls : 10/22/2011	Yes	1	1.00	10.00	0	10.00
38	606710 Watson, Bonita R : Sound Shore Medical Center L200 : Personal Car Mileage : 10/19/2011	Yes	1	125.00	0.555	0	69.38
39	606725 Watson, Bonita R : Sound Shore Medical Center L200 : Tips : 10/19/2011 Travel expense report for Bonita Watson Training See expense report for details	Yes	1	1.00	2.00	0	2.00

40	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total **81.38**

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	2,755.46
Sales Tax	0.00
Invoice Total	2,755.46
Payment Received	2,755.46
Balance if paid by 10/Nov/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	20735	07/Dec/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	06/Jan/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services November 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,013.00	2.87	0	2,907.31
3	605323 E/Point Hosted Services Soundshore New Rochelle November 2011	Yes	1	2,040.00	2.87	0	5,854.80
4	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,762.11

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	8,762.11
Sales Tax	0.00
Invoice Total	8,762.11
Payment Received	8,762.11
Balance if paid by 07/Dec/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	21011	27/Dec/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	26/Jan/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	606710 Watson, Bonita R - Sound Shore Medical Center L200 : Parking/Tolls : 11/04/2011	Yes	1	1.00	46.88	0	46.88
2	Tax (Type - RE)	No	1	1.00	0.00	0	0.00

Page Total 46.88

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	46.88
Sales Tax	0.00
Invoice Total	46.88
Payment Received	46.88
Balance if paid by 27/Dec/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	21338	06/Jan/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	05/Feb/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services December 2011 Mount Vernon	Yes	1	1,274.00	2.87	0	3,656.38
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 3,656.38

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	3,656.38
Sales Tax	0.00
Invoice Total	3,656.38
Payment Received	3,656.38
Balance if paid by 06/Jan/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	21419	09/Jan/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Feb/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services December 2011 New Rochelle	Yes	1	2,567.00	2.87	0	7,367.29
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total **7,367.29**

Comments: Please Remit To:
Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	7,367.29
Sales Tax	0.00
Invoice Total	7,367.29
Payment Received	7,367.29
Balance if paid by 09/Jan/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	21920	09/Feb/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Mar/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services January 2012 Mount Vernon	Yes	1	1,653.00	2.87	0	4,744.11
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,744.11

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	4,744.11
Sales Tax	0.00
Invoice Total	4,744.11
Payment Received	4,744.11
Balance if paid by 09/Feb/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	21971	09/Feb/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	10/Mar/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	805323 E/Point Hosted Services January 2012 New Rochelle	Yes	1	3,104.00	2.87	0	8,908.48
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,908.48

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	8,908.48
Sales Tax	0.00
Invoice Total	8,908.48
Payment Received	8,908.48
Balance if paid by 09/Feb/2012	0.00

Invoice

Company	Invoice No	Date	Page
1508	22547	09/Mar/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services February 2012 Mount Vernon	Yes	1	1,404.00	2.87	0	4,029.48
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 4,029.48

Comments: Please Remit To
Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	4,029.48
Sales Tax	0.00
Invoice Total	4,029.48
Payment Received	4,029.48
Balance if paid by 09/Mar/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	22663	09/Mar/2012	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	08/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services February 2012 New Rochelle	Yes	1	2,742.00	2.87	0	7,869.54
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 7,869.54

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	7,869.54
Sales Tax	0.00
Invoice Total	7,869.54
Payment Received	7,869.54
Balance if paid by 09/Mar/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	23087	06/Apr/2012	1 of 1
Sales Order: 0			

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	06/May/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services Mount Vernon March 2012	Yes	0	1,446.00	2.87	0	4,150.02
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total **4,150.02**

Comments: Please Remit To
Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	4,150.02
Sales Tax	0.00
Invoice Total	4,150.02
Payment Received	4,150.02
Balance if paid by 06/Apr/2012	0.00

Invoice

Company	Invoice No	Date	Page
1509	23120	06/Apr/2012	1 of 1
Sales Order: 0			

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	06/May/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services March 2012 New Rochelle	Yes	0	2,800.00	2.87	0	8,036.00
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 8,036.00

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	8,036.00
Sales Tax	0.00
Invoice Total	8,036.00
Payment Received	8,036.00
Balance if paid by 06/Apr/2012	0.00

Credit Invoice

Company	Invoice No	Date	Page
1509	23305	17/Apr/2012	1 of 1
Invoice Cross Ref:			

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	RECEIPT	17/Apr/2012

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	Tax (Type - AS)	No	1	1.00	458.31	0	458.31

