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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re:

SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.[1]	Chapter 11 Case No. 13-22840 (RDD)
Debtors.	(Jointly Administered)

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PLAN ADMINISTRATOR'S THIRD OMNIBUS
OBJECTION TO ALLOWANCE OF CERTAIN PROOFS OF CLAIM
(Late Filed 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, hereby 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 were untimely filed:

[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.

Background

1. On May 29, 2013 (the "Petition Date"), 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 filed as of November 25, 2015 (the "Governmental Bar Date" and collectively with the Bar Date, the "Bar Date"). On August 13, 2013, the Debtors caused written notice of the Bar Date, along with the Notice of Deadline Requiring Filing Proofs of Claim (Including Claims Under Sections 503(b)(9)) of the Bankruptcy Code (the "Notice of Deadline") 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 Debtors' estates.

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, Plan Administrator, together with 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 were filed after the passing of the Bar Date. The Plan Administrator is thus seeking entry of an order disallowing and expunging from the claims register each of the untimely filed claims.

Basis for Relief Requested

10. The Plan Administrator 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 the claims identified in Exhibit A and attached hereto on the basis that such claims were untimely filed after the Bar Date.

11. Section 502 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).

12. Bankruptcy Rule 3007 provides, in relevant part:

> (a) An objection to allowance of a claim shall be in writing and filed. A copy of the objection with notice of the hearing thereon shall be mailed or

> otherwise delivered to the claimant, the debtor or debtor in possession and the trustee at least 30 days prior to the hearing.
>
> (d) Subject to subdivisions (e), objections to more than one claim may be joined in an omnibus objection if all the claims were field by the same entity, or the objections are based solely on the grounds that the claims should be disallowed, in whole or in part, because:
>
> (4) they were not timely filed.

13. The Plan Administrator has diligently and carefully reviewed and scrutinized each of the proofs of claim filed in this case and has determined that the claims set forth on Exhibit A hereto (the "Late Filed Claims") were filed after the Bar Date and should be disallowed and expunged. The Plan Administrator thus seeks to disallow and expunge all such claims that were filed after the Bar Date, and as identified on Exhibit A hereto. The exhibit annexed hereto sets forth (i) the name and address of each claimant whose proof of claim is the subject of this Objection, (ii) the claim number as reflected on the Official Claims Register maintained by GCG, (iii) the date such claim was filed and (iv) the amount asserted in each proof of claim sought to be expunged.

14. The Notice of Deadline service in connection with the Bar Date Order provides, in relevant part, as follows:

> Any holder of a claim that is not excepted from the aforementioned filing requirements of the Bar Date Order, as set forth in Section 4 above, and that fails to timely file a Proof of Claim in the appropriate form will be forever barred, estopped and enjoined from asserting such claim against the Debtors and their respective estates, successors and property, from voting no any Plan of Reorganization or Liquidation filed in this case, and from participating in any distribution in the Debtors' cases on account of such claim.

See Notice of Deadline, ¶ 64.

15. Allowing the Late Filed Claims, a) without a showing of any cause (*i.e.* excusable neglect) by the holders of such claims or b) with insufficient justification shown by the holders of such claims, could signal an inappropriate opportunity for other creditors to seek authority to file other late claims without showing cause. To allow the Late Filed Claims would be to the detriment of the holders of Claims who complied with the Bar Date Order and timely filed their Claim by reducing the ultimate distribution to the holders of such Claims.

16. Based on the foregoing, the Late Filed Claims should be disallowed and expunged.

Reservation of Rights

17. The Plan Administrator reserves all rights to object to any surviving claims identified on the annexed exhibit, whether scheduled or filed, and whether asserted or unasserted by any of the claimants affected by the Motion against the Estate. Should one or more of the objections in this Motion 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 this case.

Notice

18. 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.

19. 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 requests 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

By: _____
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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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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 THIRD 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 Third Omnibus Objection to Claims (the "Third 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 Third 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 Third Omnibus Objection were objectionable. Throughout the process, I regularly interfaced with the Estate's professionals and advisors to address potential legal issues impacting the Proofs of Claim.

THE LATE FILED CLAIMS

5. I am generally familiar with the information contained in the Third Omnibus Objection. Based on my review of the Proofs of Claim, I assisted the Estate's bankruptcy counsel in the preparation of the Third Omnibus Objection and related schedules by identifying all filed claims that had been untimely filed after the passing of the Bar Date (the "Late Filed Claims").

6. In evaluating the Late Filed Claims, the Estate and its advisors performed an in-depth review of each of the filed proofs of claim (including supporting documentation) and ultimately determined that each Late Filed Claims were improperly filed after the passing of the Bar Date. Therefore, I believe that disallowance, expungement, reclassification, reduction, or modification of each Late Filed Claim, for the reasons set forth in the Third 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

Monica Terrano

Sound Shore Medical Center of Westchester, *et al*.,
Exhibit A - Pre-Petition Late Filed Claims

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

SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
1	ACCENT ATTN MICHAEL MOORE RECOVERY SPECIALIST I 7171 MERCY RD STE 250 PO BOX 69004 OMAHA, NE 68106	1519	08/29/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $137,346.10
2	AETNA ATTN TERISMA SCHOCH U21N 1425 UNION MEETING RD BLUE BELL, PA 19422	1419	10/18/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $16,431.65
3	ALAIGH CARE ASSOCIATES LLC ATTN: POONAM ALAIGH 89 OLD SMALLEYTOWN RD WARREN, NJ 07059	1473	03/12/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $36,000.00
4	ALLERGAN USA INC ATTN JUDY COBIN T2-7B 2525 DUPONT DR IRVINE, CA 92612	1508	07/01/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $5,978.00
5	AMANN, MARIANN 19 ALAMEDA PL MOUNT VERNON, NY 10552	865	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $4,000.00
6	AUGUSTUS-POWELL, MAXINE 417 S 9TH AVE MT VERNON, NY 10550	1019	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $48,341.70
7	BECKMAN COULTER INC C/O BERNSTEIN-BURKLEY PC ATTN KIRK B BURKLEY, ESQ 707 GRANT ST STE 2200, GULF TOWER PITTSBURGH, PA 15219	1540	01/27/15	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,409.00
8	BELL-BROWN, ANITA 760 ALBANY ST APT #6 SCHENECTADY, NY 12307	864	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $760,000.00

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.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
9	BEPOITE, SANDRA 118 COLIGNI AVE NEW ROCHELLE, NY 10801	876	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $22,854.63
10	BIO-RAD LABORATORIES INC 1000 ALFRED NOBEL DR HERCULES, CA 94547	1374	01/27/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $3,850.37
11	BIOMEDICAL SYSTEMS ATTN RENEE DAVIS 77 PROGRESS PKWY MARYLAND HEIGHTS, MO 63043	1476	03/21/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,405.28
12	BISTRITZ, JANICE 14 HARVARD CT WHITE PLAINS, NY 10605	1440	01/31/14	Sound Shore Medical Center of Westchester	13-22840	Priority: $5,630.60
13	BME P.O. BOX 122297, DEPT. 2297 DALLAS, TX 75312	891	09/21/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $13,445.00
14	BME PO BOX 122297 DEPT 2297 DALLAS, TX 75312	890	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $14,425.00
15	BRACCO DIAGNOSTIC INC 259 PROSPECT PLAINS RD BLDG H MONROE TOWNSHIP, NJ 08831	1209	01/08/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $869.22
16	BURGER, STEVEN 1874 PELHAM PKWY S BRONX, NY 10461	879	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $4,000.00
17	CARY STEINER LLC 716 MILTON TURNPIKE HIGHLAND, NY 12528	1533	01/03/15	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,287.50

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
18	COLOPLAST CORPORATION ATTN MARGARET KANE 1601 W RIVER RD N MINNEAPOLIS, MN 55411	1016	09/24/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $33,876.72
19	CORBETT, GERARD PO BOX 608 BRONX, NY 10465	1037	10/28/13	Howe Avenue Nursing Home, Inc.	13-22842	Priority: $300.00
20	D'ADDESIO, NICK 5 PALMER LN THORNWOOD, NY 10594	878	09/20/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $249,122.00*
21	DANBURY HOSPITAL ATTN STEVEN ROSENBERG, CFO 24 HOSPITAL AVE DANBURY, CT 06810	1124	01/07/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
22	DANIEL RODRIGUEZ JR INFANT BY HIS M/N/G CRYSTAL MARTINEZ 3-71 SCHROEDER ST YONKERS, NY 10701	1053	11/25/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,000,000.00
23	DANIEL RODRIGUEZ JR INFANT BY HIS M/N/G CRYSTAL MARTINEZ 3-71 SCHROEDER ST YONKERS, NY 10701	1054	11/26/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,000,000.00
24	DIFATTA, MARIA C/O DECARO & DECARO PC 480 MAMARONECK AVE HARRISON, NY 10528	1013	09/27/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
25	EDM 10 E.D. PREATE DR MOOSIC, PA 18507	1522	09/11/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
26	EDM AMERICAS 10 ED PREATE DR MOOSIC, PA 18507	1513	08/08/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
27	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1485	04/16/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
28	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1489	05/12/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
29	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1494	06/05/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
30	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1511	07/17/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
31	ENID WRIGHT AND LEVER & C/O PULVERS, PULVERS & THOMPSON 110 E 59TH ST NEW YORK, NY 10022	966	09/19/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $420,000.00
32	FILTERFRESH 382 RTE 59 STE 324 MONSEY, NY 10952	1035	10/28/13	Sound Shore Medical Center of Westchester	13-22840	Admin: $249.88 Unsecured: $897.80
33	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	1507	06/18/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $6,947.98
34	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121	1072	12/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,220.55
35	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121	1468	12/04/13	The Mount Vernon Hospital, Inc.	13-22841	Secured: $0.00
36	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121	1506	06/17/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $7,424.04

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
37	GALLICANO, JUDY 54 RONALDS AVE NEW ROCHELLE, NY 10801	889	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
38	GRAPHIC CONTROLS 400 EXCHANGE ST BUFFALO, NY 14204	1039	11/02/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $163.72
39	HARVEST TECHNOLOGIES CORP ATTN ACCOUNTING DEPT 40 GRISSOM RD STE 100 PLYMOUTH, MA 02360	1518	08/28/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,700.00
40	HASKETT, DEREK 5 KNOLLWOOD AVE MOUNT VERNON, NY 10550	870	09/19/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $20,275.20
41	HOLOGIC INC 24506 NETWORK PL CHICAGO, IL 60673	1031	09/25/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $7,560.00
42	HOLOGIC LTD PARTCYTYC 24506 NETWORK PL CHICAGO, IL 60673	1032	09/25/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $907.00
43	JENNINGS, BRUCE 60 STRATFORD LN HASTINGS ON HUDSON, NY 10706	1014	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,666.00
44	JERMIN, GENEVA 30 PARK AVE APT 2F MOUNT VERNON, NY 10550	1018	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $175,000.00
45	KELLY, RANDALL 12 EAST 86TH ST APT 1228 NEW YORK, NY 10028	1034	10/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,700.00
46	KERR, LOIS 126 CHURCH ST #3G NEW ROCHELLE, NY 10805	1023	10/03/13	Sound Shore Medical Center of Westchester	13-22840	Secured: Unliquidated Priority: $29,711.39

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
47	KLOGIX ATTN KEVIN POUCHE 1319 BEACON ST, STE 1 BROOKLINE, MA 02446	1056	11/29/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $9,041.67
48	KOLLER, VICTORIA 27 PARK RIDGE AVE NEW ROCHELLE, NY 10805	862	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
49	LAHIRI, ASOK K 56 SYCAMORE LN IRVINGTON, NY 10533	866	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $3,479.99
50	LEPORE, MARYLU 32 EDGEWOOD PARK NEW ROCHELLE, NY 10801	877	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $2,345.00
51	LEPORE, MARYLU 32 EDGEWOOD PARK NEW ROCHELLE, NY 10801	1010	09/30/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $9,905.00
52	LIFE NET 1864 CONCERT DR VIRGINIA BCH, VA 23453	1042	11/08/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $25,229.75
53	LIGGIO, ROBERT 510 CARROLL AVE MAMARONECK, NY 10543	1525	10/15/14	Sound Shore Medical Center of Westchester	13-22840	Priority: $105.00
54	MASTELLONE, PATRICIA 6 RUTGERS PL SCARSDALE, NY 10583	1012	09/30/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $55,287.26
55	MAZZA, ANNE 187 KIMBALL TER YONKERS, NY 10704	857	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $8,253.96
56	MICROAIRE SURGICAL INSTRUMENTS 3590 GRAND FORKS BLVD CHARLOTTEVILLE, VA 22911	1051	11/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $5,537.65

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
57	MICROAIRE SURGICAL INSTRUMENTS 3590 GRAND FORKS BLVD CHARLOTTEVILLE, VA 22911	1052	11/21/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $561.30
58	NAIR, JAYASREE 7 INDEPENDENCE CT NEW CITY, NY 10956	1003	09/23/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $34,000.00
59	NEWELL, ROSANNE M 12 GLENN PL HASTINGS ON HUDSON, NY 10706	856	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $151,587.00
60	OLYMPUS AMERICA INC ATTN CREDIT RISK MGMT DEPT 3500 CORPORATE PKWY CENTER VALLEY, PA 18034	867	09/18/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $6,658.86
61	OVAG INTERNATIONAL AG ATTN NICOLE J HUESMANN P A 150 ALHAMBRA CIR STE 1150 CORAL GABLES, FL 33134	1495	06/09/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $2,130.85
62	PASSPORT HEALTH COMMUNICATIONS INC C/O WALLER LANSDEN DORTCH & DAVIS LLP ATTN MICHAEL R PASLAY ESQ 511 UNION ST STE 2700 NASHVILLE, TN 37221	1062	12/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $1,202.71
63	PASSPORT HEALTH COMMUNICATIONS INC C/O WALLER LANSDEN DORTCH & DAVIS LLP ATTN MICHAEL R PASLAY ESQ 511 UNION ST STE 2700 NASHVILLE, TN 37221	1063	12/17/13	Sound Shore Medical Center of Westchester	13-22840	Admin: $7,625.00 Unsecured: $31,882.34
64	PERLMUTTER, ILISSE 178 E. 80 STREET PH-F NEW YORK, NY 10021	858	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $2,000.00

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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
65	PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC C/O PITNEY BOWES INC ATTN RECOVERY DEPT 27 WATERVIEW DR SHELTON, CT 06484	1061	12/16/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,443.58*
66	PORCELAIN, HARVEY LANE PO BOX 630279 LITTLE NECK, NY 11363	886	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $1,440.00
67	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1236	01/27/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $21,897.46
68	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1237	01/27/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $2,718.25
69	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1238	01/27/14	Howe Avenue Nursing Home, Inc.	13-22842	Unsecured: $259.42
70	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1239	01/27/14	NRHMC Services Corporation	13-22845	Unsecured: $1,836.23
71	PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER C/O RICE & RICE, ESQS. 207 NORTH AVENUE SUITE 202 NEW ROCHELLE, NY 10801	869	09/18/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
72	RODRIGUEZ, ANASTASCIO 140 PELHAM RD APT 7J NEW ROCHELLE, NY 10805	875	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $22,126.98

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
73	ROTARY CLUB OF NEW ROCHELLE 271 N AVE STE 816 NEW ROCHELLE, NY 10801	1011	09/28/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,873.00
74	SANTORO, ROSEANN 106 COUNTRY RIDGE RD SCARSDALE, NY 10583	863	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
75	SCHUETTENBERG, SUSAN 725 PELHAMDALE AVE PELHAM, NY 10803	1015	09/23/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $400.00
76	SKARIAH, SUSY 368 PINEBROOK BLVD NEW ROCHELLE, NY 10804	859	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,400.00
77	SKINNER, SHEILA 2569 SEVENTH AVE, APT 26 C NEW YORK, NY 10039	1020	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $52,375.60
78	SMITH & NEPHEW INC ATTN HANK QUAGENTI 200 MINUTEMAN RD ANDOVER, MA 01810	1530	11/10/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $36,584.31
79	SOLANGEL DIAZ AND JUAN ORTIZ C/O WORBY GRONER EDELMAN LLP 11 MARTINE AVE PH WHITE PLAINS, NY 10606	1520	08/29/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
80	SUMNER, RUBY 85 WILSON DR NEW ROCHELLE, NY 10801	852	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $141,475.25*
81	TARANTINO, MARIA 30 EHRBAR AVE MT VERNON, NY 10552	1017	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $22,110.00
82	TOBY ORTHOPAEDICS PMB 426 6538 COLLINS AVE MIAMI BEACH, FL 35141	1009	09/24/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $525.00

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83	TOYOTA MOTOR CREDIT CORPORATION C/O BECKET AND LEE LLP ATTORNEYS/AGENT FOR CREDITOR PO BOX 3001 MALVERN, PA 19355	1492	05/20/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $458.26
84	TRANSUNION LLC ATTN ACCOUNTS RECEIVABLE 555 W ADAMS ST CHICAGO, IL 60661	1059	12/04/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $91,937.07
85	US DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION 200 CONSTITUTION AVE NW RM N5668 WASHINGTON, DC 20210	1425	12/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $45,300.00*
86	VEGA, EILEEN C/O LAW OFFICES OF FRANCIS X YOUNG PLLC 50 MAIN ST STE 1000 WHITE PLAINS, NY 10606	1459	02/11/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
87	VON SCHORN, CLAUS P 3 HAWTHORNE WAY HARTSDALE, NY 10530	1021	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $145,665.00
88	W W GRAINGER INC 505 SAW MILL RIVER RD ELMSFORD, NY 10523	1342	01/31/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $7,016.27
89	WADE, EASSAW 811 REED ST ASHVILLE, NC 28803	1081	12/30/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
90	WARD GREENBERG 300 STATE STREET ROCHESTER, NY 14614	880	09/20/13	Howe Avenue Nursing Home, Inc.	13-22842	Unsecured: $15,053.46
91	WAY, JANET H 625 S 5TH AVE MT VERNON, NY 10550	1022	09/27/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $49,006.50

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92	WEITBRECHT COMMUNICATIONS INC 1500 OLYMPIC BLVD SANTA MONICA, CA 90404	860	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $393.00
93	WERFEN USA LLC / INSTRUMENTATION LABORATORY 180 HARTWELL RD BEDFORD, MA 01730	1066	12/26/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $202,711.81
94	WESTCHESTER COUNTY HEALTHCARE CORPORATION C/O WILSON BAVE CONBOY COZZA & COUZENS TWO WILLIAM ST 5TH FL WHITE PLAINS, NY 10601	1043	11/14/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $0.00
95	WESTCHESTER JOURNAL NEWS C/O GANNETT CO INC ATTN SHELLY LUCAS, LAW DEPT 7950 JONES BRANCH DR MCLEAN, VA 22107	1055	10/24/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $78.20
96	WHITE, CATHERINE "CASSIE" 25 GRAMERCY PL NEW ROCHELLE, NY 10801	1541	02/03/15	Sound Shore Medical Center of Westchester	13-22840	Priority: $1,000.00
97	WRIGHT MEDICAL TECHNOLOGY INC ATTN W DEAN MORGAN 1023 CHERRY RD MEMPHIS, TN 38117	855	09/17/13	Sound Shore Health System, Inc.	13-22844	Unsecured: $19,679.00
98	WRIGHT MEDICAL TECHNOLOGY INC ATTN W DEAN MORGAN 5677 AIRLINE RD ARLINGTON, TN 38002	854	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $20,232.00
99	YONKERS UNION CAR SERVICE ATTN BIANCA I RODRIGUEZ CEDANO 192 NEPPERHAN AVE YONKERS, NY 10701	1028	10/11/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $42,480.00

* Denotes an unliquidated component.

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
1	ACCENT ATTN MICHAEL MOORE RECOVERY SPECIALIST I 7171 MERCY RD STE 250 PO BOX 69004 OMAHA, NE 68106	1519	08/29/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $137,346.10
2	AETNA ATTN TERISMA SCHOCH U21N 1425 UNION MEETING RD BLUE BELL, PA 19422	1419	10/18/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $16,431.65
3	ALAIGH CARE ASSOCIATES LLC ATTN: POONAM ALAIGH 89 OLD SMALLEYTOWN RD WARREN, NJ 07059	1473	03/12/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $36,000.00
4	ALLERGAN USA INC ATTN JUDY COBIN T2-7B 2525 DUPONT DR IRVINE, CA 92612	1508	07/01/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $5,978.00
5	AMANN, MARIANN 19 ALAMEDA PL MOUNT VERNON, NY 10552	865	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $4,000.00
6	AUGUSTUS-POWELL, MAXINE 417 S 9TH AVE MT VERNON, NY 10550	1019	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $48,341.70
7	BECKMAN COULTER INC C/O BERNSTEIN-BURKLEY PC ATTN KIRK B BURKLEY, ESQ 707 GRANT ST STE 2200, GULF TOWER PITTSBURGH, PA 15219	1540	01/27/15	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,409.00
8	BELL-BROWN, ANITA 760 ALBANY ST APT #6 SCHENECTADY, NY 12307	864	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $760,000.00

Sound Shore Medical Center of Westchester, *et al*.,
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SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
9	BEPOITE, SANDRA 118 COLIGNI AVE NEW ROCHELLE, NY 10801	876	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $22,854.63
10	BIO-RAD LABORATORIES INC 1000 ALFRED NOBEL DR HERCULES, CA 94547	1374	01/27/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $3,850.37
11	BIOMEDICAL SYSTEMS ATTN RENEE DAVIS 77 PROGRESS PKWY MARYLAND HEIGHTS, MO 63043	1476	03/21/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,405.28
12	BISTRITZ, JANICE 14 HARVARD CT WHITE PLAINS, NY 10605	1440	01/31/14	Sound Shore Medical Center of Westchester	13-22840	Priority: $5,630.60
13	BME P.O. BOX 122297, DEPT. 2297 DALLAS, TX 75312	891	09/21/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $13,445.00
14	BME PO BOX 122297 DEPT 2297 DALLAS, TX 75312	890	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $14,425.00
15	BRACCO DIAGNOSTIC INC 259 PROSPECT PLAINS RD BLDG H MONROE TOWNSHIP, NJ 08831	1209	01/08/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $869.22
16	BURGER, STEVEN 1874 PELHAM PKWY S BRONX, NY 10461	879	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $4,000.00
17	CARY STEINER LLC 716 MILTON TURNPIKE HIGHLAND, NY 12528	1533	01/03/15	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,287.50

Sound Shore Medical Center of Westchester, *et al*.,
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18	COLOPLAST CORPORATION ATTN MARGARET KANE 1601 W RIVER RD N MINNEAPOLIS, MN 55411	1016	09/24/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $33,876.72
19	CORBETT, GERARD PO BOX 608 BRONX, NY 10465	1037	10/28/13	Howe Avenue Nursing Home, Inc.	13-22842	Priority: $300.00
20	D'ADDESIO, NICK 5 PALMER LN THORNWOOD, NY 10594	878	09/20/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $249,122.00*
21	DANBURY HOSPITAL ATTN STEVEN ROSENBERG, CFO 24 HOSPITAL AVE DANBURY, CT 06810	1124	01/07/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
22	DANIEL RODRIGUEZ JR INFANT BY HIS M/N/G CRYSTAL MARTINEZ 3-71 SCHROEDER ST YONKERS, NY 10701	1053	11/25/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,000,000.00
23	DANIEL RODRIGUEZ JR INFANT BY HIS M/N/G CRYSTAL MARTINEZ 3-71 SCHROEDER ST YONKERS, NY 10701	1054	11/26/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,000,000.00
24	DIFATTA, MARIA C/O DECARO & DECARO PC 480 MAMARONECK AVE HARRISON, NY 10528	1013	09/27/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
25	EDM 10 E.D. PREATE DR MOOSIC, PA 18507	1522	09/11/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
26	EDM AMERICAS 10 ED PREATE DR MOOSIC, PA 18507	1513	08/08/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42

Sound Shore Medical Center of Westchester, *et al*.,
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27	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1485	04/16/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
28	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1489	05/12/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
29	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1494	06/05/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
30	EDM AMERICAS 123 WYOMING AVE SCRANTON, PA 18503	1511	07/17/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $225.42
31	ENID WRIGHT AND LEVER & C/O PULVERS, PULVERS & THOMPSON 110 E 59TH ST NEW YORK, NY 10022	966	09/19/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $420,000.00
32	FILTERFRESH 382 RTE 59 STE 324 MONSEY, NY 10952	1035	10/28/13	Sound Shore Medical Center of Westchester	13-22840	Admin: $249.88 Unsecured: $897.80
33	FORD MOTOR CREDIT COMPANY LLC 9930 FEDERAL DR COLORADO SPGS, CO 80921	1507	06/18/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $6,947.98
34	FORD MOTOR CREDIT COMPANY LLC AS AGENT FOR CAB EAST LLC PO BOX 6275 DEARBORN, MI 48121	1072	12/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $15,220.55
35	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121	1468	12/04/13	The Mount Vernon Hospital, Inc.	13-22841	Secured: $0.00
36	FORD MOTOR CREDIT COMPANY LLC PO BOX 6275 DEARBORN, MI 48121	1506	06/17/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $7,424.04

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37	GALLICANO, JUDY 54 RONALDS AVE NEW ROCHELLE, NY 10801	889	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
38	GRAPHIC CONTROLS 400 EXCHANGE ST BUFFALO, NY 14204	1039	11/02/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $163.72
39	HARVEST TECHNOLOGIES CORP ATTN ACCOUNTING DEPT 40 GRISSOM RD STE 100 PLYMOUTH, MA 02360	1518	08/28/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,700.00
40	HASKETT, DEREK 5 KNOLLWOOD AVE MOUNT VERNON, NY 10550	870	09/19/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $20,275.20
41	HOLOGIC INC 24506 NETWORK PL CHICAGO, IL 60673	1031	09/25/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $7,560.00
42	HOLOGIC LTD PARTCYTYC 24506 NETWORK PL CHICAGO, IL 60673	1032	09/25/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $907.00
43	JENNINGS, BRUCE 60 STRATFORD LN HASTINGS ON HUDSON, NY 10706	1014	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,666.00
44	JERMIN, GENEVA 30 PARK AVE APT 2F MOUNT VERNON, NY 10550	1018	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $175,000.00
45	KELLY, RANDALL 12 EAST 86TH ST APT 1228 NEW YORK, NY 10028	1034	10/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $1,700.00
46	KERR, LOIS 126 CHURCH ST #3G NEW ROCHELLE, NY 10805	1023	10/03/13	Sound Shore Medical Center of Westchester	13-22840	Secured: Unliquidated Priority: $29,711.39

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47	KLOGIX ATTN KEVIN POUCHE 1319 BEACON ST, STE 1 BROOKLINE, MA 02446	1056	11/29/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $9,041.67
48	KOLLER, VICTORIA 27 PARK RIDGE AVE NEW ROCHELLE, NY 10805	862	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
49	LAHIRI, ASOK K 56 SYCAMORE LN IRVINGTON, NY 10533	866	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $3,479.99
50	LEPORE, MARYLU 32 EDGEWOOD PARK NEW ROCHELLE, NY 10801	877	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $2,345.00
51	LEPORE, MARYLU 32 EDGEWOOD PARK NEW ROCHELLE, NY 10801	1010	09/30/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $9,905.00
52	LIFE NET 1864 CONCERT DR VIRGINIA BCH, VA 23453	1042	11/08/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $25,229.75
53	LIGGIO, ROBERT 510 CARROLL AVE MAMARONECK, NY 10543	1525	10/15/14	Sound Shore Medical Center of Westchester	13-22840	Priority: $105.00
54	MASTELLONE, PATRICIA 6 RUTGERS PL SCARSDALE, NY 10583	1012	09/30/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $55,287.26
55	MAZZA, ANNE 187 KIMBALL TER YONKERS, NY 10704	857	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $8,253.96
56	MICROAIRE SURGICAL INSTRUMENTS 3590 GRAND FORKS BLVD CHARLOTTEVILLE, VA 22911	1051	11/21/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $5,537.65

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57	MICROAIRE SURGICAL INSTRUMENTS 3590 GRAND FORKS BLVD CHARLOTTEVILLE, VA 22911	1052	11/21/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $561.30
58	NAIR, JAYASREE 7 INDEPENDENCE CT NEW CITY, NY 10956	1003	09/23/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $34,000.00
59	NEWELL, ROSANNE M 12 GLENN PL HASTINGS ON HUDSON, NY 10706	856	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $151,587.00
60	OLYMPUS AMERICA INC ATTN CREDIT RISK MGMT DEPT 3500 CORPORATE PKWY CENTER VALLEY, PA 18034	867	09/18/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $6,658.86
61	OVAG INTERNATIONAL AG ATTN NICOLE J HUESMANN P A 150 ALHAMBRA CIR STE 1150 CORAL GABLES, FL 33134	1495	06/09/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $2,130.85
62	PASSPORT HEALTH COMMUNICATIONS INC C/O WALLER LANSDEN DORTCH & DAVIS LLP ATTN MICHAEL R PASLAY ESQ 511 UNION ST STE 2700 NASHVILLE, TN 37221	1062	12/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $1,202.71
63	PASSPORT HEALTH COMMUNICATIONS INC C/O WALLER LANSDEN DORTCH & DAVIS LLP ATTN MICHAEL R PASLAY ESQ 511 UNION ST STE 2700 NASHVILLE, TN 37221	1063	12/17/13	Sound Shore Medical Center of Westchester	13-22840	Admin: $7,625.00 Unsecured: $31,882.34
64	PERLMUTTER, ILISSE 178 E. 80 STREET PH-F NEW YORK, NY 10021	858	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $2,000.00

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66	PORCELAIN, HARVEY LANE PO BOX 630279 LITTLE NECK, NY 11363	886	09/21/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $1,440.00
67	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1236	01/27/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $21,897.46
68	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1237	01/27/14	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $2,718.25
69	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1238	01/27/14	Howe Avenue Nursing Home, Inc.	13-22842	Unsecured: $259.42
70	PREFERRED BUSINESS ATTN DENNIS KIERNAN 530 SAW MILL RIVER RD ELMSFORD, NY 10523	1239	01/27/14	NRHMC Services Corporation	13-22845	Unsecured: $1,836.23
71	PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER C/O RICE & RICE, ESQS. 207 NORTH AVENUE SUITE 202 NEW ROCHELLE, NY 10801	869	09/18/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
72	RODRIGUEZ, ANASTASCIO 140 PELHAM RD APT 7J NEW ROCHELLE, NY 10805	875	09/20/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $22,126.98

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74	SANTORO, ROSEANN 106 COUNTRY RIDGE RD SCARSDALE, NY 10583	863	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
75	SCHUETTENBERG, SUSAN 725 PELHAMDALE AVE PELHAM, NY 10803	1015	09/23/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $400.00
76	SKARIAH, SUSY 368 PINEBROOK BLVD NEW ROCHELLE, NY 10804	859	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $2,400.00
77	SKINNER, SHEILA 2569 SEVENTH AVE, APT 26 C NEW YORK, NY 10039	1020	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $52,375.60
78	SMITH & NEPHEW INC ATTN HANK QUAGENTI 200 MINUTEMAN RD ANDOVER, MA 01810	1530	11/10/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $36,584.31
79	SOLANGEL DIAZ AND JUAN ORTIZ C/O WORBY GRONER EDELMAN LLP 11 MARTINE AVE PH WHITE PLAINS, NY 10606	1520	08/29/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
80	SUMNER, RUBY 85 WILSON DR NEW ROCHELLE, NY 10801	852	09/17/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $141,475.25*
81	TARANTINO, MARIA 30 EHRBAR AVE MT VERNON, NY 10552	1017	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $22,110.00
82	TOBY ORTHOPAEDICS PMB 426 6538 COLLINS AVE MIAMI BEACH, FL 35141	1009	09/24/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $525.00

Sound Shore Medical Center of Westchester, *et al*.,
Exhibit A - Pre-Petition Late Filed Claims

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

SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
83	TOYOTA MOTOR CREDIT CORPORATION C/O BECKET AND LEE LLP ATTORNEYS/AGENT FOR CREDITOR PO BOX 3001 MALVERN, PA 19355	1492	05/20/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $458.26
84	TRANSUNION LLC ATTN ACCOUNTS RECEIVABLE 555 W ADAMS ST CHICAGO, IL 60661	1059	12/04/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $91,937.07
85	US DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION 200 CONSTITUTION AVE NW RM N5668 WASHINGTON, DC 20210	1425	12/20/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $45,300.00*
86	VEGA, EILEEN C/O LAW OFFICES OF FRANCIS X YOUNG PLLC 50 MAIN ST STE 1000 WHITE PLAINS, NY 10606	1459	02/11/14	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
87	VON SCHORN, CLAUS P 3 HAWTHORNE WAY HARTSDALE, NY 10530	1021	09/27/13	The Mount Vernon Hospital, Inc.	13-22841	Priority: $145,665.00
88	W W GRAINGER INC 505 SAW MILL RIVER RD ELMSFORD, NY 10523	1342	01/31/14	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $7,016.27
89	WADE, EASSAW 811 REED ST ASHVILLE, NC 28803	1081	12/30/13	Sound Shore Medical Center of Westchester	13-22840	Unliquidated
90	WARD GREENBERG 300 STATE STREET ROCHESTER, NY 14614	880	09/20/13	Howe Avenue Nursing Home, Inc.	13-22842	Unsecured: $15,053.46
91	WAY, JANET H 625 S 5TH AVE MT VERNON, NY 10550	1022	09/27/13	Sound Shore Medical Center of Westchester	13-22840	Priority: $49,006.50

Sound Shore Medical Center of Westchester, *et al*.,
Exhibit A - Pre-Petition Late Filed Claims

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

SEQ NO.	NAME	CLAIM NO.	DATE FILED	CLAIMED DEBTOR	CASE NO.	CLAIM AMOUNT
92	WEITBRECHT COMMUNICATIONS INC 1500 OLYMPIC BLVD SANTA MONICA, CA 90404	860	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $393.00
93	WERFEN USA LLC / INSTRUMENTATION LABORATORY 180 HARTWELL RD BEDFORD, MA 01730	1066	12/26/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $202,711.81
94	WESTCHESTER COUNTY HEALTHCARE CORPORATION C/O WILSON BAVE CONBOY COZZA & COUZENS TWO WILLIAM ST 5TH FL WHITE PLAINS, NY 10601	1043	11/14/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $0.00
95	WESTCHESTER JOURNAL NEWS C/O GANNETT CO INC ATTN SHELLY LUCAS, LAW DEPT 7950 JONES BRANCH DR MCLEAN, VA 22107	1055	10/24/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $78.20
96	WHITE, CATHERINE "CASSIE" 25 GRAMERCY PL NEW ROCHELLE, NY 10801	1541	02/03/15	Sound Shore Medical Center of Westchester	13-22840	Priority: $1,000.00
97	WRIGHT MEDICAL TECHNOLOGY INC ATTN W DEAN MORGAN 1023 CHERRY RD MEMPHIS, TN 38117	855	09/17/13	Sound Shore Health System, Inc.	13-22844	Unsecured: $19,679.00
98	WRIGHT MEDICAL TECHNOLOGY INC ATTN W DEAN MORGAN 5677 AIRLINE RD ARLINGTON, TN 38002	854	09/17/13	The Mount Vernon Hospital, Inc.	13-22841	Unsecured: $20,232.00
99	YONKERS UNION CAR SERVICE ATTN BIANCA I RODRIGUEZ CEDANO 192 NEPPERHAN AVE YONKERS, NY 10701	1028	10/11/13	Sound Shore Medical Center of Westchester	13-22840	Unsecured: $42,480.00

* Denotes an unliquidated component.

Accent®

Attachment

Correspondence Address:
Accent
7171 Mercy Road, Ste 250
P.O. Box 69004
Omaha, Nebraska
68106-5004

Payment Address:
Accent
Po Box 952366
St Louis, MO 63195

Tel: 1.888.633.5516
Nebraska: 402.384.5100
Fax: 402.384.

Date: 8/25/2014

Accent Account Number: 1316697837220, 1316697856567, 1316697836115, 1316697835737, 1307588973677, 1307588941463, 1316877889998, 1316697830111, and 1316697835730

Patient Name: Catherine Gojcaj, Diane Alleyne, Belinda Casey, Alexander Kagan, Cherie Schilio, Marcus Gojcaj

Patient Number: 23635361, 2381390, 2363514, 2362528, 24085011, 23855351, and 2363475

Additional Information: My name is Michael Moore and I am from Accent Recovery Systems. We are a third party vendor that handles all overpayments for Cigna HealthcareThere are some patient account numbers that were not available that are listed as refunds Cigna discovered there were several overpayments on. . Several of these requests fall within the guidelines of when the bankruptcy occurred, after the filing date of 5/31/13. Cigna has acknowledge those accounts that were absorbed into the bankruptcy and are requesting the following accounts listed to be refunded. A few accounts are self-funded accounts, so the employer group are seeking recoupment of their monies.

My contact information is below for further questions.

Michael Moore

From:Michael Moore
Phone: 888-633-5516 ext.56206
Fax 4023925998
Email: mmoore@west.com
Recovery Specialist I

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-633-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

December 03, 2013

M566-482

SOUND SHORE MED CTR OF
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7836115
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-633-5516 ext. 58249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	$14,674.27	
Reason:	COB with other group insurance	Other Insurance Information Other Insurance Carrier Name: 1199 SEIU
Customer Name:	CATHERINE GOJCAJ	
Date(s) of Service:	07/08/2013 Thru 07/12/2013	
Total Charges:	$14,674.27	
Total Paid:	$14,674.27	
Plan Participant:	BERNARD GOJCAJ	
Patient Number:	2383514-1	
Payee Name:	SOUND SHORE MED CTR OF	

See Reverse for Calculations

482 - 18588 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7836115
Amount Due: $14,674.27

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR OF
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952368
St. Louis, MO 63195-2368

01 00000131669783611 5 00001467427 132412242501 1

Account Number: 13 1669 7838115

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813198-008470001	2363514-1	07-08-2013 to 07-12-2013		$14,674.27	$14,674 27	$0 00	$14,674 27	256512140	07-25-2013
			Total	**$14,674.27**	**$14,674.27**	**$0.00**	**$14,674.27**		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813198-008470001	2363514-1	07-08-2013 to 07-12-2013		$14,674 27	$0 00	$0 00	$0.00	256512140	07-25-2013
			Total	**$14,674.27**	**$0.00**	**$0.00**	**$0.00**		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-833-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

December 10, 2013

55566-840

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7837220
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-833-5516 ext. 58249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	$110,283.00	
Reason:	COB with other group insurance	Other Insurance Information Other Insurance Carrier Name: 1199 SEIU
Customer Name:	MARCUS GOJCAJ	
Date(s) of Service:	07/08/2013 Thru 08/14/2013	
Total Charges:	$110,283.00	
Total Paid:	$110,283.00	
Plan Participant:	BERNARD GOJCAJ	
Patient Number:	23835381	
Payee Name.	SOUND SHORE MED CTR	

See Reverse for Calculations

940 - 55566 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7837220
Amount Due: $110,283 00

Amount Enclosed $_____

Please do not use staples on your remittance

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 00000131669783722 0 00011028300 132412242501 4

Account Number: 13 1669 7637220

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813281-906570001	23635361	07-08-2013 to 08-14-2013		$110,283 00	$110,283.00	$0 00	$110,283 00	258238590	10-10-2013
			Total	$110,283.00	$110,283.00	$0.00	$110,283.00		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813281-906570001	23635361	07-08-2013 to 08-14-2013		$110,283 00	$0 00	$0 00	$0.00	258238590	10-10-2013
			Total	$110,283.00	$0.00	$0.00	$0.00		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-633-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

November 28, 2013

88555-106

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7835730
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-633-5516 ext. 58249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	$549.04	
Reason:	COB with other group insurance	Other Insurance Information Other Insurance Carrier Name: 1199 SEIU
Customer Name:	CATHERINE GOJCAJ	
Date(s) of Service:	07/07/2013	
Total Charges:	$889.00	
Total Paid:	$549.04	
Plan Participant:	BERNARD GOJCAJ	
Patient Number:	2363475-1	
Payee Name:	SOUND SHORE MED CTR	

See Reverse for Calculations

440 - 88555 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7835730
Amount Due: $549.04

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 00000131669783573 0 5 00000054904 132412242501 7

Account Number: 13 1669 7835730

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813197-081530001	2383475-1	07-07-2013 to 07-07-2013		$889.00	$549 04	$0.00	$549 04	258512140	07-25-2013
			Total	$889.00	$549.04	$0.00	$549.04		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
76813197-081530001	2383475-1	07-07-2013 to 07-07-2013		$889 00	$0.00	$0 00	$0.00	258512140	07-25-2013
			Total	$889.00	$0.00	$0.00	$0.00		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-833-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

October 31, 2013

88568-1183

FOX MD/NORRIS
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7830111
Re: Request for refund of overpayment (TIN#: 118509757)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request; contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Bernice Williams

BERNICE WILLIAMS
Recovery Specialist
Accent
1-888-833-5516 ext. 56264

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	**$781.46**		
Reason:	**Medicare Part B entitlement**	**Other Insurance Information**	
Customer Name:	BELINDA M CASEY	Part A Effective Date:	05/01/2013
Date(s) of Service:	08/09/2013 Thru 08/22/2013	Part B Effective Date:	05/01/2013
Total Charges:	$1,850.00		
Total Paid:	$976.88		
Plan Participant:	BELINDA M CASEY		
Patient Number:	5 8780 CIG7		
Payee Name:	FOX MD/NORRIS		

See Reverse for Calculations

1183 - 88568 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7830111
Amount Due: $781.46

Amount Enclosed $_____

Please do not use staples on your remittance.

FOX MD/NORRIS
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 00000131669783011 1 5 00000078146 132412242501 5

Account Number: 13 1669 7830111

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
92213241-934620001	5 8780 CIG-7	08-09-2013 to 08-22-2013	99223	$1,850 00	$976 88	$0.00	$976.88	630860177	08-31-2013
			Total	$1,850.00	$976.88	$0.00	$976.88		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
92213241-934620001	5 8780 CIG-7	08-09-2013 to 08-22-2013	99223	$1,850 00	$976 88	$0 00	$195.42	630860177	08-31-2013
			Total	$1,850.00	$976.88	$0.00	$195.42		

Dept 19425
PO Box 1258
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-633-5516
Nebraska: 402-384-5100
TTY Phone. 800-833-7352

March 07, 2014

86586-1568

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1667 7889998
Re. Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Rhonda Shaffner

RHONDA SHAFFNER
Recovery Specialist
Accent
1-888-633-5516 ext. 58225

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	**$921.33**		
Reason:	**An adjustment caused the HRA/HSA/FSA to be paid in error**	**Other Insurance Information** Client Group:	AMMANN & WHITNEY, INC.
Customer Name:	DIANE M ALLEYNE		
Date(s) of Service:	08/22/2013		
Total Charges:	$6,013.79		
Total Paid:	$4,608 65		
Plan Participant:	DIANE M ALLEYNE		

See Reverse for Calculations

1668 - 86586 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1667 7889998
Amount Due: $921.33

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 00000131667889998 0 00000092133 132412242501 8

Account Number: 13 1687 7889998

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
01000116-265789		08-22-2013 to 08-22-2013		$8,013 79	$0.00	$0 00	$4,606.65	0000092102788663	09-26-2013
			Total	$8,013.79	$0.00	$0.00	$4,606.65		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
01000116-265789		08-22-2013 to 08-22-2013		$0 00	$0 00	$0 00	$0 00	0000092102788663	09-26-2013
			Total	$0.00	$0.00	$0.00	$0.00		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-633-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

December 14, 2013

88566-1658

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 0758 8941463
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE PROCLAIM to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-633-5516 ext. 56249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	**$1,184.00**
Reason:	**Failure to apply correct contractual rate**
Customer Name:	ALEXANDER KAGAN
Date(s) of Service:	08/17/2013 Thru 08/20/2013
Total Charges:	$12,665.00
Total Paid:	$1,184.00
Plan Participant:	ALEXANDER KAGAN
Patient Number:	23855351
Payee Name:	SOUND SHORE MED CTR

See Reverse for Calculations

1858 - 88566 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 0758 8941463
Amount Due: $1,184.00

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 0000013075889414 63 5 0000011840 0 132412242501 1

Account Number: 13 0758 8941463

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
48513257-901680001	23855351	08-17-2013 to 08-20-2013		$12,865.00	$8,250.78	$0 00	$1,184.00	336301436	10-12-2013
			Total	$12,865.00	$8,250.78	$0.00	$1,184.00		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
48513257-901680001	23855351	08-17-2013 to 08-20-2013		$10,621 00	$8,250 78	$0 00	$1,184.00	336301436	10-12-2013
			Total	$10,621.00	$8,250.78	$0.00	$1,184.00		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 89004
Omaha, NE 68108-5004
Phone: 888-833-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

November 26, 2013

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7835737
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-633-5516 ext. 56249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number: 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	**$4,478.50**	
Reason:	**COB with other group insurance**	**Other Insurance Information** Other Insurance Carrier Name: 1199 SEIU
Customer Name:	CATHERINE GOJCAJ	
Date(s) of Service:	07/04/2013 Thru 07/05/2013	
Total Charges:	$5,027.00	
Total Paid:	$4,478.50	
Plan Participant:	BERNARD GOJCAJ	
Patient Number:	2382528-1	
Payee Name:	SOUND SHORE MED CTR	

See Reverse for Calculations

442 - 88588 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7835737
Amount Due: $4,478.50

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952368
St. Louis, MO 63195-2368

01 00000131669783573 7 6 00000447850 132412242501 6

Account Number: 13 1669 7856567

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
92213246-912960001	2381390-1	08-09-2013 to 08-24-2013		$50,151.00	$41,212.76	$0.00	$41,212.76	340183818	01-16-2014
			Total	**$50,151.00**	**$41,212.76**	**$0.00**	**$41,212.76**		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
92213246-912960001	2381390-1	08-09-2013 to 08-24-2013		$54,119.79	$0.00	$0.00	$1,184.00	340183818	01-16-2014
			Total	**$54,119.79**	**$0.00**	**$0.00**	**$1,184.00**		

Dept 19425
PO Box 1259
Oaks, PA 19456
PLEASE DO NOT MAIL PAYMENTS TO THIS ADDRESS

Accent

Correspondence Address:

7171 Mercy Road
PO BOX 69004
Omaha, NE 68106-5004
Phone: 888-633-5516
Nebraska: 402-384-5100
TTY Phone: 800-833-7352

November 28, 2013

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

ACCOUNT NUMBER: 13 1669 7835737
Re: Request for refund of overpayment. (Tin#: 131740117)

Accent Cost Containment Solutions ("Accent") has been enlisted by CIGNA HEALTHCARE to recover the amount indicated below.