Credit sales tax on invoice # 12842

Page Total 458.31

Subtotal 458.31

Sales Tax 0.00

Credit Invoice Total 458.31

Invoice

Company	Invoice No	Date	Page
1509	16817	12/Apr/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	12/May/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services March 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,667.00	3.09	0	5,151.03
2	Tax (Type - AS)	No	1	1.00	431.40	0	431.40

Page Total 5,582.43

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,151.03
Sales Tax	431.40
Invoice Total	5,582.43
Payment Received	5,582.43
Balance if paid by 12/Apr/2011	(0.00)

Invoice

Company	Invoice No	Date	Page
1509	17285	10/May/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Jun/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services Mount Vernon Hospital April 2011	Yes	1	1,590.00	3.09	0	4,913.10
2	Tax (Type - AS)	No	1	1.00	411.46	0	411.46

Page Total 5,324.56

Comments: Please Remit To.

Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	4,913.10
Sales Tax	411.46
Invoice Total	5,324.56
Payment Received	5,324.56
Balance if paid by 10/May/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	17773	09/Jun/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Jul/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services May 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,803.00	3.09	0	5,571.27
2	Tax (Type - AS)	No	1	1.00	466.59	0	466.59

Page Total **6,037.86**

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,571.27
Sales Tax	466.59
Invoice Total	6,037.86
Payment Received	6,037.86
Balance if paid by 09/Jun/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	18237	12/Jul/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	11/Aug/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services June 2011	Yes	1	1,759.00	3.09	0	5,435.31
2	Tax (Type - AS)	No	1	1.00	455.20	0	455.20

Page Total 5,890.51

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,435.31
Sales Tax	455.20
Invoice Total	5,890.51
Payment Received	5,890.51
Balance if paid by 12/Jul/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	18725	10/Aug/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Sep/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services July 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,748.00	3.09	0	5,401.32
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,401.32

Comments: Please Remit To: Picis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,401.32
Sales Tax	0.00
Invoice Total	5,401.32
Payment Received	5,401.32
Balance if paid by 10/Aug/2011	0.00

Invoice

Company	Invoice No	Date	Page
1509	19225	09/Sep/2011	1 of 1

Bill To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Ship To: Sound Shore Health System
Attn: Rosa Karounos
16 Guion Place
NEW ROCHELLE NY 10801
United States

Customer Grp/No.	Customer Name	Customer PO Number	Currency Code	Terms	Due Date
1 2518	Sound Shore Health System		USD	Net-30	09/Oct/2011

No.	SKU Code/Description/Comments	Taxable	No. of Users	Units	Rate	Disc %	Extended
1	605323 E/Point Hosted Services August 2011 Sound Shore Health System- Mount Vernon	Yes	1	1,852.00	3.09	0	5,104.68
2	Tax (Type - AS)	No	1	1.00	0.00	0	0.00

Page Total 5,104.68

Comments: Please Remit To: Pcis, Inc.
P.O. Box 83139
Woburn, MA 01813-3139

Subtotal	5,104.68
Sales Tax	0.00
Invoice Total	5,104.68
Payment Received	5,104.68
Balance if paid by 09/Sep/2011	0.00

From: (631) 470-5000
Attn: Arturo D. Tavaréz
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA



J13111302120326

SHIP TO: (631) 470-5000
Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

BILL THIRD PARTY

Ship Date: 10JUL13
Act/Wgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code



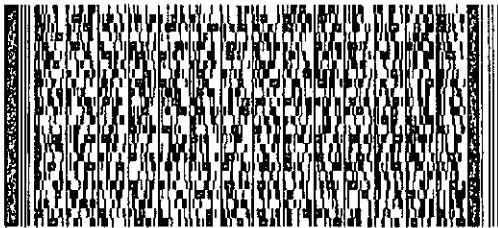
Ref # -SSM-

RMA #:
Return Reason:

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9389 3314
0221

43017
OH-US



518G1/AA04/93AB

1. Select the 'Print' button to print 1 copy of each label.
2. The Return Shipment instructions, which provide your recipient with information on the returns process, will be printed with the label(s).
3. After printing, select your next step by clicking one of the displayed buttons.

Note: To review or print individual labels, select the Label button under each label image above.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$500, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

01001699

SSM0202648230



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☒ Sound Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.H. Corporation ☐ Sound Shore Health System, Inc. ☐ NRHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC		Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		Your Claim is Scheduled As Follows: 
Name of Creditor (the person or other entity to whom the Debtor owes money or property): DENISE WYCHE	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on:	If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
Name and address where notices should be sent: DENISE WYCHE 80 GUION PL APT 12W NEW ROCHELLE, NY 10801-3841		
Telephone number: 914-576-9844 Email Address: dwyche915@verizon.net		
Name and address where payment should be sent (if different from above): Telephone number: Email Address:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 9,322.60 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: UNSECURED GRAND FATHERED VACATION TIME (475.73 HOURS) (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: ____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount. ☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507 (a)(7). ☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(). Amount entitled to priority: \$ _____		
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ _____		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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. [If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted")]

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.

☐ I am the creditor ☐ I am the creditor's authorized agent.

☐ I am the trustee, or the Debtor, or their authorized agent. (See Bankruptcy Rule 3004)

☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005)

(Attach copy of power of attorney, if any)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: DENISE H. WYCHE

Title: Payroll Mgr.

Company: SOUND SHORE MEDICAL CENTER

(Signature)

(Date)

Address and telephone number (if different from notice address above):

Telephone number: _____

email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: **IF BY MAIL:** Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. **IF BY HAND OR OVERNIGHT COURIER:** Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED.

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim.

A SEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. **Last Four Digits of Any Number by Which Creditor Identifies Debtor:** State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A Debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is the person, corporation, or other entity to whom the Debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. § 101(10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the Debtor on the date of the bankruptcy filing. See 11 U.S.C. § 101(5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the Debtor on the date of the bankruptcy filing. The creditor must file the form with GCG as described in the instructions above and in the Bar Date Notice.

Section 503(b)(9) Claim

A Section 503(b)(9) claim is a claim for the value of any goods received by the Debtor within 20 days before the date of commencement of a bankruptcy case in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business.

Secured Claim Under 11 U.S.C. § 506(a)

A secured claim is one backed by a lien on property of the Debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a Debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the Debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

INFORMATION

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim form has been processed.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the Debtor. These entities do not represent the bankruptcy court or the Debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

Display of Proof of Claim on Case Administration Website

As the official claims agent, and in accordance with Federal Bankruptcy Rule 9037(g), GCG will display the first page of your proof of claim form on the case administration website. Please be aware that any personal information not otherwise redacted on your proof of claim form will be displayed over the Internet.

01001699

SSM0202648230



DENISE WYCHE
80 GUION PL APT 12W
NEW ROCHELLE, NY 10801-3841

Sound Shore

MEDICAL CENTER OF WESTCHESTER

	12/31/1989 12/31/1994		Vacation 1994		1997		Total
	PB	U	EB	PB	U	EB	
Wyche D			6620				
FINANCE							
Banked Vacation	322.23	0.00	322.23	153.50	0.00	153.50	475.73
Balance in DAYS			42.96			20.47	63.43

A Major Affiliate of New York Medical College

16 Guion Place New Rochelle, New York 10802 914-632-5000

DENISE M. WYCHE

80 GUION PL APT 12W

NEW ROCHELLE, NY 10801

EMPLOYEE SOUND SHORE MEDICAL CENTER
OF WESTCHESTER

H.I.R.E.D : 1/8/1975 THROUGH PRESENT

fedex.com 1800.GoFedEx 1.800.463.3339

00252

00252

FedEx Package
Express US Airbill

FedEx Tracking Number

8029 2880 4503

1 From
Date 8/28/2013

Sender's Name ACCOUNTS PAYABLE DEPT Phone 914 632-5000

Company SOUND SHORE MEDICAL CENTER

Address 1.6. GUYON PL

City NEW ROCHELLE

State NY ZIP 10801-5502

2 Your Internal Billing Reference

3 To

Recipient's Name

Phone

Company SOUND SHORE MEDICAL CENTER OF WESTCHESTER

Address 470 GAGE, INC.

City 5151 BLAZER PARKWAY SUITE A

Address

City DUBLIN

State OH ZIP 43017

Use this line for the HOLD location address or for communication of your shipping address

Address

City

State

ZIP

0106053065



8029 2880 4503

Form ID No. 0215

Recipient's Copy

4 Express Package Service

NOTE: Service order has changed. Please select carefully

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

FedEx 2Day

FedEx 2Day AM

FedEx Express Saver

FedEx Envelope

FedEx Pak

FedEx Box

FedEx Tube

Other

Special Handling and Delivery Signature Options

No Signature Required

Direct Signature

Indirect Signature

Does this shipment contain dangerous goods?