We respectfully request your remittance in full, payable to either Accent or to the above mentioned client. Please send the refund or contact our office within 30 days of the date of this letter.

For questions about this request, contact our office directly or submit your inquiry in writing to the correspondence address indicated above.

Respectfully,

Phillip Gibilisco

PHILLIP GIBILISCO
Recovery Specialist
Accent
1-888-633-5516 ext. 56249

Business Hours - CST:
Monday - Thursday 7:00 a.m. to 5:00 p.m.
Friday 7:00 a.m. to 3:45 p.m.

New York City Department of Consumer Affairs License Number 1270334.

The overpayment identified is for the below customer and correlates to the following claim(s):

Amount Due:	**$4,476.50**	
Reason:	**COB with other group insurance**	**Other Insurance Information** Other Insurance Carrier Name: 1199 SEIU
Customer Name:	CATHERINE GOJCAJ	
Date(s) of Service:	07/04/2013 Thru 07/05/2013	
Total Charges:	$5,027.00	
Total Paid:	$4,476.50	
Plan Participant:	BERNARD GOJCAJ	
Patient Number:	2362528-1	
Payee Name:	SOUND SHORE MED CTR	

See Reverse for Calculations

442 - 88588 - DOCOP1

TEAR ALONG LINE AND RETURN LOWER PORTION WITH PAYMENT

Account Number: 13 1669 7835737
Amount Due: $4,476.50

Amount Enclosed $_____

Please do not use staples on your remittance.

SOUND SHORE MED CTR
16 GUION PL
NEW ROCHELLE NY 10801-5502

Make Payment To:

ACCENT
PO Box 952366
St. Louis, MO 63195-2366

01 00000131669783573 7 6 00000447650 132412242501 6

Account Number: 13 1869 7835737

Actual:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
78613227-062720001	2362528-1	07-04-2013 to 07-05-2013		$5,027.00	$4,476 50	$0 00	$4,476.50	257262276	08-29-2013
			Total	$5,027.00	$4,476.50	$0.00	$4,476.50		

Recalculated:

Claim Number	Account Number	Date of Service	Procedure Code	Charge	Allowed	Customer Liability	Benefit	Check Number	Check Issue Date
78613227-062720001	2362528-1	07-04-2013 to 07-05-2013		$5,027.00	$0.00	$0 00	$0 00	257262276	08-29-2013
			Total	$5,027.00	$0.00	$0.00	$0.00		

IF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7013 1710 0000 4487 3219

stamps.com

$7.61 0
US POSTAGE
FIRST-CLASS
062S0008102696
60477

870152.130

Sound Shore Medical Center
of Westchester c/o GCG, Inc.
(ATTN: Jennifer Palmer)
5151 Blazer Parkway
Suite A
Dublin, Ohio 43017

United States Bankruptcy Court
Southern District of New York

PROOF OF CLAIM

Name
The Mount Vernon Hospital

Case Number
13-22841-rdd

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property): **Aetna**
Name and Address where notices should be sent:

Terisma Schoch
Aetna. – U21N
1425 Union Meeting Road
Blue Bell, PA 19422

Telephone Number: (610) 262-3847

[ ] Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
[ ] Check box if you have never received any notices from the bankruptcy court in this case.
[ ] Check box if the address differs from the address on the envelope sent to you by the court.

THE GARDEN CITY GROUP INC. FEB – 7 2014

This Space is for Court Use ONLY

Account or other number by which creditor identifies debtor:
Control # 0861748-010-00000 & 011-00000

Check here if this claim [ ] replaces [ ] amends a previously filed claim, dated

1. Basis for Claim
[ ] Goods sold
[ ] Services performed
[ ] Personal injury/wrongful death
[ ] Taxes
[ ] Money loaned
[X] Other **Unpaid pre-petition premium related to employee health benefit plan**

[ ] Retiree benefits as defined in 11 U.S.C. § 1114(a)
[ ] Wages, salaries, and compensation (fill out below)
Your SS #: _____ - ____ - _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred:
06/01/2010 - 10/01/2010 This represents unpaid pre-petition premium related to an employee health benefit plan.

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **$16,431.65.** If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
[ ] Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
[ ] Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
[ ] Real Estate [ ] Motor Vehicle
[ ] Other _____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any $ _____

6. Unsecured Priority Claim.
[ ] Check this box if you have an unsecured priority claim
Amount entitled to priority:
[ ] Wages, salaries, or commissions (up to $4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(3).
[ ] Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(4).
[ ] Up to $ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(6).
[ ] Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 m/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustments.*

THIS SPACE FOR COURT USE ONLY

Date
August 22, 2013

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Terisma Schoch
Terisma Schoch, Bankruptcy Analyst

FILED U.S. BANKRUPTCY COURT 2013 OCT 1 P 2:11 S.D. N.Y.

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.

CRT

FILED - 01439
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

TRAD / HMO / AES / EBS STATEMENT OF ACCOUNT

(34) Group name: The Mount Vernon Hospital (33) As of Date: 02/08/2013

(35) Group no. / PSUID: 0861748-010-00000

(41) Premium Month	(42) Invoice Month	(43) Member ID	(44) Name	(45) SSN / EE ID	(46) Balances	(47) Discrepancy Type	(48) Balance Category	(49) Reason for Aged balance
10/01/2010	10/01/2010	N/A	N/A	N/A	$6,074.14	Unpaid Premium	Unpaid Premium	Unpaid premium for October 2010.
08/01/2010	08/01/2010	N/A	N/A	N/A	$1,495.86	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
07/01/2010	07/01/2010	N/A	N/A	N/A	$1,511.22	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
06/01/2010	06/01/2010	N/A	N/A	N/A	$1,553.13	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
		(51) Grand Total			$10,634.35			

TRAD / HMO / AES / EBS STATEMENT OF ACCOUNT

(34) Group name: The Mount Vernon Hospital (33) As of Date: 02/08/2013

(35) Group no. / PSUID: 0861748-011-00000

(41) Premium Month	(42) Invoice Month	(43) Member ID	(44) Name	(45) SSN / EE ID	(46) Balances	(47) Discrepancy Type	(48) Balance Category	(49) Reason for Aged balance
10/01/2010	10/01/2010	N/A	N/A	N/A	$4,695.20	Unpaid Premium	Unpaid Premium	Unpaid premium for October 2010.
08/01/2010	08/01/2010	N/A	N/A	N/A	$349.80	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
07/01/2010	07/01/2010	N/A	N/A	N/A	$356.92	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
06/01/2010	06/01/2010	N/A	N/A	N/A	$395.38	Rate Change - underpayment	Rate Change	Rate increase eff 6/1/10 Group paid old rates
		(51) Grand Total			$5,797.30			

1425 Union Meeting Road
Mail Stop U21N
Blue Bell, PA 19422

Terisma Schoch
National Collections
Phone: 610-262-3847
Fax Number: 800-262-9803

aetna℠

August 22, 2013

Vito Genna
Clerk of the US Bankruptcy Court
Southern District of New York
300 Quarropas Street
White Plains, NY 10601

RE: The Mount Vernon Hospital
Case #: 13-22841-rdd
Chapter: 11

Dear Vito Genna

Enclosed herewith please find a proof of claim to be filed in the above referenced case.

Also enclosed, please find a self-addressed envelope and a copy of the proof of claim. We ask that you time-stamp the proof of claim and return it to us as acknowledgement of this proof of claim.

Thank you for your attention in this matter.

Sincerely,

Terisma Schoch

Terisma Schoch
Aetna National Collections Department

FILED
U.S. BANKRUPTCY COURT
2013 OCT 18 P 2:10
S.D. OF N.Y.

Enclosures

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

1 of 3 packs

Date: February 5, 2014

To: KCC, 2335 Alaska Ave.,
El Segundo, CA 90245

From: Mimi Correa
Deputy Clerk

1. a. Number of claims in this transmittal: 31

b. Case name (*if applicable*): **Sound Shore Medical Center, et al.**
c. Description of claim: (Creditor name and amount of claim.)

Aetna	$16,431.65
Thomas Perez, Sec of Labor	$Unknown
NYS Dept of Labor	$2,036.13
Orange Pathology Associates	$414,706.42
Orange Pathology Associates	$414,706.42
Alice Oshins	$100,000.00
US Dept of Labor	$45,300.00 plus
NYS Dept of Labor	$68,410.13
KDM Medical Equipment	$32,259.50
United Water New Rochelle	$53,708.73
United Water New Rochelle	$6,611.53
NYS Dept of Labor	$220,415.68
Glynn Jones	$25,000,000.00
AFCO	$5,376.07
Karen J. Ferguson	$200.00
Rashene M. Day	$2,700.00
Alda McPartland	$1,700.93
Jeffrey Schanzer	$3,289.36
Maria S. Albito	$1,329.00
Rachel Chacko	$1,339.00
Yvonne E.R. Booth	$1,000.00
Jennifer R. Mitchell RNC	$1,374.00 plus
Susy Skariah	$1,000.00
Michelle Abernethy	$1,000.00
Sonia P. Salviejo	$1,000.00
Nola I. Blair-Baggs	$1,000.00
Gwendolynn R. Laguatan	$1,000.00
Veletta Collins	$1,000.00
Elizabeth Goehl	$1,000.00
Justin Cohen	$1,287.00
William A. Quigley	$91,656.77

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. Tavarez
Case Adm /ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9389 3299
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.

00000128
SSM0203611343

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. MAR 12 2014

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): ALAIGH CARE ASSOCIATES LLC

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

Name and address where notices should be sent:

ALAIGH CARE ASSOCIATES LLC
C/O ABRAMS, GRAN, HENDRICKS, REINA & ROSENBERG
ATTN: BARRY E. ROSENBERG
2 W UNION AVE
P.O. BOX 350
BOUND BROOK, NJ 08805-1716

Telephone number:
Email Address:

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 payment should be sent (if different from above):
ALAIGH CARE ASSOCIATES LLC
89 OLD SMALLEYTOWN ROAD
WARREN NJ 07059

Telephone number: 908 319-1064
Email Address: PALAIGH@ALAIGHCARE.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.

FILED - 01473
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 36,000.00

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:** SERVICES PERFORMED
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 3 0 8 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).

☐ 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. (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: POONAM ALAIGH MD

Title: MANAGING MEMBER

Company: ALAIGH CARE ASSOCIATES LLC

(Signature) Poonam Alaigh (Date) 2/28/14

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

89 OLD SMALLEYTOWN ROAD
WARREN NJ 07059

Telephone number: 908 319 1064 email: PALAIGH@ALAIGHCARE.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. 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.

CONSULTING AGREEMENT

This Consulting Agreement ("Agreement") is effective as of **June 18, 2012** by and between **South Shore Medical Center.** (hereinafter referred to as the "Client"), located 16 Guion Place, New Rochelle, New York 10802 and **Alaigh Care Associates, LLC** (hereinafter referred to as "ACA") located at 89 Old Smalleytown, Warren, New Jersey 07059.

WHEREAS, Client operates a full-service acute care hospital and within the hospital; and

WHEREAS, ACA shall provide professional consulting services to Client pertaining to the development of an Accountable Care Organization.

NOW, THEREFORE, in consideration of the mutual promises and covenants hereinafter set forth, the parties hereto agree as follows:

1. **Term.** The term of retention shall commence on June 18, 2012. The Agreement may be terminated by either party with 30 days notice.

2. **Compensation.** Client will pay to ACA a nonrefundable retainer of $2,000.00 (Two Thousand Dollars) for professional services rendered for up to eight (8) hours per week of work. The initial week's fee shall be offset by the retainer. All hours in excess of the eight (8) hours per week of work shall be compensated at the rate of $275.00 per hour. ACA shall obtain written approval from the client for any hours above the stipulated amount.

   Client shall reimburse ACA for reasonable expenses incurred in the course of performing its services, including without limitation postage and delivery costs, photocopying and binding, at the actual cost of those services. From time to time, ACA may require certain disbursements to be paid in advance or remitted directly to third parties.

   Interest will accrue on balances due for more than thirty (30) days at the monthly rate of 1.5% of the past due balance. Client agrees to indemnify and reimburse ACA for all expenses incurred to recover balances past due (including all reasonable collection costs and reasonable attorneys' fees).

3. Services to be Provided: ACA shall provide the following services hereunder:

   - Formulation of physician alignment and recruitment strategies for the hospital and IPA.

4. **General.** This Agreement is a commercial contract entered into for business purposes. The laws of the State of New Jersey, without regard to its rules governing conflicts of law, shall govern the validity of this Agreement, the construction of its terms and the interpretation of the rights and duties of the parties hereto. Any legal action brought pursuant to this Agreement shall ensue in the Superior Court of New Jersey. Both parties represent and warrant that the individuals executing this Agreement are authorized to bind their respective parties and enter into this Agreement. This Agreement and any exhibit attached constitute the entire understanding and agreement of Client with ACA, and all prior agreements, understandings, and representations are hereby terminated and canceled in their entirety and are of no further force and effect.

5. **Headings.** Section headings are not to be considered a part of this Agreement and are not intended to be a full and accurate description of the contents hereof.

6. **Waiver.** Waiver by one party hereto of breach of any provision of this Agreement by the other shall not operate or be construed as a continuing waiver.

7. **Unenforceability of Provisions.** If any provision of this Agreement or any portion thereof is held to be invalid and unenforceable, then the remainder of this Agreement shall nevertheless remain in full force and effect.

8. **Parties Bound.** This Agreement shall be binding upon and shall inure to the benefit of the parties and their respective heirs, legal representatives, successors and assigns.

9. **Confidentiality.** Except pursuant to court order or as otherwise required under law or judicial or regulatory proceedings, neither party shall disclose the existence or the terms and conditions of the Agreement without prior written consent of the other party.

10. **Independent Contractor.** It is expressly understood and agreed by Client and ACA that ACA is engaged hereunder as an independent contractor in the full legal sense of the term, and nothing in this Agreement shall create any contract or relationship of employment between Client and ACA or any of its officers or employees, or render ACA or any of its officers or employees an employee of Client.

11. **Execution.** IN WITNESS WHEREOF, the parties have caused this Agreement to be executed by their duly authorized agents on the date(s) below. This Agreement shall not be binding until it is signed by both parties. Parties hereto agree that facsimile signatures shall be effective as if originals.

ALAIGH CARE ASSOCIATES, LLC

Poonam Alaigh

By: Poonam Alaigh, M.D.

Dated: 6/27/12

Sound Shore Medical Center

John R. Spicer

By: John R. Spicer
President & CEO

Dated: 6/27/12

Alaigh Care Associates, LLC

89 Old Smalleytown Road
Warren NJ 07059
Phone (908)319-1064

EIN Number: 45-3183081

Date 11/9/12

Week	Description of Services	Weeks	Rate($)/ Week	Total Amount ($)
August	*Sound Shore Physician Alignment Strategy*	4	2000.00	8000.00
September	*Sound Shore Physician Alignment Strategy*	4	2000.00	8000.00
October	*Sound Shore Physician Alignment Strategy*	5	2000.00	10,000.00
November	*Sound Shore Physician Alignment Strategy*	4	2000.00	8000.00
December	*Sound Shore Physician Alignment Strategy*	1	2000.00	2000.00
	Total			36,000.00

Consultant Signature: Poonam Alaigh

From: (732) 356-9400
Michele V. Hahn
AGHRR
2 W UNION AVE

BOUND BROOK, NJ 08805

Origin ID: CHUA

FedEx Express

J14101402070326

Ship Date 25FEB14
ActWgt: 0.5 LB
CAD: 3022228/NET3480

Delivery Address Bar Code

Ref # Poonam Alaigh-South Shore Med
Invoice #
PO #
Dept #

SHIP TO: (732) 356-9400 BILL SENDER

South Shore Medical Center
of Westchester c/o GCG Inc.
5151 Blazer Parkway, Suite A

DUBLIN, OH 43017

WED - 26 FEB AA
STANDARD OVERNIGHT

TRK# 7980 3004 5555
0201

ASR
43017
OH-US
LCK

XX OSUA

522G1502F/F220

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.

B 10 (Official Form 10) (12/11)

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

THE GARDEN CITY GROUP, INC. JUL - 1 2014

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): Allergan USA, Inc.

COURT USE ONLY

Name and address where notices should be sent:
Allergan, Inc. c/o Judy Cobin T2-7B
2525 Dupont Drive
Irvine, CA 92612

Telephone number: (714) 246-2188 email: cobin_judy@allergan.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:

FILED - 01508
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YOR
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: $ 5,978.00

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: goods sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 8 4 7 7

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 $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: $_____

**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. (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: Donald P. Bunnin
Title: Senior Litigation Counsel
Company: Allergan, Inc.
Address and telephone number (if different from notice address above):

(Signature) 6/30/14 (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. 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.

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.

ALLERGAN

2525 Dupont Drive, P.O. Box 19534, Irvine, California, USA 92623-9534 Telephone: (714) 246-4500 Website: www.allergan.com

Judith F. Cobin
Sr. Litigation Paralegal
Mail Code : T2-7B
Direct: (714) 246-2188
Fax: (714) 246-4774
Cobin_Judy@Allergan.com

Via FedEx

June 30, 2014

Sound Shore Medical Center of Westchester, et al.
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: Sound Shore Medical Center of Westchester, et al.
Case No.: 13-22840
Chapter 11

Dear Sir or Madam:

Enclosed please find an original and one copy of a proof of claim for the above-referenced matter. Please file this document and return a file-stamped copy to me in the enclosed envelope.

Thank you and should you have any questions, please do not hesitate to call me at (714) 246-2188.

Very truly yours,

Judith F. Cobin
Sr. Litigation Paralegal

/jfc

Enclosures

ALLERGAN

INVOICE

OUR INFORMATION

Invoice No:	1067740599	Payer No:	188477
Invoice Date:	05/02/2013	Sold To No:	188477
Order No:	114589801	Ship To No:	274602
Delivery No:	617244239	Bill To No:	188477

Repeat printout

Bill To No: 188477
SOUND SHORE MED CTR OF WEST
ATTN ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY 10802

YOUR INFORMATION

Order Date:	05/02/2013
Purchase Order No:	NR176782
Payment Terms:	Net 30
Disc. Due Date:	/ /
Net Due Date:	06/01/2013

Ship Qty	U/M	Batch/ S.N.	Product Num	Description	Unit Price	Ext Price
1	EA		B-2240	LAP-BAND AP Standard w/ A	2,989.00	2,989.00
				Total		2,989.00

Serial Number: 18308165

Freight/Handling FREE

Tax: 0.00

AIRWAY BILL NUMBER: 799673130344
Single Parcel BOL#: 799673130344

Cash Discount	0.00	Disc. Net Amount	2,989.00	Please Pay This Amount	2,989.00

Shipping Information

Ship-to Address:

SOUND SHORE MED CTR OF WESTCH
RECEIVING
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To No:	274602
Shipped Via:	FX PRIORITY NEXT DAY
Weight:	1.10 LB
Ship Date:	05/02/2013
Shipped From:	Allergan USA, Inc., Kuehne+Nagel DC 1800 Waters Ridge Drive, Ste 100, Lewisville, TX 75057

Payment Information

PLEASE TEAR OFF THIS SLIP AND RETURN IT WITH YOUR PAYMENT:

ALLERGAN

Payer No:	188477
Invoice Number:	1067740599
Disc. Net Amt.:	2,989.00
Disc. Amount:	0.00
Please Pay This Amount:	2,989.00

SEND PAYMENTS TO:

Allergan USA, Inc.
12975 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693-0129

For billing inquiries, please call 1-800-811-4148 (Mon. - Fri. 6:30 AM - 4:00 PM, PST)

October 25,2013

Dear Customer:

The following is the proof-of-delivery for tracking number **799673130344**.

Delivery Information:

Status:	Delivered	**Delivery location:**	NEW ROCHELLE, NY
Signed for by:	M.BRITO	**Delivery date:**	May 3, 2013 10:03
Service type:	FedEx Priority Overnight		
Special Handling:	Deliver Weekday		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	799673130344	**Ship date:**	May 2, 2013

Recipient:
NEW ROCHELLE, NY US

Shipper:
LEWISVILLE, TX US

Reference 0617244239

Thank you for choosing FedEx.

ALLERGAN

INVOICE

OUR INFORMATION

Invoice No:	1067747393	Payer No:	188477
Invoice Date:	05/06/2013	Sold To No:	188477
Order No:	114601783	Ship To No:	274602
Delivery No:	617257399	Bill To No:	188477

Repeat printout

Bill To No: 188477
SOUND SHORE MED CTR OF WEST
ATTN ACCOUNTS PAYABLE
16 GUION PLACE
NEW ROCHELLE NY 10802

YOUR INFORMATION

Order Date:	05/06/2013
Purchase Order No:	NR176855
Payment Terms:	Net 30
Disc. Due Date:	/ /
Net Due Date:	06/05/2013

Ship Qty	U/M	Batch/ S.N	Product Num	Description	Unit Price	Ext Price
1	EA		B-2240	LAP-BAND AP Standard w/ A	2,989.00	2,989.00
				Total		2,989.00

Serial Number: 18299634

Shipping Information

Ship-to Address:

SOUND SHORE MED CTR OF WESTCH
RECEIVING
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To No:	274602
Shipped Via:	FX PRIORITY NEXT DAY
Weight:	1.10 LB
Ship Date:	05/06/2013
Shipped From:	Allergan USA, Inc., Kuehne+Nagel DC 1800 Waters Ridge Drive, Ste 100, Lewisville, TX 75057

Payment Information

PLEASE TEAR OFF THIS SLIP AND RETURN IT WITH YOUR PAYMENT:

ALLERGAN

Payer No:	188477
Invoice Number:	**1067747393**
Disc. Net Amt.:	2,989.00
Disc. Amount:	0.00
Please Pay This Amount:	**2,989.00**

SEND PAYMENTS TO:

Allergan USA, Inc.
12975 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693-0129

For billing inquiries, please call 1-800-811-4148 (Mon. - Fri. 6:30 AM - 4:00 PM, PST)

ALLERGAN

INVOICE

OUR INFORMATION

Invoice No:	1067747393	Payer No:	188477
Invoice Date:	05/06/2013	Sold To No:	188477
Order No:	114601783	Ship To No:	274602
Delivery No:	617257399	Bill To No:	188477

YOUR INFORMATION

Order Date:	05/06/2013
Purchase Order No:	NR176855
Payment Terms:	Net 30
Disc. Due Date:	/ /
Net Due Date:	06/05/2013

Ship Qty	U/M	Batch/ S.N.	Product Num.	Description		Unit Price	Ext. Price
					Freight/Handling		FREE
					Tax:		0.00
					Surgery Date:		05/07/2013

AIRWAY BILL NUMBER: 799695525190
Single Parcel BOL#: 799695525190

Cash Discount	0.00	Disc. Net Amount	2,989.00	Please Pay This Amount	2,989.00

FedEx

October 25,2013

Dear Customer:

The following is the proof-of-delivery for tracking number **799695525190**.

Delivery Information:

Status:	Delivered	**Delivery location:**	NEW ROCHELLE, NY
Signed for by:	R.LUNDE	**Delivery date:**	May 7, 2013 12:11
Service type:	FedEx Priority Overnight		
Special Handling:	*Deliver Weekday*		

Signature image is available. In order to view image and detailed information, the shipper or payor account number of the shipment must be provided.

Shipping Information:

Tracking number:	799695525190	**Ship date:**	May 6, 2013

Recipient:
NEW ROCHELLE, NY US

Shipper:
LEWISVILLE, TX US

Reference 0617257399

Thank you for choosing FedEx.

Decide with Confidence

SOUND SHORE HEALTH SYSTEM, INC.

D-U-N-S® 13-589-3878 Single
16 Guion Pl,
New Rochelle, NY 10802
Phone 914 632-5000

Business Information Report

Purchase Date: 07/03/2012
Last Update Date: 12/10/2011
Attention: Allergan

Executive Summary

Company Info

Year Started	1999	CEO	JOHN R SPICER, PRES
Control Year	1999	Employees	3,000

D&B Rating

D&B Rating **1R3**

Composite Credit Appraisal

3

4 Limited 3 Fair 2 Good 1 High

D&B PAYDEX®

Up to 24 month D&B PAYDEX

Industry Median 80

42 Up to 24 month D&B PAYDEX

1 Greater than 120 days slow 50 30 days slow 80 Prompt 100 Anticipates

Up to 3 month D&B PAYDEX

37 Up to 3 month D&B PAYDEX

1 Greater than 120 days slow 50 30 days slow 80 Prompt 100 Anticipates

Business Information

Business Summary

SIC	8062 General hospital
NAICS	622110 General Medical and Surgical Hospitals
History Status	CLEAR

Credit Capacity Summary

D&B Rating **1R3**

Composite Credit Appraisal

3

4 Limited 3 Fair 2 Good 1 High

Prior D&B Rating	1R3
Rating Date	09/19/2007
Payment Activity (based on 6 experiences)	USD
Average High Credit	$1,730
Highest Credit	5,000
Total Highest Credit	8,700

Business History

Officers JOHN R SPICER, PRES

Decide with Confidence

Directors THE OFFICER(S)

As of 12/10/2011

The New York Secretary of State's business registrations file showed that Sound Shore Health System, Inc was registered as a corporation on March 25, 1998. Stock ownership is undetermined.

Business started 1999.

JOHN R SPICER. Antecedents are unknown.

Business address has changed from 16 Guion Place, New Rochelle, NY, 10802 to 16 Guion Pl, New Rochelle, NY, 10802.

Business Registration

CORPORATE AND BUSINESS REGISTRATIONS REPORTED BY THE SECRETARY OF STATE OR OTHER OFFICIAL SOURCE AS OF Jun 22 2012:

The following data is not an official record of the Department of State or the State of New York and Dun & Bradstreet is not an employee or agent thereof.

Registered Name	SOUND SHORE HEALTH SYSTEM, INC.	Registration ID	2242351	Filing Date	03/25/1998
		Duration	PERPETUAL		
		Status	ACTIVE		
Business Type	CORPORATION	Where Filed	SECRETARY OF STATE/CORPORATION DIVISION , ALBANY , NY		
Corporation Type	NON-PROFIT				
Incorporated Date	03/25/1998				
State of Incorporation	NEW YORK				

Government Activity Summary

Activity Summary		Possible candidate for socioeconomic program consideration	
Borrower	No	Labor Surplus Area	N/A
Administrative Debt	No	Small Business	N/A
Grantee	No	Women Owned	N/A
Party Excluded from Federal Programs	No	Minority Owned	N/A
Public Company	N/A		
Contractor	No		
Importer/Exporter	N/A		

The details provided in the Government Activity section are as reported to Dun & Bradstreet by the federal government and other sources.

Operations Data

As of 12/10/2011

Description:	Operates as a general medical or surgical hospital (100%).
	All sales cash. Sells to general public. Territory : Regional.
Employees:	3,000 which includes officer(s).
Facilities:	Owns premises in a multi story brick building.
Location:	Central business section on main street.

Industry Data

SIC		NAICS	
Code	Description	Code	Description
80620000	General medical and surgical hospitals	622110	General Medical and Surgical Hospitals

Financial Statements

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Key Business Ratios (Based on 30 establishments)

D&B has been unable to obtain sufficient financial information from this company to calculate business ratios. Our check of additional outside sources also found no information available on its financial performance.To help you in this instance, ratios for other firms in the same industry are provided below to support your analysis of this business.

	This Business	Industry Median	Industry Quartile
Profitability			
Return on Sales	UN	4.1	UN
Return on Net Worth	UN	11.8	UN
Short Term Solvency			
Current Ratio	UN	2.1	UN
Quick Ratio	UN	1.4	UN
Efficiency			
Assets Sales	UN	102.2	UN
Sales / Net Working Capital	UN	7.6	UN
Utilization			
Total Liabs / Net Worth	UN	134.6	UN

Most Recent Financial Statement

As of 12/10/2011

The name and address of this business have been confirmed by D&B using available sources.

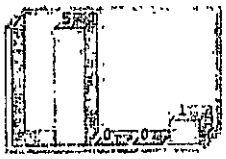
Indicators

Public Filings Summary

The following data includes both open and closed filings found in D&B's database on this company

Record Type	No. of Records	Most Recent Filing Date
Judgment	5	03/04/2004
Lien	0	
Suit	0	
UCC	1	01/23/2006

Public Filings



Bankruptcy Judgment Lien Suit UCC

The following Public Filing data is for information purposes only and is not the official record. Certified copies can only be obtained from the official source.

Full Filings

Judgments

Award	$1,192	Latest Info Received	03/12/2004
Status	Unsatisfied	Type	Judgment
against	SOUND SHORE MEDICAL CENTER OF WESTCHESTER	Status Attained	03/04/2004
Where Filed	NEW YORK CITY CIVIL COURT - NEW YORK COUNTY, NEW		

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	YORK, NY	DOCKET NO.	174903
In Favor of	RATHOM CHECK CASHING CORP	Date Filed	03/04/2004
Status	Unsatisfied	Latest Info Received	09/28/2005
against	77320 - SOUND SHORE HEALTH SYSTEM INC	Type	Judgment
Where Filed	BROWARD COUNTY RECORDERS OFFICE, FORT LAUDERDALE, FL	Status Attained	04/08/2003
In Favor of	AMERICAN TRAVELER STAFFING PRO LLC	BOOK/PAGE	34905/764
		Date Filed	04/08/2003
Award	$143,635	Latest Info Received	11/12/2007
Status	Unsatisfied	Type	Judgment
against	SOUND SHORE MEDICAL CENTER WEST CHESTER	Status Attained	09/06/2002
Where Filed	DELAWARE COUNTY JUDICIAL SUPPORT, MEDIA, PA	DOCKET NO.	02 7075
In Favor of	MEDSTAFF, INC.	Date Filed	09/06/2002
Award	$17,595	Latest Info Received	07/23/2002
Status	Unsatisfied	Type	Judgment
against	SOUND SHORE MEDICAL CENTER OF WESTCHESTER	Status Attained	06/21/2002
Where Filed	ALBANY COUNTY SUPREME COURT, ALBANY, NY	DOCKET NO.	297002
In Favor of	NEW YORK TIMES CO	Date Filed	06/21/2002
Award	$577	Latest Info Received	04/28/2006
Status	Unsatisfied	Type	Judgment
against	SOUND SHORE MEDICAL CENTER	Status Attained	10/16/2001
Where Filed	WESTCHESTER COUNTY SUPREME COURT, WHITE PLAINS, NY	DOCKET NO.	T00579101
In Favor of	ECU MAINTENANCE SVC INC	Date Filed	10/16/2001

UCC Filings

Collateral	Leased Equipment and proceeds	Latest Info Received	02/28/2006
Filing No.	0601235076159	Type	Original
Where Filed	SECRETARY OF STATE/UCC DIVISION, ALBANY, NY	Date Filed	01/23/2006
Secured Party	CARDINAL HEALTH 301, INC. (FORMERLY KNOWN AS PYXIS CORPORATION), SAN DIEGO, CA		
Debtor	SOUND SHORE HEALTH SYSTEM, INC.		

The public record items contained in this report may have been paid, terminated, vacated or released prior to the date this report was printed.

Additional UCC and SLJ filings for this company can be found by conducting a more detailed search in our Public Records Database.

Paydex

D&B PAYDEX®

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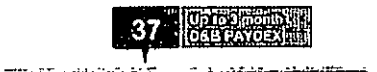
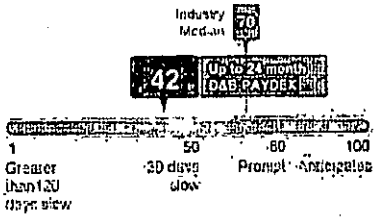
Shows the D&B PAYDEX scores as calculated up to 3 months and up to 24 months of payment experiences.

Up to 3 month D&B PAYDEX



When weighted by dollar amount, payments to suppliers average 69 Days Beyond Terms. Based on payments collected over last 3 months.

Up to 24 month D&B PAYDEX



When weighted by dollar amount, payments to suppliers average 54 days beyond terms. Based on payments collected up to 24 months.

When weighted by dollar amount, the industry average is 15 DAYS BEYOND terms.

- High risk of late payment (average 30 to 120 days beyond terms)
- Medium risk of late payment (average 30 days or less beyond terms)
- Low risk of late payment (average prompt to 30+ days sooner)

Payment Trend	unchanged*	Total Payment Experiences for the HQ	6	Highest Now Owing	$5,000
Payments Within Terms	44%	Total Placed for Collection	0	Highest Past Due	$2,500
Average High Credit	$1,730	Largest High Credit	$5,000		

* compared to payments three months ago

Payment Summary

The Payment Summary section reflects payment information in D&B's file as of the date of this report.

There are 6 payment experiences in D&B's file, with 3 experiences reported during the last three month period. The highest Now Owes on file is $5,000. The highest Past Due on file is $2,500.

Top 10 Industries

Industries	Total Received	Total Amounts	Largest High Credit	Within Terms (%)	Days Slow (%) 0-30	31-60	61-90	90+
Telephone communictns	2	$6,000	$5,000	17	0	41	0	42
Newspaper-print/publ	1	2,500	2,500	50	0	0	0	50
Nonclassified	1	100	100	100	0	0	0	0
Mfg surgical supplies	1	50	50	0	0	100	0	0

Other Payment Categories

Category	Total Received	Total Dollar Amounts	Largest High Credit
Cash Experiences	1	$50	$50
Payment record unknown	0	0	0
Unfavorable comments	0	0	0
Placed for Collection	0	0	0

Detailed Payment History

Date Reported	Paying Record	High Credit	Now Owes	Past Due	Selling Terms	Last Sale within(months)
May 2012	Ppt-Slow 120	$2,500	$2,500	$2,500	N/A	6-12
	Slow 60	50	0	0	N/A	6-12
	Slow 60-120	5,000	5,000	2,500	N/A	1
January 2012	Ppt	1,000	250	0	N/A	1

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June 2011	(005)	50	0	0	Cash account	1
August 2010	Ppl	100	0	0	N/A	6-12

Lines shown in red are 30 or more days beyond terms

Payment experiences reflect how bills are met in relation to the terms granted. In some instances payment beyond terms can be the result of disputes over merchandise, skipped invoices etc.

Each experience shown is from a separate supplier. Updated trade experiences replace those previously reported.

ORIGIN ID:NZJA (714) 246-4753
ALLERGAN SALES LLC
PARCEL POST CENTER
18655 TELLER AVE

IRVINE, CA 926121610
UNITED STATES US

SHIP DATE: 30JUN14
ACTWGT: 0.2 LB
CAD: 0751382/CAFE2704

BILL SENDER

TO SOUND SHORE MEDICAL CENTER OF
WESTCHESTER, ET AL./ C/O GCG, INC
5151 BLAZER PARKWAY, SUITE A

DUBLIN OH 43017
(866) 300-1288
REF: 5592001-2100100040

FedEx Express

TRK# 0201 8030 7575 2602

TUE - 01 JUL AA
STANDARD OVERNIGHT

XX OSUA

43017
OH-US LCK

Part # 154250-354 TRITRA 05/14

FedEx Express
Express Shipping Request

For use by Automation Customers only

8030 7575 2602

From J. Cobin, T2-7B
ALLERGAN SALES LLC
18655 TELLER AVE
IRVINE, CA 92612-1610
(714) 246-4753

Ship Date 6-30-14

SHIPMENT MUST BE ACCOMPANIED B

Form ID No. 0205 0112416689 502

Sender's FedEx Account Number 0900-1170-7

8030 7575 2602

FedEx Express

8030 7575 2602

FedEx Tracking Number — PULL UP ORANGE TAB

Sound Shore Medical Center of Westchester, et al.
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
866-300-1288

Reference Info 5592001-21001000
40
Weight
Declared Value

Express Package Service
- [ ] FedEx Priority Overnight
- [ ] FedEx 2Day
- [x] FedEx Standard Overnight
- [ ] FedEx Express Saver
- [ ] FedEx First Overnight

Express Freight Service
- [ ] FedEx 1Day Freight
- [ ] FedEx 2Day Freight
- [ ] FedEx 3Day Freight

Packaging
- [x] FedEx Envelope
- [ ] FedEx Box
- [ ] FedEx Pak
- [ ] FedEx Tube
- [ ] Other

Special Handling
- [ ] SATURDAY Delivery
- [ ] Dangerous Goods
- [ ] HOLD Saturday at FedEx Location
- [ ] Dry Ice
- [ ] HOLD Weekday at FedEx Location

Envelope

RT 217 2 A
ST 13 2602 07.01

01013970
SSM0202424545

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Mount Vernon Hospital, Inc.

THE GARDEN CITY GROUP, INC. SEP 17 2013

Priority: Unknown

Unsecured: Unknown

Contingent / Unliquidated

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): AMANN MARIANN

☐ 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:

AMANN MARIANN
19 ALAMEDA PL
MOUNT VERNON, NY 10552-1201

Telephone number: 914-312-3557
Email Address: mmamann@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): $** 4,000.00

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 - 00005
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. **Basis for Claim:** Workmans compensation award
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 2 8 4 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).

☐ 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: $ 4,000.00

**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: Marian M. Amann
Title: Employee-Mt. Vernon Hospital
Company: NA

Marian M Amann (Signature) Sept 12 2013 (Date)

Address and telephone number (if different from notice address above):
19 Alameda Place
Mt Vernon NY 10552

Telephone number: 914-312-3557 email: mmamann@verizon.net

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(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.

01013970
SSM0202424645

AMANN MARIANN
19 ALAMEDA PL
MOUNT VERNON, NY 10552-1201

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Mr. Amany
19 Alameda Place
Mt Vernon, NY 10552

WESTCHESTER NY 105
14 SEP 2013 PM 5 L

Sound Shore Medical Center of Westchester, et al
c/o GCG, Inc.
P.O. Box 9982
Dublin, OHIO 43017-5982

01000835
SSM0202576450

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

THE GARDEN CITY GROUP INC. OCT - 2 2013

FILED BANKRUPTCY COURT 13 SEP 27 A 11:05 S.D. OF N.Y.

Your Claim is Scheduled As Follows:

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):

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

Court Claim Number: _____ *(If known)*

Filed on: 9-15-2013

Name and address where notices should be sent:
Maxine Augustus-Powell
417 South 19th Avenue
Mt. Vernon, NY 10550

Telephone number: 914-664-1608
Email Address: macco1@hotmail.com

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 48,341.7

FILED - 01019
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.

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: Wages, promised but not paid out to pension plan, sick time and reduced wages
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 0115

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). $15,034.5

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). $ 1927.5

☑ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). $9,020.7

☑ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(_). Sick time $22,359.00

Amount entitled to priority: $48,341.7

**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)

CRT

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: Maxine Augustus-Burkell (Signature) 9/15/2013 (Date)

Title: _____

Company: _____

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

_____

_____

Telephone number: 914-664-1608 (H) 917-499-6977 (cell) email: macco1@hotmail.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. 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 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.

Maxine Augustus-Powell
417 South 9th
Mount Vernon, NY 10550

In August of 2012, received notification that our payday would be delayed by one week, but we would still be getting paid for only two weeks pay, causing a loss of one week's pay from 8/12/12 to 8/18/12 in the amount of $1,927.50.

Augustus RN
9/26/13

From: (631) 470-5000
Attn. Arturo D Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #
Return Reason.

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA04/03AB

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.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

The Garden City Group, Inc. JAN 27 2015

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 of Creditor (the person or other entity to whom the Debtor owes money or property): Beckman Coulter, 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:
Bernstein-Burkley, P.C.
Attn: Kirk B. Burkley, Esq.
707 Grant Street, Suite 2200, Gulf Tower
Pittsburgh, PA 15219

Telephone number:
Email Address: kburkley@bernsteinlaw.com

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

FILED - 01540
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): $ 15,409.00

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: Rejection damages claim arising from rejection of agreement with Beckman Coulter
(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. (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: Kirk B. Burkley

Title: Attorney

Company: Bernstein-Burkley, P.C.

(Signature) 1/26/2015 (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.

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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.

BERNSTEIN-BURKLEY, P.C.
Attorneys at Law
A BUSINESS APPROACH TO LEGAL SERVICE

BANKRUPTCY & RESTRUCTURING
AT BERNSTEIN-BURKLEY, P.C.
WWW.BERNSTEINLAW.COM

DANIEL R. SCHIMIZZI
DSCHIMIZZI@BERNSTEINLAW.COM
T: (412) 456-8121 / F: (412) 456-8135

CREDITORS' RIGHTS-BANKRUPTCY & RESTRUCTURING-BUSINESS LAW

January 26, 2015

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

Sent via Overnight Courier

In Re: Sound Shore Medical Center of Westchester
Bankruptcy Case No.: 13-22840 (RDD)
Bernstein-Burkley File Number: 02352-173

Dear Sir or Madam:

Enclosed for immediate filing, please find the rejection damages proof of claim filed on behalf of Beckman Coulter, Inc., in the above-referenced case.

Please contact me with any questions or concerns.

Very truly yours,
BERNSTEIN-BURKLEY, P.C.

Daniel R. Schimizzi

DRS/drs

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

In Re: SOUND SHORE MEDICAL CENTER OF WESTCHESTER, *et al.*,[1] Debtors.	Bankruptcy No. 13-22840 (RDD) Chapter 11 (Jointly Administered)

ADDENDUM TO AMENDED PROOF OF CLAIM

The undersigned files this Proof of Claim ("Claim") on behalf of Beckman Coulter, Inc. ("Beckman"). On or about November 6, 2014, the Court confirmed the Debtors' First Amended Plan of Liquidation ("Plan"), which resulted in the court-approved rejection of the lease agreements with Beckman pursuant to Section 8.3 of the Plan and Section 365 of the Bankruptcy Code. The Court also set January 26, 2015 as the deadline for filing claims for damages relating to rejection of executory contracts and/or unexpired leases. As a result of the rejection, Beckman has incurred additional damages in the amount of $15,409.00. A true and correct copy of the rejection damages calculation is attached hereto as Exhibit "A".

***Beckman reserves the right to amend, modify, supplement, or withdraw this Claim.**

Respectfully submitted:
BERNSTEIN-BURKLEY, P.C.

Dated: January 26, 2015 By: /s/

Kirk B. Burkley, Esq.
PA I.D.: 89511
kburkley@bernsteinlaw.com
707 Grant Street, Suite 2200, Gulf Tower
Pittsburgh, PA 15219
Phone: (412) 456 – 8100
Fax: (412) 456 – 8135
Attorneys for Beckman Coulter, Inc.

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, Inc. (0115), Howe Avenue Nursing Home 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.

BECKMAN COULTER

DATE: 12/12/2014

CONTRACT: 48732US

CUSTOMER NAME: SOUND SHORE MEDICAL CENTER OF WESTCHESTER

INSTRUMENT(S):

SERIAL NUMBER	INSTRUMENT	RETURN	PURCHASE/ ROLLOVER
40712037	iQ200 Elite Plus Automated Urine Microscopy Analyzer	2,111	13,298

TOTAL AMOUNT: $ 2,111 | $ 13,298

EXHIBIT A

From: (412) 456-6100
Dan Schmizzi
Bernstein-Burkley PC
707 Grant Street
Gulf Tower Suite 2200
Pittsburgh, PA 15219

Origin ID: BTPA

FedEx Express

J1510150114XXuv

Ship Date: 26JAN15
ActWgt: 1.0 LB
CAD: 104785211/NET3610

Delivery Address Bar Code

Ref # 02352-173
Invoice #
PO #
Dept #

SHIP TO: (617) 973-9787 BILL SENDER

GCG, Inc, Claims Processing
Sound Shore Medical Center of Westc
5151 BLAZER PKWY STE A
ATTN: SP NEWSPRINT HOLDINGS, LLC
DUBLIN, OH 43017

TUE - 27 JAN 10:30A
PRIORITY OVERNIGHT

TRK# 7727 1351 9742
0201

43017
OH US
LCK

NA OSUA

537J18F15EE19

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 17 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): Anita Bell-Brown

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

Name and address where notices should be sent: Anita Bell-Brown 760 Albany St. Apt #6 Schenectady, NY 12307

Court Claim Number: _____ (If known)

Filed on: _____

Telephone number:
Email Address:

Name and address where payment should be sent (if different from above): (914) 946-246-9445

☐ 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) 308-8631
Email Address:

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.

FILED - 00864
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 760,000

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:** Personal injury – I am Disabled for life
(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. (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: Anita Bell-Brown
Title: patient
Company: _____
(Signature) Anita Bell-Brown (Date) 9/10/13

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

Telephone number: (914) 308-8631 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.

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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.

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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.

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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.

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Modified B10 (GCG) (04/13)

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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).

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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.

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

FAX TRANSMITTAL

Date:	**September 9, 2013**
Fax No:	**(518) 372-4200**
No. of Pages:	**6 (including this cover page)**
To:	**Anita Bell Brown c/o Avery Bell**
From:	**Clark E. Walter**
Comments:	**As we discussed, attached is a Proof of Claim form that must be filed by 9/16/13.**

Please contact Clark E. Walter at (914) 365-4319 if you have any difficulty receiving this document.