Yes

No

Payment Bill to:

Sender

Recipient

Third Party

Credit Card

Cash/Check

Other

611

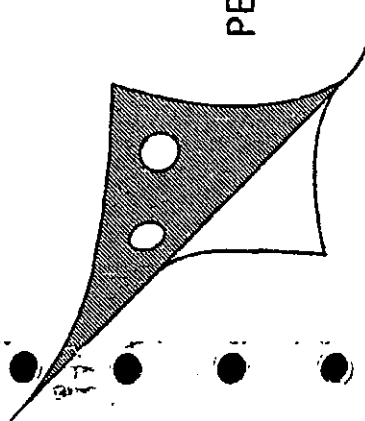
fedex.com 1800.GoFedEx 1.800.463.3339

Peel-and-Stick FedEx Express Package US Airbill

1. Complete front page of the Airbill.
2. Retain "Sender's Copy" for your records.
3. Remove label backing.
4. Adhere Airbill to front of package.

Please DO NOT remove "FedEx Copy."

PEEL FROM THIS CORNER.





UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One): ☒ Sould Shore Medical Center of Westchester ☐ The Mount Vernon Hospital, Inc. ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center ☐ The M.V.I.I. Corporation ☐ Sound Shore Health System, Inc. ☐ NRIHMC Services Corporation ☐ New Rochelle Sound Shore Housing, LLC	Case No. 13-22840 13-22841 13-22842 13-22843 13-22844 13-22845 13-22846	Your Claim is Scheduled As Follows: THE GARDEN CITY GROUP SEP 16 2013 If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as any of DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.
NOTE: Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. You may file a request for payment of an administrative expense pursuant to 11 U.S.C. § 503(b).		
Name of Creditor (the person or other entity to whom the Debtor owes money or property): Name and address where notices should be sent: Zimmer, Inc. P. O. Box 708 Warsaw, IN 46581-0708 Attn: Lynda Miller Telephone number: 574-372-4168 Email address: lynda.miller@zimmer.com	☐ Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____	
Name and address where payment should be sent (if different from above): FD, ED - 08803 U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK SOUND SHORE MEDICAL CENTER OF WESTCHESTER ROBERT D. BRAIN Telephone number: Email address:	☐ Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars _____	
1. Amount of Claim as of Date Case Filed (May 29, 2013): \$ 27,318.57 If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. If all or part of the claim arises from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business, pursuant to 11 U.S.C. § 503(b)(9), complete item 6. ☐ Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Goods sold (See instruction #2)		
3. Last four digits of any number by which creditor identifies Debtor: _____-_____-_____-_____-	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % ☐ Fixed or ☐ Variable (when case was filed)	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). ☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the Debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). ☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). ☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). ☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
		Amount entitled to priority: \$ _____
*Amounts are subject to adjustment on 4/1/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Claim Pursuant to 11 U.S.C. § 503(b)(9): Indicate the amount of your claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim. \$ 2,987.11		
7. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)		

Modified B10 (GCG) (04/13)

8. **Documents:** Attached are 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. (If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #8, and the definition of "redacted"))
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.
If the documents are not available, please explain: _____

9. **Signature:** (See instruction #9) Check the appropriate box.
☐ I am the creditor ☒ I am the creditor's authorized agent. ☐ I am the trustee, or the Debtor, or their ☐ I am a guarantor, surety, indorser, or other
(Attach copy of power of attorney, if any) authorized agent. (See Bankruptcy Rule 3004) codebtor. (See Bankruptcy Rule 3005)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Kayla Britton
Title: Attorney
Company: Faegre Baker Daniels LLP
Address and telephone number (if different from notice address above).
600 East 96th Street, Suite 600
Indianapolis, IN 46240

Telephone number: 317-237-1155 email: kayla.britton@faegrebd.com

Kayla D. Britton 09-13-13
(Signature) (Date)

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the Debtor, exceptions to these general rules may apply. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

PLEASE SEND YOUR ORIGINAL, COMPLETED CLAIM FORM AS FOLLOWS: IF BY MAIL: Sound Shore Medical of Westchester, et al., c/o GCG, Inc., P.O. Box 9982, Dublin, Ohio 43017-5982. IF BY HAND OR OVERNIGHT COURIER: Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017. ANY PROOF OF CLAIM SUBMITTED BY FACSIMILE OR EMAIL WILL NOT BE ACCEPTED

THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
THE GOVERNMENTAL BAR DATE IN THESE CHAPTER 11 CASES IS NOVEMBER 25, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)

Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:

These chapter 11 cases were commenced in the United States Bankruptcy Court for the Southern District of New York on May 29, 2013 (the "Commencement Date"). You should select the Debtor against which you are asserting your claim

ADSEPARATE PROOF OF CLAIM FORM MUST BE FILED AGAINST EACH DEBTOR.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. Please provide us with a valid email address. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the Petition Date. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to your claim.

3. **Last Four Digits of Any Number by Which Creditor Identifies Debtor:** State only the last four digits of the Debtor's account or other number used by the creditor to identify the Debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the Debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507(a):

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Claim Pursuant to 11 U.S.C. § 503 (b)(9):

If you have a claim arising from the value of any goods received by the Debtor within 20 days before May 29, 2013, the date of commencement of the above cases, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business, state the amount of such claim and attach documentation supporting such claim. (See DEFINITIONS, below)

7. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the Debtor credit for any payments received toward the debt.

8. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential healthcare information. Do not send original documents, as attachments may be destroyed after scanning.

9. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, attach a complete copy of any power of attorney, and provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

FaegreBD.com

**FAEGRE BAKER
DANIELS**

USA • UK • CHINA

Kayla D. Britton
Associate
kayla.britton@FaegreBD.com
Direct +1 317 237 1155

Faegre Baker Daniels LLP
600 East 96th Street • Suite 600
Indianapolis • Indiana 46240-3789
Phone +1 317 569 9600
Fax +1 317 569 4800

September 13, 2013

VIA FEDERAL EXPRESS

Sound Shore Medical Center of Westchester
c/o GCG Inc.
5151 Blazer Parkway, Suite A
Dublin, Ohio 43017

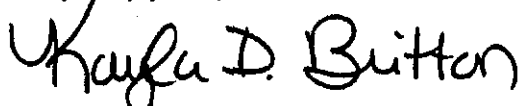
Re: Sound Shore Medical Center of Westchester, Case No. 13-22840

Claims Agent:

Enclosed please find an original and one copy of Zimmer Inc.'s Proof of Claim, which we are requesting be filed in the above referenced case. I am also enclosing a self-addressed, stamped envelope for your convenience in returning a file-stamped copy to me.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Kayla D. Britton

KDB:cw

Enclosures



REPRINT

FEIN #: 81-0550219

1

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW , IN . 46581 - 0708
U.S.A.
ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to the production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the provision of the Fair Labor Standards Act of 1938, as amended.



Invoice

REPRINT
FEIN #: 81-0550219

SOLD	TERR.	CUSTOMER	SH	TERR.	SUFFIX
0	0071	058980	SP	027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
11694		1/14/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			RH6148	01/14/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR174755			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000410	400ML. HEMOVAC COMPONENT KIT	170.48	170.48
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW, IN. 46581 - 0708
U.S.A.

ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to
the production of the articles and/or
the performance of the services
covered by this invoice, it has fully
complied with the provision of the
Fair Labor Standards Act of 1938, as
amended.



Invoice

REPRINT
FEIN #: 81-0550219

SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
D	0071	058980	P	027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
57583		1/24/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			RM5501	01/24/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR174934			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	0025000010	400ML HEMOVAC KIT, 1/8 IN PV	262.72	262.72
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83
SUBTOTAL :					574.03
TAX :					
HANDLING :					
FREIGHT :					
TOTAL :					574.03
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:			14235 COLLECTION CTR DR	CHICAGO IL 60693	

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW, IN . 46581 - 0708
U.S.A.

ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to
the production of the articles and/or
the performance of the services
covered by this invoice, it has fully
complied with the provision of the
Fair Labor Standards Act of 1936, as
amended.



Invoice

REPRINT
FEIN #: 81-0550219

1

S O L D	TERR.	CUSTOMER	S H I P	TERR.	SUFFIX
	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
118074		2/07/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			RT1185	02/07/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR175229			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW, IN . 46581 - 0708
U.S.A.
ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to
the production of the articles and/or
the performance of the services
covered by this invoice, it has fully
complied with the provision of the
Fair Labor Standards Act of 1938, as
amended.



Invoice

REPRINT
FEIN #: 81-0550219

1

S O D	TERR.	CUSTOMER	S H P	TERR.	SUFFIX
	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
118879		2/07/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

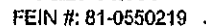
SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS				ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
				RT1185	02/07/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA		
NET 30 DAYS		NR175229				
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	
6	BX	00018606200	KIRSCHNER WIRES, STYLE 1, 1.	43.81	262.86	
5	BX	00018700159	STEINMANN PINS, STYLE 5, 2.0	49.71	248.55	
				SUBTOTAL :	511.41	
				TAX :		
				HANDLING :		
				FREIGHT :		
				TOTAL :	511.41	
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:				14235 COLLECTION CTR DR	CHICAGO	IL 60693

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW, IN. 46581 - 0708
U.S.A.

ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to
the production of the articles and/or
the performance of the services
covered by this invoice, it has fully
complied with the provision of the
Fair Labor Standards Act of 1938, as
amended.