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the *following Debtors:*

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of *Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date* (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed so as to be received on or before **September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court on or before 4:00 p.m. (prevailing Eastern Time) on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

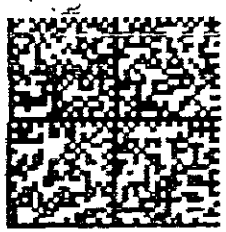
BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Sound Shore
MEDICAL CENTER OF WESTCHESTER

16 Guion Place
New Rochelle, NY 10802



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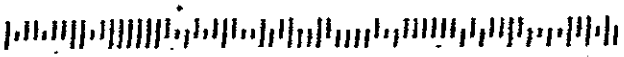
09/12/2013
Mailed From 10801
US POSTAGE

Sound Shore Med. Ctr.
c/o GCG Inc.
P.O. Box 9982
Dublin, OH 43017-5982

43017598282



01008463
SSM0202781120

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 20 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): BEPOITE, SANDRA

☐ 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:

BEPOITE, SANDRA
118 COLIGNI AVE
NEW ROCHELLE, NY 10801-2507

Telephone number:
Email Address:

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____

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 - 00876
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: Pension not being funded, Bank time, and Vacation holiday time.
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 4 5 1 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). 825.00

☐ 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). ~~40,814.54~~ 21,039.63

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__). 990.00
Bank time

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. (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: Sandra Bepoite Sandra Bepoite 9/17/13
Title: Food Service Supervisor (Signature) (Date)
Company: Sound Shore Medical Center

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

Telephone number: (914) 633-0724 email: Bepoite@shmc.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. 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(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.

01008463
SSM0202781120

BEPOITE, SANDRA
118 COLIGNI AVE
NEW ROCHELLE, NY 10801-2507

FedEx Express **Package US Airbill**

FedEx Tracking Number 8029 2314 3326

Form ID No. 0215

Recipient's Copy

1 From

Date 9/19/13

Sender's Name ACCOUNT PAYABLE DEPT Phone 914 632-5000

Company SOUND SHORE MEDICAL CENTER

Address 16 GUION PL

Dept./Floor/Suite/Room

City NEW ROCHELLE State NY ZIP 10801-5502

2 Your Internal Billing Reference

3 To

Recipient's Name Sound Shore Medical Ctr of Westchester et. al., C/O GCG Phone

Company

Address 5151 Blazer Parkway Suite A

We cannot deliver to P.O. boxes or P.O. ZIP codes. Dept./Floor/Suite/Room

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City Dublin State OH ZIP 43017

HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

0106048986

8029 2314 3326

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Freight US Airbill.

Next Business Day

- [x] FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.

2 or 3 Business Days

- [ ] FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

5 Packaging * Declared value limit $500.

- [ ] FedEx Envelope*
- [ ] FedEx Pak*
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling and Delivery Signature Options

- [ ] SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.
- [ ] No Signature Required — Package may be left without obtaining a signature for delivery
- [ ] Direct Signature — Someone at recipient's address may sign for delivery. *Fee applies.*
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

- [ ] Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card No. below.

Obtain recip. Acct. No. [ ]

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [x] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. ____

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

611

fedex.com 1.800.GoFedEx 1.800.463.3339

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: The Mount Vernon Hospital, Incorporated

Case Number: 13-22841

NOTE. *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): Bio-Rad Laboratories, Inc.

Name and address where notices should be sent:
Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
Hercules, CA 94547

Telephone number: (510) 741-6627

THE GARDEN CITY GROUP, INC. FEB - 7 2014

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

Court Claim Number: _____ (*If known*)

Filed on: _____

FILED U.S. BANKRUPTCY COURT JAN 27 A 8:50

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

FILED - 01394
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D DRAIN

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

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

1. Amount of Claim as of Date Case Filed: $ 3,850.37

If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4

If all or part of your claim is entitled to priority, complete item 5

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Goods
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0668

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

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property:$_____ **Annual Interest Rate**_____%

Amount of arrearage and other charges as of 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 portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

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

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

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

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U S C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U S C. §507 (a)(__).

Amount entitled to priority:

$_____

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

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.*)

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

If the documents are not available, please explain:

Date: 1/21/14

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Adam Pressman, Associate General Counsel x _____

FOR COURT USE ONLY

FILED U.S. BANKRUPTCY COURT S.D. OF N.Y. JAN 27 A 8:50

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.

CRT

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, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located 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 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. You may be required to provide additional disclosure if the trustee or another party in interest files an objection 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:
Use this space to 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.

4. **Secured Claim:**
Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

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. **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 to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:
The person filing 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. 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. Attach a complete copy of any power of attorney. 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 owed a debt by the debtor that arose on or 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 on a debt owed by the debtor that arose 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 should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

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.

Customer Statement

BIO-RAD

REMIT TO:
BIO-RAD LABORATORIES, INC
CLINICAL DIAGNOSTICS GROUP
PO Box 849740
LOS ANGELES CA 90084-9740

Customer Number: 1000668

MOUNT VERNON HOSPITAL
12 N 7th Ave
Mount Vernon NY 10550-2098

Accounts Receivable Contact:
Wendy Yee Keow
510-408-2082

Statement Date
12-26-2013

TRANSACTION DATE	P.O.NUMBER	CHARGES	CREDITS	AMOUNT DUE	INVOICE NO.
03-06-2013	32133050996	554.24	0.00	554.24	400014166
05-09-2013	MV25824	1,030.18	0.00	1,030.18	900035463
05-10-2013	MV25844	1,630.00	0.00	1,630.00	900037681
05-24-2013	MV25881	635.95	0.00	635.95	900049757

0 - 30	31 - 60	61 - 90	OVER 90	TOTAL BALANCE DUE
0.00	0.00	0.00	3,850.37	3,850.37

SHIP TO MOUNT VERNON HOSPITAL

9 N 8TH AVE
MOUNT VERNON, NY
10550

INVOICE
Original

IN DO

BILL TO MOUNT VERNON HOSPITAL
ATTN JENNIFER HALL

12 NORTH 7TH AVE.
MOUNT VERNON, NY 10550

REMIT TO
BIO-RAD LABORATORIES, INC.
CLINICAL DIAGNOSTICS GROUP
PO BOX 849740
LOS ANGELES, CA 90084-9740

Cust.	Invoice No.	Inv Date	Del.Date	Carrier	F.O.B.
56495-001	321/33050996	03-06-13	03-06-13	FedEx 2 days 5pm	Collect Origin

Purchase Order ID	Ship From	Terms of Payment	Sales Person	Page
00300MV25553	Irvine, CA	Net 30	Joanie Prine-Lewis (x8399)	1

Sales Order : 824687 Order Date :03-06-2013 Reference A :EMAIL/FRANK HALL
Reference B : 914-365-3893
BILL FEDEX ACCT# 183740288

10100	2	2	BX	VIROTROL I 1X5ML Lot : F119530	178.92	357.84
10106	2	2	BX	VIROCLEAR 1X5ML Lot : 107560	88.20	176.40

Subtotal : 534.24
:
Freight/Handling Charge : 20.00
Total : USD 554.24

Please state with your payment : 321/33050996

INVOICE

Ship To:

MOUNT VERNON HOSPITAL
12 N 7th Ave
MOUNT VERNON NY 10550-2098
USA

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
HERCULES CA 94547
USA

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
CLINICAL DIAGNOSTICS GROUP
PO Box 849740
LOS ANGELES CA 90084-9740

Bill To:

MOUNT VERNON HOSPITAL
12 N 7th Ave
MOUNT VERNON NY 10550-2098
USA

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	SHIP DATE	CARRIER	DELIVERY TERMS
1000668	900035463	05-09-2013	05-04-2013	FEDEX	DAP

PURCHASE ORDER ID	SHIP FROM	PAYMENT TERMS
MV25824	Irvine,CA	Net 30 Days

Sales Order: 1000019831 Order Date: 05-02-2013 Contact Name: EDITH RODRIGUEZ

Contact Phone Number: 914-365-3894

CATALOG NUMBER BATCH/SN	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
544 51881	6	6	EA	ETHANOL/AMMONIA 1 LIQ 6X3ML	79.18	475.08
546 51883	6	6	EA	ETHANOL/AMMONIA 3 LIQ 6X3ML	79.18	475.08

Subtotal :	950.16
TAX :	0.00
Freight Charge :	55.02
Handling Charge :	25.00
Dangerous Goods Charge :	0.00
TOTAL USD :	1,030.18

Please state with your payment : 900035463

For Credit or Invoice questions call:

510-408-2082

To place an order or schedule service call:800-2BioRad (800) 224-6723

BIO-RAD

INVOICE

Ship To:

MOUNT VERNON HOSPITAL
9 N 8th Ave
MOUNT VERNON NY 10550-1965
USA

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
HERCULES CA 94547
USA

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
CLINICAL DIAGNOSTICS GROUP
PO Box 849740
LOS ANGELES CA 90084-9740

Bill To:

MOUNT VERNON HOSPITAL
12 N 7th Ave
MOUNT VERNON NY 10550-2098
USA

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	SHIP DATE	CARRIER	DELIVERY TERMS
1000668	900037681	05-10-2013	05-09-2013	FEDEX	FCA

PURCHASE ORDER ID	SHIP FROM	PAYMENT TERMS
MV25844	Irvine,CA	Net 30 Days

Sales Order: 1000022334 Order Date: 05-07-2013 Contact Name: EDITH RODRIGUEZ

Contact Phone Number: 914-365-3894

CATALOG NUMBER BATCH/SN	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
146				CARD MKR LT PLUS 1 LIQ 6X3ML		
23561	6	6	EA		133.75	802.50
148				CARD MKR LT PLUS 3 LIQ 6X3ML		
23563	6	6	EA		133.75	802.50

Subtotal :	1,605.00
TAX :	0.00
Freight Charge :	0.00
Handling Charge :	25.00
Dangerous Goods Charge :	0.00
TOTAL USD :	1,630.00

Please state with your payment : 900037681

For Credit or Invoice questions call:

510-408-2082

To place an order or schedule service call:800-2BioRad (800) 224-6723

BIO-RAD

INVOICE

Ship To:

MOUNT VERNON HOSPITAL
12 N 7th Ave
MOUNT VERNON NY 10550-2098
USA

Bio-Rad Laboratories, Inc.
1000 Alfred Nobel Drive
HERCULES CA 94547
USA

PLEASE REMIT TO

BIO-RAD LABORATORIES, INC
CLINICAL DIAGNOSTICS GROUP
PO Box 849740
LOS ANGELES CA 90084-9740

Bill To:

MOUNT VERNON HOSPITAL
12 N 7th Ave
MOUNT VERNON NY 10550-2098
USA

CUSTOMER NO.	INVOICE NO.	INVOICE DATE	SHIP DATE	CARRIER	DELIVERY TERMS
1000668	900049757	05-24-2013	05-23-2013	FEDEX	DAP

PURCHASE ORDER ID	SHIP FROM	PAYMENT TERMS
MV25881	Irvine,CA	Net 30 Days

Sales Order: 1000032518 Order Date: 05-22-2013 Contact Name: EDITH RODRIGUEZ

Contact Phone Number: 914-365-3894

CATALOG NUMBER BATCH/SN	QUANTITY ORDERED	QUANTITY SHIPPED	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
436 61471	4	4	EA	URINALYSIS 1 LIQ 12X12ML	68.48	273.92
437 61472	4	4	EA	URINALYSIS 2 LIQ 12X12ML	68.48	273.92

Subtotal :	547.84
TAX :	0.00
Freight Charge :	63.11
Handling Charge :	25.00
Dangerous Goods Charge :	0.00
TOTAL USD :	635.95

Please state with your payment : 900049757

For Credit or Invoice questions call:

510-408-2082

To place an order or schedule service call:800-2BioRad (800) 224-6723

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

Pg 3 Packs

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. Slaviejo	$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

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. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000
BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 5788
0221

43017
OH-US

518G1/AAD4/03AB

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.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. MAR 27 2014

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): Biomedical Systems

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

Name and address where notices should be sent:
Renee Davis
77 Progress Parkway, Maryland Heights, MO 63043
Telephone number: 314.576.6800 / rdavis@biomedsys.com
Email Address.

Court Claim Number: 13-22840 (RDD)
(If known)
Filed on. 20-MAR-2014

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

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 15,405.28

FILED - 01476
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.

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: Equipment purchase from our company.
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 3 5 7 5

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. (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: Renee Davis, Manager, Exec. Svce. Renee Davis 3.20.14

Title: _____ (Signature) (Date)

Company: _____

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

_____

_____

_____

Telephone number: 314.576.6800 email: rdavis@biomedsys.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. 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(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.

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March 20, 2014

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

Case Number: 13-22840

To whom it may concern:

Per a telephone conversation and email correspondence I had with someone from within your company, I informed them that we never received notification that Sound Shore Medical Center had filed bankruptcy. We have a vested interest in this case as Sound Shore Medical Center purchased equipment from our company totaling over $15,000.

I received an email with the Proof of Claim document attached. Please accept this late entry in the case against Sound Shore Medical Center.

Thank you for your consideration in this matter. I look forward to hearing from you in the very near future.

Warmest regards,

Renee Davis
Manager, Executive Services
Biomedical Systems
77 Progress Parkway
Maryland Heights, MO 63043

p. 314.576.6800 ext. 3993
f. 314.576.1664
e. rdavis@biomedsys.com

INVOICE

biomedical systems

Worldwide Reliability since 1975

REMIT TO:
Biomedical Systems Corporation
6012 Reliable Parkway
Chicago, IL 60686-0060

BILL TO:

SOUND SHORE MEDICAL CENTER

16 GUION PLACE
NEW ROCHELLE NY 10602

SOLD TO:

SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10602

CUSTOMER #	INVOICE #	INVOICE DATE	DUE DATE	ATTENTION
3575-00	78055	02/07/13	03/09/13	ACCOUNTS PAYABLE

DESCRIPTION OF PRODUCT / SERVICE		QUANTITY		UNIT PRICE	AMOUNT
Cust PO TWQEQ1695Re: Order:187385					
01/28/13	BMS CENTURY HOLTER C3000 SYSTEM SOFTWARE KIT				
	MCH-KIT-5101	1	2.2	8,995.00	8,995.00
01/28/13	BMS 300 KIT				
	MHR-KIT-3520	6	5 LEAD	1,695.00	10,170.00
01/28/13	CUSTOMER DISCOUNT - 20% - S/W PKG				
	MCH-DSC-1100	1 EA		-1,799.00	-1,799.00
01/28/13	CUSTOMER DISCOUNT-20%-RECORDERS				
	MHR-DSC-1100	1 EA		-2,034.00	-2,034.00
01/28/13	HOLTER SYSTEM TRAINING / CLIENT SITE				
	MCH-ADM-2120	2		0.00	0.00

Total Net Invoice Amount	15,332.00
Total Freight	23.28
Total Miscellaneous Charges	0.00
Total Sales Tax	0.00
TOTAL INVOICE AMOUNT	15,355.28

INVOICE

biomedical systems

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REMIT TO:
Biomedical Systems Corporation
6012 Reliable Parkway
Chicago, IL 60686-0060

BILL TO:

SOUND SHORE MEDICAL CENTER

16 GUION PLACE
NEW ROCHELLE NY 10602

SOLD TO:

SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10602

CUSTOMER #	INVOICE #	INVOICE DATE	DUE DATE	ATTENTION
3575-00	80189	05/02/13	06/01/13	ACCOUNTS PAYABLE

DESCRIPTION OF PRODUCT / SERVICE	QUANTITY	UNIT PRICE	AMOUNT
Cust PO None Re: Order:192874			
04/09/13 BMS 300 BATTERY DOOR MHR-ASC-2137	2 EA	25.00	50.00

Total Net Invoice Amount	50.00
Total Freight	0.00
Total Miscellaneous Charges	0.00
Total Sales Tax	0.00
TOTAL INVOICE AMOUNT	50.00

ORIGIN ID:ZSVA (314) 576-6800
LOGISTICS DEPT
BIOMEDICAL SYSTEMS
77 PROGRESS PKWY

MARYLAND HEIGHTS, MO 63043
UNITED STATES US

SHIP DATE: 20MAR14
ACTWGT: 1.0 LB MAN
CAD: 926809/CAFE2704

BILL SENDER

TO C/O GCG, INC
SOUND SHORE MEDICAL CENTER OF WESTC
5151 BLAZER PARKWAY
SUITE A
DUBLIN OH 43017

DEPT: MEDICAL SALES

FedEx Express

FRI - 21 MAR AA
STANDARD OVERNIGHT

TRK# 0201 5996 6252 9810

XX OSUA

43017
OH-US LCK

Part # 156148-434 RITZ 10/13

When you use envelopes that are part of, Contents should be compati d secure ondition r to the ing docu e Guide, on Fed nd shipp x.com, ocation.

REV 9/13

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M V H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP INC. FEB - 7 2014

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 of Creditor (the person or other entity to whom the Debtor owes money or property) JANICE BISTRITZ

☐ 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:
JANICE BISTRITZ
14 HARVARD COURT
WHITE PLAINS, NY 10605

Telephone number: 914-682-5263
Email Address: MZMJFB@AOL.COM

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

FILED - 01440
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):** $ 5,630.60

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:** WAGES - INSURANCE INCENTIVE
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 9 2 1 0

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: $5,630.60

**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)

CRT

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: JANICE BISTRITZ (Signature) 1/31/14 (Date)

Title: _____

Company. _____

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.

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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.

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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.

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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.

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Modified B10 (GCG) (04/13)

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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.

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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.

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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

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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.

Jan '13 Projection	Total to Claim
1,002.29	2,338.69
987.16	2,303.37
1,083.70	2,528.64
1,033.90	2,412.43
852.12	1,988.29
7,317.61	**17,074.43**

REN PROVIDER CODE	Nov-13 Payment	Bill Fee Rate	Comp. Rate	Nov '13 Insentive
AMURAO		10%	40%	0.00
BISTRITZ	5,432.00	10%	40%	1,955.52
HERZBERG	3,940.00	10%	40%	1,418.40
LEVITT	5,900.00	10%	40%	2,124.00
MARRERO	5,113.00	10%	40%	1,840.68
MILLER	4,532.00	10%	40%	1,631.52
NWEKE	120.00	10%	40%	43.20
Grand Total	**27,102.27**	**10%**	**40%**	**9,756.82**

REN PROVIDER CODE	Dec-13 Payment	Bill Fee Rate	Comp. Rate	Dec '13 Incentive
BISTRITZ	3,712.20	10%	40%	1,336.39
HERZBERG	3,656.14	10%	40%	1,316.21
LEVITT	4,013.71	10%	40%	1,444.94
MARRERO	3,829.25	10%	40%	1,378.53
MILLER	3,156.01	10%	40%	1,136.16
Grand Total	**27,102.27**	**10%**	**40%**	**9,756.82**

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: 24

b. Case name (*if applicable*): **Sound Shore Medical Center, et al.**
c. Description of claim: (Creditor name and amount of claim.)

LaTonya Buchanan	$TBD
LaTonya Buchanan	$TBD
LaTonya Buchanan	$TBD
AAA Office Solutions	$869.00
AAA Office Solutions	$6,351.00
Janice Bistritz	$5,630.60
Janice Bistritz	$5,630.60
Sieman Healthcare	$3,515.60
Sieman Healthcare	$5,583.37
Consuelo Rodriguez MD	$2,185.25
Consuelo Rodriguez MD	$81,000.00
Anna Kazanekaya MD	$13,415.58
Linda Williams MD	$4,156.11
Daniel Pomerantz MD	$10,834.00
Roger Coron	$5,181.03
Kameswari Lakshmi	$1,730.76
Frank Tamarin MD	$6,034.00
Prasanta [illegible]	$3,928.00
Jeffrey [illegible]	$6,000.00
Michelle [illegible]	$4,500.00
Stephen Jeserjian	$69,230.00
Munima [illegible]	$1,000.00
Danila Deli[illegible]	$3,928.30
Margaret [illegible] MD	$2,528.64 plus

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. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6590
0221

43017
OH-US

51RG1/AA04/83AB

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

01014486
SSM0202471011

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Mount Vernon Hospital, Inc.

Unsecured: $5,200.00

THE GARDEN CITY GROUP, INC. SEP 21 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): BME

☐ 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:

BME
P.O. BOX 122297,
DEPT. 2297
DALLAS, TX 75312-2297

Telephone number:
Email Address:

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 payment should be sent (if different from above):

Telephone number: 210-881-0036
Email Address: snichols@bme-tx.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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ ~~[illegible]~~ 13,445.00

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 - 00891
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

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: ☐ 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. (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: Shelley Nichols

Title: Acct. Rec

Company: BioMedical Enterprises Inc

(Signature) (Date)

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

Telephone number: 210-881-0036 email: snichols@ome-tx.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. 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.

BME BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
3/14/2012	12457

Account Number
C01553

Bill To
SOUND SHORE MED CTR - MT VERNON HOSP ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
MV23773	NET 30	4/13/2012	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SE-1310	SPEED 13 x 10 x 10mm Implant Lot#: BMESE110955	1,095.00	1,095.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK121201 ExpDate: Jan 31, 2017	395.00	395.00
		BTL FREIGHT	20.00	20.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$1,510.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$1,510.00

Questions about this invoice? Email: billing@bme-tx.com

Invoice

BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Date	Invoice #
12/31/2012	21551

Account Number
C01553

Bill To
SOUND SHORE MED CTR - MT VERNON HOSP ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
MV25223	NET 30	1/30/2013	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG121484	50.00	50.00
		SPEED DISPOSABLE DISCOUNTS	-50.00	-50.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK111037	395.00	395.00
1	SE-1110	SPEED 11 x 10 x 10 mm implant Lot#: BMESE121415	1,095.00	1,095.00
2	SE-0907	SPEED 9 x 7 x 7mm implant Lot#: BMESE111052	1,095.00	2,190.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$3,690.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$3,690.00

Questions about this invoice? Email: billing@bme-tx.com

Invoice

BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Date	Invoice #
12/31/2012	21299

Account Number
C01553

Bill To
SOUND SHORE MED CTR - MT VERNON HOSP ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
MV25291	NET 30	1/30/2013	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	S-240QD	Sterile 2.4mm Drill Bit Lot#: BMEDB121353	245.00	245.00
1	HLXSA	HAMMERLOCK ANGLED X-TYPE SMALL 16MM Lot#: BMEHL110923	1,095.00	1,095.00
1	HLXMA	HAMMERLOCK ANGLED X-TYPE MEDIUM 19 Lot#: BMEHL121238	1,095.00	1,095.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,445.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$2,445.00

Questions about this invoice? Email: billing@bme-tx.com

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00027033

Invoice Date: 6/3/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV17495	Terms: Net 30	Due Date: 7/3/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	S-180 QD	Sterile 1.8mm Drill Bit	$106.00		$106.00
1	OS-1108W1.5	OSStaple 11 x 08 W1.5	$320.00		$320.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

Subtotal:	$426.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$451.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$451.00**

REMITTANCE ADDRESS:

BME
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00024188

Invoice Date: 2/1/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV16830	Terms: Net 30	Due Date: 3/2/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	OS-1110W1.5	OSStaple 11 x 10 W1.5	$300.00		$300.00
1	OS-1310W1.5	OSStaple 13 x 10 x 10 W1.5	$300.00		$300.00
1	S-180 QD	Sterile 1.8mm Drill Bit	$100.00		$100.00
1	SPP-001	Sterile Pull Pin	$100.00		$100.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

REMITTANCE ADDRESS:
BME
P.O. Box 840362
Dallas, TX 75284-0362

Subtotal:	$800.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$825.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$825.00**

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00024189

Invoice Date: 2/1/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV16831	Terms: Net 30	Due Date: 3/2/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
2	OS-1512W1.5	OSStaple 15 x 12 W1.5	$300.00		$600.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

REMITTANCE ADDRESS:
BME
P.O. Box 840362
Dallas, TX 75284-0362

Subtotal:	$600.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$625.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$625.00**

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00024332

Invoice Date: 2/1/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV 16945	Terms: Net 30	Due Date: 3/2/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	S-180 QD	Sterile 1.8mm Drill Bit	$106.00		$106.00
1	SPP-001	Sterile Pull Pin	$106.00		$106.00
1	OS-1110W1.5	OSStaple 11 x 10 W1.5	$320.00		$320.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

REMITTANCE ADDRESS:
BME
P.O. Box 840362
Dallas, TX 75284-0362

Subtotal:	$532.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$557.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$557.00**

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00024388

Invoice Date: 2/1/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV 16944	Terms: Net 30	Due Date: 3/2/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	OS-1108W1.5	OSStaple 11 x 08 W1.5	$320.00		$320.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

REMITTANCE ADDRESS:
BME
P.O. Box 840362
Dallas, TX 75284-0362

Subtotal:	$320.00
Shipping:	$0.00
Sales Tax:	$0.00
Total:	$320.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$320.00**

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00025974

Invoice Date: 4/4/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV17246	Terms: Net 30	Due Date: 5/4/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	S-180 QD	Sterile 1.8mm Drill Bit	$106.00		$106.00
1	SPP-001	Sterile Pull Pin	$106.00		$106.00
1	OS-1108W1.5	OSStaple 11 x 08 W1.5	$320.00		$320.00
1	OS-1110W1.5	OSStaple 11 x 10 W1.5	$320.00		$320.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

Subtotal:	$852.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$877.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$877.00**

REMITTANCE ADDRESS:

BME
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00026104

Invoice Date: 4/21/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV17287	Terms: Net 30	Due Date: 5/21/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	SPP-001	Sterile Pull Pin	$106.00		$106.00
1	OS-1108W1.5	OSStaple 11 x 08 W1.5	$320.00		$320.00
2	OS-1110W1.5	OSStaple 11 x 10 W1.5	$320.00		$640.00
1	S-180 QD	Sterile 1.8mm Drill Bit	$106.00		$106.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

Subtotal:	$1,172.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$1,197.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$1,197.00**

REMITTANCE ADDRESS:

BME
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00026329

Invoice Date: 4/24/2008

Customer Number: 441058

Bill To:
Sound Shore Med. Ctr.-Mt. Vernon Hosp.
Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: MV17351	Terms: Net 30	Due Date: 5/24/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	OS-1110W1.5	OSStaple 11 x 10 W1.5	$320.00		$320.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

Subtotal:	$320.00
Shipping:	$25.00
Sales Tax:	$0.00
Total:	$345.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$345.00**

REMITTANCE ADDRESS:

BME
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

BME
Changing the Shape of Orthopaedics

Texas Research Park
14785 Omicron Dr., Suite 205
San Antonio, Texas 78245

Invoice #: 00026535

Invoice Date: 5/7/2008

Customer Number: *None

Bill To:
Sound Shore Medical Center
Attn: Accounts Payable
16 Guion Place
New Rochelle, NY 10801

PO Number: NR144191	Terms: Net 30	Due Date: 6/6/2008

QTY.	ITEM	DESCRIPTION	PRICE	DISC. %	AMOUNT
1	OS-0907W1.5	OSStaple 09 x 07 W1.5	$320.00	10%	$288.00
1	OS-1512W1.5	OSStaple 15 x 12 W1.5	$320.00	1.56%	$315.00

WE APPRECIATE YOUR BUSINESS - NET 30 DAYS

For questions call: 1-800-880-6528 or 210-677-0354

Subtotal:	$603.00
Shipping:	$0.00
Sales Tax:	$0.00
Total:	$603.00
Less Previous Payment:	$0.00
BALANCE DUE:	**$603.00**

REMITTANCE ADDRESS:

BME
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

BioMedical Enterprises, Inc
Dept 2297
PO Box 122297
Dallas, TX 75312-2297

$0.46 0
US POSTAGE
FIRST-CLASS
062S0007387790
78245

B26536.01

$0.46 0
US POSTAGE
FIRST-CLASS
062S0007387790
78245

B26536.02

$0.46 0
US POSTAGE
FIRST-CLASS
062S0007387790
78245

B26536.03

$0.46 0
US POSTAGE
FIRST-CLASS
062S0007387790
78245

B26536.04

US POSTAGE
FIRST-CLASS
062S0007387790
78245

B26536.05

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
C/O GCG INC
PO BOX 9982
DUBLIN, OH 43017-5982

01006301
SSM0202495455

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: $14,425.00

THE GARDEN CITY GROUP, INC. SEP 21 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): BME

☐ 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:

BME
PO BOX 122297
DEPT 2297
DALLAS, TX 75312-2297

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.

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 payment should be sent (if different from above):

Telephone number: 210-881-0036
Email Address: snichols@bme-tx.com

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 14,425.00

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 - 00890
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

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: ☐ 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. (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: Stellery Richards

Title: Asst Sec

Company: Bio Medical Enterprises

(Signature) (Date)

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

Telephone number: 310-581-0036 email: srichds@bme-tx.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. 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.

BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
8/1/2011	7462

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR164938	NET 30	8/31/2011	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	S-180QD	Sterile 1.8mm Drill Bit Lot#: BMEDB100497	245.00	245.00
2	HLXP	HammerLock X-Type Petite Lot#: BMEHL110843	950.00	1,900.00
1	S-200QD	STERILE 2.0MM DRILL BIT Lot#: BMEDB110783	245.00	245.00
		BTL FREIGHT	20.00	20.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,410.00
Sales Tax (0.0%)	$0.00
Total	**$2,410.00**

BME BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
3/21/2012	12465

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR169223	NET 30	4/20/2012	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG111085 ExpDate: Aug 31, 2016	50.00	50.00
		SPEED DISPOSABLE DISCOUNTS	-50.00	-50.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK111174 ExpDate: Dec 31, 2016	395.00	395.00
2	SE-1110	SPEED 11 x 10 x 10 mm implant Lot#: BMESE111018	1,095.00	2,190.00
		BTL FREIGHT	20.00	20.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,605.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$2,605.00

Questions about this invoice? Email: billing@bme-tx.com

BME BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
4/30/2012	13799

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR170117	NET 30	5/30/2012	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG111075 ExpDate: Oct 1, 2016	50.00	50.00
		SPEED DISPOSABLE DISCOUNTS	-50.00	-50.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK121231 ExpDate: Jan 31, 2017	395.00	395.00
2	SE-1110	SPEED 11 x 10 x 10 mm Implant Lot#: BMESE121269Lot#: BMESE111018	1,095.00	2,190.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,595.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$2,595.00

Questions about this invoice? Email: billing@bme-tx.com

BME BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
7/24/2012	16512

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR171764	NET 30	8/23/2012	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG121215 ExpDate: Jan 31, 2017	50.00	50.00
		SPEED DISPOSABLE DISCOUNTS	-50.00	-50.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK121259 ExpDate: Mar 31, 2017	395.00	395.00
1	SE-1310	SPEED 13 x 10 x 10mm implant Lot#: BMESE111044	1,095.00	1,095.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$1,500.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$1,500.00

Questions about this invoice? Email: billing@bme-tx.com

BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoice

Date	Invoice #
8/17/2012	16680

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR172052	NET 30	9/16/2012	EMPIR

Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG121400 ExpDate: Jul 1, 2017	50.00	50.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK111037 ExpDate: Oct 31, 2016	395.00	395.00
1	SE-1310	SPEED 13 x 10 x 10mm implant Lot#: BMESE111044	1,095.00	1,095.00
1	SE-1110	SPEED 11 x 10 x 10 mm implant Lot#: BMESE111135	1,095.00	1,095.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,645.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$2,645.00

Questions about this invoice? Email: billing@bme-tx.com

BioMedical Enterprises, Inc.
14785 Omicron Dr., Ste. 205
San Antonio, TX 78245

Phone # (210) 677-0354
Fax # (210) 677-0355

Invoic

Date	Invoice #
2/28/2013	23017

Account Number
C03037

Bill To
SOUND SHORE MEDICAL CENTER ATTN AP 16 GUION PLACE NEW ROCHELLE, NY 10801

P.O. Number	Terms	Due Date	Distributor
NR175296	NET 30	3/30/2013	EMPIR

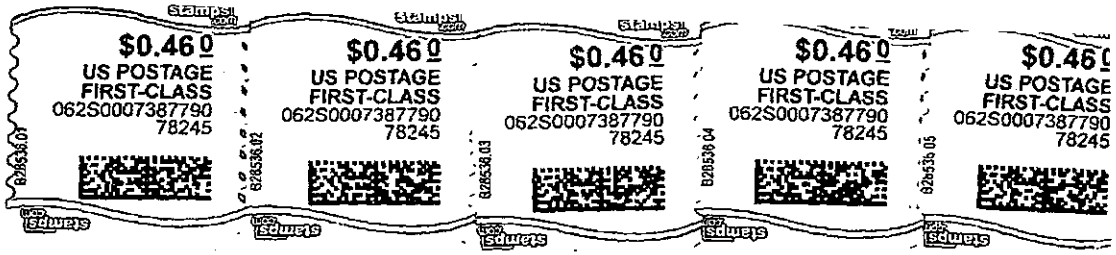
Quantity	Item #	Description	Price Each	Amount
1	SG-1	Implant Sizing Guide Lot#: BMESG121229	53.00	53.00
		SPEED DISPOSABLE DISCOUNTS	-3.00	-3.00
1	DK-200	Continuous Compression Implant Drill Bit Kit w/ S-200QD - Sterile Lot#: BMEDK121410	415.00	415.00
		SPEED DISPOSABLE DISCOUNTS	-20.00	-20.00
2	SE-1310	SPEED 13 x 10 x 10mm implant Lot#: BMESE111044	1,150.00	2,300.00
		SPEED IMPLANT DISCOUNTS	-110.00	-110.00
		BTL FREIGHT	10.00	10.00

REMIT TO:
BME INC.
DEPT. 2297
PO BOX 122297
DALLAS, TX 75312-2297

Subtotal	$2,645.00
Sales Tax (0.0%)	$0.00
Payments/Credits	$0.00
Balance Due	$2,645.00

Questions about this invoice? Email: billing@bme-tx.com

BioMedical Enterprises, Inc
Dept 2297
PO Box 122297
Dallas, TX 75312-2297



SOUND SHORE MEDICAL CENTER OF WESTCHESTER
C/O GCG INC
PO BOX 9982
DUBLIN, OH 43017-5982

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.*

FILED
U.S. Bankruptcy Court
Southern District of New York
1/8/2014
Vito Genna, Clerk
COURT USE ONLY

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Bracco Diagnostic INc

THE GARDEN CITY GROUP, INC. JAN 23 2014

Name and address where notices should be sent:
Bracco Diagnostic INc
259 Prospect Plains Road
Bldg H
Monroe Township, NJ 08831

Telephone number: 302-781-1914 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):

FILED - 01209
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: $ 809.22
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: Good 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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:
Value of Property: $
Annual Interest Rate (when case was filed) __% ☐ Fixed or ☐ Variable

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: $ 809.22

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)

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: Nadene Reuling
Title: Supervisor
Company: Bracco Diagnostics
Address and telephone number (if different from notice address above):

s/ Nadene Reuling (Signature) 1/8/2014 (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.

Bracco Diagnostics Inc

PO Box 532411
Charlotte, NC 28290-2411

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

CONTACT:
PHONE NBR: FAX NBR: BILLED

SO# 1326071-01-1 KXFRIEDM FOB SHIP POINT 1 07 25 13

NR178113 NET 45 00528700024 00528700024 000788 BI - UPS NEXT DAY AIR 2457362

014613 ACIST BT2000 SNGL USE HANLD KT CS 1 1 150.00 150.00
15813F EXP DT: 06/30/2014 LOT QTY: 1
NDC: 00270014613
MINIMUM ORDER FEE 50.00
MERCHANDISE TOTAL $200.00

TOT. SHIPPED WEIGHT/QTY: 1.30 1
FREIGHT CHARGE ASSESSED 60.00
**WINTER SHIPPING EFFECTIVE NOVEMBER 15TH THROUGH MARCH 31ST ** $260.00

UPS SCS
1910 DANIELSON PLACE
MEMPHIS TN 38114

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1ZR453Y70157326615
Service:	UPS NEXT DAY AIR
Delivered On:	07/26/2013 10:26 A.M.
Delivered To:	NEW ROCHELLE, NY, US
Signed By:	BRITO
Left At:	Dock

24573162

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 01/03/2014 11:09 A.M. ET

Print This Page Close Window

Bracco Diagnostics Inc

PO Box 532411
Charlotte, NC 28290-2411

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

CONTACT:
PHONE NBR: FAX NBR: BILLED

SO# 1251268-01-1 TXJACKSO FOB SHIP POINT 1 03 26 13

NR176111 NET 45 00528700024 00528700024 000788 BI - UPS NEXT DAY AIR 2365175

OTHER

014644 ACIST AT-P54 PRH HAND CONTRL K CS 2 2 180.00 360.00
22898925 EXP DT: 11/30/2013 LOT QTY: 2
NDC: 00270014644
MERCHANDISE TOTAL $360.00

TOT. SHIPPED WEIGHT/CTY: 5.30 2
FREIGHT CHARGE ASSESSED 79.22
**WINTER SHIPPING EFFECTIVE NOVEMBER 15TH THROUGH MARCH 31ST ** $439.22

UPS SCS
12055 SAGE POINT COURT
STE 101
RENO NV 89501

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1ZR4531E0177435538
Service:	UPS NEXT DAY AIR
Delivered On:	03/27/2013 10:09 A.M.
Delivered To:	NEW ROCHELLE, NY, US
Signed By:	BRITO
Left At:	Receiver

2365175

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 01/03/2014 11:07 A.M. ET

Print This Page Close Window

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1ZR4531E0178012742
Service:	UPS NEXT DAY AIR
Delivered On:	03/27/2013 10:09 A.M.
Delivered To:	NEW ROCHELLE, NY, US
Signed By:	BRITO
Left At:	Receiver

2365175

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 01/03/2014 11:08 A.M. ET

Print This Page Close Window

Bracco Diagnostics Inc

PO Box 532411
Charlotte, NC 28290-2411

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

SOUND SHORE MEDICAL CTR
16 GUION PL
ACCOUNTS PAYABLE
NEW ROCHELLE NY 10801-5502 US

CONTACT:
PHONE NBR: FAX NBR: PREPAID

SO# 1251268-02-1 TXJACKSO FOB SHIP POINT 1 03 26 13

NR176111 NET 45 00528700024 00528700024 000788 BI - UPS GROUND 2365155

OTHER

014612 ACIST A2000 MULTIUSE SYRNG KIT CS 1 1 170.00 170.00
03113J EXP DT: 02/28/2014 LOT QTY: 1
NDC: 00270014612

MERCHANDISE TOTAL $170.00

TOT. SHIPPED WEIGHT/QTY: 2.55 1
FREIGHT CHARGE ASSESSED .00
**WINTER SHIPPING EFFECTIVE NOVEMBER 15TH THROUGH MARCH 31ST ** $170.00

UPS SCS
1910 DANIELSON PLACE
MEMPHIS TN 38114

Proof of Delivery

Close Window

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number:	1ZR453Y70349035450
Service:	UPS GROUND
Delivered On:	03/28/2013 10:03 A.M.
Delivered To:	NEW ROCHELLE, NY, US
Signed By:	BRITO
Left At:	Receiver

2365155

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 01/03/2014 11:06 A.M. ET

Print This Page Close Window

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):	Case No.	Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☐ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Holon and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.

Name and Addresses Where Notices Should be Sent:

Check here if this claim: ☐ replaces or ☐ amends a previously filed administrative expense claim.

Claim Number (if known): _____

Dated: _____

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):

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ _____ (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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

8. Signature: 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: _____
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 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.

Administrative Bar Date: January 31, 2014 at 4:00 p.m.

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

---------- x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

---------- x

NOTICE OF DEADLINE REQUIRING FILING OF ADMINISTRATIVE PROOFS OF CLAIM THAT AROSE, ACCRUED OR OTHERWISE BECAME PAYABLE FROM MAY 29, 2013 THROUGH NOVEMBER 6, 2013

TO ALL CREDITORS, PARTIES IN INTEREST AND GOVERNMENTAL UNITS THAT MAY HAVE AN ADMINISTRATIVE CLAIM AGAINST ANY OF THE DEBTORS SET FORTH BELOW:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A

WHEN AND WHERE TO FILE

Except as provided for in the Order and herein, all original Administrative Claim Forms (and, where necessary, accompanying documentation) must be filed so as to be actually **received on or before January 31, 2014 at 4:00 p.m. (prevailing Eastern time)**, at the following addresses:

IF BY MAIL:
Sound Shore Medical Center
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT MAIL:
Sound Shore Medical Center
c/o GCG, Inc.
5151 Blazer Parkway, Suite A,
Dublin, OH 43017

-OR-

IF BY HAND DELIVERY:
United States Bankruptcy Court, SDNY
300 Quarropas Street
Room 248
White Plains, New York 10601
Attn: Clerk of the Court

Administrative Claim Forms will be deemed filed only when actually received by GCG or the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Administrative Bar Date. Administrative Claim Forms may not be delivered by facsimile, telecopy or electronic mail transmission.

WHO NEED NOT FILE AN ADMINISTRATIVE CLAIM FORM

You need not file an Administrative Claim Form on or prior to the Administrative Bar Date if you are:

(a) Any person or entity that holds an Administrative Claim that has been allowed by an order of the Bankruptcy Court entered on or before the Administrative Bar Date;

(b) Any person or entity that holds an Administrative Claim that has been paid in full;

(c) Any holder of an Administrative Claim which arises, accrues or otherwise becomes payable after the Administrative Bar Date;

(d) Any person or entity that has already properly filed an Administrative Claim against any of the Debtors with the Clerk of the Bankruptcy Court for the Southern District of New York or GCG, the Debtors' claims agent, in a form that is substantially similar to the Administrative Claim Form;

Administrative Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before November 6, 2013.

Under section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured or unsecured.

11 U.S.C. § 503 defines administrative expense claims, in part, as all "necessary costs and expenses" of preserving the debtor's estate, including wages, salaries and commissions (and any taxes withheld from such wages, salaries or commissions). If you supplied goods or services to the Debtor during the period of May 29, 2013 through November 6, 2013, and have not been paid for those goods or services, then you may have an administrative claim. If you provided goods or services before May 29, 2013, then you do not have an administrative claim for those goods or services. Please consult your legal advisor if you have any uncertainty as to whether your proposed claim may constitute an administrative claim. The preceding explanation is intended to provide guidance, not to serve as legal advice.

For avoidance of doubt, claims do not include section 503(b)(9) Claims which were subject to the General Bar Date established pursuant to an Order of the Bankruptcy Court entered on July 25, 2013 [Docket No. 194]. For purposes of the Administrative Bar Date Order and as used in this Notice, the term "section 503(b)(9) Claim" means the value of any goods received by the Debtors within twenty (20) days prior to the Petition Date (May 29, 2013), which goods were sold to the Debtors in the ordinary course of their business.

WHAT TO FILE

If you file an Administrative Claim it must conform substantially to the claim form provided with this Notice (**"Administrative Claim Form"**). The Debtors are enclosing an Administrative Claim Form for use in these cases. Any holder of an Administrative Claim against more than one Debtor must file a separate proof of claim with respect to each such Debtor and all holders of claims must identify on their proof of claim the specific Debtor against which their claim is asserted and the case number of that Debtor's bankruptcy case. A list of the names of the Debtors and their case numbers is set forth above. Additional proofs of claim forms may be obtained from the Debtors' website at www.gcginc.com/cases/soundshore or by calling 866-300-1288.

All proof of claim forms must be **signed** by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant. They must be written in the English language and be denominated in lawful United States currency. All requests for allowance and payment of administrative claims must include all documents establishing the alleged claimant's right to such administrative claim and all corresponding documents proving the administrative nature of the claim (if voluminous, attach a summary).

credit: 12/27/2013 process: 12/27/2013 lockbox: 532411 batch: 287 item: 2

Sound Shore Medical Center of Westchester
c/o GCG
PO Box 9982
Dublin, OH 43017-5982

IMPORTANT TIME SENSITIVE BANKRUPTCY COURT DOCUMENTS ENCLOSED

First Class Mail
U.S. Postage
PAID
S. Hackensack, NJ
Permit No. 1450

SSM0212022116

BRACCO DIAGNOSTICS
PO BOX 532411
CHARLOTTE NC 28290-2411

Please Direct to Addressee, President or General Counsel
282903241 1

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 20 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): STEVEN BURLER, M.D.

☐ 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:
STEVEN BURLER, M.D.
1874 PELHAM PKWY. SOUTH
BRONX, N.Y. 10461

Telephone number: (718) 824-4300
Email Address: BURLERMDFACS@OPTONLINE.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.*

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 4,000 —

FILED - 00879
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.

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: MEDICAL SERVICES PROVIDED
(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)

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: STEVEN BURTSR, M.D. _____ 9/13/13

Title: PHYSICIAN (Signature) (Date)

Company: _____

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.

TEACHING AND ADMINISTRATIVE SERVICES AGREEMENT

STEVEN BURGER, M.D.

AGREEMENT, made as of the 1st day of July 2012, by and between **SOUND SHORE MEDICAL CENTER OF WESTCHESTER**, a New York not-for-profit corporation with its principal place of business at 16 Guion Place, New Rochelle, New York 10802, (the "Hospital") and **STEVEN BURGER, M.D.**, a New York licensed physician with an address at 1874 Pelham Parkway South, Bronx, New York 10461 (the "Physician"). The Hospital and the Physician may hereafter be referred to individually as a "Party" and collectively as the "Parties."

WHEREAS, the Hospital is the operator of an acute care hospital facility in New Rochelle, New York and one of the clinical departments is the Department of Surgery ("Surgery"); and

WHEREAS, the Physician is a duly registered and licensed physician authorized to practice medicine in the State of New York; and

WHEREAS, the Hospital desires to engage the Physician to provide administrative and teaching services, and the Physician desires to be engaged to provide said administrative and teaching services, upon the terms and conditions set forth below; and

NOW, THEREFORE, in consideration of the premises and mutual covenants and conditions contained herein, the Hospital and the Physician agree as follows:

1. **TERM**: This Agreement shall become effective on July 1, 2012, and shall remain in effect until June 30, 2013, unless earlier terminated pursuant to this Agreement. This Agreement shall be automatically renewable for successive one (1) year periods unless otherwise terminated as hereinafter provided or unless either Party provides the other with notice of non-renewal sixty (60) days prior to the expiration of the then current term.

2. **SERVICES**: The Physician shall devote at least twenty (20) hours per week to providing the following duties and responsibilities:

   (a) Teaching and supervising Hospital residents, medical students rotating through the Department, 5th pathway students and other trainees performing services or receiving training within the Department. This includes training provided in the Physician's private office as well as participation in teaching conferences. (20 hours/week)

   (b) Participating in ER call schedule as scheduled by the Director of Surgery.