Seller represents that with respect to the production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the provision of the Fair Labor Standards Act of 1938, as amended.



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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
0071	058980	027	001		
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
201468		2/27/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			SC2173	02/27/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR175590			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83

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S O L D	TERR.	CUSTOMER	S H IP	TERR.	SUFFIX
	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
219937		3/04/13			

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10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER SE1581	ORDER DATE 03/04/13	SALESMAN ORDER NO.	
TERMS NET 30 DAYS		CUSTOMER ORDER NUMBER NR175858		SHIPPED VIA	
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83
				SUBTOTAL :	140.83
				TAX :	
				HANDLING :	
				FREIGHT :	
				TOTAL :	140.83
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:		14235 COLLECTION CTR DR CHICAGO IL 60693			

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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
0071		058980	027		001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
237231		3/07/13			

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16 GUION PLACE
NEW ROCHELLE NY
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CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.	
		SF9518	03/07/13		
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR175711			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48
SUBTOTAL :					170.48
TAX :					
HANDLING :					
FREIGHT :					
TOTAL :					170.48
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:		14235 COLLECTION CTR DR CHICAGO IL 60693			

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	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
294553		3/21/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER SM2840	ORDER DATE 03/21/13	SALESMAN ORDER NO.	
TERMS NET 30 DAYS		CUSTOMER ORDER NUMBER NR176024		SHIPPED VIA	
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000010	400ML HEMOVAC KIT, 1/8 IN PV	262.72	262.72
2	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	340.96
2	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	281.66
				SUBTOTAL:	885.34
				TAX:	
				HANDLING:	
				FREIGHT:	
				TOTAL:	885.34
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:		14235 COLLECTION CTR DR CHICAGO IL 60693			

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S.O. L.D.	TERR.	CUSTOMER	S.H. R.	TERR.	SUFFIX
	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
304046		3/25/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			SN2281	03/25/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176062			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
2	EA	60750000300	18 IN DPSB ATS CYLINDRICAL C	226.87	453.74
1	BX	60707000200	12 IN DPSB STER DISP CUFF LU	254.05	254.05
1	BX	60707000500	30 IN DPSB STER DISP CUFF LU	334.40	334.40
SUBTOTAL :					1042.19
TAX :					
HANDLING :					
FREIGHT :					
TOTAL :					1042.19
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:			14235 COLLECTION CTR DR	CHICAGO	IL 60693

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	0071	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
304883		3/25/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER SN1748	ORDER DATE 03/25/13	SALESMAN ORDER NO.	
TERMS NET 30 DAYS		CUSTOMER ORDER NUMBER NR176056		SHIPPED VIA	
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	60700002700	12V, 2.3 AMP HOUR BATTERY	98.00	98.00
				SUBTOTAL :	98.00
				TAX :	
				HANDLING :	
				FREIGHT :	
				TOTAL :	98.00
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:		14235 COLLECTION CTR DR CHICAGO IL 60693			

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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
0071	058980	027	001		
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
304964		3/25/13			

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16 GUION PLACE
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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			SN2281	03/25/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176062			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
2	EA	60750000600	34 IN DPSB ATS CYLINDRICAL C	289.50	579.00

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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
0027	058980	027	001		
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
412449		4/22/13			

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16 GUION PLACE
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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS				ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
				SZ5243	04/22/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA		
NET 30 DAYS		NR176534				
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT	
1	BX	0025000010	400ML HEMOVAC KIT, 1/8 IN PV	262.72	262.72	
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48	
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83	
				SUBTOTAL :	574.03	
				TAX :		
				HANDLING :		
				FREIGHT :		
				TOTAL :	574.03	

PLEASE REFERENCE THIS INVOICE
NUMBER WITH YOUR PAYMENT TO:

14235 COLLECTION CTR DR CHICAGO IL 60693

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
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S O L D	TERR.	CUSTOMER	S H I P	TERR.	SUFFIX
	0027	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
447979		4/30/13			

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16 GUION PLACE
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SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS	ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
	TB7873	04/25/13	

TERMS	CUSTOMER ORDER NUMBER	SHIPPED VIA
NET 30 DAYS	NR176634	

QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	EA	60300010300	ATS 3000 TOURNIQUET W/HOSES,	13569.78	13569.78
1	EA	60750000300	18 IN DPSB ATS CYLINDRICAL C	.00	.00
1	EA	60750000400	24 IN DPSB ATS CYLINDRICAL C	.00	.00
1	EA	60750000600	34 IN DPSB ATS CYLINDRICAL C	.00	.00
SUBTOTAL :					13569.78
TAX :					
HANDLING :					
FREIGHT :					
TOTAL :					13569.78

PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:	14235 COLLECTION CTR DR	CHICAGO	IL 60693

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SOLD	TERR.	CUSTOMER	SH	TERR.	SUFFIX
0027		058980	027		001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
454359		5/01/13			

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16 GUION PLACE
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10801

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			TD6535	04/30/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176703			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
2	EA	00053300000	ZUELZER AWL, 152MM LENGTH	222.43	444.86
2	EA	00015500100	STAINLESS STEEL MALLET 184MM	299.95	599.90
2	EA	00023300200	SOFIELD RETRACTOR, BLADE DEP	82.57	165.14
2	EA	00368000001	BRUN BONE CURETTE, CUP SIZE	144.08	288.16
2	EA	00368000002	BRUN BONE CURETTE, CUP SIZE	144.08	288.16
2	EA	00368000003	BRUN BONE CURETTE, CUP SIZE	144.08	288.16
2	EA	00368000005	BRUN BONE CURETTE, CUP SIZE	144.08	288.16
2	EA	00368000006	BRUN BONE CURETTE, CUP SIZE	144.08	288.16

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S O L D	TERR.	CUSTOMER	S H P G R	TERR.	SUFFIX
	0027	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
457347		5/01/13			

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16 GUION PLACE
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10801

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER TE4583	ORDER DATE 05/01/13	SALESMAN ORDER NO.	
TERMS NET 30 DAYS		CUSTOMER ORDER NUMBER NR176740		SHIPPED VIA	
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00250000410	400ML HEMOVAC COMPONENT KIT	170.48	170.48
1	BX	00150003210	1/8 IN PVC DRAIN, DUAL TROCA	140.83	140.83
1	BX	00150002210	1/8 IN PVC DRAIN, 5 IN TROCA	123.10	123.10
1	BX	00219501200	DERMACARRIER II, 1.5:1, STER	408.14	408.14
SUBTOTAL : TAX : HANDLING : FREIGHT : TOTAL :				840.55 840.55	
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:		14235 COLLECTION CTR DR CHICAGO IL 60693			

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S O L D	TERR.	CUSTOMER	S H I P	TERR.	SUFFIX
	0027	058980		027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
457397		5/01/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			TE5447	05/01/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176740			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	BX	00880000010	ZIMMER DERMATOME BLADES STER	285.09	285.09
				SUBTOTAL :	285.09
				TAX :	
				HANDLING :	
				FREIGHT :	
				TOTAL :	285.09
PLEASE REFERENCE THIS INVOICE NUMBER WITH YOUR PAYMENT TO:			14235 COLLECTION CTR DR	CHICAGO	IL 60693

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
0027	058980	027	001		
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
473586		5/06/13			

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16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP SOUND SHORE MEDICAL CTR
TO 16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			TG4191	05/06/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176843			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
4	BX	00018606200	KIRSCHNER WIRES, STYLE 1, 1.	43.81	175.24
4	BX	00018607800	KIRSCHNER WIRES, STYLE 1, 1.	43.81	175.24
SUBTOTAL :					350.48
TAX :					
HANDLING :					
FREIGHT :					
TOTAL :					350.48

PLEASE REFERENCE THIS INVOICE
NUMBER WITH YOUR PAYMENT TO:

14235 COLLECTION CTR DR CHICAGO IL 60693

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503(b)(9) Claim



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SOLD	TERR.	CUSTOMER	SHIP	TERR.	SUFFIX
P	0027	058980	P	027	001
INVOICE NUMBER		INVOICE DATE		DROP SHIP	
582682		5/30/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS		ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.	
		TP1870	05/21/13		
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR177237			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	EA	00596204010	NEXGEN LPS-FLEX FIXED PROLONG	1959.01	1959.01
				SUBTOTAL :	1959.01
				TAX :	
				HANDLING :	
				FREIGHT :	75.70
				TOTAL :	2034.71
DR. KLINE DOS: 5/20/13 PT: FOX 2234304 SMS# 1274028					

ORDERS AND INQUIRIES SHOULD BE DIRECTED TO CUSTOMER SERVICE (800) 348 - 2759
P.O. BOX 708 WARSAW, IN . 46581- 0708
U.S.A.

ZIMMER IS AN EQUAL OPPORTUNITY EMPLOYER

Seller represents that with respect to the production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the provision of the Fair Labor Standards Act of 1938, as amended.