   (c) Serving as liaison with community agencies and organizations to expand Hospital's presence in Bronx borough.

   (d) Participating as representative of Department on committee including Research (IRB), Ethics and others as assigned by the Director of Surgery.

3. **FEE:**

   (a) For the provision of services under this Agreement, the Hospital shall pay the Physician two hundred thousand dollars ($200,000) per annum payable in twelve equal

installments on a monthly basis. As a precondition of monthly fee, the Physician must submit a monthly invoice to the Senior Vice President, Operations. In the event the Hospital does not make payment within thirty (30) days of receipt of the invoice, the Hospital will pay a $2,000 penalty payment.

(b) The Physician shall complete the **Physician Time Log**, in the form annexed as **Exhibit A** and incorporated herein by reference, on a monthly basis and submit such **Physician Time Logs** to the Senior Vice President, Operations by the 10th day of the month documenting time spent the previous month.

4. **TERMINATION:** This Agreement may be terminated as follows:

(a) A Party may terminate this Agreement upon a material breach by the other Party of a term of this Agreement if such material breach is not cured within thirty (30) days after notice of such breach, or, if not curable within such period, diligently pursued toward a cure. Such right shall not be exclusive of any other rights or remedies that may be available to either Party.

(b) By either Party upon the mutual agreement of the Parties.

(c) By either Party upon the dissolution or bankruptcy of the Hospital, whether voluntary or otherwise or upon the termination of transacting business.

(d) By the Hospital immediately upon (i) the termination, curtailment, suspension or non-renewal of the Physician's Medical Staff appointment or privileges at the Hospital; (ii) suspension or revocation of the Physician's license to practice medicine; (iii) death of the Physician; (iv) imposition of sanctions by any governmental agency resulting in an exclusion of the Physician from participation in Medicare, Medicaid, or any governmental reimbursement program; (v) the Physician's failure to qualify for or maintain malpractice insurance coverage; (vi) the Physician poses a direct threat to the health and safety of patients; (vii) the Physician becomes addicted to or habitually abuse illegal drugs or alcohol and/or such addiction or habitual abuse materially affects the performance of his duties hereunder; or (viii) or if the Physician is convicted of a felony related to the practice of medicine.

(e) By either Party at any time, without cause, upon one hundred eighty (180) days written notice.

(f) By the Hospital in the event the Physician does not complete the training and education requirements of the Hospital's Compliance Program.

(g) In the event this Agreement is terminated for any reason during the first year of the Agreement, the Parties shall not renegotiate or enter into any other agreement whose terms are substantially similar to this Agreement until the expiration of the first year of this Agreement.

5. **HOSPITAL REPRESENTATIONS:**

(a) The Hospital warrants and represents that (i) it is a not-for-profit corporation duly

organized and validly existing pursuant to the laws of the State of New York; (ii) it is licensed as a general hospital pursuant to Article 28 of the Public Health Law; (iii) it shall comply with all applicable federal, state, and local statutes, rules and regulations; and (iv) that it shall provide such facilities, equipment and supplies as is reasonably necessary and appropriate for the Physician to fulfill his duties and responsibilities under this Agreement.

(b) Notwithstanding any other provision in this Agreement, the Hospital remains responsible for ensuring that any service provided pursuant to this Agreement complies with all pertinent provisions of federal, state, and local statutes, rules and regulations.

6. **PHYSICIAN REPRESENTATIONS:**

(a) The Physician represents that he is licensed to practice medicine in accordance with the laws of the State of New York and duly registered with the Department of Education of the State of New York.

(b) The Physician represents that he shall maintain membership in good standing on the active Medical Staff of the Hospital at all times and conduct himself in compliance with all applicable federal, state, and local laws, rules, and regulations, Medical Staff Bylaws, Rules, and Regulations and the Hospital's Corporate Compliance Program.

(c) The Physician represents that he shall maintain such standards and meet such requirements as will, at all times, warrant full accreditation of the Hospital by The Joint Commission; New York State Department of Health; and continuance of the Hospital's license or operating certificate.

(d) The Physician represents that he is Board certified in Surgery and shall maintain in good standing such board status.

(e) The Physician represents that he shall hold and maintain a currently valid Drug Enforcement Agency ("DEA") certification.

(f) The Physician represents that he has not been sanctioned under Medicare/Medicaid or any other federal health program.

(g) The Physician represents that the terms and conditions of this Agreement do not violate the terms and conditions of any other agreement entered into between the Physician and any corporation, firm, entity or individual. The Physician represents that his medical practice and responsibilities outside of this Agreement shall not interfere with his ability to meet his responsibilities pursuant to this Agreement.

(h) The Physician represents that he shall conduct a private medical practice in general surgery ("Practice") so long as such Practice does not interfere with his duties and responsibilities to the Hospital as specifically set forth in this Agreement. The Physician represents that, at his own cost, he shall provide billing and collection functions for the professional services he provides through his Practice and that he is entitled to retain all such earning collected with respect to his Practice.

7. **INSURANCE:** The Physician shall obtain and maintain, at his own cost, professional liability

insurance (on an occurrence basis) in the minimum amount of $1,300,000 single limit, $3,900,000 general aggregate. Such insurance shall cover the Physician for his Hospital-related duties. So long as New York State law continues to offer excess professional liability insurance to physicians who are affiliated with a New York hospital at no cost to the physicians, the Physician shall obtain this free layer of excess professional liability insurance in the amount of $1,000,000 single limit/$3,000,000 general aggregate. The Physician shall arrange and shall furnish to the Hospital proof that the Hospital shall receive at least ten (10) days' written notice prior to the effective date of any reduction, cancellation or termination of insurance. The Physician shall provide the Hospital with notice of each claim filed against the Physician. The Physician shall furnish annual certificates to the Hospital as to the maintenance of the required insurance coverage.

8. **PATIENT MEDICAL RECORDS:**

(a) The Physician shall maintain and file accurate and complete medical records in form and content consistent with Hospital policies and procedures as established from time to time. The medical records shall at all times remain the property of the Hospital. The Physician shall have access consistent with Hospital policies and procedures established from time to time, but in no event will the Hospital deny reasonable access for the purposes of patient care, billing, collection, malpractice cases or other services consistent with the Physician fulfilling his duties hereunder. The Parties agree to maintain the medical records consistent with Hospital policies and federal, state and local laws, rules and regulations.

(b) The Physician agrees that it shall comply with the statutory requirements concerning the privacy and security of identifiable health information as governed under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any regulations promulgated thereunder and the Physician agrees to execute any and all further documents and/or agreements in furtherance of such requirements. The Physician's obligations under this Section 9 shall survive any termination of this Agreement for any reason whatsoever.

9. **NOTICES:** All notices, consents or communications required or permitted hereunder, or otherwise given by one Party to the other, shall be in writing and shall be deemed given when received by personal delivery, certified or registered mail, postage prepaid, return receipt requested, or sent by express courier or facsimile to the Parties as follows:

To the Hospital:

Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, New York 10802
Attention: John R. Spicer, President and Chief Executive Officer
cc: John Mamangakis, Senior Vice President/Operations

To the Physician:

Steven Burger, M.D.
1874 Pelham Parkway South
Bronx, New York 10461

A Party may change the persons and addresses to which notices or other communications are to be sent by the methods stated above, provided that notice or such changes shall be effective only upon receipt.

10. **INDEPENDENT CONTRACTOR:** The Physician shall be an independent contractor and not an employee of the Hospital and shall not hold himself out as an employee of the Hospital.

(a) The Physician shall be liable for his own debts, obligations, acts, and omissions.

(b) Nothing in this Agreement is intended, nor shall be construed, to create an employer/employee or a joint venture relationship between the Hospital and the Physician or to allow the Hospital to exercise control or direction over the manner or method by which the Physician renders professional services.

(c) In the event the Internal Revenue Service or any other governmental agency shall, at any time, question or challenge the independent contractor status of the Physician, both the Hospital and the Physician, upon receipt of either of them of notice from the Internal Revenue Service or any other governmental agency, irrespective of for whom or by whom such discussions or negotiations are initiated, shall notify the other Party about such discussions/negotiations. The other Party shall participate in any such discussions or negotiations to the extent permitted by the Internal Revenue Service or other governmental agency.

11. **CONFIDENTIALITY:** During the term of this Agreement, the Physician shall not disclose to any person (other than to an employee of the Hospital or other professional performing services for the Hospital or any other person to whom disclosure is reasonably necessary or appropriate in connection with the performance by the Physician of his duties or is otherwise required by law) any confidential information obtained by while providing services to the Hospital with respect to any of the Hospital finances, contractual arrangements, product designs, inventions, processes, patents, provision of services, or marketing techniques; provided, however, that confidential information shall not include any information known generally to the public or any information of the type not otherwise considered confidential by persons engaged in the same business or a business similar to that conducted by the Hospital or any information disclosed by a third Party not bound by a confidentiality agreement with the Hospital or duty of confidentiality to the Hospital. This Section 11 shall survive termination of this Agreement.

12. **NON-DISCRIMINATION:** The Physician shall not unlawfully discriminate against any patient, including Hospital patients, in the manner of quality of services provided on the basis of race, national origin, color, sex, age, religion, marital status, sexual orientation, health or mental health history or status, disability, source of payment or ability to pay.

13. **MISCELLANEOUS:**

(a) This Agreement contains the entire agreement and understanding between the Parties as to the matters contained herein. Each Party represents and warrants to the other that this Agreement merges with and supersedes all prior discussions, agreements and understandings of every nature and kind among them, and any representations or warranties previously made. No Party shall be bound by any condition, definition,

warranty or representation other than as expressly provided in this Agreement.

(b) No waiver by either Party of any condition or of the breach by the other of any term or covenant contained in this Agreement, whether by conduct or otherwise, in any one or more instances shall be deemed or construed as a further or continuing waiver of any such condition or breach or a waiver of any other condition, or of the breach of any other term or covenant set forth in this Agreement. Moreover, the failure of either Party to exercise any right hereunder shall not bar the latter's exercise thereof.

(c) This Agreement shall not be changed, modified or amended except by a writing signed by each of the Parties and this Agreement shall not be discharged except by performance in accordance with its terms or by a writing signed by the Parties.

(d) This Agreement shall be binding upon, and shall inure to the benefit of, the Parties hereto and their respective successors in interest and permitted assigns. This Agreement may not be assigned by either Party except on the prior written consent of the other Party, and any purported assignment in violation hereof shall be null and void.

(e) This Agreement shall be governed by and construed in accordance with the laws of the State of New York. Should a court of competent jurisdiction determine that any provision of this Agreement or the application of any provision to any person or circumstance is invalid, illegal or unenforceable, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affective unless the invalid, illegal or unenforceable provision substantially impairs the benefits of the remaining portions of this Agreement.

(f) If either Party determines, in good faith, that any provision of this Agreement violates any law, rule, regulation or standard of professional conduct now or hereafter existing, the Parties shall cause this Agreement to be amended to eliminate any such violation, provided, however, that the terms of any such amendment shall not significantly change the economic substance of this Agreement or other obligations of the Parties.

(g) This Agreement shall be construed to be in accordance with federal and state statutes and Medicare/Medicaid and intermediary, carrier, rules, regulations, principles, policies and interpretations regarding reimbursement for services rendered by physicians in a clinic setting.

(h) The headings of the sections hereof are inserted for convenience of reference only and in no way define, prescribe, or limit the intent of Agreement.

(i) The Physician shall comply with the Hospital's Compliance Program, including its Conflict of Interest Policy (**Exhibit B**), the general training and training related to the Anti-Kickback Statute, 42U.S.C. §1320a-7(b), and the Stark Law, 42 U.S.C. § 1395nn. The Physician and the Hospital both agree that in the performance of this Agreement, neither Party shall violate the Stark Law or the Anti-kickback Statute.

IN WITNESS WHEREOF, the undersigned executed this Agreement as of the date first set forth above.

SOUND SHORE MEDICAL CENTER
OF WESTCHESTER

By: _____
John R. Spicer, President and CEO

STEVEN BURGER, M.D.

_____ 6/28/12

Exhibit A

Physician Time Log

Please insert number of hours spent on each activity.

Month:	**Date**	**Hours**
Teaching (20 hours weekly)		
Administrative, including meetings		
Liaison with community organizations		
Other (describe)		
TOTAL HOURS		

I certify to the best of my knowledge that the activities described above are directly related to the Teaching and Administrative Services Agreement that I have in place with the Hospital and that I have not billed Medicare or any third party payor or patient separately for any of the duties and responsibilities described above.

_____ _____
Physician Signature Date

_____ _____
Hospital Representative Signature Date

EXHIBIT B

Sound Shore Medical Center of Westchester
Medical Staff By-Laws
Conflict of Interest Policy

PURPOSE

The purpose of this Conflict of Interest Policy ("Policy") is to protect the interests of Sound Shore Medical Center of Westchester ("the Hospital") when it is contemplating entering into a transaction or arrangement that might benefit the private interest of a physician with privileges at the Hospital or other Interested Person (defined below). For example, physicians from time to time may recommend that pharmaceutical drugs made by a particular manufacturer be added to the Hospital formulary, or recommend that the Hospital purchase certain durable equipment from a particular manufacturer or supplier. The primary benefit of the Policy is that the Hospital and Hospital committees can make decisions in an objective manner without undue influence by Interested Persons. This Policy is intended to supplement but not replace any applicable state or federal laws governing conflicts of interest applicable to nonprofit and charitable corporations.

DEFINITIONS

Interested Person. Any physician who has, or has an immediate family member who has, a direct or indirect financial interest, as defined below, is an interested person.

Financial Interest. A person has a financial interest if the person has, directly or indirectly, through business, investment, or family, the following:

(a) an ownership or investment interest in any entity with which the Hospital has a present or proposed transaction or arrangement;

(b) a compensation arrangement with any entity or individual with which the Hospital has a present or proposed transaction or arrangement;

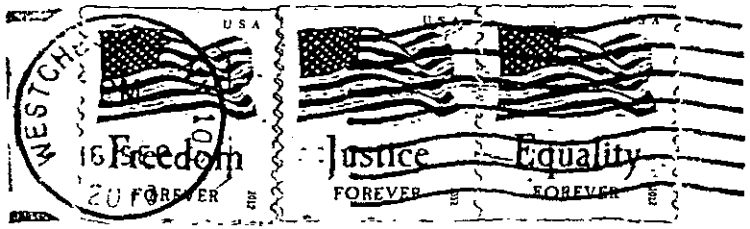
(c) a potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Hospital is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration, as well as gifts or favors that are substantial in nature (i.e., in excess of $1,000 in any calendar year). An "ownership or investment" interest shall not include interests of less than 1% in entities whose securities are publicly listed and have $75 million or more of stockholders equity.

POLICY

Any member of the medical staff who makes any recommendation to approve any product or service, or to purchase, lease or otherwise acquire any product or service, manufactured, offered or distributed by a particular manufacturer or distributor, and is, or has an immediate family member who is, an interested person with respect to such manufacturer or distributor, must disclose, at the time of such recommendation, the existence of such financial interest, together with all material facts regarding interest, to the person or committee to whom the recommendation is made.

STEVEN N. BURGER, M.D., F.A.C.S.
GENERAL SURGERY
1874 PELHAM PARKWAY SOUTH, APT. LK
BRONX, NEW YORK 10461



SOUND SHORE MEDICAL CENTER OF WESTCHESTER
C/O GCG, INC.
P.O. BOX 9982 43017-5982
DUBLIN, OHIO

FILED - 01533
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Cary Steiner, LLC

INVOICE

716 Milton Turnpike
Highland, NY 12528
Phone 516-435-3380 e-mail: carysteiner@optonline.net

DATE: May 30, 2012
INVOICE # 20120531

The Garden City Group, Inc.
JAN - 3 2015

BILL TO:
Sound Shore
Attn: John P. Mamangakis

FOR:
CBT Project - Remote Hours
Sound Shore

Dates	DESCRIPTION	HOURS	RATE	AMOUNT
5/1/12 - 5/31/12	CBT Scripting & Production	14.00	75.00	$ 1,050.00
	Expenses			$
			SUBTOTAL	$ 1,050.00
			TOTAL	$ 1,050.00

NOTE: Invoices are due within 30 days of receipt. Late payments are subject to a 10% late fee.
Please make all checks payable to **Cary Steiner.**

THANK YOU FOR YOUR BUSINESS!

Cary Steiner, LLC

INVOICE

716 Milton Turnpike
Highland, NY 12528
Phone 516-435-3380 e-mail: carysteiner@optonline.net

DATE: July 5, 2012
INVOICE # 20120630

BILL TO:
Sound Shore
Attn: John P. Mamangakis

FOR:
CBT Project - Remote Hours
Sound Shore

Dates	DESCRIPTION	HOURS	RATE	AMOUNT
6/1/12 - 6/30/12	CBT Scripting & Production	16.50	75.00	$ 1,237.50
	Expenses			$ -
			SUBTOTAL	$ 1,237.50
			TOTAL	$ 1,237.50

NOTE: **Invoices are due within 30 days of receipt.** Late payments are subject to a 10% late fee.
Please make all checks payable to **Cary Steiner.**

THANK YOU FOR YOUR BUSINESS!

Cary Steiner
716 Milton Tpke
Highland, NY 12528
516-435-3380
carysteiner@optonline.net
December 28, 2014

Sound Shore Medical Center of Westchester
c/oGCG, Inc.
P.O. Box 9982
Dublin, OH 43017

To whom it may concern,

Attached please find two invoices which were originally submitted to Sound Shore Medical Center in 2012. Also attached are two emails, sent at four months past due and at ten months past due.

I performed work for Sound Shore Medical Center during 2012 for which I have never been paid. As I received correspondence regarding their bankruptcy proceedings, I submitted whatever documentation was requested.

The most recent correspondence I received from Garfunkel Wild, PC must be very clear to someone who has attended law school, but I have not and so do not understand what I have to do to receive payment.

I used the search function on the website and I see that my claim is "scheduled" but not "filed". I have no idea what this means. I would greatly appreciate it if you contact me as soon as possible, either my email or telephone, and explain to me the status of my claim.

Sincerely,

Cary Steiner

Cary Steiner

From: Cary Steiner <carysteiner@optonline.net>
Sent: Wednesday, April 24, 2013 10:54 AM
To: Mamangakis, John (jmamangakis@sshsw.org)
Cc: JEFFREY STIER; Stier, Jeffrey (jstier@sshsw.org)
Subject: TEN MONTHS PAST DUE - PLEASE REMIT
Attachments: CSLLC Invoice-20120630- SoundShore.pdf.pdf; CSLLC Invoice-20120531 - SoundShore.pdf.pdf

Importance: High

Dear John,

I have never before had the experience of sending a notice of an invoice that is TEN MONTHS past due. Frankly, I'm almost embarrassed to send it.

I hope you're embarrassed to receive it. Please pay this bill immediately.

I know that Sound Shore is in the process of being acquired, but really, it's been almost a year. I'm sure you're still paying some bills. How about mine? Please.

This may not be a large amount to you, but quite honestly, I haven't worked in over two months and I'm calling in all my chips. Do I have to resort to legal action over this?

Please pay me what I'm owed. Thank you.

Best regards,
Cary Steiner

From: Cary Steiner [mailto:carysteiner@optonline.net]
Sent: Tuesday, October 16, 2012 3:31 PM
To: Mamangakis, John (jmamangakis@sshsw.org); Stier, Jeffrey (jstier@sshsw.org)
Subject: FOUR MONTHS PAST DUE - PLEASE REMIT
Importance: High

Gentlemen,

Let's save ourselves the incessant emails and phone calls required to get you to pay my first two invoices. Please honor your contract with me and pay me for my work!

I think I've been very patient about this. My May and June invoices have gone unpaid. We are now well into Q4 2012, and these invoices are from Q2! Please remit the total of $2287.50 ***immediately.***

On August 2, 2012, Dr. Stier wrote to me asking me to be patient regarding payments on my invoices. I agreed, hoping that you folks would get it together and I could continue working on the CBT project. I am not so hopeful today, ***and I'm starting to feel like I've been "stiffed."***

To show my good faith, I never even submitted an invoice for July. That month is 'on the house' - If that project is dead, so be it. If it is to be revived, no one will be happier than I.

Today is October 16th. I have waited four months for one and five months for the other. I am willing to forego the late charges you agreed to in our contract IF payment is received for both invoices by October 31.

Cary Steiner

Steiner
716 Milton Tpke.
Highland, NY 12528

SANTA ANA CA
PM
DEC 29
2014

USA | forever

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017

43017[illegible]

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
16 GUION PLACE
NEW ROCHELLE NY 10802

Case Number:
13-22840

THE GARDEN CITY GROUP INC. OCT - 2 2013

COURT USE ONLY

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):
COLOPLAST CORPORATION

Name and address where notices should be sent:
MARGARET KANE
COLOPLAST CORPORATION
1601 WEST RIVER ROAD N MINNEAPOLIS MN 55411

Telephone number: (612) 337-7883 email: USMKANE@COLOPLAST.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):
COLOPLAST CORPORATION
DEPARTMENT CH 19024
PALATINE IL 60055-9024

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: $ 33,876.72

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.

FILED - 41016
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: 0 5 3 0

3a. Debtor may have scheduled account as: 1350530
(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: $ 33,876.72

FILED U.S. BANKRUPTCY COURT 2013 SEP 24 P 4:41 S.D.N.Y.

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:
$_____

☐ 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)

CRT

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. MARGARET KANE
Title SR CREDIT ANALYST
Company. COLOPLAST CORPORATION
Address and telephone number (if different from notice address above):

Margaret Kane 9-16-13
(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 servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11024651 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV23377 (DDR 127290)	1199533	11/23/11	11/29/11	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
TLC-5042-M	Wilson Penile Implantatio 11070297	EA	1	0	270.00	270.00
50020	Virtue 2531870	EA	1	0	4,445.00	4,445.00

Line Total:	4,715.00
Tax	22.61
Misc / Freight / Fees:	0.00
Total:	4,737.61

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42585 US710A005 JPD010 1 TFCPAPP01 1

Coloplast Corp. Terms and Conditions of Sale
Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp. (Coloplast) products (Products) to a customer (Buyer). No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists. Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes. Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice. No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the Invoice. No charges will be added on backorders.

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages. Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that: (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions:

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice. Any Product returned after 90 days of invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee. In each case, the conditions of Section 7.D. must also be met. If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25.00 shipping and handling fee charged to the account.

B. BIOLOGICAL GRAFT RETURNS:

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below. Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS: The following conditions must be met in addition to any requirements set forth in Section 7. A., B., or C., as applicable:

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)**. This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:
COLOPLAST CORP. RETURNS
1840 West Oak Parkway
Marietta, GA 30062

Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS
1601 West River Road North
Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464**. Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 25-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.
SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cidata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11025331 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV23376 (DDR 127188)	1200886	11/29/11	11/30/11	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
	DOS 11/23/11					
93-4400	Aris Trans-Obturator Kit 2979168	EA	3	0	800.00	2,400.00

Line Total:	2,400.00
Tax	201.00
Misc / Freight / Fees:	0.00
Total:	2,601.00

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42565 US710A005 JPD910 1 TFCPAPP01 1

Coloplast Corp. Terms and Conditions of Sale
Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp (Coloplast) products (Products) to a customer (Buyer). No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists. Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes. Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice. No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders.

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages. Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that: (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

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B. BIOLOGICAL GRAFT RETURNS:

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below. Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS: The following conditions must be met in addition to any requirements set forth in Section 7. A., B., or C., as applicable.

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)**. This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS	COLOPLAST CORP. RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464**. Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6352:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields.

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cldata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11071235 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
23376	1248080	02/29/12	02/29/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
52025	Digitex Suture Delivery Device 2814272	RB	1	0	1,357.30	1,357.30
52027	Digitex Suture Cartridge 2-0 2736288	RB	2	0	354.05	708.10
501450	Restorelle DirectFix Anterior 2917065	EA	1	0	1,201.75	1,201.75
52026	Digitex Suture Cartridge 0-0 3000435	RB	1	0	354.05	354.05

Line Total:	3,621.20
Tax	202.62
Misc / Freight / Fees:	0.00
Total:	3,823.82

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42585 US710A005 JPD910 1 TFCPAPP01 1

Coloplast Corp. Terms and Conditions of Sale
Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp. (Coloplast) products (Products) to a customer (Buyer) No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes. Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice. No shipments will be released to accounts that are not in good standing If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages . Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that: (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions:

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice. Any Product returned after 90 days of invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee. In each case, the conditions of Section 7.D. must also be met. If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25.00 shipping and handling fee charged to the account.

B. BIOLOGICAL GRAFT RETURNS:

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below. Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS. The following conditions must be met in addition to any requirements set forth in Section 7. A., B., or C., as applicable.

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)**. This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS	COLOPLAST CORP RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464** Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203601	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

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Coloplast Item Number	Bill To Customer Name
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GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
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Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cldata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site, www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11102696 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV24080 (DDR 133635)	1276742	04/18/12	04/26/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
50020	Virtue 2635243	EA	1	0	4,445.00	4,445.00

Line Total:	4,445.00
Tax	0.00
Misc / Freight / Fees:	0.00
Total:	4,445.00

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42565 US710A005 JPD910 1 TFCPAPP01 1

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Effective 02/01/2012

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2. PRICE. Coloplast's most recent price list supersedes all previous price lists Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders.

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6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions.

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of Invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice. Any Product returned after 90 days of invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee. In each case, the conditions of Section 7.D. must also be met. If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25.00 shipping and handling fee charged to the account.

B. BIOLOGICAL GRAFT RETURNS.

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
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9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

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2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing
5. Only full box quantities will be accepted
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS	COLOPLAST CORP. RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464.** Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cldata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11176461 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV24705 (DDR 137287)	1345438	08/09/12	09/06/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
50020	Virtue with Alexis. 3156707	EA	1	0	4,695.00	4,695.00

Line Total:	4,695.00
Tax	0.00
Misc / Freight / Fees:	0.00
Total:	4,695.00

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42565 US710A005 JPD910 1 TFCPAPP01 1

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Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp (Coloplast) products (Products) to a customer (Buyer). No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists. Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes. Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice No charges will be added on backorders

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages. Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions:

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice Any Product returned after 90 days of invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee. In each case, the conditions of Section 7.D. must also be met. If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25.00 shipping and handling fee charged to the account

B. BIOLOGICAL GRAFT RETURNS.

1 Biologic Grafts must be stored in a clean and dry environment
2 Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C
3.Biologic Grafts must be kept out of direct sunlight
4.All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5.All Biologic Grafts must be shipped via overnight delivery.
6 No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday
7.Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8.Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9 Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given
10.No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11 In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below. Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS: The following conditions must be met in addition to any requirements set forth in Section 7. A., B., or C., as applicable:

1.All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)**. This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue
3 Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5 Only full box quantities will be accepted.
6 Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	**Coloplast Surgical Returns:**
COLOPLAST CORP RETURNS	COLOPLAST CORP. RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464**. Orders are accepted via telefax at 1-800-729-3292

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.
SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cidata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11183156 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV24849 (DDR 135304)	1368314	09/18/12	09/18/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
890-209	EXP Pencil Point Needle 15in 1012138N	EA	1	0	18.00	18.00
890-215	Durasphere EXP 1ml syringe 1111116A	EA	4	0	178.00	712.00

Line Total:	730.00
Tax	61.15
Misc / Freight / Fees:	0.00
Total:	791.15

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

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4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders.

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4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7.A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
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8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:
COLOPLAST CORP. RETURNS
1840 West Oak Parkway
Marietta, GA 30062

Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS
1601 West River Road North
Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

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12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464.** Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6352:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

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Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cidata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site. www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 11183157 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV24834 (DDR 135302)	1368315	09/18/12	09/18/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
93-4400	Aris Trans-Obturator Kit 3375205	EA	6	0	800.00	4,800.00
52027	Digitex Suture Cartridge 2-0 2698381	RB	2	0	354.05	708.10
52025	Digitex Suture Delivery Device 3180941	RB	1	0	1,357.30	1,357.30

Line Total:	6,865.40
Tax	574.97
Misc / Freight / Fees:	0.00
Total:	7,440.37

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42585 US710A005 JPO910 1 TFCPAPP01 1

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2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday delivenes of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS: The following conditions must be met in addition to any requirements set forth in Section 7. A., B , or C , as applicable:

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service**, (1-800-533-0464)). This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7 A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	**Coloplast Surgical Returns:**
COLOPLAST CORP. RETURNS	COLOPLAST CORP. RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service** at 1-800-533-0464. Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cldata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 12019097 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV25055 (DDR 137029)	1394432	10/31/12	10/31/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
501450	Restorelle DirectFix Anterior 3008778	EA	3	0	1,201.75	3,605.25
501330	Restorelle XL Square 30x30cm 3193614	EA	1	0	1,296.75	1,296.75

Line Total:	4,902.00
Tax	0.00
Misc / Freight / Fees:	0.00
Total:	4,902.00

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42565 US710A005 JPD910 1 TFCPAPP01 1

Coloplast Corp. Terms and Conditions of Sale

Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp. (Coloplast) products (Products) to a customer (Buyer). No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists. Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes. Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice. No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee, on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders.

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages. Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that: (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions:

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice. Any Product returned after 90 days of invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee. In each case, the conditions of Section 7.D. must also be met. If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25.00 shipping and handling fee charged to the account.

B. BIOLOGICAL GRAFT RETURNS.

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

C. FOR ALL OTHER PRODUCTS: Full credit, less a 25% restocking fee, will be given for all Products returned with proper documentation as noted below. Additionally, the conditions of Section 7.D. must be met.

D. FOR ALL RETURNS: The following conditions must be met in addition to any requirements set forth in Section 7. A., B., or C., as applicable.

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)**. This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7 A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:	**Coloplast Surgical Returns:**
COLOPLAST CORP. RETURNS	COLOPLAST CORP. RETURNS
1840 West Oak Parkway	1601 West River Road North
Marietta, GA 30062	Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby.

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply. In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested.

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligations hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464.** Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cidata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information.

Coloplast Corp
Suite 303
1601 West River Road
Minneapolis MN 55411
UNITED STATES

Customer Service: (800) 533-0464
Customer Service Fax: (800) 729-3292
Accounts Receivable (800) 533-9512

Coloplast

Ship To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

Bill To: 1350530
MT VERNON HOSPITAL
12 NORTH 7TH AVE
MOUNT VERNON NY 10550
UNITED STATES

DUPLICATE

Invoice: 12019098 / RI

Customer P.O.	Order No.	Request Date	Invoice Date	Page
MV250559 (DDR 137029)	1394439	10/31/12	10/31/12	1 / 1
	Terms: Net 30 Days	Currency: USD		

Item Number	Description / Lotnumber	UM	Shipped	B.O.	Price	Ext Price
93-4400	Aris Trans-Obturator Kit 3322220	EA	1	0	800.00	800.00

Line Total:	800.00
Tax	67.00
Misc / Freight / Fees:	0.00
Total:	867.00

Pay to: Coloplast Corp
Dept. CH 19024
Palatine, IL 60055-9024
United States

Please reference your Bill to account number and invoice number on your remittance

R42565 US710A005 JPD910 1 TFCPAPP01 1

Coloplast Corp. Terms and Conditions of Sale
Effective 02/01/2012

1. ALL DIRECT SALES ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS. These terms and conditions shall apply to all sales of Coloplast Corp. (Coloplast) products (Products) to a customer (Buyer). No variation of these terms and conditions is binding upon Coloplast unless agreed to in writing and signed by an officer or other authorized representative of Coloplast.

2. PRICE. Coloplast's most recent price list supersedes all previous price lists. Coloplast reserves the right to revise prices at any time unless prices are specifically negotiated in a separate agreement. Coloplast will, however, attempt to provide reasonable notification of any changes Prices quoted by Coloplast do not reflect any separate costs charged by a distributor, which costs shall be borne by Buyer. Liability for any taxes, duties, or fees assessed by any governmental authority with respect to the purchase and delivery of the Products shall be borne by Buyer.

3. TERMS. Net 30 Days from the date of invoice. No shipments will be released to accounts that are not in good standing. If payment is not received when due, Coloplast reserves the right to assess a monthly service charge of 1.5% of the unpaid balance, or the highest rate allowed by law, whichever is lower.

4. SHIPPING AND TITLE TO PRODUCTS. Products shall be shipped CPT Buyer's Facility (Incoterms 2010, as updated from time to time.) Delivery shall occur and title and risk of loss shall pass to Buyer upon Coloplast's placement of the Products with carrier for shipment to Buyer. For Chronic Care Products, special delivery, overnight shipment, and any other request beyond Coloplast's ordinary shipment methods shall be at Buyer's expense. On all drop shipments there will be a $50 drop ship fee; on all orders less than $500 there will be a $50 fee; on all orders less than $500 there will be a $25 freight ($50 Expedited freight) fee. All additional charges will be added to the invoice. No charges will be added on backorders.

5. DELIVERY AND INSPECTION. Unless otherwise agreed to in writing, delivery times are approximate and are not guaranteed. Buyer shall have 15 days from date of delivery in which to inspect Products and within that time period notify Coloplast in writing of any claims for shortages, defects, or damages Failure of Buyer to so notify Coloplast within 15 days after Product has been delivered shall be deemed conclusive proof that: (1) the Products conform to the terms and conditions; and (2) the Products were irrevocably accepted by Buyer. Any discrepancy reported after 15 days requires Coloplast management authorization for credit. Coloplast will not provide proof of shipment delivery after 90 days. Claims for nondelivery must be submitted to Coloplast Customer Service and the Carrier within 15 days from the date of invoice, failing which, Coloplast shall not be liable for nondelivery.

6. PRICE DISCREPANCIES. Any discrepancy in an invoiced price and corresponding order price must be submitted to Coloplast Customer Service within 30 days of the date of the invoice.

7. RETURN POLICY. Coloplast will accept returned Products from Buyers, for credit or exchange, under the following conditions:

A. FOR SURGICAL UROLOGY PRODUCTS ONLY: Full credit will be given for all Products returned within 30 days from date of invoice. Full credit less a 15% restocking fee will be given for all Products returned between 30 to 90 days from date of invoice. Any Product returned after 90 days of Invoice will not be credited without prior written approval from Coloplast and will be subject to a 25% restocking fee In each case, the conditions of Section 7 D must also be met If proper documentation does not accompany the returned Products, the Products will be returned to Buyer with a $25 00 shipping and handling fee charged to the account.

B BIOLOGICAL GRAFT RETURNS:

1. Biologic Grafts must be stored in a clean and dry environment.
2. Temperature in storage area for Biologic Grafts must be maintained at all times between 15° C and 30° C.
3. Biologic Grafts must be kept out of direct sunlight.
4. All opened Biologic Grafts must be disposed of using Standard Practices for Handling and Disposal of Human Tissue, as determined by facility policy.
5. All Biologic Grafts must be shipped via overnight delivery.
6. No Biologic Graft shall be shipped from Coloplast to facility or from facility to Coloplast on Friday with scheduled delivery of Monday.
7. Saturday and Holiday deliveries of Biologic Grafts must be purchased with no option for return or credit.
8. Facility must obtain a Returned Goods Authorization (RGA) number from the Coloplast Surgical Support Team before returning any Biologic Graft.
9. Biologic Grafts approved for return must be returned to Coloplast within 30 calendar days after receipt of the RGA number or no credit will be given.
10. No Biologic Graft may be returned to Coloplast with less than a 1 month expiration date.
11. In order to return Biologic Grafts, facility must complete a Return Form (back page or attached) and attest that all requirements in this Section have been met.

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D. FOR ALL RETURNS. The following conditions must be met in addition to any requirements set forth in Section 7. A , B., or C., as applicable:

1. All returns must have written authorization (Return Goods Authorization (RGA)) from **Coloplast Customer Service, (1-800-533-0464)** This authorization is preliminary, pending inspection by Coloplast of returned Products.
2. RGAs are valid for 30 days from issue, and Product must be received at the authorized and designated Coloplast location within 30 days from date of issue.
3. Full credit will be given for items shipped in error by Coloplast if returned within 30 days from date of invoice, provided that no credit will be issued if the original package integrity is broken, damaged or defaced.
4. All returned Products must be in saleable condition with at least 1 year shelf life remaining and, except as set forth in Section 7 A., must have been purchased in the previous 60 days. No credit will be issued if the original package integrity is broken, damaged, or defaced or if the product expiration date is less than 1 year from the return date unless the product is shipped with under 1 year expiration. Coloplast must approve such expiring product returns in writing.
5. Only full box quantities will be accepted.
6. Credit will not be given for Products no longer listed in current Coloplast price lists or for Products that have been replaced by updated versions with significant feature changes or box quantity changes.
7. All returns are subject to Coloplast inspection. Coloplast reserves the right to destroy Product deemed unfit for sale, whether or not accepted for credit or exchange.
8. Returned Products deemed resaleable will be credited to Buyer at Buyer's purchase price (i) less the restocking fee (if applicable), and (ii) less all adjustments for other discounts for such Products previously extended to Buyer.
9. Returns must be shipped, prepaid to the appropriate location for product type:

Chronic Care Returns:
COLOPLAST CORP. RETURNS
1840 West Oak Parkway
Marietta, GA 30062

Coloplast Surgical Returns:
COLOPLAST CORP. RETURNS
1601 West River Road North
Minneapolis, MN 55411

8. CREDIT MEMOS. Buyer will apply open credit memos to pending invoices. Buyer must identify the credit memo being applied to a particular invoice in order to receive proper credit to Buyer's account. Coloplast may, at its sole option, apply outstanding Buyer credits under any other order to the order covered hereby

9. REBATES. Coloplast's invoice reflects any discounts made at the time of sale. The invoice may or may not reflect the ultimate net cost of a Product where the value of a discount or rebate (collectively, "rebate") is not known at the time of sale. The value of any such rebate will be documented when paid pursuant to the terms of Buyer's contract. Buyer represents and warrants that it will satisfy any price reporting requirements imposed by applicable law(s), including any obligation to report or make available to relevant agencies the net cost actually paid for Coloplast Products. Rebates will be paid only pursuant to a valid contract in effect at the time of sale. Where a rebate is provided pursuant to a group purchasing organization (GPO) contract, Buyer must be a member of the GPO. If Buyer is a member of multiple GPOs, Buyer's declaration of GPO membership will apply In any event, all open and/or unresolved rebate claims beyond 90 days from the date of the sale will be denied.

10. AUDITS. Coloplast reserves the right to conduct (or have a Coloplast designee conduct), during reasonable business hours, audits of Buyer's records which relate to the subject matter of a rebate/chargeback or to any purchases made by Buyer of Coloplast's Products. The scope of the audit may include, without limitation, Coloplast's review of Buyer's sales invoices, shipping or freight carrier documents, purchase orders of customers, or receipts relating thereto. Coloplast audits shall be based on sampling techniques, which may be subject to expanded testing as Coloplast deems necessary. Coloplast may also contact customers to verify the quantities of Product delivered to the end user by Buyer. Coloplast will give Buyer 3 days' prior notice of any scheduled audit. Buyer will promptly cooperate with Coloplast in the event of an audit.

11. FORWARD BUY. Coloplast reserves the right to limit forward buys on any Product to a maximum of the Buyer's average two month supply based on Buyer's most recent six months' purchases.

12. LIMITED WARRANTY. Coloplast warrants that all Products sold hereunder shall be free from defects in material and workmanship at time of delivery, subject to proper handling, transportation, storage, and use of such Products. EXCEPT AS SET FORTH IN THE PRECEDING SENTENCE, THERE ARE NO EXPRESS OR IMPLIED WARRANTIES, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR PARTICULAR PURPOSE. In the event of a breach of warranty, the sole remedy available to Buyer shall be replacement of the Product, but only in the event Coloplast receives written notice of the defect within 10 days from the date defect was or should have been discovered and the nonconforming Product is returned to Coloplast if so requested

13. LIMITATION OF DAMAGES. IN NO EVENT SHALL COLOPLAST BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL, PUNITIVE OR SIMILAR DAMAGES OF ANY KIND ARISING UNDER OR IN ANY WAY RELATED TO THE SALE OF PRODUCTS HEREUNDER, WHETHER FOR BREACH OF ANY WARRANTY, FOR BREACH OR REPUDIATION OF ANY OTHER TERM, FOR NEGLIGENCE, ON THE BASIS OF STRICT LIABILITY, OR OTHERWISE.

14. FORCE MAJEURE. Coloplast is not responsible for any delay or failure in performing its obligatons hereunder due to any cause beyond its reasonable control, including but not limited to, acts of God, fire, flood, storm, earthquake, epidemic, war, terrorism, national emergency, or natural disaster.

15. DISTRIBUTION. All Products sold hereunder are intended solely for use in the United States. Buyer shall not knowingly resell any Products for distribution, sale, or use outside of the United States.

16. CUSTOMER SERVICE. All orders are subject to these Terms and Conditions of Sale and to pricing confirmation, final acceptance, and approval by **Coloplast Customer Service at 1-800-533-0464** Orders are accepted via telefax at 1-800-729-3292.

17. PAYMENTS: Payments shall be made to the following addresses:

Checks:	Wire Payments:	Wire Remittance advice must be e-mailed to:
COLOPLAST CORP.	Nordea Bank	debtors.america@coloplast.com
Dept. CH 19024	Account No: 7415203001	
Palatine, IL 60055-9024	Routing No: 026010786	

Accounts Receivable: Call (800) 726-6362:
Dial 2 for A/R, Enter "#" and the Extension you are calling or enter Extension 8705
Telefax: 612-337-7900

FEIN 26-0755281

18. FOR ALL PRODUCTS EXCEPT SURGICAL UROLOGY PRODUCTS.

SALES TRACINGS CHARGEBACKS. Distributors submitting chargeback requests must provide Coloplast with a combined sales tracing chargeback report each month for the previous month's activity. The sales tracing/chargeback report must be received by ValueCentric no later than the 10th of the month for the previous month. **Sales tracings not supplied by the 10th of the month for the previous month's sales may result in all corresponding chargebacks being denied for that month.** The combined report must be in either EDI 867 or Excel format and must include the following fields:

Coloplast Item Description	Bill To Customer Account Number
Coloplast Item Number	Bill To Customer Name
Quantity	Ship To Customer Account Number
Unit of Measure (EA, CS, BX, PK)	Ship To Customer Name
Date of Customer Sale	Ship To Customer Address
GLN, SMG, HIN or DEA number	Ship To Customer City, State, Zip
Distributor Product Price	Invoice Number
Contract price (end-customer price)	Invoice Line Number
Difference (rebate/chargeback amount)	Coloplast contract number

Sales tracing/rebate (chargeback) reports must be sent to:

ValueCentric, LLC
3530 Kraft Road, Suite 202
Naples, FL 34105

Email Excel files to:
cldata@valuecentric.com
rebateclaims@coloplast.com

Visit our Web site: www.us.coloplast.com for additional information

From: (631) 470-5000
Attn: Arturo D Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J131113021203 26

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/NET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA04/33AB

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.

01014519
SSM0202474309

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☒ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Howe Avenue Nursing Home, Inc.

Unsecured: $300.00

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): GERARD CORBETT

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

Name and address where notices should be sent:

GERARD CORBETT
PO BOX 808
BRONX, NY 10465-0618

THE GARDEN CITY GROUP, INC. OCT 28 2013

Court Claim Number: _____ *(If known)*

Filed on: _____

Telephone number:
Email Address:

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 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: (631) 235-0803
Email Address: gerardcorbett3@gmail.com

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 300.00

FILED - 01037
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.

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: Services performed, Entertainment
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 8 4 0 4 (Last Four SSN)

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: $ 300.00

**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: Gerard Corbett Gerard Corbett (Signature) 09/15/13 (Date)

Title: Independent Contractor / Entertainer

Company: Gerard Corbett

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

Telephone number: (631) 235-0803 email: gerardcorbett3@gmail.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. 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(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.

01014519
SSM0202474309

GERARD CORBETT
PO BOX 608
BRONX, NY 10465-0618

Copy

INVOICE

Susan & Gerard Corbett
P.O. Box 608
Bronx, NY 10465
(631) 235-0803
E-Mail: gtcorbett@optonline.net

PLEASE MAIL CHECK(S) TO P.O. BOX ABOVE.

To: Helen & Michael Schaffer ECC

16 Guion Place

New Rochelle, NY 10801

(914) 365-3838

ATT: Susan Mouris, Recreation Department

Event: "Entertainment"

Date of Event: December 28, 2012

Time: 2:30 - 3:30 PM

Fee: $100.00

**Please make check payable to: Gerard Corbett

TIN: XX-XXX-8404

THANK YOU FOR YOUR BUSINESS!

BOOKINGS STILL AVAILABLE FOR 2012

NOW BOOKING FOR 2013

Gerard Corbett

Copy

INVOICE

Susan & Gerard Corbett
P.O. Box 608
Bronx, NY 10465
(631) 235-0803
E-Mail: gtcorbett@optonline.net

PLEASE MAIL CHECK(S) TO P.O. BOX ABOVE.

To: Helen & Michael Schaffer ECC

16 Guion Place

New Rochelle, NY 10801

(914) 365-3838

ATT: Susan Mouris, Recreation Department

Event: "Entertainment - Elvis Show"

Date of Event: January 8, 2012

Time: 2:30 - 3:30 PM

Fee: $100.00

**Please make check payable to: Gerard Corbett

TIN: XX-XXX-8404

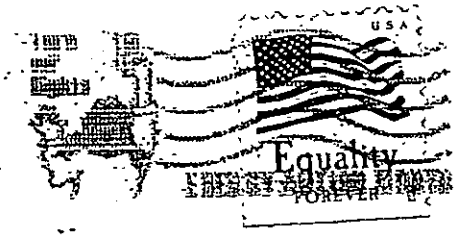
THANK YOU FOR YOUR BUSINESS!

BOOKINGS STILL AVAILABLE FOR 2013

Gerard Corbett

Susan & Gerard Corbett
PO Box 608
Bronx, NY 10465

NEW YORK NY 100
24 OCT 2013 PM 10 L



Sound Shore Medical Center of Westchester, et al
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

43017598282

01005779
SSM0202798580

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 20 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): NICK D'ADDESIO

☐ 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:

NICK D'ADDESIO
5 PALMER LN
THORNWOOD, NY 10594-2208

Telephone number: 9147698554
Email Address: ndaddesio@yahoo.com

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

Same

FILED - 00078
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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** ~~$166,322~~ (Estimated) + $82,800 (Estimated) = $249,122 Total

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:** Employee benefit + salary owed
(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)(__). Wages due

Amount entitled to priority: $ $249,122 (Estimated)

**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: Nick DAddesio (Signature) 9/11/13 (Date)

Title: Sr VP

Company: Mt. Vernon Hospital

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

Same

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(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.

01005779
SSM0202798580

NICK D'ADDESIO
5 PALMER LN
THORNWOOD, NY 10594-2208

Monies Owed From Mt.Vernon Hospital to Nick Daddesio

Unfunded Pension Benefits:

2005		$14,065
2006		$14,500
2007		$14,065
2008		$14,065
2009		$14,065
2010		$16,500
2011		$16,500
2012		$16,500
2013		$16,500
	total	$136,760

3% Rollback that was not reversed:

2008		$4,350
2009		$4,350
2010		$4,350
2011		$4,350
2012		$4,350
2013		$4,350
	total	$26,100

1 Week's pay held in 1980 when I started...was told I'd get that when I leave...

		$3,462
	total	$3,462

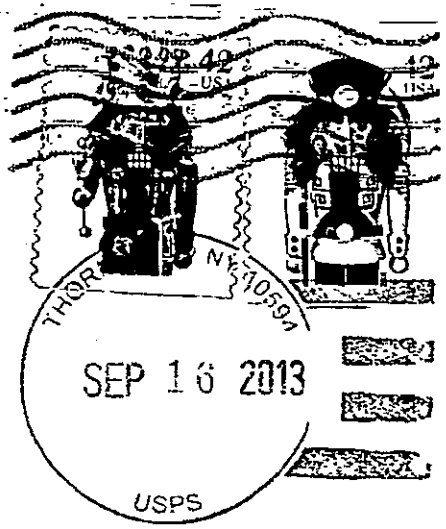
GRAND TOTAL: $166,322

Monies Owed To Nick DAddesio by Mt.Verno Hospital

990hrs of UNUSED Sick time hours to be converted @ $92 per hour = $82,800

D Addesso
10 Palmer Lane
Thornwood NY 10594

WESTCHESTER NY 105
16 SEP 2013 PM 4 L



Sound Shore Med Ctr Et AL
c/o GCG Inc.
P.O. Box 9982
Dublin, OHIO
43017-5982

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	THE GARDEN CITY GROUP INC. JAN 07 2014 COURT USE ONLY

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): Danbury Hospital

Name and address where notices should be sent:
Steven Rosenberg, CFO; Danbury Hospital
24 Hospital Avenue
Danbury, CT 06810

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):

FILED - 01124
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: $ 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.

☐ 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 instruction #2) Indemnification claim pursuant to July 1, 1997 Clinical Affiliation Agreement, attached hereto as Exhibit A, as a result of actions by Dr. Venkata Bodavula alleged in a pending action entitled Vivian Gagliano, et al. v. Advanced Specialty Care, P.C., et al. in the Complaint attached hereto as Exhibit B.

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 4/01/16 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)

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: Steven Rosenberg
Title: CFO
Company: Danbury Hospital
Address and telephone number (if different from notice address above):

(Signature) (Date) 12/17/13

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 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.

NEUBERT,
PEPE &
MONTEITH, P.C.
Attorneys At Law

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New Haven, Connecticut 06510
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Kevin M. Godbout
Mark I. Fishman
Simon I. Allentuch
Gretchen G. Randall
James C. Graham
Lucas B. Rocklin
Mark E. Stopa
Jennifer L. Cammarano
Sandy T. Roussas
Jane E. Ballerini
Adam V. Maiocco
Corey S. Fitzgerald
Brittany S. Cates
Of Counsel:
Patrick J. Lapera
Gregory J. Spuches
Sherman H. Krevolin (1929-2013)

Reply to New Haven Office

Additional Locations:

2150 Post Road, Suite 201
Fairfield, CT 06824

777 Westchester Avenue, Suite 101
White Plains, NY 10604

January 3, 2014

Sound Shore Medical Center of Westchester
c/o GCG Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

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

Dear Sir/Madam:

I have enclosed a Proof of Claim submitted on behalf of creditor Danbury Hospital in the above referenced case. Please feel free to contact me with any questions.

Very truly yours,

Douglas S. Skalka

enclosure

EXHIBIT A

CLINICAL AFFILIATION AGREEMENT BETWEEN SOUND SHORE MEDICAL CENTER OF WESTCHESTER AND DANBURY HOSPITAL

Clinical Affiliation Agreement (the "Agreement"), effective as of July 1, 1997, by and between Sound Shore Medical Center of Westchester, a duly organized health care facility located at 16 Guion Place, New Rochelle, New York 10802 (the "Medical Center") and Danbury Hospital, a duly organized health care facility located at 24 Hospital Avenue, Danbury, Connecticut 06810 (the "Affiliate).

WHEREAS, the Medical Center has established and conducts a residency training program in general surgery accredited by the Accreditation Council for Graduate Medical Education (the "Program");

WHEREAS, the Affiliate also has established and conducts residency training programs accredited by the Accreditation Council for Graduate Medical Education (the "ACGME");

WHEREAS, the Medical Center has determined that the clinical training of Program residents would be enhanced and improved by receiving a portion of their clinical training at the Affiliate;

WHEREAS, the Affiliate has agreed to support the educational goals and objectives of the Program and is willing to make its facilities and faculty available to Program residents pursuant to the terms of this Agreement;

NOW, THEREFORE, in consideration of the mutual promises contained herein, it is agreed as follows:

1. MEDICAL CENTER'S OBLIGATIONS

1.1 Administration of Residency Program. The Medical Center, through its Program Director, Burton Herz, M. D., (the "Program Director") shall assume responsibility for the overall administration of the Program including the establishment of Program curricula, supervision of residents, and the assignment of residents to rotations at the Affiliate. The faculty of Affiliate that will participate in the training of Program residents at the Affiliate will be determined by the director of service at the Affiliate, subject to approval by the Program Director.

1.2 Resident Qualifications. At least thirty (30) days prior to the beginning of each academic term, the Medical Center will submit to the Affiliate for approval a list of Program residents to participate in rotations at the Affiliate.

Prior to each resident's rotation to the Affiliate, the Medical Center shall provide (1) such documentation as applicable state, local or federal law requires to establish that each resident is in good physical and mental health and is competent to participate in the Affiliate's residency program, and (ii) such documentation as Affiliate requires to establish the academic qualifications of each resident to participate in its residency program.

1.3 Resident Insurance. Medical Center shall ensure that each resident scheduled to rotate to the Affiliate is covered by a professional liability insurance policy in an amount not less than $1,000,000 per occurrence and $3,000,000 in the aggregate. To the extent permitted by the Medical Center's insurance carrier, such insurance policy shall name the Affiliate as an additional insured.

1.4 Affiliate Policies, Rules and Regulations. Prior to each resident's rotation to the Affiliate, the Medical Center shall distribute to each resident a copy of Affiliate's policies, rules and regulations, which the Affiliate shall provide to the Medical Center for that purpose.

1.5 Resident Salaries and Benefits. The Medical Center shall at all times be responsible for employment benefits and salary of Program residents. The Affiliate shall assume no responsibility directly to Program residents for salary and benefits during their rotations at the Affiliate or otherwise. However, Affiliate shall reimburse Medical Center for the cost of the salaries, benefits and liability insurance paid to residents during their rotations at Affiliate in accordance with the terms of the Disbursement Agreement, annexed hereto as Exhibit A and incorporated herein by reference.

II. AFFILIATE'S OBLIGATIONS

2.1 Faculty Appointment. The Affiliate shall designate one person to have overall responsibility for the coordination and administration of those rotations in which Program residents will participate pursuant to this Agreement. The members of the Affiliate's faculty identified on the rotation summary annexed as Exhibit B have been approved by the Program Director to have overall responsibility for the rotations described by the rotation summary.

2.2 Faculty Changes. Affiliate shall provide written notice at least thirty (30) days prior to any change in Affiliate faculty assigned to supervise rotations in which Program residents will participate pursuant to this Agreement unless the circumstances of such change do not permit such notice. In that event, the Affiliate will provide such notice as is practicable under the circumstances. The Program Director shall have the authority to approve or reject any faculty member proposed by Affiliate, including faculty members assigned to assume administrative, educational and supervisory responsibility for rotations at Affiliate.

2.3 Rotation Goals and Objectives. Affiliate agrees that each of the

rotations of Program residents at Affiliate identified in the Rotation Summary attached hereto as Exhibit B shall be conducted in accordance with the goals and objectives set forth therein, which are incorporated herein by reference. Affiliate further agrees to distribute the Rotation Summary to participating residents upon commencement of each rotation.

2.4 Cooperation With Accreditation. Affiliate agrees to provide such information, documentation and assistance as Medical Center may require in order to comply with applicable ACGME accreditation requirements for its residency program in general surgery.

2.5 Facilities. The Affiliate shall provide each Program resident with such equipment and facilities (including without limitation cafeteria and library access, and suitable sleeping quarters for residents with night and weekend on-call responsibilities) as are required by the ACGME's *Essentials of Accredited Residencies in Graduate Medical Education.*

2.6 Resident Evaluation. In a timely manner after completion of each resident's rotation to the Affiliate, the Affiliate shall provide Program evaluations of each resident's performance during that rotation, including completion of such forms as the Medical Center might provide or approve for such purpose.

2.7 Resident Removal. The Affiliate shall provide the Medical Center with written notice of the proposed removal of any Program resident and shall confer with the Program Director and attempt in good faith to resolve the problem(s). The Affiliate may, however, remove a resident when, in its opinion, the resident poses an imminent threat to patient welfare. In the event that the Affiliate determines that an immediate threat to patient safety or welfare exists, removal of a resident need not be preceded by written notice to the Medical Center. In such event, notice shall be provided to the Medical Center as soon as is practicable.

2.8 Resident Cost Reimbursement. The Affiliate will reimburse the Medical Center for the services of residents at the Affiliate upon such terms as are agreed to by the parties and set forth in the Disbursement Agreement, which is annexed hereto as Exhibit A and incorporated herein by reference.

2.9 Indemnification. To the extent that the following indemnification does not result in a denial of insurance coverage, the Affiliate and the Medical Center agree to indemnify and hold harmless each other and each other's respective directors, officers, employees, representatives, Medical Staff, faculty, residents and agents from all expenses, claims, demands, lawsuits, and judgments (including reasonable attorney's fees) which the other may become liable to pay or defend as a result of or arising out of any claimed act or omission by the other's respective directors, officers, employees, representatives, Medical Staff, faculty, residents or agents pertaining to or in connection with this Agreement.

III. COMPLIANCE WITH LAWS

3.1 Discrimination Prohibited. Each party agrees that it will comply with all applicable federal, state, and local laws, and all applicable rules of relevant accrediting bodies, prohibiting discrimination based upon race, national origin, gender, age, or other prohibited basis.

3.2 Other Applicable Law. Each party agrees that it remains responsible ensuring that activities conducted at its facilities comply with applicable federal, state and local statutes, rules and regulations.

IV. TERMINATION

4.1 Term of Agreement. This Agreement shall be effective as of July 1, 1997, and shall continue in effect until terminated as hereinafter provided.

4.2 Termination for Cause. This Agreement shall be terminable by either party, upon the other party's failure to cure a material breach of the Agreement within thirty (30) days of receiving written notice thereof. For purposes of this clause, material breach shall be defined to include, without limitation, failure to maintain the insurance required by Section 1.3 hereof, or loss of ACGME, Joint Commission on the Accreditation of Healthcare Organizations, or other required accreditation, license or operating certificate.

4.3 Termination at Will. This Agreement shall be terminable by either party, upon ninety (90) days written notice.

4.4 Completion of Rotations. To the extent permitted by law or applicable ACGME or other accrediting body rules, upon termination for cause or notice of termination without cause, all residents then rotating through the Affiliate shall be permitted to complete their current rotation, and all residents scheduled to begin rotations at the Affiliate within the following sixty (60) days shall be permitted to complete such scheduled rotations.

V. MISCELLANEOUS

5.1 Assignment. This Agreement and the rights and duties hereunder may not be assigned without the written consent of the other party.

5.2 Entire Agreement. This Agreement and the attached Exhibit A and B incorporated herein by reference constitutes the entire understanding and Agreement between parties with regard to the subject matter herein and may not be modified or amended except by a writing signed by the parties.

5.3 Choice of Law. This Agreement shall be governed and construed according to the laws of the State of New York.

5.4 Notices. All notices to parties to this Agreement must be in writing and must be delivered personally or by certified mail, addressed as follows:

If to the Medical Center:

Burton L. Herz M.D.
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10802

with a copy to:

Nixon, Hargrave, Devans & Doyle, LLP.
990 Stewart Avenue
Garden City, New York 11530
Attn: Claudia Hinrichsen, Esq.

If to the Affiliate:

GERARD D. ROBILOTTI
Danbury Hospital
24 Hospital Avenue
Danbury, Connecticut 06801

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day and year set forth above.

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

By: _____
President and CEO
Sound Shore Medical Center of Westchester

_____
Burton L. Herz, MD
Director of Surgery

DANBURY HOSPITAL

Gerard D. Robilotti
Executive Vice President

EXHIBIT B

RETURN DATE: AUGUST 3, 2010	:	SUPERIOR COURT
VIVIAN GAGLIANO and PHILIP GAGLIANO	:	JUDICIAL DISTRICT OF DANBURY
v.	:	AT DANBURY
ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE, JOSEPH R. GORDON ADVANCED SPECIALTY CARE, PC, DANBURY HOSPITAL and VENKATA BODAVULA	: : : :	JUNE 29, 2010

COMPLAINT

COUNT ONE:
VIVIAN GAGLIANO v. ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE

1. At all times mentioned herein the defendant, ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE (hereinafter referred to as Advanced Surgical Care), was a professional corporation organized and existing under the laws of the State of Connecticut operating a medical practice consisting of physicians, surgeons and other health care professionals with its principal place of business in Ridgefield, Connecticut and its environs.

2. At all times mentioned herein the co-defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the defendant, ADVANCED SURGICAL CARE.

3. At all times mentioned herein the co-defendant, DANBURY HOSPITAL, had in effect a contract, agreement and/or understanding and relationship with the defendant, ADVANCED SURGICAL CARE whereby the co-defendant, DANBURY HOSPITAL, would provide in house medical staff, operating facilities, recovery room facilities, instruments, medications and other health care related items to the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees and the defendant, ADVANCED SURGICAL CARE, would admit its patients to the co-defendant, DANBURY HOSPITAL, in other words a joint venture.

4. At all times mentioned herein, the co-defendant, ADVANCED SPECIALTY CARE, PC and its principals owned, operated and controlled the defendant, ADVANCED SURGICAL CARE, and managed it as a joint venture.

5. At all times mentioned herein the co-defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC, and is a principal in both entities.

6. At all times mentioned herein the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, was the collaboration general surgery entity and part of the health care team for the co-defendant, ADVANCED SPECIALTY CARE, PC.

7. Commencing on or about June 16, 2008 and continuously to on or about November 3, 2008, the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, undertook the care, treatment, monitoring, diagnosing and supervision of the plaintiff, VIVIAN GAGLIANO.

8. While under the care, treatment, monitoring, diagnosing and supervision of the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered serious, severe, painful and permanent injuries as hereinafter set forth in Paragraph 10.

9. Said injuries suffered by VIVIAN GAGLIANO, were caused by the failure of the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, to exercise reasonable care under all of the circumstances then and there present in that they:

a. failed to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

b. improperly perforated the ascending colon during elective laparoscopic hernia repair;

c. failed to recognized the ascending colon was perforated during elective laparoscopic hernia repair;

d. failed to diagnose perforation of the ascending colon before completing the operation;

e. failed to repair the ascending colon perforation at the time of the original operation on July 23, 2008;

f. delayed diagnosing the ascending colon perforation;

g. delayed treating the ascending colon perforation;

h. improperly delayed returning VIVIAN GAGLIANO to the operating room to repair the colon perforation;

j. failed to provide physicians and surgeons who possessed the requisite knowledge, skill and experience to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

k. failed to promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as VIVIAN GAGLIANO.

10. As a result of the carelessness and negligence of the defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered the following serious, severe, painful and permanent injuries:

a. iatrogenic injury to the ascending colon;

b perforation of the ascending colon;

c. fecal peritonitis;

d. profound septic shock;

e. acute respiratory failure;

f. lactic acidosis;

g. systemic inflammatory response syndrome;

h. metabolic encephalopathy with coma;

i. hypoxic ischemic encephalopathy;

j. prolonged intubation and ventilator support;

k. tracheostomy;

l. new onset atrial fibrillation;

m. wound dehiscence with synergistic gangrene;

n. bacterial wound infections;

o. entero-cutaneous fistula;

p. need for total parenteral nutrition;

q. malnutrition;

r. multiple courses of antibiotic and antifungal therapy;

s. prolonged wound healing;

t. open abdominal wound;

u. ileostomy;

v. right hemi-colectomy and removal of distal ileum;

w. multiple surgeries and surgical procedures;

x. prolonged ICU admission;

y. oropharyngeal dysphagia;

z. dysphonia;

aa. gastroparesis;

bb. anemia;

cc. deep vein thrombosis;

dd. abdominal distention;

ee. dehydration;

ff. deconditioning;

gg. lack of energy;

hh. easily fatigued;

ii. loss of stamina;

jj. interruption in sexual relationship;

kk. psychological, physiological and neurological sequelae.

11. As a result of the aforementioned injuries, VIVIAN GAGLIANO, has been permanently deprived of his ability to carry on and enjoy life's activities and her earning capacity has been permanently destroyed.

12. As a further result of the aforesaid injuries of VIVIAN GAGLIANO, has incurred expenses and will continue to incur expenses for medical care and treatment, all to his financial loss.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT TWO:
PHILIP GAGLIANO v. ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE

1-10. Paragraphs 1 through 10 of COUNT ONE are hereby incorporated and made paragraphs 1 through 10 of this COUNT TWO.

11. At all times mentioned herein, the plaintiff, PHILIP GAGLIANO, was and still is the husband of VIVIAN GAGLIANO.

12. As a result of the aforesaid occurrences to VIVIAN GAGLIANO, PHILIP GAGLIANO, has been deprived of the companionship and society of his wife, all to his damage.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT THREE:
VIVIAN GAGLIANO v. JOSEPH R. GORDON

1. At all times mentioned herein the defendant, JOSEPH R. GORDON, held himself out to the general public as a physician and surgeon duly licensed to practice medicine in the State of Connecticut specializing in surgery and practicing in Danbury, Connecticut and its environs.

2. At all times mentioned herein the defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the co-defendant, DANBURY HOSPITAL.

3. At all times mentioned herein the defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the co-defendant, ADVANCED SURGICAL CARE.

4. At all times mentioned herein the defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the co-defendant, ADVANCED SPECIALITY CARE, PC.

5. At all times mentioned herein the defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the co-defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC, and is a principal in both entities.

6. Commencing on or about June 16, 2008 and continuously to on or about November 3, 2008, the defendant, JOSEPH R. GORDON and his servants, agents, apparent agents and/or employees, undertook the care, treatment, monitoring, diagnosing and supervision of the plaintiff, VIVIAN GAGLIANO.

7. While under the care, treatment, monitoring, diagnosing and supervision of the defendant, JOSEPH R. GORDON and his servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered serious, severe, painful and permanent injuries as hereinafter set forth in Paragraph 9.

8. Said injuries suffered by VIVIAN GAGLIANO, were caused by the failure of the defendant, JOSEPH R. GORDON and his servants, agents, apparent agents and/or employees, to exercise that degree of care and skill ordinarily and customarily used by physicians specializing in surgery under all of the circumstances then and there present in that they:

a. failed to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

b. improperly perforated the ascending colon during elective laparoscopic hernia repair;

c. failed to recognized the ascending colon was perforated during elective laparoscopic hernia repair;

d. failed to diagnose perforation of the ascending colon before completing the operation;

e. failed to repair the ascending colon perforation at the time of the original operation on July 23, 2008;

f. delayed diagnosing the ascending colon perforation;

g. delayed treating the ascending colon perforation;

h. improperly delayed returning VIVIAN GAGLIANO to the operating room to repair the colon perforation.

9. As a result of the carelessness and negligence of the defendant, JOSEPH R. GORDON and his servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered the following serious, severe, painful and permanent injuries:

a. iatrogenic injury to the ascending colon;

b. perforation of the ascending colon;

c. fecal peritonitis;

d. profound septic shock;

e. acute respiratory failure;

f. lactic acidosis;

g. systemic inflammatory response syndrome;

h. metabolic encephalopathy with coma;

i. hypoxic ischemic encephalopathy;

j. prolonged intubation and ventilator support;

k. tracheostomy;

l. new onset atrial fibrillation;

m. wound dehiscence with synergistic gangrene;

n. bacterial wound infections;

o. entero-cutaneous fistula;

p. need for total parenteral nutrition;

q. malnutrition;

r. multiple courses of antibiotic and antifungal therapy;

s. prolonged wound healing;

t. open abdominal wound;

u. ileostomy;

v. right hemi-colectomy and removal of distal ileum;

w. multiple surgeries and surgical procedures;

x. prolonged ICU admission;

y. oropharyngeal dysphagia;

z. dysphonia;

aa. gastroparesis;

bb. anemia;

cc. deep vein thrombosis;

dd. abdominal distention;

ee. dehydration;

ff. deconditioning;

gg. lack of energy;

hh. easily fatigued;

ii. loss of stamina;

jj. interruption in sexual relationship;

kk. psychological, physiological and neurological sequelae.

10. As a result of the aforementioned injuries, VIVIAN GAGLIANO, has been permanently deprived of her ability to carry on and enjoy life's activities and her earning capacity has been forever destroyed.

11. As a further result of the aforesaid injuries of VIVIAN GAGLIANO, has incurred expenses and will continue to incur expenses for medical care and treatment, all to her financial loss.

12. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT FOUR:
PHILIP GAGLIANO v. JOSEPH R. GORDON

1-9. Paragraphs 1 through 9 of COUNT THREE are hereby incorporated and made paragraphs 1 through 9 of this COUNT FOUR.

10. At all times mentioned herein, the plaintiff, PHILIP GAGLIANO, was and still is the husband of VIVIAN GAGLIANO.

11. As a result of the aforesaid occurrences to VIVIAN GAGLIANO, PHILIP GAGLIANO, has been deprived of the companionship and society of his wife, all to his damage.

12. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT FIVE:
VIVIAN GAGLIANO v. ADVANCED SPECIALTY CARE, PC

1. At all times mentioned herein the defendant, ADVANCED SPECIALTY CARE, PC, was a professional corporation organized and existing under the laws of the State of Connecticut operating a medical practice consisting of physicians, surgeons and other health care professionals with its principal place of business in Ridgefield, Connecticut and its environs.

2. At all times mentioned herein the co-defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the defendant, ADVANCED SPECIALTY CARE, PC.

3. At all times mentioned herein the co-defendant, DANBURY HOSPITAL, had in effect a contract, agreement and/or understanding and relationship with the defendant, ADVANCED

SPECIALTY CARE, PC whereby the co-defendant, DANBURY HOSPITAL, would provide in house medical staff, operating facilities, recovery room facilities, instruments, medications and other health care related items to the defendant, ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees and the defendant, ADVANCED SPECIALTY CARE, PC, would admit its patients to the co-defendant, DANBURY HOSPITAL, in other words a joint venture.

4. At all times mentioned herein, the defendant, ADVANCED SPECIALTY CARE, PC and its principals owned, operated and controlled the co-defendant, ADVANCED SURGICAL CARE, and managed it as a joint venture.

5. At all times mentioned herein the co-defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC, and is a principal in both entities.

6. At all times mentioned herein the co-defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, was the collaboration general surgery entity and part of the health care team for the defendant, ADVANCED SPECIALTY CARE, PC.

7. Commencing on or about June 16, 2008 and continuously to on or about November 3, 2008, the defendant, ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees, undertook the care, treatment, monitoring, diagnosing and supervision of the plaintiff, VIVIAN GAGLIANO.

8. While under the care, treatment, monitoring, diagnosing and supervision of the defendant, ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered serious, severe, painful and permanent injuries as hereinafter set forth in Paragraph 10.

9. Said injuries suffered by VIVIAN GAGLIANO, were caused by the failure of the defendant, ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees, to exercise reasonable care under all of the circumstances then and there present in that they:

a. failed to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

b. improperly perforated the ascending colon during elective laparoscopic hernia repair;

c. failed to recognized the ascending colon was perforated during elective laparoscopic hernia repair;

d. failed to diagnose perforation of the ascending colon before completing the operation;

e. failed to repair the ascending colon perforation at the time of the original operation on July 23, 2008;

f. delayed diagnosing the ascending colon perforation;

g. delayed treating the ascending colon perforation;

h. improperly delayed returning VIVIAN GAGLIANO to the operating room to repair the colon perforation;

j. failed to provide physicians and surgeons who possessed the requisite knowledge, skill and experience to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

k. failed to promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as VIVIAN GAGLIANO.

10. As a result of the carelessness and negligence of the defendant, ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered the following serious, severe, painful and permanent injuries:

a. iatrogenic injury to the ascending colon;

b perforation of the ascending colon;

c. fecal peritonitis;

d. profound septic shock;

e. acute respiratory failure;

f. lactic acidosis;

g. systemic inflammatory response syndrome;

h. metabolic encephalopathy with coma;

i. hypoxic ischemic encephalopathy;

j. prolonged intubation and ventilator support;

k. tracheostomy;

l. new onset atrial fibrillation;

m. wound dehiscence with synergistic gangrene;

n. bacterial wound infections;

o. entero-cutaneous fistula;

p. need for total parenteral nutrition;

q. malnutrition;

r. multiple courses of antibiotic and antifungal therapy;

s. prolonged wound healing;

t. open abdominal wound;

u. ileostomy;

v. right hemi-colectomy and removal of distal ileum;

w. multiple surgeries and surgical procedures;

x. prolonged ICU admission;

y. oropharyngeal dysphagia;

z. dysphonia;

aa. gastroparesis;

bb. anemia;

cc. deep vein thrombosis;

dd. abdominal distention;

ee. dehydration;

ff. deconditioning;

gg. lack of energy;

hh. easily fatigued;

ii. loss of stamina;

jj. interruption in sexual relationship;

kk. psychological, physiological and neurological sequelae.

11. As a result of the aforementioned injuries, VIVIAN GAGLIANO, has been permanently deprived of his ability to carry on and enjoy life's activities and her earning capacity has been permanently destroyed.

12. As a further result of the aforesaid injuries of VIVIAN GAGLIANO, has incurred expenses and will continue to incur expenses for medical care and treatment, all to his financial loss.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT SIX:
PHILIP GAGLIANO v. ADVANCED SPECIALTY CARE, PC

1-10. Paragraphs 1 through 10 of COUNT FIVE are hereby incorporated and made paragraphs 1 through 10 of this COUNT SIX.

11. At all times mentioned herein, the plaintiff, PHILIP GAGLIANO, was and still is the husband of VIVIAN GAGLIANO.

12. As a result of the aforesaid occurrences to VIVIAN GAGLIANO, PHILIP GAGLIANO, has been deprived of the companionship and society of his wife, all to his damage.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT SEVEN:
VIVIAN GAGLIANO v. DANBURY HOSPITAL

1. At all times mentioned herein the defendant, DANBURY HOSPITAL, was a specially chartered corporation organized and existing under the laws of the State of Connecticut, operating a hospital in Danbury, Connecticut providing house physicians, resident physicians, nurses and other health care professionals and providing a facility for attending physicians and other physicians to treat, diagnose and operate on patients such as the plaintiff, VIVIAN GAGLIANO.

2. At all times mentioned herein the co-defendant, JOSEPH R. GORDON, was a servant, agent, apparent agent and/or employee of the defendant, DANBURY HOSPITAL.

3. At all times mentioned herein the co-defendant, VENKATA BODAVULA, was a servant, agent, apparent agent and/or employee of the defendant, DANBURY HOSPITAL.

4. At all times mentioned herein the defendant, DANBURY HOSPITAL, had in effect a contract, agreement and/or understanding and relationship with the co-defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC whereby the defendant, DANBURY HOSPITAL, would provide in house medical staff, operating facilities, recovery room facilities, instruments, medications and other health care related items to the co-defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC and their servants, agents, apparent agents and/or employees and the co-defendants, ADVANCED SURGICAL CARE and ADVANCED SPECIALTY CARE, PC, would admit its patients to the defendant, DANBURY HOSPITAL, in other words a joint venture.

5. At all times mentioned herein, the co-defendant, ADVANCED SPECIALTY CARE, PC and its principals owned, operated and controlled the co-defendant, ADVANCED SURGICAL CARE, and managed it as a joint venture.

6. At all times mentioned herein the co-defendant, ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, was the collaboration general surgery entity and part of the health care team for the co-defendant, ADVANCED SPECIALTY CARE, PC.

7. Commencing on or about July 23, 2008 and continuously to on or about September 4, 2008, the defendant, DANBURY HOSPITAL and its servants, agents, apparent agents and/or employees, undertook the care, treatment, monitoring, diagnosing and supervision of VIVIAN GAGLIANO.

8. While under the care, treatment, monitoring, diagnosing and supervision of the defendant, DANBURY HOSPITAL and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered serious, severe, painful and permanent injuries as hereinafter set forth in Paragraph 10.

9. Said injuries suffered by VIVIAN GAGLIANO, were caused by the failure of the defendant, DANBURY HOSPITAL and its servants, agents, apparent agents and/or employees, to exercise reasonable care under all of the circumstances then and there present in that they:

a. failed to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

b. improperly perforated the ascending colon during elective laparoscopic hernia repair;

c. failed to recognized the ascending colon was perforated during elective laparoscopic hernia repair;

d. failed to diagnose perforation of the ascending colon before completing the operation on July 23, 2008;

e. failed to repair the ascending colon perforation at the time of the original operation on July 23, 2008;

f. delayed diagnosing the ascending colon perforation;

g. delayed treating the ascending colon perforation;

h. improperly delayed returning VIVIAN GAGLIANO to the operating room to repair the colon perforation

i. failed to provide physicians and surgeons who possessed the requisite knowledge, skill and experience to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO;

j. failed to promulgate and/or enforce rules, regulations, standards and protocols for the care and treatment of patients such as VIVIAN GAGLIANO.

10. As a result of the carelessness and negligence of the defendant, DANBURY HOSPITAL and its servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered the following serious, severe, painful and permanent injuries:

a. iatrogenic injury to the ascending colon;

b perforation of the ascending colon;

c. fecal peritonitis;

d. profound septic shock;

e. acute respiratory failure;

f. lactic acidosis;

g. systemic inflammatory response syndrome;

h. metabolic encephalopathy with coma;

i. hypoxic ischemic encephalopathy;

j. prolonged intubation and ventilator support;

k. tracheostomy;

l. new onset atrial fibrillation;

m. wound dehiscence with synergistic gangrene;

n. bacterial wound infections;

o. entero-cutaneous fistula;

p. need for total parenteral nutrition;

q. malnutrition;

r. multiple courses of antibiotic and antifungal therapy;

s. prolonged wound healing;

t. open abdominal wound;

u. ileostomy;

v. right hemi-colectomy and removal of distal ileum;

w. multiple surgeries and surgical procedures;

x. prolonged ICU admission;

y. oropharyngeal dysphagia;

z. dysphonia;

aa. gastroparesis;

bb. anemia;

cc. deep vein thrombosis;.

dd. abdominal distention;

ee. dehydration;

ff. deconditioning;

gg. lack of energy;

hh. easily fatigued;

ii. loss of stamina;

jj. interruption in sexual relationship;

kk. psychological, physiological and neurological sequelae.

11. As a result of the aforementioned injuries, VIVIAN GAGLIANO, has been permanently deprived of her ability to carry on and enjoy life's activities and her earning capacity has been permanently destroyed.

12. As a further result of the aforesaid injuries of VIVIAN GAGLIANO, has incurred expenses and will continue to incur expenses for medical care and treatment, all to her financial loss.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT EIGHT:
PHILIP GAGLIANO v. DANBURY HOSPITAL

1-10. Paragraphs 1 through 10 of COUNT SEVEN are hereby incorporated and made paragraphs 1 through 10 of this COUNT EIGHT.

11. At all times mentioned herein, the plaintiff, PHILIP GAGLIANO, was and still is the husband of VIVIAN GAGLIANO.

12. As a result of the aforesaid occurrences to VIVIAN GAGLIANO, PHILIP GAGLIANO, has been deprived of the companionship and society of his wife, all to his damage.

13. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT NINE:
VIVIAN GAGLIANO v. VENKATA BODAVULA

1. At all times mentioned herein the defendant, VENKATA BODAVULA, was held out to the general public as a physician and surgeon duly licensed to practice medicine in the State of Connecticut specializing in surgery and practicing in Danbury, Connecticut and its environs.

2. At all times mentioned herein the defendant, VENKATA BODAVULA, was a servant, agent, apparent agent and/or employee of the co-defendant, DANBURY HOSPITAL.

3. Commencing on or about July 23, 2008 and continuously to on or about September 4, 2008, the defendant, VENKATA BODAVULA and servants, agents, apparent agents and/or employees, undertook the care, treatment, monitoring, diagnosing and supervision of the plaintiff, VIVIAN GAGLIANO.

4. While under the care, treatment, monitoring, diagnosing and supervision of the defendant, VENKATA BODAVULA and servants, agents, apparent agents and/or employees, VIVIAN

GAGLIANO, suffered serious, severe, painful and permanent injuries as hereinafter set forth in Paragraph 6.

5. Said injuries suffered by VIVIAN GAGLIANO, were caused by the failure of the defendant, VENKATA BODAVULA and servants, agents, apparent agents and/or employees, to exercise that degree of care and skill ordinarily and customarily used by physicians specializing in surgery under all of the circumstances then and there present in that they:

a. failed to adequately and properly care for, treat, diagnose, monitor and supervise VIVIAN GAGLIANO

b. improperly perforated the ascending colon during elective laparoscopic hernia repair;

c. failed to recognized the ascending colon was perforated during elective laparoscopic hernia repair;

d. failed to diagnose perforation of the ascending colon before completing the operation;

e. failed to repair the ascending colon perforation at the time of the original operation on July 23, 2008;

f. delayed diagnosing the ascending colon perforation;

g. delayed treating the ascending colon perforation;

h. improperly delayed returning VIVIAN GAGLIANO to the operating room to repair the colon perforation.

6. As a result of the carelessness and negligence of the defendant, VENKATA BODAVULA and servants, agents, apparent agents and/or employees, VIVIAN GAGLIANO, suffered the following serious, severe, painful and permanent injuries:

a. iatrogenic injury to the ascending colon;

b perforation of the ascending colon;

c. fecal peritonitis;

d. profound septic shock;

e. acute respiratory failure;

f. lactic acidosis;

g. systemic inflammatory response syndrome;

h. metabolic encephalopathy with coma;

i. hypoxic ischemic encephalopathy;

j. prolonged intubation and ventilator support;

k. tracheostomy;

l. new onset atrial fibrillation;

m. wound dehiscence with synergistic gangrene;

n. bacterial wound infections;

o. entero-cutaneous fistula;

p. need for total parenteral nutrition;

q. malnutrition;

r. multiple courses of antibiotic and antifungal therapy;

s. prolonged wound healing;

t. open abdominal wound;

u. ileostomy;

v. right hemi-colectomy and removal of distal ileum;

w. multiple surgeries and surgical procedures;

x. prolonged ICU admission;

y. oropharyngeal dysphagia;

z. dysphonia;

aa. gastroparesis;

bb. anemia;

cc. deep vein thrombosis;

dd. abdominal distention;

ee. dehydration;

ff. deconditioning;

gg. lack of energy;

hh. easily fatigued;

ii. loss of stamina;

jj. interruption in sexual relationship;

kk. psychological, physiological and neurological sequelae.

7. As a result of the aforementioned injuries, VIVIAN GAGLIANO, has been permanently deprived of her ability to carry on and enjoy life's activities and her earning capacity has been forever destroyed.

8. As a further result of the aforesaid injuries of VIVIAN GAGLIANO, has incurred expenses and will continue to incur expenses for medical care and treatment, all to her financial loss.

9. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

COUNT TEN:
PHILIP GAGLIANO v. VENKATA BODAVULA

1-6. Paragraphs 1 through 6 of COUNT NINE are hereby incorporated and made paragraphs 1 through 6 of this COUNT TEN.

7. At all times mentioned herein, the plaintiff, PHILIP GAGLIANO, was and still is the husband of VIVIAN GAGLIANO.

8. As a result of the aforesaid occurrences to VIVIAN GAGLIANO, PHILIP GAGLIANO, has been deprived of the companionship and society of his wife, all to his damage.

9. On or about June 3, 2010, pursuant to Connecticut General Statutes §52-190(a)(b), an automatic ninety (90) day extension of the statute of limitations was filed with the Superior Court. A copy of said petition is attached hereto as Exhibit A.

WHEREFORE, THE PLAINTIFFS, VIVIAN GAGLIANO and PHILIP GAGLIANO, HEREBY CLAIM MONETARY DAMAGES IN EXCESS OF FIFTEEN THOUSAND & 00/100 DOLLARS ($15,000.00), EXCLUSIVE OF INTEREST AND COSTS, STATE THAT IN THIS MATTER IS WITHIN THE JURISDICTION OF THIS COURT, AND FURTHER MAKE THE FOLLOWING RELIEF:

a. Compensatory damages;

b. Interest;

c. Expenses and costs of prosecuting this action to which the plaintiffs are entitled, including, but not limited to, experts' fees and costs;

d. Such other relief to which the plaintiffs are entitled, either in law or equity, which the court deems just and proper.

Of this writ, with your doings thereon, make due service and return.

Dated at Bridgeport, Connecticut this 29th of June 2010.

FOR THE PLAINTIFFS,

MICHAEL P. KOSKOFF
Commissioner of the Superior Court
County of Fairfield

PLEASE ENTER THE APPEARANCE OF:

KOSKOFF, KOSKOFF & BIEDER, P.C.
350 FAIRFIELD AVENUE
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE NO. (203) 336-4421
JURIS NO. 32250

RETURN DATE: AUGUST 3, 2010	:	SUPERIOR COURT
VIVIAN GAGLIANO and PHILIP GAGLIANO	:	JUDICIAL DISTRICT OF DANBURY
v.	:	AT DANBURY
ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE, JOSEPH R. GORDON ADVANCED SPECIALTY CARE, PC, DANBURY HOSPITAL and VENKATA BODAVULA	: : : :	JUNE 29, 2010

CERTIFICATE

I, MICHAEL P. KOSKOFF, hereby certify that I have made reasonable inquiry, as permitted by the circumstances, to determine whether there are grounds for a good faith belief that there has been negligence in the care and treatment of the plaintiff, VIVIAN GAGLIANO, and affecting PHILIP GAGLIANO. This inquiry has given rise to a good faith belief on my part that grounds exist for an action against the defendants, ADVANCED SPECIALTY CARE, PC d/b/a ADVANCED SURGICAL CARE and its servants, agents, apparent agents and/or employees, JOSEPH R. GORDON and his servants, agents, apparent agents and/or employees ADVANCED SPECIALTY CARE, PC and its servants, agents, apparent agents and/or employees, DANBURY HOSPITAL and its servants, agents, apparent agents and/or employees and VENKATA BODAVULA and his servants, agents, apparent agents and/or employees

THE PLAINTIFFS,

BY: _____

MICHAEL P. KOSKOFF
KOSKOFF, KOSKOFF & BIEDER, PC
350 FAIRFIELD AVENUE
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE NO. (203) 336-4421
JURIS NO. 32250

PHYSICIAN'S OPINION
PURSUANT TO C.G.S., SECTION 52-190a

[NOT SUBJECT TO GENERAL DISCLOSURE]

Dear Mr. Lichtenstein:

Thank you for asking me to review the case of Vivian Gagliano. As you know, I am a board-certified surgeon and I am familiar with the standard of care as it relates to the practice of surgery in the year 2008 in the United States. The scope of my surgical practice includes laparoscopic incisional hernia repairs.

I have reviewed the following records of Vivian Gagliano:

1. Danbury Hospital admission records, dated 7-23-08 to 9-4-08

Vivian Gagliano, age 60, underwent an elective laparoscopic abdominal incisional hernia repair with mesh at Danbury Hospital on July 23, 2008 by general surgeon, Joseph Gordon from Advanced Surgical Care. Assisting Dr Gordon was a Danbury Hospital resident, Venkata Bodavula. Her condition was stable in the immediate post-operative period until day #2 when she developed tachycardia, decreased urine output and decreased oxygenation. She was initially worked up for pulmonary embolus which was negative. As her condition continued to deteriorate she was sent for an abdominal CT Scan which was suggestive of bowel perforation. Drs. Gordon and Bodavula took Mrs. Gagliano back to the operating room. Upon inserting the laparoscope, a large amount of liquid feces emanated from a perforation in the ascending colon. Dr Gordon dictated in his operative report that the perforation appeared to be "iatrogenic, related to the placement of the 12mm optical port at the time of laparoscopic repair on July 23, 2008."

Mrs. Gagliano went on to develop life threatening complications of fecal peritonitis and remained in the intensive care unit for five weeks. She underwent multiple surgeries during that time.

Perforation of the bowel can be a complication of laparoscopic surgery. However, it is standard of care to recognize this iatrogenic injury at the time of the operation and repair it. In this case, Drs. Gordon and Bodavula failed to recognize that the colon was injured during their

operation on July 23, 2008. Additionally, they failed to repair the colon perforation on July 23, 2008.

Based upon my review of the above, it is my opinion that there is evidence of medical negligence on the part of Dr. Joseph Gordon/Advanced Surgical Care, Venkata Bodavula and Danbury Hospital. The opinion stated herein is based upon the information available to me at this time. Should other information and evidence become available, I reserve the right to supplement and/or amend this opinion.

PETITION TO THE CLERK	:	SUPERIOR COURT
VIVIAN GAGLIANO, PHILIP GAGLIANO AND ANY OTHER PLAINTIFFS YET TO BE IDENTIFIED	:	JUDICIAL DISTRICT OF DANBURY
v.	:	AT DANBURY
DANBURY HOSPITAL and/or its servants, agents, apparent agents and/or employees	:	
JOSEPH GORDON, MD and/or his servants, agents, apparent agents and/or employees	:	
ADVANCED SURGICAL CARE and/or its servants, agents, apparent agents and/or employees	:	
VENKATA BODAVULA, MD and/or his/her servants, agents, apparent agents and/or employees	:	
AND/OR ANY OTHER HEALTH CARE PROVIDERS YET TO BE DETERMINED	:	JUNE 1, 2010

Pursuant to Connecticut General Statutes Section 52-190a(b), the undersigned hereby petitions for the AUTOMATIC ninety (90) day extension of the Statute of Limitations regarding the course of treatment given to VIVIAN GAGLIANO and affecting PHILIP GAGLIANO and any other plaintiffs yet to identified on or about JULY 23, 2008; to allow reasonable inquiry to determine that there was negligence in the care and treatment of VIVIAN GAGLIANO by DANBURY HOSPITAL and/or its servants, agents, apparent agents and/or employees; JOSEPH GORDON, MD and/or his servants, agents, apparent agents and/or employees; ADVANCED SURGICAL CARE and/or its servants, agents, apparent agents and/or employees; VENKATA BODAVULA, MD and/or his/her servants, agents, apparent agents and/or employees and other health care providers and other professional corporations of health care providers, and their servants, agents and/or employees as yet to be determined.

COUNSEL FOR THE PETITIONER,

JOEL H. LICHTENSTEIN
KOSKOFF, KOSKOFF & BIEDER, P.C.
350 FAIRFIELD AVENUE
BRIDGEPORT, CONNECTICUT 06604
TELEPHONE NO. 336-4421
JURIS NO. 32250

EXHIBIT A

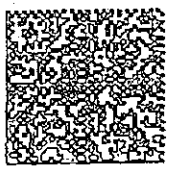
ORDER

The foregoing Petition having been presented to the Clerk of the Court pursuant to Connecticut General Statutes Section 52-190a(b), it is hereby ordered that the statute of limitations be extended for ninety (90) days.

BY THE COURT (Reynolds, a.J.)

Asst Clerk Robert Jackson

Dated at Danbury, Connecticut, this 3rd day of June, 2010.



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NEUBERT,
PEPE &
MONTEITH, P.C.
Attorneys At Law

195 Church Street, 13th Floor
New Haven, Connecticut 06510

TO:

Sound Shore Medical Center of
Westchester
c/o GCG Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

Sound Shore Medical Center of Westchester

Unsecured: Unknown

Contingent / Unliquidated / Disputed

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 of Creditor (the person or other entity to whom the Debtor owes money or property): Daniel Rodriguez, Jr, Infant

☐ 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:

Daniel Rodriguez, Jr., Infant, by his m/n/g
Crystal Martinez
3-71 Schroeder St.
Yonkers, New York 10701

Telephone number: 914 328 6900
Email Address: office@ptangredilaw.com

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

Peter E. Tangredi & Associates
202 Mamaroneck Ave.
White Plains, New York 10601

Telephone number: (914) 328-6900
Email Address: office@ptangredilaw.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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 1,000,000.00

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: personal injuries; medical malpractice
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 1 0 7 0

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. (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: Crystal Martinez, as mlng Crystal Martinez 11-14-13

Title: of Daniel Rodriguez, Jr., Infant (Signature) (Date)

Company: _____

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

_____

_____

Telephone number: 9143286900 email: office@ptangroli law.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. 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(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.