Invoice

REPRINT
FEIN #: 81-0550219

1

S O L D	TERR.	CUSTOMER	S H I P	TERR.	SUFFIX
	0027	058980		027	001
INVOICE NUMBER		.INVOICE DATE		DROP SHIP	
601156		6/04/13			

SOLD TO SOUND SHORE MEDICAL CTR
ATTN: ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY
10801

SHIP TO SOUND SHORE MEDICAL CTR
16 GUION PLACE
NEW ROCHELLE NY
10801

CLAIM FOR SHORTAGE AND BILLING ERRORS MUST BE MADE WITHIN 30 DAYS			ORDER NUMBER	ORDER DATE	SALESMAN ORDER NO.
			TV2584	06/04/13	
TERMS		CUSTOMER ORDER NUMBER		SHIPPED VIA	
NET 30 DAYS		NR176062			
QUANTITY	U/M	PRODUCT NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
2	EA	60750000500	30 IN DPSB ATS CYLINDRICAL C	272.96	545.92

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From: (317) 569-4888
Kayla Britton
Faegre Baker Daniels LLP
600 East 96th St, Suite 600
Indianapolis, IN 46240

Origin ID: MZZA



J13201306280326

SHIP TO: (317) 569-4693

BILL SENDER

GCG Inc.
5151 Blazer Pkwy Ste A

Dublin, OH 43017

Ship Date: 13SEP13
ActWgt: 0.5 LB
CAD: 103889067/WSX/2500

Delivery Address Bar Code



Ref # --
Invoice #
PO #
Dept #

RELEASE#: 3785346

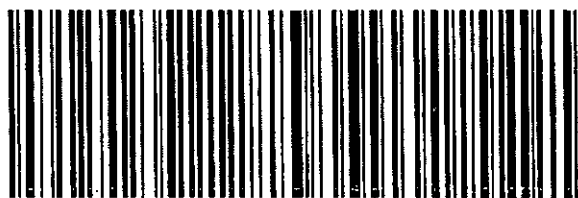
MON - 16 SEP 10:30A
PRIORITY OVERNIGHT

TRK# 7966 8455 7328

0201

43017
OH-US
LCK

SB OSUA



FOLD on this line and place in shipping pouch with bar code and delivery address visible

1. Fold the first printed page in half and use as the shipping label.
2. Place the label in a waybill pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.
3. Keep the second page as a receipt for your records. The receipt contains the terms and conditions of shipping and information useful for tracking your package.

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER, et al.

Chapter 11
Case No. 13-22840 (RDD)

Debtors.

(Jointly Administered)

ORDER GRANTING FIRST OMNIBUS OBJECTION TO CLAIMS

THIS MATTER having come before the Court upon the motion of the Plan Administrator appointed in these cases (the "Motion")¹ for entry of an order pursuant to 11 U.S.C. § 502 and Rule 3007 of the Federal Rules of Bankruptcy expunging, and/or disallowing each of the proofs of claim listed on Exhibit A attached hereto, on the basis that they were amended and superseded by at least one subsequently filed claim; the Court having reviewed the First Objection; and notice having been provided (i) to the claimants listed on Exhibit A at the addresses set forth on the claimants' respective proofs of claim, (ii) counsel for the Committee, and (iii) the Office of the United States Trustee; and no response having been filed thereto; and the Court having jurisdiction to consider the First Objection; and the First Objection having come before the Court for a hearing held on March 18, 2015 (the "Hearing"); and upon the record made before the Court on that date; and the Court having found that the relief requested in the First Objection is in the best interest of the Debtors' estate, creditors and other parties in interest; and it appearing that sufficient notice of the First Objection has been given, and the Court having determined that the legal and factual basis set forth in the First Objection establish cause for the relief granted herein; and after due deliberation and consideration of the Motion

¹ Unless otherwise defined, capitalized terms used herein shall have the meanings ascribed to them in the Motion

having been had; and it appearing that good and sufficient cause exists for granting the First Objection, it is hereby

ORDERED that the relief request in the First Objection is GRANTED to the extent set forth below and upon the terms and conditions set forth herein; and it is further

ORDERED, that the Claims listed on Exhibit A, as attached hereto, are hereby expunged and disallowed; and it is further

ORDERED, that the Debtors' claims and noticing agent, Garden City Group, Inc., and the Clerk of this Court are authorized to take any and all actions that are necessary or appropriate to give effect to this Order; and it is further

ORDERED, that this Court shall retain jurisdiction over any and all issues arising from or related to the implementation and interpretation of this Order.

Dated: March____, 2015
New York, New York

HONORABLE ROBERT D. DRAIN
UNITED STATES BANKRUPTCY JUDGE