Peter E. Tangredi & Associates
202 Mamaroneck Avenue
White Plains, New York 10601

CERTIFIED MAIL™

7012 1010 0000 2608 9469

UNITED STATES POSTAGE
PITNEY BOWES
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0004654038 NOV 22 2013
MAILED FROM ZIP CODE 10601

Sound Shore Medical Center, et al.
c/o CGC, Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

CM - RRR

43017\35982 BC50

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): Daniel Rodriguez, JR, Infant

Name and address where notices should be sent:
Daniel Rodriguez, Jr., Infant, by his m/n/g
Crystal Martinez
3-71 Schroeder St.
Yonkers, New York 10701
Telephone number: 914 328 6900
Email Address: office@ptangredilaw.com

Name and address where payments should be sent (if different from above):
Peter E. Tangredi & Associates
202 Mamaroneck Ave.
White Plains, New York 10601
Telephone number: (914) 328-6900
Email Address: office @ptangredilaw.com

☐ Check this box to indicate that 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.

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: Unknown

Contingent / Unliquidated / Disputed

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 1,000,000.00

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 - 01054
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: personal injuries; medical malpractice
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 1 0 7 0

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. (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: Crystal Martinez as mng Crystal Martinez 11-14-13

Title: of Daniel Rodriguez, Jr., Intent (Signature) (Date)

Company: _____

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

_____

_____

Telephone number: 9143286920 email: office@ptangradilaw.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. 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.

☐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

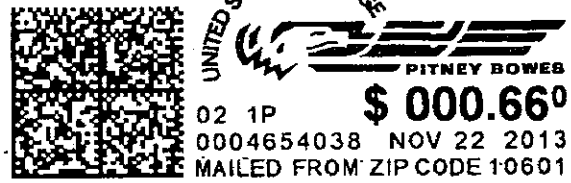
Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

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(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.

Peter E. Tangredi & Associates
202 Mamaroneck Avenue
White Plains, New York 10601



Sound Shore Medical Center, et al
c/o CGC, Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

43017\35982 B050

B 10 (Official Form 10) (04/10)

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: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): Maria Difatta

☐ 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:
DeCaro & DeCaro, P.C.
480 Mamaroneck Avenue
Harrison, NY 10528

Telephone number: (914) 835-6200

THE GARDEN CITY GROUP INC. OCT - 2 2013

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

FILED - 01013
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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

1. Amount of Claim as of Date Case Filed: $ To Be Determined By Jury

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: Medical Malpractice
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0117

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

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ✓ Other
Describe: Alleged Medical Malpractice

Value of Property: $_____ **Annual Interest Rate** _____ %

Amount of arrearage and other charges as of 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 portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

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

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

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

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

Amount entitled to priority:
$_____

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

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (*See instruction 7 and definition of "redacted" on reverse side.*)

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

If the documents are not available, please explain:

FILED U.S. BANKRUPTCY COURT 2013 OCT 27 P 4:52

Date: 09/24/2013

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Maria DiFatta

FOR COURT USE ONLY

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.

CRT

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, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:
Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located 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 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. You may be required to provide additional disclosure if the trustee or another party in interest files an objection 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:
Use this space to 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.

4. **Secured Claim:**
Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

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. **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 to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:
The person filing 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. 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. Attach a complete copy of any power of attorney. 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 owed a debt by the debtor that arose on or 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 on a debt owed by the debtor that arose 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 should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

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.

From: (631) 470-5000
Attn. Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA04/33AB

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.

EDM | Consultancy SM Technology Outsourcing

10 E.D. Preate Drive, Moosic PA 18507
Telephone 800.852.9809
Tax I.D. # 23-2259137

The Garden City Group, Inc. SEP 11 2014

INVOICE

Storage for the Month of
SEPTEMBER
Activity for the Month of
AUGUST
C304

Billing Date
AUGUST 31,2014
Due Date
SEPTEMBER 30,2014
Invoice #
536389

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01522
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

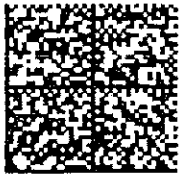
Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

MDITINV

USD

EDM Americas
123 Wyoming Avenue | Scranton, PA 18503



UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.48⁰
0003214059 SEP 08 2014
MAILED FROM ZIP CODE 18507

4301735982 8050

EDM Americas

Consultancy | Technology | Outsourcing

123 Wyoming Avenue, Scranton, PA 18503
Telephone 800.852.9809
Tax I.D. # 23-2259137

INVOICE

Storage for the Month of
AUGUST
Activity for the Month of
JULY
C304

Billing Date
JULY 31,2014
Due Date
AUGUST 30,2014
Invoice #
535568

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01513
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

The Garden City Group, Inc.
AUG - 8 2014

Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

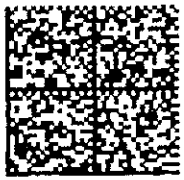
Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

MDITINV

USD

EDM Americas
123 Wyoming Avenue | Scranton, PA 18503

[redacted]



UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.48⁰
0003214059 AUG 04 2014
MAILED FROM ZIP CODE 18503

43017598282

EDM Americas

Consultancy | Technology | Outsourcing

123 Wyoming Avenue, Scranton, PA 18503
Telephone 800.852.9809
Tax I.D. # 23-2259137

THE GARDEN CITY GROUP, INC.
APR 16 2014

INVOICE

Storage for the Month of
APRIL
Activity for the Month of
MARCH
C304

Billing Date
MARCH 31,2014
Due Date
APRIL 30,2014
Invoice #
532386

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01485
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

MDITINV

USD

EDM Americas
123 Wyoming Avenue | Scranton, PA 18503

LEHIGH VALLEY
PA 180
08 APR '14
PM 3 L

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.48⁰
0003214059 APR 08 2014
MAILED FROM ZIP CODE 18503

[redacted]

43017598282

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Consultancy | Technology | Outsourcing

123 Wyoming Avenue, Scranton, PA 18503
Telephone 800.852.9809
Tax I.D. # 23-2259137

THE GARDEN CITY GROUP, INC. MAY 12 2014

INVOICE

Storage for the Month of
MAY
Activity for the Month of
APRIL
C304

Billing Date
APRIL 30,2014
Due Date
MAY 30,2014
Invoice #
533303

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01489
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

USD

MDITINV

5/05/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** MONTHLY CUBIC FOOT BILLING ******

Department	Description	No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
CIRM ACC	CIRM ACCESS / ADMIN	0	.00	.00	.00	.00	27.50	.00	27.50	27.50
MED REC.	MEDICAL RECORDS	469	469.00	197.92	.00	197.92	.00	.00	.00	197.92
	SUBTOTALS :	469	469.00	197.92	.00	197.92	27.50	.00	27.50	225.42

5/05/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** M O N T H L Y C U B I C F O O T B I L L I N G ******

Department	Description		No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
BTOT		** Total Cubic Ft.	**		469.00 **	(SEE BELOW FOR BREAK DOWN)					
		** Final Totals	**								
		HARD COPY			469.00	197.92					
		** Monthly Activity and Special Charges	**			27.50					
		** Sales Tax	**			.00					
		** Total Charges	**			225.42					
		** Total Taxable	**		.00						
		** Total Non Taxable	**		225.42						
		** Total Sales Tax	**		.00						

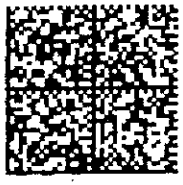
5/05/2014 SOUND SHORE OF WESTCHESTER 1
RPT07B1 ****** S P E C I A L C H A R G E S E C T I O N ****** HETROAMY

Department TRN-DATE	CIRM ACC QUANTITY	CIRM ACCESS / ADMIN CHARGE DESCRIPTION	UNIT	TOTAL	REQUESTOR
4/30/2014	1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50	-

CIRM ACCESS / ADMIN FEE	1.00	27.50	
FINAL TOTAL/+TAX		27.50	
		==========	
		==========	
TAXABLE AMOUNT		.00	
NON-TAXABLE AMOUNT		27.50	
SALES TAX AMOUNT		.00	

EDM Americas
123 Wyoming Avenue | Scranton, PA 18503

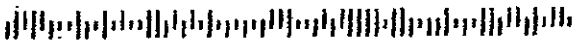
RETURN TO SENDER
PA 180
06 MAY 14
FM 3 1



UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 000.48⁰
0003214059 MAY 05 2014
MAILED FROM ZIP CODE 18503

[redacted]

43017598282



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Consultancy | Technology | Outsourcing

123 Wyoming Avenue, Scranton, PA 18503
Telephone 800.852.9809
Tax I.D. # 23-2259137

THE GARDEN CITY GROUP, INC.
JUN - 5 2014

INVOICE

Storage for the Month of
JUNE
Activity for the Month of
MAY
C304

Billing Date
MAY 31,2014
Due Date
JUNE 30,2014
Invoice #
534071

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01494
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

USD

MDITINV

6/03/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** MONTHLY CUBIC FOOT BILLING ******

Department	Description	No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
CIRM ACC	CIRM ACCESS / ADMIN	0	.00	.00	.00	.00	27.50	.00	27.50	27.50
MED REC	MEDICAL RECORDS	469	469.00	197.92	.00	197.92	.00	.00	.00	197.92
	SUBTOTALS :	469	469.00	197.92	.00	197.92	27.50	.00	27.50	225.42

6/03/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** M O N T H L Y C U B I C F O O T B I L L I N G ******

Department	Description		No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost		Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
BTOT		** Total Cubic Ft.	**		469.00	**	(SEE BELOW FOR BREAK DOWN)					
		** Final Totals	**									
		HARD COPY			469.00		197.92					
		** Monthly Activity and Special Charges	**				27.50					
		** Sales Tax	**				.00					
		** Total Charges	**				225.42					
		** Total Taxable	**		.00							
		** Total Non Taxable	**		225.42							
		** Total Sales Tax	**		.00							

6/03/2014
RP10/C2

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SOUND SHORE OF WESTCHESTER

HETROAMY 3

Department	Description	No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
	FINAL TOTALS :	469	469.00	197.92	.00	197.92	27.50	.00	27.50	225.42

FTOT *** FINAL TOTAL ***

** Total Cubic Ft. **	469.00 **	(SEE BELOW FOR BREAKDOWN)	
** Final Totals **			Cost
HARD COPY	469.00		197.92
** Monthly Activity and Special Charges **			27.50
** Sales Tax **			.00
** Total Charges **			225.42
** Total Taxable **	.00		
** Total Non Taxable **	225.42		
** Total Sales Tax **	.00		

Department	Description		No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
	*** ACCOUNTING COPY ***	** Total Cubic Ft.	**		469.00 **	(SEE BELOW FOR BREAKDOWN)					
		** Final Totals	**				Cost				
		HARD COPY			469.00		197.92				
		** Monthly Activity and Special Charges	**				27.50				
		** Sales Tax	**				.00				
		** Total Charges	**				225.42				
		** Total Taxable	**		.00						
		** Total Non Taxable	**		225.42						
		** Total Sales Tax	**		.00						

SOUND SHORE OF WESTCHESTER

****** S P E C I A L C H A R G E S E C T I O N ******

Department	CIRM ACC	CIRM ACCESS / ADMIN	UNIT	TOTAL	REQUESTOR
-DATE-	QUANTITY	CHARGE DESCRIPTION			
12/31/2014	1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50	

[illegible]/2014
[illegible]781

CIRM ACCESS / ADMIN FEE	1.00	27.50	
FINAL TOTAL/+TAX		27.50	
		==========	
		==========	
TAXABLE AMOUNT		.00	
NON-TAXABLE AMOUNT		27.50	
SALES TAX AMOUNT		.00	

6/03/2014
RPT07B1

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SOUND SHORE OF WESTCHESTER

HETROAMY 3

CIRM ACCESS / ADMIN FEE	1.00	27.50
FINAL TOTAL/+TAX		27.50
		==========
		==========
TAXABLE AMOUNT		.00
NON-TAXABLE AMOUNT		27.50
SALES TAX AMOUNT		.00

6/03/2014
RPT07B1

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SOUND SHORE OF WESTCHESTER

HETROAMY 5

CIRM ACCESS / ADMIN FEE	1.00	27.50
FINAL TOTAL/+TAX		27.50
		==========
		==========
TAXABLE AMOUNT		.00
NON-TAXABLE AMOUNT		27.50
SALES TAX AMOUNT		.00

EDM Americas
123 Wyoming Avenue Scranton, PA 18503

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $ 001.40⁰
0003214059 JUN 03 2014
MAILED FROM ZIP CODE 18503

[redacted]

Monthly Invoice

EDM Americas

Consultancy | Technology | Outsourcing

123 Wyoming Avenue, Scranton, PA 18503
Telephone 800.852.9809
Tax I.D. # 23-2259137

The Garden City Group, Inc.
JUL 17 2014

INVOICE

Storage for the Month of
JULY
Activity for the Month of
JUNE
C304

Billing Date
JUNE 30,2014
Due Date
JULY 30,2014
Invoice #
534589

SOUND SHORE OF WESTCHESTER

C/O GCG, INC.
PO BOX 9982
DUBLIN OH 43017

ATTN: ACCOUNTS PAYABLE

FILED - 01511
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Quantity	Description	Unit Price	Amount
**	STORAGE		
469.00	HARD COPY	.422	197.92
**	SPECIAL SERVICE(NON TAXABLE)		
1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50

Taxable	Non-Taxable	Sales Tax		Invoice Total
.00	225.42	.00		225.42

MDITINV

USD

7/03/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** M O N T H L Y C U B I C F O O T B I L L I N G ******

HETROAMY

Department	Description	No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
CIRM ACC	CIRM ACCESS / ADMIN	0	.00	.00	.00	.00	27.50	.00	27.50	27.50
MED REC	MEDICAL RECORDS	469	469.00	197.92	.00	197.92	.00	.00	.00	197.92
	SUBTOTALS :	469	469.00	197.92	.00	197.92	27.50	.00	27.50	225.42

7/03/2014
RPT07C2

SOUND SHORE OF WESTCHESTER
****** M O N T H L Y C U B I C F O O T B I L L I N G ******

HETROAMY

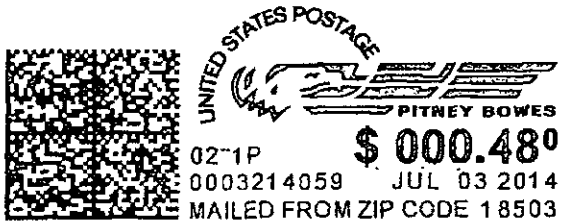
Department	Description		No. of Cartons	Cubic Ft/Units	Cubic-Ft Cost	Sales Tax	Total Cubic Charges	M/A Special Charges	M/A-Tax	Total M/A-Charges	Total
BTOT		** Total Cubic Ft.	**		469.00 **	(SEE BELOW FOR BREAK DOWN)					
		** Final Totals	**								
		HARD COPY			469.00	197.92					
		** Monthly Activity and Special Charges	**			27.50					
		** Sales Tax	**			.00					
		** Total Charges	**			225.42					
		** Total Taxable	**		.00						
		** Total Non Taxable	**		225.42						
		** Total Sales Tax	**		.00						

7/03/2014 SOUND SHORE OF WESTCHESTER 1
RPT07B1 ****** S P E C I A L C H A R G E S E C T I O N ****** HETROAMY

Department TRN-DATE	CIRM ACC QUANTITY	CIRM ACCESS / ADMIN CHARGE DESCRIPTION	UNIT	TOTAL	REQUESTOR
6/30/2014	1.00	CIRM ACCESS / ADMIN FEE	27.500	27.50	

CIRM ACCESS / ADMIN FEE	1.00	27.50	
FINAL TOTAL/+TAX		27.50	
		==========	
		==========	
TAXABLE AMOUNT		.00	
NON-TAXABLE AMOUNT		27.50	
SALES TAX AMOUNT		.00	

EDM Americas
123 Wyoming Avenue | Scranton, PA 18503



[redacted]

43017598282

01014346
SSM0202457043

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One):	Case No.	Your Claim is Scheduled As Follows:
☐ Sound Shore Medical Center of Westchester	13-22840	
☒ The Mount Vernon Hospital, Inc.	13-22841	The Mount Vernon Hospital, Inc.
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	
☐ The M.V.H. Corporation	13-22843	
☐ Sound Shore Health System, Inc.	13-22844	
☐ NRHMC Services Corporation	13-22845	
☐ New Rochelle Sound Shore Housing, LLC	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).*

THE GARDEN CITY GROUP, INC. SEP 19 2013

Unsecured: $15,000.00

Name of Creditor (the person or other entity to whom the Debtor owes money or property): ENID WRIGHT AND LEVER &

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

Name and address where notices should be sent:
~~ENID WRIGHT AND LEVER &~~
~~303 OLD TARRYTOWN ROAD~~
~~WHITE PLAINS, NY 10603~~
ENID WRIGHT and PULVERS, PULVERS & THOMPSON
110 E 59th St
NY, N.Y. 10022

Telephone number: 212.355.9000
Email Address: mthompson@pulversthompson.com

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 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.

FILED - 00966
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 420,000

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: Personal injury - case has been settled prior to bankruptcy filing
(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)

FILED U.S. BANKRUPTCY COURT SEP 16 2013 P 1:00 SOUTH. DIST. OF N.Y.

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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: Marc Thompson (Signature) 9/16/13 (Date)

Title: Partner

Company: Pulvers, Pulvers & Thompson

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

110 E 59 St
NY, NY 10022

Telephone number: 212-355-8000 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 9932, Dublin, Ohio 43017-5932. 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.

GENERAL RELEASE

To all to whom these Presents shall come or may Concern, Know That ENID WRIGHT, residing at 529 Mundy Lane, Mt. Vernon, New York 10550

as RELEASOR,

in consideration of the sum of Four Hundred Fifty Thousand Dollars ($450,000.00),

received from MOUNT VERNON HOSPITAL as RELEASEE,

receipt whereof is hereby acknowledged, subject to Settlement Stipulation on February 28, 2012 whereby MOUNT VERNON HOSPTIAL shall make semi-annual payments of Fifteen Thousand Dollars ($15,000.00) over fifteen (15) years, commencing with an initial payment within ninety (90) days of receipt of closing documents, and releases and discharges MOUNT VERNON HOSPITAL,

the RELEASEE'S heirs, executors, administrators, successors and assigns from all actions, causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law, admiralty or equity, which against the RELEASEE, the RELEASOR, RELEASOR'S heirs, executors, administrators, successors and assigns ever had, now have or hereafter can, shall or may, have for, upon, or by reason of any matter, cause or thing whatsoever from the beginning of the world to the day of the date of this RELEASE.

This RELEASE and settlement constitutes complete payment for all damages and injuries and is specifically intended to release the RELEASEE and also is specifically intended to release, whether presently known or unknown, all other tortfeasors liable or claimed to be liable jointly with the RELEASEE; and, whether presently known or unknown, all other potential or possible tortfeasors liable or claimed to be liable jointly with the RELEASEE.

Whenever the text hereof requires, the use of singular number shall include the appropriate plural number as the text of the within instrument may require.

This RELEASE may not be changed orally.

In Witness Whereof, the RELEASOR has hereunto set RELEASOR'S hand and seal on the 23rd day of March, 2012.

In presence of

Enid Wright L.S.
ENID WRIGHT

STATE OF NEW YORK, COUNTY OF WESTCHESTER
:ss

On March 23, 2012, before me personally came ENID WRIGHT to me known, and known to me to be the individual described in and who executed the foregoing RELEASE, and duly acknowledged to me that she executed the same.

NOTARY PUBLIC
JAMES M. MARINO
Notary Public, State of New York
No. 4932153
Qualified in Westchester County
Commission Expires May 2, 2014

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER
----------x

ENID WRIGHT,

Plaintiff,

- against -

MOUNT VERNON HOSPITAL and
THE WARTBURG ADULT CARE COMMUNITY,

Defendants.
----------x

STIPULATION

Index No. 00958/08

IT IS HEREBY STIPULATED AND AGREED by and between Pulvers, Pulvers & Thompson, LLP. of 110 East 59th Street, New York, New York 10022, incoming attorneys, and Lever & Stolzenberg, LLP of 303 Old Tarrytown Road, White Plains, New York 10603, outgoing attorneys, that Pulvers, Pulvers & Thompson, LLP. be substituted as attorneys for the plaintiff in the above-entitled action, in place and stead of Lever & Stolzenberg, LLP; and

IT IS FURTHER STIPULATED AND AGREED by and between the attorneys herein that future attorneys' fees will be distributed as follows: Lever & Stolzenberg, LLP. to receive thirty percent (30%) of future attorneys fees; Pulvers, Pulvers & Thompson, LLP. to receive forty three percent (43%) of future attorneys' fees; Marino & Weiss, P.C. to receive seventeen percent (17%) of future attorneys' fees; Dinkes & Schwitzer, P.C. to receive ten percent (10%) of future attorneys' fees);

IT IS FURTHER STIPULATED AND AGREED that the entire file maintained by the outgoing attorneys shall be forwarded immediately to the incoming attorney upon receipt of the signed stipulation; and

IT IS FURTHER STIPULATED AND AGREED that at the time of the transfer of within file, Lever & Stolzenberg, LLP. will issue a check in the amount of $15,491.00, payable to Pulvers, Pulvers & Thompson, LLP. as attorneys for Enid Wright, representing monies withheld in our firm's attorney escrow account from the plaintiff's settlement proceeds, pending resolution of plaintiff's Medicare and Medicaid liens;

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

ENID WRIGHT,

Plaintiff,

- against -

MOUNT VERNON HOSPITAL and THE WARTBURG ADULT CARE COMMUNITY,

Defendants.

CONSENT TO CHANGE ATTORNEY

Index No.: 08-00958

IT IS HEREBY CONSENTED THAT:

PULVERS, PULVERS & THOMPSON, LLP. of 110 East 59th Street, New York, New York 10022, be substituted as attorneys of record for the undersigned party in the above entitled action in place and stead of the undersigned attorney(s) as of the date hereof.

LEVER & STOLZENBERG, LLP,
Outgoing Attorney
303 Old Tarrytown Road
White Plains, New York 10603

Dated: White Plains, New York
June 29, 2013

ENID WRIGHT

PULVERS, PULVERS & THOMPSON, LLP
By: Mark R. Thompson

LEVER & STOLZENBERG, LLP
By: David B. Lever

STATE OF NEW YORK }
COUNTY OF WESTCHESTER } SS.:

On the 29th day of June, 2013, before me personally came Enid Wright, to me known, and known to me to be the same person described in and who executed the foregoing consent and acknowledged to me that he executed the same.

Notary Public

JAMES M. MARINO
Notary Public, State of New York
No. 4932153
Qualified in Westchester County
Commission Expires May 2, 2014

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J131113021203 26

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9386 3377
0221

43017
OH-US

518G1/AA04/03AB

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.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. OCT 28 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): FILTERFRESH

Name and address where notices should be sent:
FILTERFRESH
382 ROUTE 59
SUITE #324
MONSEY, N.Y. 10952
Telephone number: 845-357-6123
Email Address: INFO@CUPAJO.COM

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

Court Claim Number: _____ (If known)

Filed on: _____

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

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 1,147.68

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 - 01035
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: Use of goods and Services
(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 $ 849.88 (See Invoice #221966 and #222095)

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: Jeffrey Cohen (Signature) 10/23/13 (Date)

Title: V.P.

Company: FILTERFRESH

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

SAME

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.

Modified B10 (GCG) (04/13)

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(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.

Please excuse the tardiness of this as a Proof Of Claim Form Was never received by my Office.
Thank You for Your understanding.
Jeff

FILTERFRESH CUP-A-JO.
382 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH CUP A JO®

INVOICE

220868

CUSTOMER NO. NRMS

BILL TO:
Attn: CAROLYN GUMPEL
SoundShore Medical Center
16 Guion Place
New Rochelle, NY 10801

SHIP TO:
Attn. CAROLYN GUMPEL
Sound Shore Medical Center
16 Guion Place
New Rochelle, NY 10801

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
04/15/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
Verbal	02/17/06	JC	

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Ordered	Shipped					
1.00	1.00		MISC/W	Monthly Water System Svc:	35.00	35.00

THIS INVOICE REPRESENTS YOUR MONTHLY WATER SYSTEM SERVICE
FOR THE PERIOD OF APRIL 15, TO MAY 14, 2013
PLEASE REMIT ALL PAYMENTS WITHIN OUR AGREED UPON 30 DAY NET TERMS TO:
FILTERFRESH CUP-A-JO
382 ROUTE 59 (SUITE #324) MONSEY, N.Y. 10952

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

Nontaxable	35.00
Taxable	0.00
Tax(8.375%)	0.00
Total	35.00

FILTERFRESH CUP-A-JO.
382 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH CUP A JO®

INVOICE

221051

CUSTOMER NO. SSORTH

BILL TO:
Attn: HEIDI SWEAT Director of A/P
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Attn:M.Monahan.3rd fl. Ortho Lounge
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
04/18/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
	04/18/13	JC	None

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Ordered		Shipped				
1.0		1.0	HSBL	House Blend Coffee	95.00	95.00
1.		1.	MISC/F	Fuel Surcharge	2.92	2.92

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

Nontaxable	97.92
Taxable	0.00
Tax(8.375%)	0.00
Total	97.92

DATE: 04-18-13

FILTERFRESH® CUP A JO

382 Rt. 59 • SUITE 324 • Monsey, NY 10952

CUSTOMER: SOUND STORE OR METER:

ADDRESS: FILTER PAPER ROLLS

QUANTITY	ITEM	PRICE
1 CASE	COFFEE: REGULAR FF HOUSE BLEND	
	COFFEE: DECAF	
	CUPS	
	LIDS	
	STIRRERS	
	CREAMER	
	SUGAR	
	SWEET & LOW	
	TEA	
	SOUP	
	HOT CHOCOLATE	
	LIQUID CHOCOLATE	
	TOWELS	
	NAPKINS	
	PAPER PLATES	
	C-FOLD TOWELS	
	CUTLERY	
	PRESTO	

SIGNATURE

FILTERFRESH CUP-A-JO.
582 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH
CUP A JO®

INVOICE 221359

CUSTOMER NO. NRH

BILL TO:
Attn: Ms. Barbara Langbein/Admin.
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Ms.Barbara Langbein/Admin:
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE.
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
04/30/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
Vendor #7152	04/30/13	JC	None

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Ordered		Shipped				
1.0		1.0	HSBL	House Blend Coffee	95.00	95.00
1.000		1.000	K/DEC	Decaffeinated Med. Roast K-Cup	56.96	56.96
1.		1.	MISC/F	Fuel Surcharge	2.92	2.92

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

Nontaxable	154.88
Taxable	0.00
Tax(8.375%)	0.00
Total	154.88

DATE: 4-30-2013

FILTERFRESH® CUP A JO

382 Rt. 59 • SUITE 324 • Monsey, NY 10952

CUSTOMER: NEW ROCHELLE ADMIN METER:

ADDRESS: SOUND SHORE FILTER PAPER ROLLS

QUANTITY	ITEM	PRICE
1 CASE	COFFEE: REGULAR FF HOUSE BLEND	
1 CASE	~~COFFEE: DECAF~~ KCUP / DECAF MEDIUM	
	CUPS	
	LIDS	
	STIRRERS	
	CREAMER	
	SUGAR	
	SWEET & LOW	
	TEA	
	SOUP	
	HOT CHOCOLATE	
	LIQUID CHOCOLATE	
	TOWELS	
	NAPKINS	
	PAPER PLATES	
	C-FOLD TOWELS	
	CUTLERY	
	PRESTO	

SIGNATURE

FILTERFRESH CUP-A-JO
382 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 1845/357-6123

FILTERFRESH CUP A JO®

INVOICE 221532

CUSTOMER NO. SSMC/3

BILL TO:
Attn: HEIDI SWEAT Director of A/P
SOUND SHORE HOSPITAL CENTER
16 GUIN PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Attn:MARGARET MONAHAN
SOUND SHORE HOSPITAL CENTER
16 GUIN PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
05/01/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
VENDOR #7152	07/28/98	JC	

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	1	0	MINIMUM/FF	MONTHLY COFFEE SERVICE	230.00	230.00

THIS INVOICE REPRESENTS YOUR MONTHLY MINIMUM COFFEE SERVICE
FOR THE MONTH OF MAY, 2013
PLEASE REMIT ALL PAYMENTS WITHIN OUR AGREEED UPON 30 DAY NET TERM TO:
***FILTERFRESH CUP-A-JO ***
382 ROUTE 59 (SUITE #324) MONSEY, N.Y. 10952

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

NonTaxable	230.00
Taxable	0.00
Tax(8.375%)	0.00
Total	230.00

FILTERFRESH CUP-A-JO.
382 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH CUP A JO®

INVOICE 221553

CUSTOMER NO. SSMC/4

BILL TO:
attn: HEIDI SWEAT Director of A/P
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
PHYSICIANS LOUNGE (1st Fl)
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
05/01/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
Verbal	11/04/10	JC	

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	1	0	MINIMUM/FF	MONTHLY COFFEE SERVICE	190.00	190.00

THIS INVOICE REPRESENTS YOUR MONTHLY MINIMUM COFFEE SERVICE
FOR THE MONTH OF MAY, 2013
PLEASE REMIT ALL PAYMENTS WITHIN OUR AGREEED UPON 30 DAY NET TERM TO:
***FILTERFRESH CUP-A-JO ***
382 ROUTE 59 (SUITE #324) MONSEY, N.Y. 10952

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

NonTaxable	190.00
Taxable	0.00
Tax(7.375%)	0.00
Total	190.00

FILTERFRESH CUP-A-JO
582 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH CUP A JO®

INVOICE 221534

CUSTOMER NO. SSURTH

BILL TO:
Attn: HEIDI SWEAT Director of A/P
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Attn:M.Monahan.3rd fl. Ortho Lounge
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
05/01/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
Verbal	04/30/13	JC	

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	1	0	MINIMUM/FF	MONTHLY COFFEE SERVICE	190.00	190.00

THIS INVOICE REPRESENTS YOUR MONTHLY MINIMUM COFFEE SERVICE
FOR THE MONTH OF MAY, 2013
PLEASE REMIT ALL PAYMENTS WITHIN OUR AGREED UPON 30 DAY NET TERM TO:
***FILTERFRESH CUP-A-JO ***
382 ROUTE 59 (SUITE #324) MONSEY, N.Y. 10952

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

Nontaxable	190.00
Taxable	0.00
Tax(8.375%)	0.00
Total	190.00

FILTERFRESH CUP-A-JO
382 Route 59
SUITE 324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH
CUP A JO®

INVOICE

221966

CUSTOMER NO. NRH

BILL TO:
Attn: Ms. Barbara Langbein/Admin.
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Attn: Ms. Barbara Langbein/Admin.
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
05/15/13	Delivered	Origin	Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
P.O.#NR43319	04/21/94	JC	

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
1	1	0	MINIMUM	MONTHLY COFFEE SERVICE	190.00	190.00
THIS INVOICE REPRESENTS YOUR MONTHLY MINIMUM COFFEE SERVICE FOR THE PERIOD OF MAY 15, TO JUNE 14, 2013 PLEASE REMIT ALL PAYMENTS WITHIN OUR AGREEED UPON 30 DAY NET TERM TO: ***FILTERFRESH CUP-A-JO *** ***382 ROUTE 59 (SUITE #324) MONSEY, N.Y. 10952***						

Section #6- Backup Claim Pursuant to 11 U.S.C. 503(b)(9)

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

NonTaxable	190.00
Taxable	0.00
Tax(8.375%)	0.00
Total	190.00

SECTION 503(b)(9) Claim

CUP-A-JO COFFEE SOLUTIONS
382 Route 59
SUITE #324
Monsey, NY 10952

TELEPHONE 845/357-6123

FILTERFRESH
CUP A JO

INVOICE 222095

CUSTOMER NO. NRH

BILL TO:
Attn: Ms. Barbara Langbein/Admin.
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

SHIP TO:
Ms.Barbara Langbein/Admin.
SOUND SHORE MEDICAL CENTER
16 GUTON PLACE
NEW ROCHELLE, NY 10802

DELIVERY DATE	SHIP VIA	F.O.B.	TERMS
05/17/13			Net 15 Days

PURCHASE ORDER NUMBER	ORDER DATE	SALESPERSON	OUR ORDER NUMBER
Vendor #7152	05/17/13	JC	None

QUANTITY ORDERED	QUANTITY DELIVERED	QUANTITY BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	AMOUNT
Ordered	Shipped					
1.0	1.0		HSBL	House Blend:for MAY 15 cycle	0.00	0.00
1.000	1.000		K/FRST	French Dark Roast K-Cup	56.96	56.96
1.	1.		MISC/F	Fuel Surcharge	2.92	2.92

Section #6 - Backup Claim Pursuant to 11 U.S.C. 503(b)(9)

Thank You For Your Order.

We Are Delighted To Provide You With Excellent Coffee And Service

NonTaxable	59.88
Taxable	0.00
Tax(8.375%)	0.00
Total	59.88

1

Section 503(b)(9) Claim

DATE: 05-17-13

FILTERFRESH® CUP A JO

382 Rt. 59 • SUITE 324 • Monsey, NY 10952

CUSTOMER: NEW ROCHELLE ADMIN METER: —

ADDRESS: FILTER PAPER ROLLS

QUANTITY	ITEM	PRICE
1 CASE	COFFEE: REGULAR FF HOUSE BLEND	
1 CASE	~~COFFEE: DECAF~~ K-FRENCH ROAST	
	CUPS	
	LIDS	
	STIRRERS	
	CREAMER	
	SUGAR	
	SWEET & LOW	
	TEA	
	SOUP	
	HOT CHOCOLATE	
	LIQUID CHOCOLATE	
	TOWELS	
	NAPKINS	
	PAPER PLATES	
	C-FOLD TOWELS	
	CUTLERY	
	PRESTO	

SIGNATURE K Williams

Filterfresh Westchester
382 Route 59
Suite #324
Monsey, NY 10952

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7013 1090 0002 3064 9201

UNITED STATES POSTAL SERVICE

1000

43017

U.S. POSTAGE PAID
NEW CITY, NY
10956
OCT 26, '13
AMOUNT
$7.17
00019064-06

Sound Shore Medical of Westchester
c/o:
GCG, INC.
P.O. Box # 9982
Dublin, Ohio 43017-5982

RETURN RECEIPT REQUESTED

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

THE GARDEN CITY GROUP INC. DEC 27 2013

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
PO Box 6275
Dearborn, MI 48121

FILED - 01072
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number: (800) 955-8532 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
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: $ 15,220.55

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: Auto Lease
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 9 3 8 6

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: $ 0.00

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.

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.

MOTOR VEHICLE LEASE AGREEMENT
NEW YORK
DATE 10/31/2011

1-800-727-7000
FordCredit
www.fordcredit.com

LESSEE (Any Co-Lessee) Name and Address (including County and Zip Code)
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PLACE
NEW ROCHELLE NY 10801
WESTCHESTER COUNTY

LESSOR (Name and Address)
SCARSDALE FORD INC.
887 CENTRAL AVENUE
SCARSDALE NY 10583

"Finance Company" FORD MOTOR CREDIT The "We-Our" SAME. EXCEPT I, P and by example. By signing "Lessee 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 Way-Cars Addendum, if any, attached to this lease.

If Your payment schedule is shown in Item 3(a), You entered into a "Monthly Payment Lease."
If Your payment schedule is shown in Item 3(b), You entered into an "Advance Payment Lease."

New/Used	Mileage at Delivery	Year/Manufacturer	Vehicle Identification Number	Vehicle Use
NEW	10	FORD 2012 ESCAPE XLT	1FMCU0D7XCUB66586	PERSONAL

You may use the Vehicle only for personal, family or household use ☐ / Agricultural, business or commercial use ☑ NAME _____ LICENSE _____ Co-Lessee
MARK ☑ to indicate the primary purpose for which You are using the Vehicle primarily for agricultural, business or commercial use.

1. Amount Due At Lease Signing or Delivery (Items at Below) *	2. Payments (a) Monthly 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 lease)
$ 12881.82	Your last monthly payment of $ NA is due on NO followed by NO payments of $ NO due on the NO day of each month. The last of Your monthly payments is $ NO. (b) Advance Payment: Your Payment of $ 12109.32 is due on 10/31/2011. The total of Your payments is $ 12109.32	Disposition fee (if You do not purchase the Vehicle) $ NO. NO. Total $ NO	$ 12881.82

* Itemization of Amount Due at Lease Signing or Delivery

5. Amounts Due At Lease Signing or Delivery		6. How the Amount Due At Lease Signing or Delivery will be paid:	
a. Capitalized cost reduction	$ NO	a. Net trade-in allowance	$ 0.0
b. First monthly payment	705.33	b. Rebates and noncash credit	NO
c. Advance payment	11703.85	c. Amount to be paid in cash	12665.49
d. Refundable security deposit	0.0	d. FIRST MONTH'S PAYMENT	705.33
e. Title fees	NO		
f. Registration fees	13.00		
g. Acquisition fee	595.00		
h.	NO		
i.	NO		
j.	NO		
k. DOCUMENT/ADMIN	75.00		
l. NYS WASTE TIRE	19.50		
m.	NO		
Total	$ 12881.82	Total	$ 12881.82

7. Your payment is determined as shown below:

a. Gross capitalized cost. This amount upon which the value of the Vehicle is 27881.38 and any other You pay over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance). (Itemized below - Item 10) **	$ 27881.38
b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash that You pay that reduces the gross capitalized cost	NA
c. Adjusted capitalized cost. The amount used in calculating Your lease payment	= 27881.38
d. Residual value. The value of the Vehicle at the end of the lease used in calculating Your lease payment	- 15078.63
e. Depreciation and any amortized amounts. The amounts charged for the Vehicle's decline in value through normal use and for other loss paid over the lease term	= 12802.75
f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts	+ 70.57
g. Total of monthly payments. The depreciation and any amortized amounts plus the rent charge	= 12873.32
h. Lease payments. The number of payments in Your lease	x 1
i. Base payment	= 12873.32
j. Sales/Use tax	+ NA
k.	+ 36.00
l.	+ NA
m. Total payment	= $ 12109.32
n. Lease term in months	36

Early Termination. You may have to pay a substantial charge if You end your lease early. The charge will be an amount equal to the difference between the value of the Vehicle and the amount You owe at the time. The actual charge will depend on when the lease is terminated. The earlier You end the lease, the greater this charge is likely to be.

8. Excess Wear and Use. You may be charged for excessive wear based on our standards for normal use. At the conclusion of the lease unless You purchase the Vehicle, You must pay to Lessor $0.15 per mile for each mile in excess of 45818 miles shown on the odometer. See Items 23 and 29 on back and the Wear/Use Addendum, if any, attached to this lease for additional excess wear and use terms.

9. Zero Mileage Option Credit. At the conclusion of this lease, You will receive a credit of $0.NO per unused mile for the number of unused miles between NA and NO miles, less any amounts You owe under this lease. You will not receive any credit if the Vehicle is damaged.

10. You terminate the lease early, exercise any purchase option, are in default or the credit is less than $5.00.

11. Purchase Option at End of Lease Term. $ 15678.63** plus official fees and taxes, and a reasonable documentary fee if allowed by law, if You lease and purchase upon price. You have the option to purchase the Vehicle at the end of the lease term for a price determined by the Holder for the purchase option price if You are not in default.

12. Other Important Terms. See Your lease documents for additional information on early termination, purchase option and maintenance responsibilities, warranties, late and other charges, insurance, and any security interests. Explanation

13. STATE DISCLOSURES. The following are examples of the GROSS CAPITALIZED COST and the ADJUSTED CAPITALIZED COST, described above. GROSS CAPITALIZED COST is the sum of the ADJUSTED CAPITALIZED COST and any CAPITALIZED COST REDUCTION. The GROSS CAPITALIZED COST and the amount of the initial payment may be negotiable. ADJUSTED CAPITALIZED COST is the amount which is capitalized in connection with the lease and is used in determining the amount of your periodic payment. This amount will be used in determining your early termination liability. The ADJUSTED CAPITALIZED COST may be used to compare the early termination provisions of competing leases.

14. WARRANTY. The Vehicle is covered by any warranty, extended warranty or service contract indicated below:
☑ Standard new vehicle warranty provided by the manufacturer or distributor of the Vehicle.
☐ _____

15. OPTIONAL INSURANCE. These coverages are not required to enter into this lease and will not be provided unless You sign below. Insurance is to be obtained by Lessor. The coverages are shown in a name given to You in this lease and are for the term of the lease.
a. Credit Life Insurance $ NA (Insurance Coverage) $ NA (Premium) _____ (Insurance Company) Lessee X _____ Co-Lessee X _____
b. Credit Disability Insurance $ NA (Insurance Coverage) $ NO (Premium) _____ (Insurance Company) Lessee X _____ Co-Lessee X _____

16. OFFICIAL FEES AND TAXES ___ BY YOU. The estimated total amount You will pay for official and license fees, registration, title and taxes over the term of Your lease, whether included with Your monthly payments or separate from them. The actual total of fees and taxes may be higher or lower depending on the vehicle in which or the value of the lease property in the event it is or was in question.

17. VEHICLE INSURANCE REQUIRED. You must insure the Vehicle during the lease. The insurance must be acceptable to Finance Company and protect You and Holder with (a) comprehensive, (b) and (c) collision with a maximum deductible amount of $1,000, and (d) uninsured and underinsured motorist insurance with a minimum deductible of $1,000, and (e) automobile liability insurance with minimum limits for bodily injury or death of $ 25,000 for any one person and $ 50,000 for any one occurrence, and $ 10,000 for property damage. You will list Holder as additional insured and loss payee under the insurance policy unless Lessor or Finance Company specifies otherwise. You must pay Finance Company balance of the insurance. (See Item 24 on back)
THIS LEASE DOES NOT CONTAIN PHYSICAL DAMAGE OR LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS.

17. LATE PAYMENTS. You will pay a late charge on each payment that is not received within 10 days after it is due. The charge is 5% of the full amount of the monthly payment or $10.00 whichever is less.

18. LESSOR SERVICES NA
(See Item 22 on back) NA

**19. Itemization of Gross Capitalized Cost

Agreed Upon Value of the Vehicle	Estimated Tax and Other Applicable Taxes	Title Fees	Licensing and Registration Fees	Extended Warranty and Service Contract	Acquisition Fee	Documentation Fee	Total Gross Capitalized Cost
$ 27881.38	$ NA	$ NA	$ NA	$ NA	$ NA	$ NA	$ 27881.38
$ NA	$ NA	$ NA	$ NA	$ NA	$ NA	$ NA	

SIGNATURES AND IMPORTANT NOTICES

Modification: This lease sets forth all of the agreements of Lessor and You for the lease of the Vehicle. There is no other agreement. Any change in this lease must be in writing and signed by You and Finance Company.

Lessee SOUND SHORE MEDICAL CENTER OF By X John C. Spence Title: CEO/PRES
Co-Lessee: _____ By X _____ Title _____

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

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.

You acknowledge that You received a filled-in copy of this lease at the time You signed it and notice of any assignment of this lease by the Lessor to Holder.

MOTOR VEHICLE LEASE AGREEMENT

Lessee SOUND SHORE MEDICAL CENTER OF By X John C. Spence Title: CEO/PRES
Co-Lessee _____ By X _____ Title _____

Lessor and Lessee are hereby notified that Holder has assigned to CIT Leasing, in the capacity as Holder's duly authorized agent, all rights (but not its obligations) with respect to the purchase of the Vehicle and the sale of the Vehicle at lease termination. Lessor accepts the lease and assigns it to Holder under the terms of the lease such assignment between Lessor and Holder.

Lessor SCARSDALE FORD INC. By X _____ Title _____

FC 1805-1P (Ed. 11)
FD 1063-1APP
Previous editions may NOT be used

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

ORIGINAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

VEHICLE MAINTENANCE, INSURANCE AND USE

19. VEHICLE USE AND BUSINESS USE You will not use, or permit others to use the Vehicle (a) in violation of any law, (b) contrary to the provisions of any insurance policies covering the Vehicle, (c) outside the United States, except for less than 30 days in Canada or Mexico or (d) as a taxicab or public carrier. You will keep the lease and Vehicle free of all liens and encumbrances. You will not assign or sublease any interest in the Vehicle or lease without Finance Company's written consent.

21. IMPLIED WARRANTIES If the Vehicle is of a type normally used for personal use and the lease, or the Vehicle's manufacturer, extends a written warranty or service contract covering the Vehicle within 90 days from the date of the lease, You get implied warranties of merchantability and fitness for a particular purpose covering the Vehicle. Otherwise, You understand and agree that there are no such implied warranties, except as otherwise required by law.

22. VEHICLE MAINTENANCE AND OPERATING COSTS Keep Vehicle in good mechanical condition. You must maintain and service the Vehicle at Your own expense, using materials that meet the manufacturer's specifications. You must follow the owner's manual and maintenance schedule, documenting maintenance performed and making all needed repairs. You are also responsible for all operating costs such as gas and oil. Lessor will provide no service (e.g., 3 lube, contained in the Lessor Services section under the terms of a separate agreement. (See Lessor Services Form 18).

23. COLLISION REPAIR You are responsible for repairs of all damage that is not a result of normal wear and use. These repairs include but are not limited to, those necessary to return the Vehicle to its pre-accident condition including repairs to Exterior Sheet Metal and Paint Components, and to Vehicle Safety Systems, including air bag, seat belt and tire repairs by these components. Replacement of Sheet Metal and all other repairs must be made with Original Equipment Manufacturer parts. Discuss the repairs need with Your insurance company prior to authorizing any collision repair work.

24. VEHICLE INSURANCE You must insure the Vehicle and the Holder in an amount not less than the lesser of (a) the Total Cost (Item 15), "Vehicle insurance minimums," if any, stated on the Highlighter the Vehicle establishes higher Vehicle insurance minimums than those listed on the lease, or (b) the Actual Cash Value of the Vehicle and Holder for the term of the lease. You must insure the Vehicle and Holder for these higher amounts. These amounts are not necessarily adequate and may not be sufficient to protect Your interest. You should consult Your insurance agent to determine if additional insurance coverage is right for You.

You agree that Finance Company can file a claim under the insurance policy. You authorize the insurance company to provide Finance Company any information Finance Company believes necessary to make a claim. You agree that Finance Company may require and use Your insurance proceeds to draft required by Finance Company from Your payment program. In return, You authorize Finance Company to endorse or sign Your claim under the insurance received in Holder's name to pay the Vehicle. You also assign to Holder any other insurance proceeds related to the lease or Holder's interest in the Vehicle.

25. RETURNED INSURANCE PREMIUMS AND SERVICE CONTRACT CHARGES You have no right to any portion of any (a) premiums, service contracts, or other contracts. You agree that Finance Company can cancel any such contract in the name of Finance Company or Your Finance Company may cancel any such contract. Finance Company may keep any refund or credit received from the cancellation of these contracts to offset refunds or unpaid charges. You authorize Finance Company to submit any refund from the amount You owe under this lease. If You receive a refund, You must pay the entire amount of the refund to Finance Company.

26. RETURNED CHECK CHARGE You agree to pay a returned check charge of $20 for each check, draft, or other order of payment that is dishonored for any reason.

ENDING YOUR LEASE

27. TERMINATION The lease will terminate (end) upon (a) the end of the term of the lease, (b) the return of the Vehicle to Lessor, or another place designated by Finance Company, and (c) the payment by You of all amounts owed under the lease. Finance Company may extend the lease if You request.

28. RETURN OF VEHICLE If You do not buy the Vehicle at lease end, You must return it to Lessor unless Finance Company specifies another place. You at the scheduled return of the Vehicle, You may be requested to present the Vehicle for inspection at a reasonable time and location. Upon return of the Vehicle, You must pay the Disposition fee, if any is shown as the front of the lease under Item 2 "Other Charges." If You fail to return the Vehicle when it is due, after You scheduled termination date, You will be charged one Monthly Payment and Your term will be extended one month. If You continue to fail to return the Vehicle, You must pay damages to Finance Company, including amounts payable under default. Payments of these amounts will not allow You to keep the Vehicle.

29. STANDARDS FOR EXCESS WEAR AND USE You are responsible for damages to the Vehicle that are not due to normal wear and use. These repairs include, but are not limited to those necessary to repair or replace: (a) Tires which are unmatched, unsafe or have less than 1/8 inch of tread depth in any patch, (b) Mechanical or Mechanical Safety related functions, (c) Glass, Paint, Body Panels, Trim and Grill work that is broken, mismatched, chipped, scratched, dented, bent, or possesses a crack or hole; (d) Interior trim pieces, torn or worn seats, (e) Replacement of any missing equipment or parts that were in or on the vehicle when delivered, including owner's manual, and (f) Damage which would be covered by collision or comprehensive insurance whether or not such insurance is actually in force. Replacement of Sheet Metal and all other repairs must be made with Original Equipment Manufacturer parts. You lose a repair of the Vehicle that is not covered by warranty. If You have not had the repairs made before the Vehicle is returned at the scheduled end of the lease, You will pay the estimated costs of such repairs, even if the repairs are not made prior to Holder's sale of the Vehicle.

30. VOLUNTARY EARLY TERMINATION AND RETURN THE VEHICLE You may terminate this lease early, if You are not in default and You satisfy Your early termination obligation. You must return the Vehicle to Lessor unless Finance Company designates another place and You must pay the following: (a) the amount by which the Unpaid Adjusted Capitalized Cost exceeds the Vehicle's Fair Market Wholesale Value, plus (b) all other amounts then due under the lease (except for lease wear and use and mileage). If You owned an Advance Payment Lease and the Vehicle's Fair Market Wholesale Value exceeds the Unpaid Adjusted Capitalized Cost, You will receive a credit for the difference.

Alternately, You may choose to satisfy Your financial obligation under the lease back Vehicle return if You pay the following: (a) the unpaid remaining Monthly Payments, plus (b) any charges for excess wear and use and mileage, plus (c) all other amounts then due under the lease.

EARLY TERMINATION MAY RESERVE YOU TO PAY A SUBSTANTIAL CHARGE.

31. VOLUNTARY EARLY TERMINATION AND PURCHASE THE VEHICLE You may purchase the Vehicle from the Lessor at any designated by Finance Company at any time if You are not in default. If You make a Monthly Payment Lease, you must pay the following: (a) the Unpaid Adjusted Capitalized Cost, plus (b) the amount by which the lease and purchase option price (Item 10) exceeds the Fair Market Value (Item 10), plus (c) Sales Tax and taxes, plus (d) all other amounts then due under the lease (except for lease wear and use and mileage). If You have an Advance Payment Lease, you must pay the following: (a) the Unpaid Adjusted Capitalized Cost, plus (b) the amount by which the lease and purchase option price (Item 10) exceeds the Fair Market Value (Item 10), plus (c) Sales Tax and taxes, plus (d) all other amounts then due under the lease (except for lease wear and use and mileage).

32. ADVANCE PAYMENT LEASE If You have an Advance Payment Lease, You will receive a credit for the difference. If You have an Advance Payment Lease, You will receive a credit for the difference.

33. ADVANCE PAYMENT LEASE If You have an Advance Payment Lease, You will receive a credit for the difference.

34. YOUR ODOMETER OBLIGATIONS Federal law requires You to complete a statement of the Vehicle's mileage at the end of a lease. You may be liable under Federal if You do not complete the statement or if you make a false statement.

If the odometer is in error, You will provide us with reasonable evidence of the Vehicle's actual mileage at vehicle return. If You are unable to do so, You will pay the difference of the Vehicle's actual mileage. Finance Company may obtain the Vehicle's actual mileage.

DEFAULT AND LOSS OF VEHICLE

35. DEFAULT You will be in default if (a) You fail to make any payment when due or (b) a bankruptcy petition is filed by or against You or any payment is subject to a bankruptcy trustee or Vehicle and does not promptly and unconditionally release the Vehicle to You, or (c) You have provided false or misleading material information when applying for the lease or (d) You fail to keep any other agreement in the lease.

If You exceed the Vehicle payments for personal, family or household use, and Your account cannot satisfy at the failure to make timely Monthly Payments, Finance Company will allow You an opportunity to cure the default and reinstate the Lease by paying all past due Monthly Payments and delinquency charges plus a $10 reinstatement fee and the actual and reasonable costs of repossession, storage, pickup and re-delivery within twenty-two days after written notice is sent to You. Finance Company is only obligated to cure You the reinstatement right once during the term of the Lease.

If You are in default, Finance Company may cancel the lease, take back the Vehicle and sell it at a public or private sale. You also give Finance Company the right to go on Your property to peacefully repossess the Vehicle. Even if Finance Company repossess the Vehicle, You must pay in full the difference, if any, between the Unpaid Adjusted Capitalized Cost and the value which could be realized at the wholesale sale of the Vehicle, plus (b) all other amounts then due under the lease. If You have an Advance Payment Lease and the value which could be realized at the wholesale sale of the Vehicle exceeds the Unpaid Adjusted Capitalized Cost, You will receive a credit for the difference.

The value which could be realized at the wholesale sale of the Vehicle, on Your account will be (a) the net amount received by Finance Company, Holder or an independent commercially reasonable sale of the vehicle at wholesale or other commercially reasonable manner, or (b) as determined by a professional appraiser obtained by You at Your expense when Your request which is given from an independent third party appraiser to Finance Company. You must also pay all expenses including repossession attorney's fees not to exceed 15% of the amount due and payable. Details by Finance Company to obtain, hold and sell the Vehicle, collect amounts due and enforce Holder's rights under the lease.

36. THEFT, CONFISCATION OR DESTRUCTION OF VEHICLE If the Vehicle is stolen, confiscated or destroyed, You will not owe the difference between (a) the Unpaid Adjusted Capitalized Cost, and (b) the Actual Cash Value of the Vehicle. You will pay to Finance Company (c) any past due Monthly Payments, plus (d) the amount of the the Actual Cash Value of the Vehicle, plus (e) all other amounts due under the lease (except charges for excess wear and use and mileage).

Actual Cash Value of the Vehicle will be the cash value of the Vehicle immediately prior to its theft, confiscation or destruction, (a) as determined by the Lessor's insurance company, or (b) in the event You have failed to obtain adequate the insurance required under the Lease, the Vehicle's fair value determined by the applicable vehicle appraisal guide published by the N.A.D.A. Official Used Car Guide® Company.

ADDITIONAL INFORMATION

37. ASSIGNMENT AND ADMINISTRATION When You and Lessor sign the lease, Lessor will assign it to Holder. Finance Company or a subsidiary will administer the lease. You must then pay in U.S. funds all amounts due under the lease to Finance Company. If Finance Company is not the Holder of the lease, Holder has appointed Finance Company as its agent. As agent for Holder, Finance Company has the power to act on Holder's behalf to administer, enforce and defend the lease. Whether you agreed to repair or maintain the Vehicle, obtain any insurance or perform any other service, You will look only to the Lessor for these services.

38. TAXES You will promptly pay all taxes, charges and fees relating to the lease or Vehicle (whether Lessee's or Holder's responsibility), You will pay these amounts even if they are assessed after sale and

39. TITLING The Vehicle will be titled in the name of Holder. There may be a reminder fee of $25. You will register the Vehicle as directed by Finance Company. You will pay all license, title and registration costs.

40. INDEMNITY You will personally and hold Harmless Lessor, Finance Company and Holder and their assigns from any loss or damage to the Vehicle and its contents and from all claims, losses, suits, expenses and costs related to the use, maintenance, or condition of the Vehicle. You are responsible for promptly paying all fines and taxes including parking tickets, imposed on the Vehicle or its user. If both a Lessee and Co-Lessee signed the lease, each party is jointly and severally liable for the payment of these fees and taxes. You are not liable, You will reimburse Finance Company and pay a $25 administration fee, unless prohibited by law, for every parking ticket or penalty that must be paid on Your behalf.

41. SECURITY DEPOSIT Your security deposit may be used by Finance Company to pay all amounts that You fail to pay under the Lease. You will not receive any interest, profit or other earnings on Your security deposit.

42. SERVICING AND COLLECTION You agree that Lessor, Finance Company, Holder and their affiliates, agents and service providers may, monitor and record telephone calls regarding your account to improve the quality of our service or for other reasons. You also expressly consent and agree that Lessor, Finance Company, Holder and their affiliates, agents and service providers may use written, electronic or verbal means to contact You. The contacts includes, but is not limited to, contact by manual dialing methods, prerecorded or artificial voice messages, text messages, email, email automatic telephone dialing systems. You agree that Lessor, Finance Company, Holder and their affiliates, agents and service providers may use any email address or any telephone number you provide, now or in the future, including a number for a cellular phone or other wireless device, regardless of whether you have changed it as a result.

43. CONSUMER REPORTS You authorize Finance Company and Holder to obtain consumer credit reports from credit bureaus regarding your credit worthiness for any reason that at any time in connection with this lease.

44. GENERAL Except as otherwise prohibited by the law of the state where You reside, the law that will apply to this lease is the law of the state where the Lessor's place of business is located as set forth on the back of the lease. If that law does not allow any of the agreements in this lease, the other terms not allowed will be void. The rest of the lease will be valid.

READ THIS ARBITRATION PROVISION CAREFULLY AND IN ITS ENTIRETY

ARBITRATION

Arbitration is a method of resolving any claim, dispute or controversy (collectively, a "Claim") without going to court. Either You or Lessor/Finance Company/Holder ("us" or "we") (each, a "Party") may choose at any time, including after a lawsuit is filed, to have any Claim related to this contract decided by arbitration. Such Claims include but are not limited to the following: 1) Claims in contract, tort, regulatory or otherwise; 2) Claims regarding the relationship, lease, or validity of this lease, or arbitrability of any issue; 3) Claims between You and us, our employees, agents, successors, assigns, subsidiaries, or affiliates; 4) Claims arising out of or relating to Your application for credit, this contract, or any resulting transaction or relationship, including that with third parties, or any such relationship with third parties who do not sign this contract.

RIGHTS YOU AND WE AGREE TO GIVE UP

If either You or we choose to arbitrate a Claim, then You and we agree to waive the following rights.

- 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 AGAINST US WHETHER IN COURT OR IN ARBITRATION
- BROAD RIGHTS TO DISCOVERY AS ARE AVAILABLE IN A LAWSUIT
- RIGHT TO APPEAL THE DECISION OF AN ARBITRATOR
- OTHER RIGHTS THAT ARE AVAILABLE IN A LAWSUIT

Rights You and We Do Not Give Up: If a Claim is asserted, You and we will continue to have the following rights, without waiving the arbitration provision: 1) Right to file Claims in Small Claims Court; 2) Right of bankruptcy in court; 3) Right to enforce the ownership interest in the Vehicle, whether by repossession or through court of law; 4) Right to take legal action to enforce the arbitration decision; and 5) Right to request that a court of law review whether the arbitration decision is enforceable.

You may choose the organization to conduct the arbitration subject to our approval. The applicable rules ("Rules") may be obtained from the selected organization. If there is a conflict between the Rules and this contract, this contract is subject to the Federal Arbitration Act (9 U.S.C. § 1 et seq.) and the Federal Rules of Evidence. The arbitration decision shall be in writing with a reasonable explanation. Judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction. We will pay Your total reasonable arbitration fees and expenses (not including attorney fees, except where applicable law requires payment) in excess of $125. We will pay the whole filing fee if the claim asserts fraud. Any portion of this Arbitration Clause that is unenforceable shall be severed, and the remaining parts will not be affected. If a waiver of class action rights is deemed or found to be unenforceable for any reason in a case in which class action allegations have been made, the remainder of this Arbitration Clause shall be unenforceable. Any validity and scope of the waiver of a class action right shall be decided by the court and not by the arbitrator.

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

000550

CERTIFICATE OF TITLE

NEW YORK STATE

www.dmv.ny.gov

LIENS

Title and Identification No	Year	Make	Model Code	Body/Hull	Document No
1FMCU9D70CKA96956	2012	FORD	ECP	SUBN	493859G
1FMCU9D70CKA96956					

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)

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

ODOMETER READING: 00010
000010

ACTUAL MILEAGE

VOID IF ALTERED

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

LATIC [illegible]
PTD 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) (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

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

THE GARDEN CITY GROUP, INC. DEC - 4 2013 COURT USE ONLY

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:

FILED - 01468
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: $0.00

Total remaining lease payments: "0" Contractual payment amount: $12,359.52
Lease Termination Date: 01/23/2015
Creditor Remarks:

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: Pre-paid Lease
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 1 9 0 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.

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: VIN 1FMCU9D74CKB25519

Basis for perfection: * see attached

Value of Property: $_____

Amount of Secured Claim: $_____

Annual Interest Rate (when case was filed) ____% ☑ Fixed or ☐ Variable

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:

☐ 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 4/1/16 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. (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: 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) 12/4/2013 (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: 1902

Remaining Payments		0.00
Late Charges:	+	0.00
Fees:	+	0.00
Other:	-	0.00
Amount of Claim:		0.00

MOTOR VEHICLE LEASE AGREEMENT

NEW YORK

FordCredit

THE MOUNT VERNON HOSPITAL
18 N SEVENTH AVE
MOUNT VERNON NY 10550
WESTCHESTER COUNTY

ROSEDALE FORD INC.
857 CENTRAL AVENUE
ROSEDALE NY 11413

FORD

SIGNATURES AND IMPORTANT NOTICES

THE MOUNT VERNON HOSPITAL

S.V.P.

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

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 filled-in copy of this agreement when You sign it.

MOTOR VEHICLE LEASE AGREEMENT

THE MOUNT VERNON HOSPITAL

S.V.P.

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

ORIGINAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LENDER

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

000942

CERTIFICATE OF TITLE

NEW YORK STATE

www.dmv.ny.gov

* * LIENS * *

Title and Identification No.	Year	Make	Model Code	Body/Hull	Document No.
1FMCU9D74CKB25519 1FMCU9D74CKB25519	2012	FORD	ECP	SUBN	746691I

Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop	New or Used	Type of Title	Date Issued
GY	3331	GAS	4	NEW	VEHICLE	2/28/12

Name and Address of Owner(s)

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

ODOMETER READING: 00225
00225
ACTUAL MILEAGE

VOID IF ALTERED

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

01

* ONE LIEN RECORDED *

Lienholder

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES

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

THE GARDEN CITY GROUP, INC. DEC - 4 2013 COURT USE ONLY

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

Name and address where notices should be sent:
Ford Motor Credit Company, LLC
P.O. Box 6275
Dearborn, MI 48121

FILED - 01468
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number: 1-800-955-8532 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
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: $0.00

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

Total remaining lease payments: "0" Contractual payment amount: $12,359.52
Lease Termination Date: 01/23/2015
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: Pre-paid Lease
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 1 9 0 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.

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: VIN 1FMCU9D74CKB25519

Basis for perfection: * see attached

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:

☐ 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 4/1/16 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. (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: 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) 12/4/2013 (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: 1902

Remaining Payments		0.00
Late Charges:	+	0.00
Fees:	+	0.00
Other:	-	0.00
Amount of Claim:		0.00

MOTOR VEHICLE LEASE AGREEMENT

NEW YORK

FordCredit

THE MOUNT VERNON HOSPITAL
12 N SEVENTH AVE
MOUNT VERNON NY 10550
WESTCHESTER COUNTY

SCARSDALE FORD INC
687 CENTRAL AVENUE
SCARSDALE NY 10583

FORD

SIGNATURES AND IMPORTANT NOTICES

THE MOUNT VERNON HOSPITAL

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

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 complete(ly filled) copy of this agreement when You sign it.

MOTOR VEHICLE LEASE AGREEMENT

THE MOUNT VERNON HOSPITAL

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

ORIGINAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LENDER

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

000942

CERTIFICATE OF TITLE

NEW YORK STATE

www.dmv.ny.gov

* * LIENS * *

Title and Identification No.	Year	Make	Model Code	Body/Hull	Document No.
1FMCU9D74CKB25519	2012	FORD	ECP	SUBN	746691I
1FMCU9D74CKB25519					

Color	Wt./Sts./Lgth.	Fuel	Cyl./Prop	New or Used	Type of Title	Date Issued
GY	3331	GAS	4	NEW	VEHICLE	2/28/12

Name and Address of Owner(s)

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

ODOMETER READING: 00225
00225
ACTUAL MILEAGE

VOID IF ALTERED

VOID IF ALTERED

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 02
PO BOX 105704
ATLANTA GA 30348

* ONE LIEN RECORDED *

Lienholder

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES

B 10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT - SOUTHERN District of NEW YORK

PROOF OF CLAIM

Name of Debtor:
SOUNDSHORE MEDICAL CENTER OF WESTCHESTER

Case Number:
13-22840 Ch11

THE GARDEN CITY GROUP, INC. JUN 17 2014

COURT USE ONLY

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

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:

FILED - 01506
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORI
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: $7,424.04

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: Deficiency Balance
(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 (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).

☐ 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:

☐ 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 – 11U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a) ☐.

$_____

*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. (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: LORETTA KACZMARCZYK
Title: Account Services Representative
Company: Ford Motor Credit Company, LLC
Address and telephone number (if different from notice address above):

/s/ LORETTA KACZMARCZYK (Signature) 6/17/2014 (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: SOUNDSHORE MEDICAL CENTER OF WESTCHESTER

Account Number: 9302

Term Lease Balance:		2,171.42
Excess Miles/Wear Tear:	+	0.00
Interest:	+	0.00
Late Charges:	+	0.00
Fees:	+	5,252.62
Taxes:	+	0.00
Payments:	-	0.00
Amount of Claim:		7,424.04

MOTOR VEHICLE LEASE AGREEMENT

NEW YORK DATE 03/22/2012

1-800-727-7000 Ford FordCredit www.fordcredit.com

LESSEE (and Co-Lessee) Name and Address (including County): SOUND SHORE MEDICAL CENTER OF WESTCHES, 16 GUION PL, NEW ROCHELLE NY 10801, WESTCHESTER COUNTY

LESSOR (Name and Address): SCARSDALE FORD INC., 887 CENTRAL AVENUE, SCARSDALE NY 10583

"Finance Company" is FORD MOTOR CREDIT. The "Holder" is CAS EAST LLC and its assigns. By signing "You" (Lessee 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 WearCare Addendum, if any, attached to this lease.

If Your payment schedule is shown in Item 2(a), You entered into a "Monthly Payment Lease."
If Your payment schedule is shown in Item 2(b), You entered into an "Advance Payment Lease."

New/Used	Mileage at Delivery	Year/Make/Model	Vehicle Identification Number	Vehicle Use
NEW	10	FORD 2012 ESCAPE LIMIT	1FMCU0E95CKC22485	BUSINESS

You state that this Vehicle will be used primarily for: [ ] Personal, family or household use [X] Agricultural, business or commercial use. Initial: Lessee ____ Co-Lessee ____

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 (itemized Below) *	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 lease)
$ 3827.48	(a) Monthly Payments: Your first monthly payment is $ 429.98 is due on 05/22/2012. Followed by 35 payments of $ 429.98 due on the 22 day of each month. The total of Your monthly payments is $ 15479.28	Disposition fee (if You do not purchase the Vehicle) $ NA	$ 18875.78
	(b) Advance Payment: Your Payment of $ NA is due on NA. The total of Your payment is $ NA	Total $ NA	

* Itemization of Amount Due at Lease Signing or Delivery

5. Amounts Due At Lease Signing or Delivery:

a. Capitalized cost reduction	$ 3388.00
b. First monthly payment	429.98
c. Advance payment	NA
d. Refundable security deposit	NA
e. Title fees	NA
f. Registration fees	18.00
g. Acquisition fee	NA
h.	NA
i.	NA
j.	NA
k. DOCUMENT/ADMIN	75.00
l. NYS WASTE TIRE	12.50
m.	NA
Total	$ 3827.48

6. How the Amount Due At Lease Signing or Delivery will be paid:

a. Net trade-in allowance	$ .00
b. Rebates and noncash credits	3080.00
c. Amount to be paid in cash	297.50
d. FIRST MONTHLY PAYMENT	429.98
Total	$ 3827.48

7. Your payment is determined as shown below:

a. Gross capitalized cost. The agreed upon value of the Vehicle ($ 32665.00) and any items You pay over the lease term (such as service contracts, insurance, and any outstanding prior credit or lease balance) (Itemized below - Item 18) **	$ 32665.00
b. Capitalized cost reduction. The amount of any net trade-in allowance, rebate, noncash credit, or cash that You pay that reduces the gross capitalized cost	- 3388.00
c. Adjusted capitalized cost. The amount used in calculating Your base payment	= 29360.00
d. Residual value. The value of the Vehicle at the end of the lease used in calculating Your base payment	- 15312.50
e. Depreciation and any amortized amounts. The amounts charged for the Vehicle's decline in value through normal use and for other items paid over the lease term	= 14047.50
f. Rent charge. The amount charged in addition to the depreciation and any amortized amounts	+ 1432.28
g. Total of base payments. The depreciation and any amortized amounts plus the rent charge	= 15479.28
h. Lease payments. The number of payments in Your lease	÷ 36
i. Base payment	= 429.98
j. Sales / Use tax	+ NA
k.	NA
l.	NA
m. Total payment	= $ 429.98
n. Lease term in months	36

Early Termination. You may have to pay a substantial charge if You end this lease early. The charge may be as high as several thousand dollars. The actual charge will depend on when the lease is terminated. The earlier You end the lease, the greater this charge is likely to be.

8. Excess Wear and Use. You may be charged for excessive wear based on our standards for normal use. At the scheduled end of the lease, unless You purchase the Vehicle, You must pay to Lessor $ .20 per mile for each mile in excess of 75819 miles shown on the odometer. See Items 23 and 29 on back and the WearCare Addendum, if any, attached to this lease for additional excess wear and use terms.

9. Extra Mileage Credit. At the scheduled end of the lease, You will receive a credit of $ .15 per unused mile for the number of unused miles between 36000 and 75000 miles, less any amounts You owe under the lease. You will not receive any credit if the Vehicle is destroyed.

If You terminate Your lease early, exercise any purchase option, are in default or the credit is less than $1.00.

10. Purchase Option at End of Lease Term. $ 15313.50 plus official fees and taxes, and a reasonable documentary fee if allowed by law, is Your lease and purchase option price. You have the option to purchase the Vehicle at the end of the lease term from a party designated by the Holder for the purchase option price if You are not in default.

11. Other Important Terms. See Your lease documents for additional information on early termination, purchase option and maintenance responsibilities, warranties, late and default charges, insurance, and any security interests, if applicable.

12. STATE DISCLOSURES The following are descriptions of the GROSS CAPITALIZED COST and the ADJUSTED CAPITALIZED COST, disclosed above. GROSS CAPITALIZED COST is the sum of the ADJUSTED CAPITALIZED COST and any CAPITALIZED COST REDUCTION. The GROSS CAPITALIZED COST and the amount of the rental payment may be negotiable.
ADJUSTED CAPITALIZED COST is the amount which is capitalized in connection with the lease and is used in determining the amount of your periodic payment. This amount will be used in determining your early termination liability. The ADJUSTED CAPITALIZED COST may be used to compare the early termination provisions of competing leasors.

13. WARRANTY The Vehicle is covered by any warranty, extended warranty or service contract indicated below:
X [X] Standard new vehicle warranty provided by the manufacturer or distributor of the Vehicle
[ ] _____

14. OFFICIAL FEES AND TAXES $ 97.50
The estimated total amount You will pay for official and license fees, registration, title and taxes over the term of Your lease, whether included when Your monthly payments or assessed otherwise. The actual total of fees and taxes may be higher or lower depending on the tax rates in effect or the value of the leased property at the time a fee or tax is assessed.

15. VEHICLE INSURANCE MINIMUMS You must insure the Vehicle during this lease. This insurance must be acceptable to Finance Company and protect You and Holder with (a) comprehensive fire and theft insurance with a maximum deductible amount of $1,000; and (b) collision and upset insurance with a maximum deductible of $1,000; and (c) automobile liability insurance with minimum limits for bodily injury or death of $1,000,000 for any one person and $0,000,000 for any one accident, and $0,000 for property damage. You will list the Holder as additional insured and loss payee under the insurance policy unless Lessor or Finance Company specifies otherwise. You must give Finance Company evidence of this insurance. (See Item 24 on back)

THIS LEASE DOES NOT CONTAIN PHYSICAL DAMAGE OR LIABILITY INSURANCE COVERAGE FOR BODILY INJURY AND PROPERTY DAMAGE CAUSED TO OTHERS.

16. OPTIONAL INSURANCE These coverages are not required to enter into the lease and will not be provided unless You sign below. If insurance is to be obtained by Lessor, the coverages are shown in a notice given to You this date and are for the term of this lease.

a. Credit Life Insurance $ NA (Initial Coverage) $ NA (Premium) _____ (Insured(s))
(Insurance Company)
Lessor X _____ Co-Lessee X _____

b. Credit Disability Insurance $ NA (Monthly Coverage) $ NA (Premium) _____ (Insured(s))
(Insurance Company)
Lessor X _____ Co-Lessee X _____

17. LATE PAYMENTS You will pay a late charge on each payment that is not received within 10 days after it is due. The charge is 7.5% of the full amount of the scheduled payment or $50.00 whichever is less.

18. LESSOR SERVICES NA
(See Item 22 on back) NA

**18. Itemization of Gross Capitalized Cost

Agreed Upon Value of the Vehicle	Sales/Use Tax and Other Applicable Taxes	Title Fees	Licenses and Registration Fees	Extended Warranty and Service Contract	Acquisition Fee	Documentation Fee
32665.00	+ $ NA	+ $ NA	+ $ NA	+ $ NA	+ $ 395.00	+ $ NA
	+ $ NA	+ $ NA	+ $ NA	+ $ NA	+ $ NA	Total Gross Capitalized Cost = 32660.00

SIGNATURES AND IMPORTANT NOTICES

Modification: This lease sets forth all of the agreements of Lessor and You for the lease of the Vehicle. There is no other agreement. Any change in this lease must be in writing and signed by You and Finance Company.

Lessee SOUND SHORE MEDICAL CENTER OF WESTCHESTER X INC Title Pres/CEO
Co-Lessee _____ By X _____ Title _____

YOU ACKNOWLEDGE THAT YOU HAVE READ AND AGREE TO BE BOUND BY THE ARBITRATION PROVISION ON THE REVERSE SIDE OF THIS CONTRACT.

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.

You acknowledge that You received a filled-in copy of this lease at the time You signed it and notice of an assignment of this lease by the Lessor or Holder.

MOTOR VEHICLE LEASE AGREEMENT

Lessee SOUND SHORE MEDICAL CENTER OF WESTCHESTER X INC Title Pres/CEO
Co-Lessee _____ By X _____ Title _____

Lessor and Lessee are hereby notified that Holder has assigned to Ot Exchange in its capacity as Holder's qualified intermediary all rights (but not its obligations) with respect to the purchase of the Vehicle and the sale of the Vehicle at lease termination.
Lessor accepts this lease and assigns it to Holder under the terms of the lease plan agreement between Lessor and Holder.

Lessor SCARSDALE FORD INC. By X _____ Title _____

FC 10031-P JUL 11
FC 10031-AJPP
Previous editions may NOT be used

SEE OTHER SIDE FOR ADDITIONAL AGREEMENTS

ORIGINAL

PLY 1 - ORIGINAL PLY 2 - LESSEE PLY 3 - CO-LESSEE/GUARANTOR COPY PLY 4 - LESSOR

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

001109

CERTIFICATE OF TITLE

NEW YORK STATE

www.dmv.ny.gov

* * LIENS * *

Title and Identification No.	Year	Make	Model Code	Body/Hull	Document No.
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)

CAB EAST LLC
PO BOX 105704
ATLANTA GA 30348

ODOMETER READING: 00010

ACTUAL MILEAGE

VOID IF ALTERED

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

01

* ONE LIEN RECORDED *

Lienholder

Lienholder

* ONE LIEN RECORDED *

Lienholder

* ONE LIEN RECORDED *

MV-999 (1/11)

DEPARTMENT OF MOTOR VEHICLES

01001787
SSM0203183476

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): JUDY GALLICANO

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

Name and address where notices should be sent:

JUDY GALLICANO
54 RONALDS AVE
NEW ROCHELLE, NY 10801-7501

Court Claim Number: _____ (If known)

Filed on: _____

Telephone number: (914)576-9624
Email Address:

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 Address:

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 21 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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____

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 - 00889
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: Pension Benefits (Vested Employee)
(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. (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: Judy Gallicano

Title: _____

Company: _____

(Signature) Judy Gallicano (Date) 9/13/13

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(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.

01001787
SSM0203183476

JUDY GALLICANO
54 RONALDS AVE
NEW ROCHELLE, NY 10801-7501

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

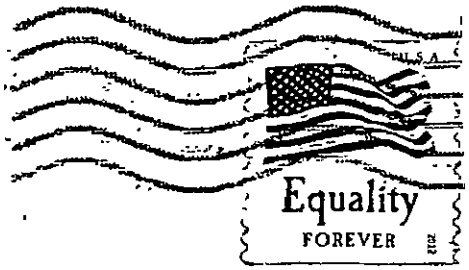
BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Gallicano
54 Ronalds Ave
New Rochelle, New York
10801

WESTCHESTER NY 105
17 SEP 2013 PM 4 L



SoundShore Med. Ctr. of West.
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

43017598282

01002883
SSM0202125109

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One): | **Case No.**

- ☒ Sound Shore Medical Center of Westchester — 13-22840
- ☐ The Mount Vernon Hospital, Inc. — 13-22841
- ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- ☐ The M.V.H. Corporation — 13-22843
- ☐ Sound Shore Health System, Inc. — 13-22844
- ☐ NRHMC Services Corporation — 13-22845
- ☐ New Rochelle Sound Shore Housing, LLC — 13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: $151.06

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): GRAPHIC CONTROLS MEDI-TRAC

☐ 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:

GRAPHIC CONTROLS ~~MEDI-TRAC~~
400 EXCHANGE ST
BUFFALO, NY 14204-2064

THE GARDEN CITY GROUP, INC. NOV - 2 2013

Telephone number: 716 - 853 - 7500
Email Address:

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 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): $ 163.72 includes sales tax

FILED - 01039
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.

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: 3 9 5 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 4/1/16 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: Jody M Kelley
Title: Credit Analyst
Company: Graphic Controls

Jody M Kelley (Signature) 10-29-13 (Date)

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

Telephone number: 716-849-6426 email: jkelley@graphiccontrols.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. 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(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.

01002883
SSM0202125109

GRAPHIC CONTROLS MEDI-TRAC
400 EXCHANGE ST
BUFFALO, NY 14204-2064

GRAPHIC CONTROLS

P.O. BOX 1271
BUFFALO, NY 14240-1271
PHONE: 716-853-7500 FAX: 716-849-6424

DUPLICATE INVOICE

INV# KW4749 01/18/13

PAGE 1

CUST NO. 35-223954 CONTACT. FRANK HALL 914.365.3893

SOLD TO

ATTN ACCOUNTS PAYABLE
SOUND SHORE MEDICAL CTR/5
16 GUION PL
NEW ROCHELLE NY 10801

SHIP TO

SAME

EXEC	CUSTOMER PO NUMBER	OUR ORDER NO. AND DATE	SHIPMENT NUMBER	WHSE
338	NR174829	28089BU 01/17/13		NY

SALESPERSON	TERMS	F.O.B.	SHIPPED VIA	ACCOUNT REP
WENDY HUNT	NET 30 DAYS	SEE BELOW	SEE BELOW	CHARLIE REDMAN

L/I	QTY ORDERED	U/M	QTY SHIPPED	U/M		PRODUCT NO/DESC	UNIT PRICE	U/M	AMOUNT
001	5.00	BX	5.00	BX	S	01000769	28.6600	BX	143.30
						WR W7-38-17-6			
	FOB:SHIPPING POINT/PPD & CHG SHIP VIA:FED GNDCOM								
	LOC:NY SHIP#:8271123								
SHP#	8271123 TRK#		129582570601381			WGT 0004			

*** SHIPMENT COMPLETE ***

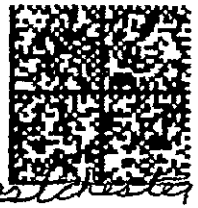
SUB-TOTAL	SALES TAX	RATE	FREIGHT	PLEASE PAY THIS AMOUNT
143.30	12.66	.0838	7.76	163.72 CURRENCY: USD

REMIT TO: GRAPHIC CONTROLS PO BOX 1271 BUFFALO NY 14240

A. OVER SHIPMENT
B. BACK ORDER
C. CANCELLED

CUSTOMER

Graphic Controls
P.O. Box 1271
Buffalo, NY 14240-1271 USA



02 1R $ 00.46⁰
0002097308 OCT 29 2013
MAILED FROM ZIP CODE 14204

Sound Shore Medical of Westchester
c/o GCG Inc
PO Box 9982
Dublin, Ohio 43017-5982

FILED - 01518

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

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):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Garden City Group, Inc. AUG 28 2014

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): Harvest Technologies Corp

☐ 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:
Harvest Technologies Corp
Attn: Accounting Dept
40 Grissom Rd
Suite 100 Plymouth, MA 02360

Telephone number: 508-732-7531
Email Address: Hmadden@harvesttech.com

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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** 27000.00

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:** Services performed with goods Sold
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 5 3 5 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.

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. (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: Heather Madden (Signature) 8-27-14 (Date)

Title: Accounts Receivable

Company: Harvest Technologies Corp

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.

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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.

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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.

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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.

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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.

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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.

HARVEST® TERUMO

GCG Inc.
5151 Blazer Parkway
Suite A
Dublin, OH 43017

08-27-14

To whom it may concern,

I am submitting paperwork in regards to the Sound Shore Medical Center Westchester claim. My company had not received any notice prior to the bankruptcy notice that was just received the on Monday the 25th.
I hope that you will accept our claim, and I apologize for the tardiness.

Please feel free to contact me with any questions.

Regards,

Heather Madden
Accounts Receivable
Harvest Technologies Corp.

HARVEST® TERUMO

Harvest Technologies Corp
40 Grissom Road, Suite 100
Plymouth, MA 02360

Phone 508 732.7500
Direct: 508.732.7531
Toll Free: 877.8.HARVEST
Fax: 508 732 0400
E-mail: hmadden@harvesttech.com
Website: www.harvesttech com

Heather Madden
Accounts Receivable

INVOICE

HARVEST® TERUMO

Remit to address:
Harvest Technologies Corp.
P.O. Box 845813
Dallas, TX 75284-5813

INVOICE NUMBER: 18445
INVOICE DATE: 11/14/13

ORDER NUMBER: 19956
ORDER DATE: 11/14/13
SALESPERSON: LEX
CUSTOMER NO: 205352
SHIP TO: 205352

SOLD TO:
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10302
USA

COPY

SHIP TO:
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10302
USA

DELIVERY INSTRUCTIONS:

CUSTOMER PO:	SHIP VIA:	F.O.B.	TERMS:
NR179700	FED EX GROUND		1% 15 Days Net 30 Days

ITEM NO	UNIT	ORDERED	SHIPPED	BACK ORD	PRICE	AMOUNT
BMAC2 120-01 BMAC2 120-01 Final Pack LOT DISTRIBUTION: 2B12001-0079	EA		1.00		2,500.0000	2,500.00

Net Invoice:	2,500.00
Sales Tax:	200.00
Invoice Total:	**2,700.00**

Developing Technologies for Accelerating Healing, *Naturally* ®

Harvest Technologies Corp., Suite 100, 40 Grissom Road, Plymouth, MA 02360
TOLL FREE: 877.8.HARVEST, TEL 508.732.7500, FAX: 508.732.0400, www.harvesttech.com

DELIVERY SLIP FORM

HT/01/03 Revision: A ECO#: 0933 Page 1 of 1

HARVEST

Harvest Technologies Corp.
40 Grissom Road, Suite 100
Plymouth, MA 02360
Tel: (508) 732-7500 Fax: (508) 732-0400
www.harvesttech.com
Customer Service Email: blamb@harvesttech.com
hmadden@harvesttech.com

COPY

20558

DISTRIBUTOR NAME: LexXmed

REP NAME: Michael DiMura

REP PH# (201) 674-3582

REP EMAIL: *md10@optonline.net*

HARVEST ACCT NAME: SOUNDSH

Date: 11 / 1 / 13

Hospital Name: Sound Shore Medical Center

Bill To Address: 16 Guion Place
New Rochelle, NY 10302

Hospital Phone: 914-365-4458

Hospital Fax:

Patient Identifier

Surgeon Name:

Terms

(PO Number Required)

PO NUMBER NR 179700

Harvest Part #	Harvest LOT #	Dist. Ref # (If Applicable)	Quantity	Price	Total
BMAC2120-01	2B12001-0079	–	1	$2500	$2500

PRODUCT LOT LABEL(S) HERE:
REF BMAC2120-01
LOT 2B12001- 0079
2014-10

Sales Tax	
Handling	$25.00
Freight	
ORDER TOTAL	$2525

Authorized Signature M Forrester

Print Name M Forrester

If Paying by Credit Card:

CC#: _____ Exp: _____

Cardholder Name: _____

ORIGIN ID:UWAA (508) 732-7500
SHIPPING
HARVEST TECHNOLOGIES, CORP
40 GRISSOM RD
SUITE 100
PLYMOUTH, MA 02360
UNITED STATES US

SHIP DATE: 27AUG14
ACTWGT: 0.2 LB MAN
CAD: 0751710/CAFE2804

BILL SENDER

TO C/O GCG INC
SOUNDS SHORE MED CTR WESTCHESTER
5151 BLAZER PARKWAY
STE A
DUBLIN OH 43017

REF:
INV:
PO:
DEPT:

FedEx Express

J14121405228101v

THU - 28 AUG AA
STANDARD OVERNIGHT

TRK# 0201 6087 2991 1258

ASR
43017
OH-US LCK

XX OSUA

Part # 154250-354 TRITRA 05/14

01001549
SSM0202711571

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. SEP 19 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): DEREK HASKETT

☐ 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:

DEREK HASKETT
5 KNOLLWOOD AVE
MOUNT VERNON, NY 10550-4937

Telephone number: 914-384-1374
Email Address: dmhaskett@hotmail.com

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 payment should be sent (if different from above):

SAME AS 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): $ 20,275.20

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 • RECEIVED
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: PENSION CONTRIBUTIONS
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 9 7 2 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.

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)(__). § 514.50 BANKED HOURS

Amount entitled to priority: $ 20,275.20

**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: DEREK M. HASKETT (Signature) 9/16/13 (Date)

Title: _____

Company: SOUND SHORE MEDICAL CENTER OF WESTCHESTER, 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.

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.

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01001549
SSM0202711571

DEREK HASKETT
5 KNOLLWOOD AVE.
MOUNT VERNON, NY 10550-4937

Privacy Act Data

Benefit Statement

08/20/2007 03:08 PM

DEREK HASKETT

8/21/07/02:25:42 PM

CASH BAL PLAN FOR SOUNDSHORE MEDICAL CENTER

PBGC Case Number:	19877200
Date of Plan Termination:	December 31, 2003

Participant Name:	DEREK HASKETT

Participant's Information

Social Security Number:	XXX-XX-9728
Gender:	Male
Date of Birth:	03/09/1965
Date of Hire:	05/04/1984
Last Date Benefits Earned:	12/31/2003
Date of Plan Termination (DOPT):	12/31/2003
Normal Retirement Date:	04/01/2030
Earliest Benefit Start Date:	04/01/2020
Cash Balance Account on DOPT:	$18,388.47

Benefit Calculation

On 01/01/1994, your plan sponsor changed your pension formula to a cash balance formula.

Your monthly benefit under your plan equals the sum of your Basic Grandfathered Monthly Benefit (Section A) and the larger of (1) your Special Grandfathered Monthly Benefit (Section B) and (2) your Cash Balance Monthly Benefit (Section C). Your Basic Grandfathered Monthly Benefit is the benefit you earned under the old pension formula as of 01/01/1994. (See Section A below for the details on how PBGC calculated your Basic Grandfathered Monthly Benefit.)

RM

Your Special Grandfathered Monthly Benefit is the benefit you earned under the old pension formula after 01/01/1994. (See Section B below for the details on how PBGC calculated your Special Grandfathered Monthly Benefit.)

Your Cash Balance Monthly Benefit is the benefit you earned under your plan's cash balance formula. It depends on interest rates between now and when you begin to receive your benefit. Since interest rates will change we cannot determine the exact amount of your Cash Balance Monthly Benefit at this time. However, when you are ready to start receiving your benefit we will determine the exact amount of your Cash Balance Monthly Benefit. (See Section C below for your plan's interest rates and for a description of how PBGC will calculate your Cash Balance Monthly Benefit.)

Please note that the amount that PBGC may pay is subject to certain limitations set by law. For more details about those limitations, see our pamphlet, Your Guaranteed Pension, which is also available on our web site at www.pbgc.gov.

SECTION A: Basic Grandfathered Monthly Benefit as of 01/01/1994

Your Basic Grandfathered Monthly Benefit as of 01/01/1994 is the retirement benefit you earned through 01/01/1994.

(1)	Basic Grandfathered Plan Monthly Benefit at Normal Retirement Date as a Straight Life Annuity: (As calculated by the prior plan administrator)	$260.53
(2)	Plan's Adjustment Factor for Earliest Benefit Start Date:	0.5000
(3)	Basic Grandfathered Monthly Benefit at Earliest Benefit Start Date as a Straight Life Annuity: (1) x (2) = $260.53 x 0.5000 =	$130.27

SECTION B: Special Grandfathered Monthly Benefit

Your Special Grandfathered Monthly Benefit is the retirement benefit you earned after 01/01/1994 using the provisions of the plan in effect on 12/31/1993. Your plan froze benefit accruals for the Special Grandfathered Monthly Benefit on 02/05/1998. This means that the size of your Special Grandfathered Monthly Benefit will generally not increase beyond that date. Therefore, your benefit service and earnings earned after 02/05/1998 were not included in the calculation of this benefit.

(4) Special Grandfathered Monthly Benefit at Normal Retirement Date as a Straight Life Annuity: (As calculated by the prior plan administrator) $187.60

(5) Special Grandfathered Monthly Benefit at Earliest Benefit Start Date as a Straight Life Annuity:
(4) x (2) = $187.60 x 0.5000 = $93.80

SECTION C: Method for Calculating Your Cash Balance Monthly Benefit

PBGC will calculate your Cash Balance Monthly Benefit using:
- your Account Balance,
- your plan's rate for crediting interest, and
- your plan's Annuity Conversion Factor.

We will credit interest to your Account Balance each calendar year based on the annual rate on 30-year Treasury Securities for the November preceding such calendar year. However, this rate may never exceed 6%. This interest rate changes each calendar year. Your Account Balance will continue to grow with interest until you begin receiving your benefit.

When you are ready to begin receiving your benefit, we will calculate your final Account Balance, including interest earned until your benefit commencement date. We will determine your Cash Balance Monthly benefit by dividing your final Account Balance by your Annuity Conversion Factor. Your Annuity Conversion Factor is based on the Applicable Mortality Table as prescribed in Section 417(e)(3)(A)(ii) of the Internal Revenue Code and the annual rate on 30-year Treasury Securities for the November preceding the calendar year in which your benefit commences.

Changes in interest rates between now and when you start receiving your benefit will affect your Cash Balance Monthly Benefit. Generally, lower interest rates will produce a smaller Cash Balance Monthly Benefit and higher interest rates will produce a larger Cash Balance Monthly Benefit.

Privacy Act Data

DEREK HASKETT

Your Account Balance on 12/31/2003 (DOPT):	**$18,388.47**
01/01/2006 Balance Date	
01/01/2005 Account Balance:	**$19,329.96**
Annual Interest Rate:	**4.89%**
Interest Amount Credited:	**$945.24**
01/01/2006 Account Balance:	**$20,275.20**

From: (212) 885-5000
Allison Alexander
Blank Rome LLP
The Chrysler Building
405 Lexington Ave
New York, NY 10174

Origin ID: JHCA

FedEx. Express

J13201306280326

Ship Date: 18SEP13
ActWgt: 0.5 LB
CAD: 103873882/WSXI2500

Delivery Address Bar Code

SHIP TO: (212) 885-5466 BILL SENDER

Proof of Claim
Sound Shore Medical Center of West
5151 Blazer Pkwy Ste A

Dublin, OH 43017

Ref # 900200.00001
Invoice #
PO #
Dept #

THU - 19 SEP AA
STANDARD OVERNIGHT

TRK# 0201 7967 1210 1648

XX OSUA

43017
OH-US
LCK

5JAG1/9256/1ASE

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.

credit: 08/14/2013 process: 08/14/2013 lockbox: 24506 batch: 652 item: 2

01014277
SSM0202450156

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: $7,912.00

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): HOLOGIC INC

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

Name and address where notices should be sent:

HOLOGIC INC
24506 NETWORK PL
CHICAGO, IL 60673-1245

FILED - 01031
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:
Email Address:

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 payment should be sent (if different from above):

HOLOGIC
24506 Network Place
Chicago, IL 60673-1245

Telephone number: 508-263-8418
Email Address: john.kelley@hologic.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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 7560.00

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: 3 2 2 0

3a. Debtor may have scheduled account as: Hologic Cytyc Suros Load
(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)

CRT

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: John Kelley
Title: Credit Manager
Company: HOLOGIC
Address and telephone number (if different from notice address above):

(Signature) 9/23/13 (Date)

Telephone number: 508-263-8418 email: john.Kelley@hologic.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.

HOLOGIC™

250 Campus Drive
Marlborough, MA 01752

HOLOGIC LP
Tel: 508-263-8445
E-Mail:
anne.kisiel@hologic.com

INVOICE	
Number	
6509308	
Date	Page
17-APR-12	1 of 1
PO Number	
MV24087	
Sales Order Number	
1458032	
Customer Num	Currency
23220	USD
Waybill Number	
041597719362026	

BILL TO:
ATTN: ACCOUNTS PAYABLE
THE MOUNT VERNON HOSPITAL
12 N 7TH AVE
MOUNT VERNON, NY 10550

SHIP TO:
THE MOUNT VERNON HOSPITAL
9 N 8TH AVE
MOUNT VERNON, NY 10550

Terms	Due Date	Salesperson	Customer Contact
PREPAID	17-APR-12		
Ship Date		**Ship Via**	**Shipping Reference**
17-APR-12		FEDEX	
Freight Terms		**Requestor/Delivery**	**Confirm To/Telephone**

Item No.	Part Number/Description	Quantity Ordered	Quantity Shipped	Unit Price	Extension
1	10-403:MYOSURE TISSUE REMOVAL DEVICE	1	1	3,885.00	3,885.00

Special Instructions	SUBTOTAL	TAX	S&H	TOTAL
	3,885.00	0.00	0.00	3,885.00

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at http://www.hologic.com/en/product-support-link/overview.

REMIT TO: Hologic Inc.
24506 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Account #: 323869386
ABA Routing: 021-000021
SWIFTCODE: CHASUS33

FEDERAL ID: 54-2074352

"We also accept MasterCard, Visa and American Express credit cards."

Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.

HOLOGIC™

250 Campus Drive
Marlborough, MA 01752

HOLOGIC LP
Tel: 508-263-8445
E-Mail:
anne.kisiel@hologic.com

INVOICE	
Number	
6509012	
Date	Page
17-APR-12	1 of 1
PO Number	
MV24086	
Sales Order Number	
1457825	
Customer Num	Currency
23220	USD
Waybill Number	
041597719359811	

BILL TO:
ATTN: ACCOUNTS PAYABLE
THE MOUNT VERNON HOSPITAL
12 N 7TH AVE
MOUNT VERNON, NY 10550

SHIP TO:
THE MOUNT VERNON HOSPITAL
9 N 8TH AVE
MOUNT VERNON, NY 10550

Terms	Due Date	Salesperson	Customer Contact
30 NET	17-MAY-12		
Ship Date		**Ship Via**	**Shipping Reference**
17-APR-12		FEDEX	
Freight Terms		**Requestor/Delivery**	**Confirm To/Telephone**

Item No.	Part Number/Description	Quantity Ordered	Quantity Shipped	Unit Price	Extension
1	CELERO-12:SSVACCUUM-ASSISTED SPRING LOADED CORE BIOPSY	3	3	1,225.00	3,675.00

Special Instructions	SUBTOTAL	TAX	S&H	TOTAL
	3,675.00	0.00	0.00	3,675.00

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at http://www.hologic.com/en/product-support-link/overview.

REMIT TO: Hologic Inc.
24506 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Account #: 323869386
ABA Routing: 021-000021
SWIFTCODE: CHASUS33

FEDERAL ID: 54-2074352

"We also accept MasterCard, Visa and American Express credit cards."

Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.

ORIGIN ID:BBFA (508) 263-2900
SHIPPING
HOLOGIC
250 CAMPUS DRIVE
NORTH DOCK
MARLBOROUGH, MA 01752
UNITED STATES US

SHIP DATE: 24SEP13
ACTWGT: 0.2 LB
CAD: 589341/CAFE2704

BILL THIRD PARTY

US BANKRUPTCY COURT
SOUTHERN DISTRICT OF NY
1 BOWLING GREEN

NEW YORK NY 10004

REF:
INV:
PO:
DEPT:

518C1/9256/6F03

FedEx Express

J131113052381 26

WED - 25 SEP 10:30A
PRIORITY OVERNIGHT

TRK# 0201 4252 4521 4306

06 SXYA

10004
NY-US EWR

Part # 156148-434 RIT2 07/13

Align bottom of peel and stick airbill here.

From: (631) 470-5000 Origin ID: SXYA
Attn Emmanuel Tanopo, Deputy Clerk
United States Bankruptcy Court
Southern District of New York
One Bowling Green
New York, NY 10004

FedEx Express

J12101112190225

Ship Date: 01MAY12
ActWgt: 10.0 LB
CAD: 100098347/INET3250

Delivery Address Bar Code

SHIP TO: (631) 470-5000 BILL SENDER
Attn Bankruptcy Dept.
The Garden City Group, Inc.
5151 Blazer Parkway,
SUITE A
Dublin, OH 43017

Ref # AAM

RMA #:
Return Reason:

RETURNS MON-FRI
STANDARD OVERNIGHT
RES
43017
OH-US

TRK# 7983 4758 5074
0221

5120G3/61A4/A278

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.

credit: 08/14/2013 process: 08/14/2013 lockbox: 24506 batch: 652 item: 1

01014276
SSM0202450059

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: $907.00

THE GARDEN CITY GROUP INC. OCT 14 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): HOLOGIC LTD PARTCYTYC

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

Name and address where notices should be sent:
HOLOGIC LTD PARTCYTYC
24506 NETWORK PL
CHICAGO, IL 60673-1245

FILED - 01031
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:
Email Address:

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 payment should be sent (if different from above):
HOLOGIC
24506 NETWORK PLACE
CHICAGO, IL 60673-1245

Telephone number: 508-263-8418
Email Address: john.kelley@hologic.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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 907.00

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: 9 0 6 8

3a. Debtor may have scheduled account as: Hologic Cytyc Surgical Loaned
(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)

CRT

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: John Kelley
Title: Credit Manager
Company: HOLOGIC
Address and telephone number (if different from notice address above):

(Signature) John Kelley (Date) 9/23/13

Telephone number 508-263 8418 email: john.kelley@hologic.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.

HOLOGIC™

250 Campus Drive
Marlborough, MA 01752

HOLOGIC LP
Tel: 508-263-8445
E-Mail:
anne.kisiel@hologic.com

INVOICE	
Number	
6830697	
Date	**Page**
26-APR-13	1 of 1
PO Number	
SO6307	
Sales Order Number	
1819621	
Customer Num	**Currency**
89068	USD
Waybill Number	
041597722325582	

BILL TO:
ATTN: ACCOUNTS PAYABLE
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10801

SHIP TO:
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10801

Terms	Due Date	Salesperson	Customer Contact
PREPAID	26-APR-13		
Ship Date		**Ship Via**	**Shipping Reference**
26-APR-13		FEDEX	
Freight Terms		**Requestor/Delivery**	**Confirm To/Telephone**

Item No.	Part Number/Description	Quantity Ordered	Quantity Shipped	Unit Price	Extension
1	0234005:PRESERVCYT, 50 VIAL PACK	1	1	64.00	64.00

Special Instructions	SUBTOTAL	TAX	S&H	TOTAL
	64.00	0.00	0.00	64.00

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at http://www.hologic.com/en/product-support-link/overview.

REMIT TO: Hologic Inc.
24506 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Account #: 323869386
ABA Routing: 021-000021
SWIFTCODE: CHASUS33

FEDERAL ID: 54-2074352

"We also accept MasterCard, Visa and American Express credit cards."

Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.

HOLOGIC™

250 Campus Drive
Marlborough, MA 01752

HOLOGIC LP
Tel: 508-263-8445
E-Mail:
anne.kisiel@hologic.com

INVOICE	
Number	
6853237	
Date	Page
23-MAY-13	1 of 1
PO Number	
SO6307	
Sales Order Number	
1819621	
Customer Num	Currency
89068	USD
Waybill Number	
799838205887	

BILL TO:
ATTN: ACCOUNTS PAYABLE
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10801

SHIP TO:
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE, NY 10801

Terms	Due Date	Salesperson	Customer Contact
PREPAID	23-MAY-13		
Ship Date		**Ship Via**	**Shipping Reference**
23-MAY-13		FEDEX	
Freight Terms		**Requestor/Delivery**	**Confirm To/Telephone**

Item No.	Part Number/Description	Quantity Ordered	Quantity Shipped	Unit Price	Extension
1	70205-001:FILTER, THINPREP NON-GYNECOLOGICAL 100 PK	1	1	715.00	715.00
2	0234005:PRESERVCYT, 50 VIAL PACK	1	1	64.00	64.00
3	0234005:PRESERVCYT, 50 VIAL PACK	1	1	64.00	64.00

Special Instructions	SUBTOTAL	TAX	S&H	TOTAL
	843.00	0.00	0.00	843.00

Unless otherwise agreed to in writing by Hologic, all orders are subject to the Hologic Master Sales Terms and Conditions, which is available on Hologic's website under the Product Support section at http://www.hologic.com/en/product-support-link/overview.

REMIT TO: Hologic Inc.
24506 Network Place
Chicago, IL 60673-1245

ELECTRONIC WIRE INSTRUCTIONS
Account #: 323869386
ABA Routing: 021-000021
SWIFTCODE: CHASUS33

FEDERAL ID: 54-2074352

"We also accept MasterCard, Visa and American Express credit cards."

Invoice Disclaimer: Certain Providers may have independent obligations to affirmatively advise their third party payer, fiscal intermediaries, carriers or fiscal agents about the existence of a discount. As required by law or contract, any discounts on this invoice must be reported to these entities.

ORIGIN ID: BBFA (508) 263-2900
SHIPPING
HOLOGIC
250 CAMPUS DRIVE
NORTH DOCK
MARLBOROUGH, MA 01752
UNITED STATES US

SHIP DATE: 24SEP13
ACTWGT: 0.2 LB
CAD: 589341/CAFE2704

BILL THIRD PARTY

US BANKRUPTCY COURT
SOUTHERN DISTRICT OF NY
1 BOWLING GREEN

NEW YORK NY 10004

REF:
INV:
PO:
DEPT:

518C1/9256/6F03

FedEx Express

J131111305238126

WED - 25 SEP 10:30A
PRIORITY OVERNIGHT

TRK# 0201 4252 4521 4306

06 SXYA

10004
NY-US EWR

Part # 156148-434 RIT2 07/13

Align bottom of peel and stick airbill here

From: (631) 470-5000 Origin ID: SXYA
Attn Emmanuel Tanopo, Deputy Clerk
United States Bankruptcy Court
Southern District of New York
One Bowling Green
New York, NY 10004

FedEx. Express

J1210111219022 5

Ship Date: 01MAY12
ActWgt: 10.0 LB
CAD: 100098347/INET3250

Delivery Address Bar Code

Ref # AAM

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL SENDER

Attn Bankruptcy Dept.
The Garden City Group, Inc.
5151 Blazer Parkway,
SUITE A
Dublin, OH 43017

TRK# 0221 **7983 4758 5074**

RETURNS MON-FRI
STANDARD OVERNIGHT
RES
43017
OH-US

512G3/61A4/A278

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.

01005279
SSM0202877635

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

FILED
U.S. BANKRUPTCY COURT
2013 SEP 20 A 11:11
S.D. OF N.Y.

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): JENNINGS BRUCE

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

Name and address where notices should be sent:

JENNINGS BRUCE
60 STRATFORD LN
HASTINGS ON HUDSON, NY 10706-3009

THE GARDEN CITY GROUP INC. OCT - 2 2013

Court Claim Number: _____ *(If known)*

Filed on: _____

Telephone number: 914-478-1060
Email Address: bruce jennings@humansandnature.org

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 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 Address:

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ ~~[illegible]~~ 1,666

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.

FILED - 01014
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 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: Consulting services to Sound Shore Ethics Committee JAN 1 - May 29, 2013
(See instruction #2) (Invoice thru 6-30-13 $2000, pro rated to May 29, 2013

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)

CRT

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: Bruce Jennings

Title: _____

Company: Private Ethics Consultant

Address and telephone number (if different from notice address above):
60 Stratford Lane
Hastings-on-Hudson, NY 10706

Telephone number: 914-478-1060 email: _____

(Signature) Bruce Jennings (Date) 9-13-2013

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(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.

01005279
SSM0202877635

JENNINGS BRUCE
60 STRATFORD LN
HASTINGS ON HUDSON, NY 10706-3009

Bruce Jennings
60 Stratford Lane
Hastings-on-Hudson, NY 10706
914-478-1060 fax 914-478-5451

Invoice No. 2013-1

INVOICE

Customer

Name: Sound Shore Medical Center
Address: 16 Guion Place
City: New Rochelle State: NY ZIP: 10802
Phone: Attn.: Rose Anne Indelicato

Date: 6/30/2013
Order No.:
Rep:
FOB:

Qty	Description	Unit Price	TOTAL
	January 1--June 30, 2013 Consultative Services to the Ethics Committee	$2,000.00	$2,000.00
	Social Security Number: 316-50-1871		
		SubTotal	$2,000.00
		Shipping & Handling	$0.00
		Taxes	$0.00
		TOTAL	$2,000.00

Payment Details

- ○ Cash
- ◉ Check
- ○ Credit Card

Name
CC #
Expires

Office Use Only

Please make check payable to: Bruce Jennings

Thank You!

From: (631) 470-5000
Attn: Arturo D Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/A404/93AB

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.

01000835
SSM0202576450

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

FILED
BANKRUPTCY COURT
SEP 27 A 11:04
S.D. OF N.Y.

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): GENEVA JERMIN

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

Name and address where notices should be sent:

GENEVA JERMIN
30 PARK AVE APT 2F
MOUNT VERNON, NY 10550-2135

THE GARDEN CITY GROUP, INC.
OCT - 2 2013

Court Claim Number:

(If known)

Filed on:

Telephone number: 914.668.1892
Email Address: ~~gj~~ gjermin1@aol.com

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 175,000.00

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.

FILED - USDC
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 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 Pension, banked sick Time, unlawful deduction of wages
(See instruction #2) Compensatory Salaries increases

3. Last four digits of any number by which creditor identifies Debtor: 0 1 1 5

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)(__). Sick Time

Amount entitled to priority: $ 175,000.00

**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)

CRT

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: Geneva Jermin Geneva Jermin 9/15/13

Title: Director Govt. Relations / Com. Aff. (Signature) (Date)

Company: _____

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

_____

_____

Telephone number: 914-668-1892 email: gjermin1@aol.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. 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(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.

01000835
SSM0202576450

GENEVA JERMIN
30 PARK AVE APT 2F
MOUNT VERNON, NY 10550-2135

Geneva Jermin
30 Park Avenue, Apt 2F
Mount Vernon, NY 10550

In August of 2012, received notification that our pay day would be delayed by one week, but we would still be getting paid for only two weeks' pay, causing a loss of one week's pay from 8/12/12 in the amount of $1,764.61.

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J1311130212 0326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA04/63AB

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.

01014223
SSM0202444724

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Unsecured: ~~$2,100.00~~ $1,700.00

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): KELLY RANDALL ESQ

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

Name and address where notices should be sent:

KELLY RANDALL ESQ
12 EAST 86TH ST APT 1228
NEW YORK, NY 10028-0515

THE GARDEN CITY GROUP INC. OCT 21 2013

Court Claim Number: _____ *(If known)*

Filed on: _____

Telephone number: (212) 794-9587
Email Address: RKelly93@msn.com

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

FILED - 01014
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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ ~~2,100.00~~ 1700.00

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: Arbitration Services Rendered
(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. (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: Randall M. Kelly

Title: Labor Arbitrator

Company: _____

(Signature) Randall M. Kelly (Date) 10/9/15

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

_____

_____

Telephone number: (212) 794-9587 email: RKelly95@msn.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. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

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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(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.

01014223
SSM0202444724

KELLY RANDALL ESQ
12 EAST 86TH ST APT 1228
NEW YORK, NY 10028-0515

ARBITRATOR'S BILL

This bill is submitted on behalf of the Arbitrator

ARBITRATOR NAME: Randall M. Kelly, Esq.
12 East 86th Street, Apt. 1228
New York, New York 10028
SSN 086-38-3185

Re: Case No. 13 300 00402 12
1199 SEIU, United Health Care Workers East
and
Mount Vernon Hospital

GRIEVANCE: Termination of Anissa Kirkland

UNION: 1199 SEIU United Health Care Workers East
310 West 43rd Street
New York, New York 10036

EMPLOYER: Ms. Eileen O'Rourke, Esq.
Assistant General Counsel
Sound Shore Medical Center
16 Guion Place
New Rochelle, New York 10802

ARBITRATOR'S COMPENSATION

Number of Hearing Days 1 @ $1700 = $ 1700.00
Hearing dates: May 24, 2012

Study and Preparation Days 1 @ $1700 = $ 1700.00

TOTAL FEE $ 3400.00

PAYABLE BY EMPLOYER $ 1700.00
PAYABLE BY UNION $ 1700.00

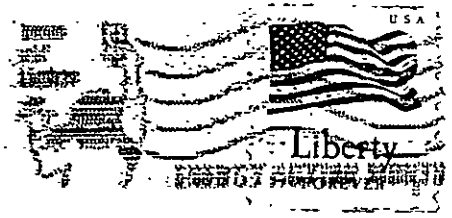
Date: June 29, 2012

Signature:

MAKE CHECK PAYABLE TO, AND MAIL DIRECTLY TO, THE ARBITRATOR

RANDALL M. KELLY
12 East 86th Street
New York, NY 10028

NEW YORK NY 100
16 OCT 2013 PM 14 L



Sound Shore Medical
c/o GCG Inc.
P.O. Box 9982
Dublin, Ohio 43017

43017598282

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. OCT - 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): LOIS KERR

☐ 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:
126 Church St. #3G
New Rochelle NY 10805

Telephone number: 914 235-7394
Email Address:

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

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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** 29,711.38

FILED - 01023
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.

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:** Severence Pay
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** NA ___ ___ ___ ___

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: Pension

Value of Property: $ 29,711.38

Annual Interest Rate UNKNOWN % ☐ 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: $ 29,711.38

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. $ NA

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: Lois Kerr

Title: _____

Company: _____

(Signature) Lois Kerr (Date) 10/2/2013

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

126 Church St #3G
New Rochelle NY 10805

Telephone number: 914-235-7394 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.

SEVERANCE AGREEMENT AND RELEASE

THIS SEVERANCE AGREEMENT AND RELEASE (the "Agreement and Release"), by and between [**Lois Kerr**], residing at [**126 Church St., New Rochelle, NY 10805**] (the "Employee") and the Sound Shore Medical Center, located at 16 Guion Place, New Rochelle, NY 10802, and all of its predecessors, successors, parent corporations, subsidiaries, affiliates, and each of their employees, officers, directors, and fiduciaries (the "Medical Center").

WITNESSETH:

WHEREAS, the Medical Center has the sole discretion to make both "regular" employer contributions and "special grandfathered participant" contributions pursuant to the terms of the Sound Shore Medical Center of Westchester Retirement Plan (the "Plan"); and

WHEREAS, the Medical Center has not made either regular employer contributions or special grandfathered participant contributions with respect to Plan years beginning on or after January 1, 2005 and may or may not make, in its sole discretion, regular and/or special grandfathered participant contributions after the date of this Agreement and Release; and

WHEREAS, the Employee was a participant in the Plan while the Employee was employed with the Medical Center; and

WHEREAS, the Employee will terminate employment with the Medical Center on [**1/31/13**] and such termination will be a Separation from Service within the meaning of Treasury Regulation Section 1.409A-1(h)(i); and

WHEREAS, the Employee and the Medical Center have agreed that the terms of this Agreement and Release satisfy the Explanation of the Special Grandfathered Participant Provisions and provide recognition for the Employee's prior service with the Medical Center;

WHEREAS, the Employee agrees that while payments are being made under this Agreement, the Employee will not be employed by the Sound Shore Health System or its affiliated entities; and

WHEREAS, the parties desire to set forth their agreement and their respective rights and obligations in regard to the Explanation of the Special Grandfathered Participant Provisions to comply with Section 409A of the Internal Revenue Code of 1986 (the "Code") and to qualify as a severance pay arrangement under Section 457(e)(11) of the Code;

NOW, THEREFORE, in consideration of the covenants and conditions set forth herein, the parties, intending to be legally bound, agree as follows:

1. Benefits and Restrictions. In consideration of the Employee's promises as set forth in this Agreement and Release, and provided that Employee signs this Agreement and

Release and does not revoke the Employee's signature of this Agreement and Release so that such Release becomes irrevocable on or before January 28, 2013:

(a) The Medical Center shall pay to the Employee (or the Employee's designated beneficiary under the Plan, in the event of the Employee's death) the amount of [____**$29,711.38**_____], in lieu of any additional regular or special grandfathered participant contributions that the Medical Center, subject to its discretion, may make in the future under the Plan on behalf of special grandfathered participants for any Plan year. Payment of such supplemental benefit shall be net of any applicable withholding taxes and shall be paid in equal installments in accordance with the normal payroll practices of the Medical Center from January 1, 2013 through December 31, 2013 on the payment dates specified in Appendix A. All amounts payable to the Employee hereunder shall be made no later than December 31, 2013.

(b) Notwithstanding the provisions of Paragraph 1(a) of this Agreement and Release to the contrary, if:

(i) The Medical Center makes a regular or special grandfathered participant contribution, in its sole discretion, after the date this Agreement and Release is signed by all parties, on behalf of special grandfathered participants under the Plan; and

(ii) It is determined that any part of such contribution is allocable to the Employee and/or the Employee's account under the Plan (if any), the Employee agrees, on behalf of the Employee and, in the event of the Employee's death, on behalf of the Employee's estate or beneficiaries, to refund this benefit, in an amount equivalent to the allocation made to the Employee and/or the Employee's account under the Plan (less any amount of income taxes, if any, previously paid by the Employee on the amount to be refunded) within thirty (30) days after the Plan pays out the allocation to the Employee, the Employee's estate, the Employee's beneficiaries, and/or the Employee's account under the Plan.

(c) The Employee agrees that while payments are being made under this Agreement, the Employee will not become employed by the Sound Shore Health System or its affiliated entities.

2. Release. In consideration of the Medical Center's payment of the benefits identified in Section 1(a) and (b) of this Agreement and Release, to which the Employee would not otherwise be entitled, the Employee agrees to generally release and discharge the Medical

Center and all of its officers, agents, governors, employees, fiduciaries, subsidiaries, attorneys, parent corporations, affiliates, and related entities, and their present and former affiliates, successors, and assigns and the Plan and its Trustees and Administrator (together, the "Released Parties"), from any and all manner of legal actions, suits, debts, dues, accounts, bonds, covenants, contracts, agreements, judgments, charges, claims, and demands whatsoever which the Employee, or the Employee's agents, heirs, executors, administrators, beneficiaries, and assigns may now have or have had, whether known or unknown, against the Released Parties arising out of or by reason of any cause, matter, or thing whatsoever from the beginning of the world to the date hereof, including without limitation any and all matters relating to the Employee's employment by the Medical Center and the cessation thereof; the Employee's employee benefits, including the Employee's Plan benefits and any claim to a future or additional contribution made to the Plan by the Medical Center after the date all parties sign this Agreement and Release; and all matters arising under any federal, state, or local statute, rule or regulation or principle of contract law or common law. The claims against the Medical Center which the Employee hereby releases include, but are not limited to, the following:

(a) Any action or cause of action asserted or which could have been asserted under the Age Discrimination in Employment Act of 1967, as amended; Title VII of the Civil Rights Act of 1964, as amended; the New York Human Rights Law; the Employee Retirement Income Security Act of 1974, as amended; the Rehabilitation Act of 1973; the Americans with Disabilities Act; the Uniformed Services Employment and Reemployment Rights Act of 1994; the Family Medical Leave Act; and the Equal Pay Act;

(b) All claims arising under the United States or New York Constitutions;

(c) All common law claims including claims for wrongful discharge, public policy claims, retaliation claims, whistleblower claims, claims for breach of an express or implied contract, claims for breach of an implied covenant of good faith and fair dealing, intentional infliction of emotional distress, defamation, conspiracy, loss of consortium, tortious interference with contract or prospective economic advantage, and negligence;

(d) All claims for any compensation including back wages, front pay, bonuses or awards, fringe benefits, reinstatement, retroactive seniority, additional contributions to any pension or retirement plan, or any other form of economic loss;

(e) All claims for personal injury, including physical injury, mental anguish, emotional distress, pain and suffering, embarrassment, humiliation, damage to name or reputation, liquidated damages, and punitive damages; and

(f) All claims for costs and attorneys' fees.

3. Confidentiality. The Employee agrees that the terms and conditions of this Agreement and Release are confidential and that the Employee will not disclose the existence of this Agreement and Release or any of its terms to any third parties, other than the Employee's spouse, attorney, tax professional, or as required by law or as may be necessary to enforce this Agreement and Release, provided that the Employee informs such person of this provision requiring confidentiality and such person agrees to be bound by its terms. The Employee agrees that a breach of this provision voids the Medical Center's obligations hereunder.

4. Representation of Non-Legal Action. The Employee represents and warrants that the Employee has not filed any charges, claims, or complaints of any kind seeking personal recovery or injunctive relief against the Released Parties with respect to any matter, including but not limited to, the Employee's employment with the Medical Center and/or the separation of that employment. The Employee promises never to file a lawsuit asserting any claim or demand against the Released Parties, including claims filed in state or federal court that arise from or are related to any claim that is within the scope of this Agreement and Release, or claims arising from or related to the Employee's employment with the Medical Center or the termination of that employment. Nothing contained in this paragraph shall prohibit the Employee from filing, cooperating with, or participating in any proceeding before the Equal Employment Opportunity Commission ("EEOC") or a state Fair Employment Practices Agency (except that the Employee acknowledges that the Employee may not recover any monetary benefits in connection with such claim, charge, or proceeding). Notwithstanding anything in this paragraph to the contrary, this provision does not affect the Employee's legal obligation, if any, to appear as a witness if subpoenaed for examination before trial or subpoenaed for trial or hearing.

5. Acknowledgement of Voluntariness. The Employee warrants that the Employee is entering into this Agreement and Release voluntarily, and that, except as set forth in this Agreement and Release, no promises or inducements for this Agreement and Release have been made, and the Employee is entering into this Agreement and Release without reliance upon any statement or representation by any of the Released Parties or any other person, concerning any fact material hereto. The Employee acknowledges that the consideration the Employee is receiving in exchange for executing this Agreement and Release is greater than that which the Employee would be entitled to in the absence of such Agreement and Release.

6. Recommendation to Consult with Legal Counsel. The Medical Center hereby advises the Employee that the Employee should consult with an attorney prior to signing this Agreement and Release. The Employee states that the Employee has had an opportunity to read, review, and consider all of the provisions of this Agreement and Release; that the Employee has had a reasonable amount of time to consider the Agreement and Release; that the Employee understands its provisions and its final and binding effect on the Employee; and that the Employee is accepting the benefits offered to the Employee and is entering into this Agreement and Release freely, voluntarily, and without duress or coercion.

7. Review and Revocation Timeframe and Procedures. The Employee understands that the Employee has twenty-one (21) calendar days within which to consider the Agreement and Release before signing it. The Employee also understands that the Employee is free to use as much of the twenty-one (21) day period as the Employee wishes or considers necessary before deciding to sign the Agreement and Release. The Employee also understands that after signing this Agreement and Release, the Employee may revoke the Employee's signature within seven (7) calendar days by delivering written notification of that revocation to Mr. Dennis Ashley, Senior Vice President of Human Resources, Sound Shore Medical Center, 16 Guion Place, New Rochelle, NY 10802. If the Employee has not revoked the Employee's signature of this Agreement and Release by written notice delivered within the seven (7) calendar day period, it becomes effective immediately thereafter.

8. General Provisions.

(a) Severability. If any provision of this Agreement and Release is invalid, illegal, or unenforceable in any respect, the remainder of the provisions of this Agreement and Release will remain in effect, and each and every other provision of this Agreement and Release shall be valid and enforced to the fullest extent and in the broadest application permitted by law.

(b) Entire Agreement. This Agreement and Release constitutes the entire agreement between the parties with respect to the subject matter hereof, and supersedes any and all prior agreements (including the Explanation of the Special Grandfathered Participant Provisions) or understandings between the parties arising out of or relating to the Employee's employment and the cessation thereof. This Agreement and Release cannot be modified, amended, waived, or terminated, in whole or in part, except in writing signed by both parties.

(c) Waiver and Amendments. This Agreement and Release may be amended, superseded, canceled, renewed or extended, and the terms hereof may be waived, only by a written instrument signed by the parties, or, in the case of a waiver, by the party waiving compliance. No delay on the part of any party in exercising any right, power, or privilege hereunder shall operate as a waiver thereof, nor shall any waiver on the part of any party of any such right, power, or privilege nor any single or partial exercise of any such right, power, or privilege, preclude any other or further exercise thereof or the exercise of any other such right, power or privilege.

(d) Withholding of Taxes. The Medical Center is authorized to withhold from any benefit provided or payment due hereunder the amount of withholding taxes due any federal, state, or local authority in respect of such benefit or payment and to take such

other action as may be necessary in the opinion of the Medical Center to satisfy all obligations for the payment of such withholding taxes. The Employee understands and acknowledges that the Employee is solely responsible and liable for the payment of any and all other local, State or federal taxes due in connection with the payment of any benefit under the Agreement and Release.

(e) Governing Law. This Agreement and Release shall be governed by the law of the State of New York, without giving effect to the principles of conflicts of law.

(f) Counterparts. This Agreement and Release may be executed by the parties hereto in separate counterparts, each of which when so executed and delivered shall be an original but all such counterparts together shall constitute one and the same instrument.

(g) Headings. The headings in this Agreement and Release are included for convenience of reference only and shall not affect the interpretation of this Agreement and Release.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement and Release as of the _____ day of _____, 201_.

[_____]

BY: Lois Kerr

DATE: 1/18/13

Elizabeth DeJulio

ELIZABETH DEJULIO
Notary Public, State of New York
No. 01DE5069616
Qualified in Westchester County
Commission Expires Nov. 25, 2012 14

1/18/2013

SOUND SHORE MEDICAL CENTER

BY: Dennis Ashley

DATE: 1/7/13

Elizabeth DeJulio

ELIZABETH DEJULIO
Notary Public, State of New York
No. 01DE5069616
Qualified in Westchester County
Commission Expires Nov. 25, 2012 14

FedEx Express NEW Package US Airbill

FedEx Tracking Number 8037 2420 4101

Form ID No. 0200 **Recipient's Copy**

1 From

Date 10/2

Sender's Name LOIS KERR Phone 914 235-7294

Company

Address 126 CHURCH ST, 3G Dept./Floor/Suite/Room

City NEW ROCHELLE State NY ZIP 10805

2 Your Internal Billing Reference

3 To

Recipient's Name ~~C/O GCG~~ Phone

Company C/O GCG

Address 5151 BLAZER PARKWAY Suite A Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

Use this line for the HOLD location address or for continuation of your shipping address.

City DUBLIN State OH ZIP 43017

☐ HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

☐ HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill

Next Business Day

☐ FedEx First Overnight — Earliest next business morning delivery to select locations.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☑ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available

2 or 3 Business Days

☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available

☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available

5 Packaging * Declared value limit $500.

☑ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☑ SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver

☐ No Signature Required — Package may be left without obtaining a signature for delivery

☐ Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods? One box must be checked.

☑ No ☐ Yes As per attached Shipper's Declaration. ☐ Yes Shipper's Declaration not required. ☐ Dry Ice Dry ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box. ☐ Cargo Aircraft Only

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below. Obtain recip. Acct. No. ☐

☐ Sender Acct. No. in Section 1 will be billed ☐ Recipient ☐ Third Party ☐ Credit Card ☑ Cash/Check

Total Packages ____ Total Weight ____ lbs. Credit Card Auth.

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

644

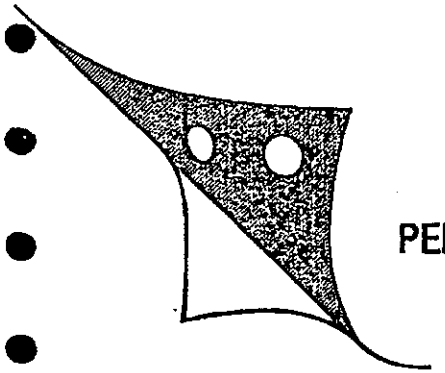
8037 2420 4101

Rev. Date 1/12 • Part #157002 • ©2012 FedEx • PRINTED IN U.S.A. SRF

fedex.com 1.800.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.

HCW WGT 350.3 LB
CAD: /POS1420
DIMS: 0x0x0 IN

BILL SENDER

UNITED STATES US

TO SHOUND SHORE MEDICAL OF WESTCH
GCG
5151 BLAZER PKWY
STE A
DUBLIN OH 43017
(111) 111-1111 REF:
INV:
PO: DEPT:

FedEx Express

THU - 03 OCT 10:30A
PRIORITY OVERNIGHT

TRK# 0200 8037 2420 4101

XX OSUA

43017
OH-US LCK

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. NOV 29 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): Klogix

Name and address where notices should be sent:
Klogix
Attn: Kevin Pouche
233 Harvard St., Suite 308
Brookline MA. 02446
Telephone number: 617-731-6809
Email Address: kpouche@klogixcorp.com

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

Court Claim Number: _____ *(If known)*

Filed on: _____

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

Telephone number:
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.

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

FILED - 01056
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 9041.67

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: Websense renewal purchased for 12 months on 6/20/2013 and $9041.67 is still owed
(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. $ 0

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: Kevin Pouche

Title: COO

Company: Klogix

(Signature) 11-22-13 (Date)

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

233 Harvard St., Suite 308
Brookline MA. 02446

Telephone number: 617-731-6809 email: kpouche@klogixcorp.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. 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(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.

Klogix

233 Harvard Street, Suite 308
Brookline, MA 02446
tosler@klogixcorp.com
617-429-3800

Statement

Date
11/22/2013

To:
Sound Shore Health Systems 16 Guion Place New Rochelle, NY 10802-9982 ATT:Acounts Payable

Amount Due	Amount Enc.
$9,041.67	

Date	Transaction	Amount	Balance
06/25/2013	INV #5257. Due 06/25/2013. Orig. Amount $15,500.00.	9,041.67	9,041.67

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	0.00	0.00	0.00	9,041.67	$9,041.67

Sound Shore

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 Guion Place, New Rochelle, NY 10802-9582
Tel. No. 914-632-5000 Fax No. 914-632-2134

Purchase Order

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, SHIPPING PAPERS, FOR PAYMENT TO BE MADE.

No. NR177496

TO KLOGIX. LLC. 29341
233 HARVARD STREET
SUITE 308
BROOKLINE MS02446
(617) 731-2307

SHIP TO SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY10801
(914)-632-5000

ORDERED 6/20/2013

PAGE 1

TERMS	FREIGHT TERMS	SHIP VIA	CONFIRMED WITH	DEPARTMENT	REQUIRED DATE
	F.O.B. HOSPITAL		EMAIL	H. I. S.	6/20/2013

LINE NO.	ORDER QUANTITY	UNIT	DESCRIPTION	INVENTORY NUMBER	UNIT PRICE	TOTAL COST	COST CENTER NO.	SUB-ACCT. NO.
1	1000	EA	RENEWAL-12 MONTH WEBSENSE WEB FILTER KLWBSN1000RNWL		15.50	15500.00	6635896	
				** TOTAL **		15,500.00		

FXH

DEBTOR IN POSSESSION

IMPORTANT

CONDITIONS

ABOVE ORDER NUMBER MUST APPEAR ON ALL INVOICES, DELIVERY SLIPS, PACKAGES, CORRESPONDENCE, ETC.

PLEASE SUPPLY A MATERIAL SAFETY DATA SHEET FOR CHEMICALS THAT POSE HAZARDS TO WORKERS.
NOTE P.O. # ON DATA SHEET

NOTE:

1. ALL INVOICES ARE TO BE ADDRESSED TO THE HOSPITAL – NOT TO INDIVIDUALS.
2. DELIVERIES ACCEPTED ONLY 9:00 AM TO 4:30 PM.
3. THE HOSPITAL IS EXEMPT FROM STATE SALES TAX EX. 115946.

ANY PRICE DIFFERENCE WILL NOT BE ACCEPTED UNLESS IT IS APPROVED BY THE *PURCHASING DEPARTMENT ONLY.*

COMMENTS:
RACABBO@KLOGIXCORP.COM

Francis J. Dell, Buyer
SIGNATURE

VENDOR

1

Quote# SoundShore 6-11-13

Date 6/11/2013

Valid 6/28/2013

Klogix

Proposal by:

Klogix, LLC
233 Harvard Street, Suite 308
Brookline, MA 02446

Contact: Rich Acabbo
Email: racabbo@klogixcorp.com
Phone: 978-761-1513
Fax: Fax: 914-364-7832

Proposal to:

Sound Shore Health System
18 Guion Place
New Rochelle, NY 10801

Attention: Rich Colely
Phone: (914) 365-3388
Email: rcolely@sshsw.org

Part #	Description	QTY	Per Unit	Total Pricing
	Websense Web Filter 12 Month Renewal			
KL-WBSN-1000-RNWL	Websense Web Filter 12 Month Renewal	1000	$15.50	$15,500.00
	Sub Total :			$15,500.00
	Total Discounted Quote:			$15,500

Customer P.O No NR177496 Date 6/20/13

Customer Name _____

Customer Authorized Signature _____

Terms and Conditions
Net 30 Payment Terms
All Sales Final
Products delivered from the World Wide Web are considered delivered upon the issuance of an activation key.
PROPRIETARY & CONFIDENTIAL NOT TO BE SHARED OR FORWARDED TO ANY PERSONS OTHER THAN THE INTENDED RECIPIENT

DEBTOR IN POSSESSION

K logix

233 Harvard St.
Suite 308
Brookline, MA 02446

Invoice

Invoice Date	Invoice #
6/25/2013	5257

Bill To
Sound Shore Health Systems 16 Guion Place New Rochelle, NY 10802-9982 ATT:Acounts Payable

Ship To
Sound Shore Health System 16 Guion Place New Rochelle, NY 10802-9982 Rich Colety, (914) 365-3368 rcolety@sshsw.org

P.O. No.	Terms	Rep	Due Date
NR177496	CHECK WITH OR...	RRA	6/25/2013

Quantity	Description	Rate	Amount
1,000	Websense Enterprise for 1,000 users for 12-months	15.50	15,500.00

PAYMENT TERMS - "CHECK WITH THE ORDER"

Over due invoices are subject to finance charges.

Subtotal	$15,500.00
Sales Tax (6.25%)	$0.00
Total (USD$)	$15,500.00

Phone #	Fax #	E-mail	Web Site
617-429-3800	617-531-2075	tosler@klogixcorp.com	www.klogixcorp.com

Payment Receipt

K logix, LLC
Suite 308
Brookline, MA 02446
K logix, LLC

Received From:
Sound Shore Medical Center
Sound Shore Health Systems
16 Guion Place
New Rochelle, NY 10802-9982
ATT:Acounts Payable

Date Received	10/17/2013	**Payment Amount**	$6,458.33
Payment Method	Check		
Check/Ref. No.	7037680		

Invoices Paid

Date	Number	Amount Applied
06/25/2013	5257	-$6,458.33

IIIK logix
233 Harvard Street, Suite 308
Brookline, MA 02446

UNITED STATES POSTAGE
PITNEY BOWES
02 1P $000.66⁰
0001040203 NOV 22 2013
MAILED FROM ZIP CODE 02446

Sound Shore Medical Center of Westchester
c/o GCG Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

43017\5982

01013303
SSM0202390889

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

Sound Shore Medical Center of Westchester

Priority: Unknown

Unsecured: Unknown

Contingent / Unliquidated

THE GARDEN CITY GROUP, INC. SEP 17 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): KOLLER VICTORIA

☐ 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:

KOLLER VICTORIA
27 PARK RIDGE AVE
NEW ROCHELLE, NY 10805-1207

Telephone number: 914-632-9618 - cell-914-720-3045

Email Address: VickyK@optonline.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): $_____

FILED - 00862
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.

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: time in bank hours - 930 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. (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: VICTORIA KOLLER (Signature) Victoria Koller (Date) 9/18/13

Title: Dir. Clerk

Company: Sound Shore Medical Center

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

16 Guion Place
New Rochelle, NY 10802

Telephone number: 914 365 3705 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(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.

01013303
SSM0202390889

KOLLER VICTORIA
27 PARK RIDGE AVE
NEW ROCHELLE, NY 10805-1207

N. Kohler
17 Park Ridge Ave
New Rochelle, NY 10802

016H2617149
$00.46⁰
09/13/2013
Mailed From 10801
US POSTAGE
Hasler

Sound Shore Medical Center of Westchester

c/o PCG. Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982

43017598282

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 17 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property):

☐ 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:

ASOK K. LAHIRI, MD.
56 SYCAMORE LANE
IRVINGTON, NY 10533

Telephone number: 914 260 7719
Email Address: AKLahirimd@AOL.com

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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $**_____

FILED - 80866
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

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 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)(__)
As per Contract
① Reembursement for Educational expense
& ② Managing stroke patients in Emergency department

Amount entitled to priority: $ 3479.99

**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: ASOK K. LAHIRI MD

Title: Director of Neurology & Stroke Center

Company: Mount Vernon Hospital

(Signature) (Date) 9/14/2013

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

Same

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.

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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.

Mount Vernon Hospital

12 North Seventh Avenue
Mount Vernon, New York 10550
914-664-8000

CHECK REQUEST

DATE: 2/22/13 PURCHASE ORDER # _____

EXPENSE ACCOUNT: 6690

DEPARTMENT NAME: Medicine

REQUESTED BY: Nick Daddesio [signature]
(type name) (Signature)

AMOUNT OF CHECK: $ 2589.99 + 890 = $3479.99
see attached additional bill

MADE PAYABLE TO: Asok Lahiri

ADDRESS: _____

CHECK SHOULD BE MAILED OR RETURNED TO: Nuala

BRIEF DESCRIPTION OR REASON FOR REQUEST:
Educational Reimbursement for 2011/2012

DEPARTMENT HEAD APPROVAL: [signature]

ADMINISTRATIVE APPROVAL: [signature]

FINANCE APPROVAL: _____

** ATTACH ANY BACK-UP INFORMATION **

sent to A/P 2/22/13

PROZAC®
fluoxetine hydrochloride

Address
Sound Shore Medical of Westchester et al,
c/o GCG, Inc, P.O. Box 9982
Dublin, Ohio 43017-5982

Asok K. Lahiri, M.D.
12 N. 7th Ave
Mt. Vernon, NY 10550

Mr. Nick D'Addesio
COO Mount Vernon Hospital

February 12, 2013

Dear Mr. D'addesio,

Enclosed please find an account of my expenses for educational and Scientific meetings during the year 2011 & 2012.

In addition, you will find my bill for (3) patients that I had to see in the Emergency room.

Please get in touch with me if you have any questions.

Thank you;

Sincerely,

Lahiri

Asok K. Lahiri, M.D.

Please see additional bill for 2013 as requested

Lahiri
9/4/13

Dr Lahire

EDUCATIONAL EXPENSE

2012 · AAN Meeting in New Orleans April 21-27

Airfare - $386.99

AAN - $266.00

Hotel - $159.00 Fee for my personal vacation exchange only

Cab in New Orleans

$ 66.00 Airport to hotel and back

$100.00 Hotel to convention Center and back (5 days)

Carparking in LGA & toll

$150.00

Incidental Expense

$100.00

Brain Attach – Columbia Presbyterian Hospital

Fee $255.00

$ 28.00 Parking

2011 NYS Neurologial Society Meeting

$195.00

$ 24.00 Parking

NYS Stroke Meeting

$140.00

TOTAL $1839.99

Bill for patients seen in ER

1.	Raymond Williams	-12/21/12	- Cerebral Hemorrhage	$250.00
2.	Vancy Thorpe	-12/4/12	- TIA –Given TPA	$250.00
3.	James Allen	- 1/30/13	- Embolic TIA	$250.00
				$750.00

GRAND TOTOL $2589.99

From: Dr. Asok K. Lahiri

TO. Mr. Nick D'Addesio
COO, Mount Vernon Hospital.

Additional bill as requested

2013 Stroke Meeting (June 2013) $140.00

Emergency ER Visit

2013

1. 3/21/13 Vellor Clarke Stroke – TPA given $250.00
2. 3/23/13 Tommie Long - TPA Cerebral HE lev $250.00
3. 3/27/13 Moffel Stroke $250.00

$750.00

Total $890.00

9/4/13

Business Gold Card
ASOK K LAHIRI MD PC
ASOK K LAHIRI
Closing Date 11/06/11

Account Ending 1-93004

Payments and Credits

Summary

	Pay In Full	Pay Over Time ♦	Total
Payments	-$116.11	-$883.89	-$1,000.00
Credits	$0.00	-$0.46	-$0.46
Total Payments and Credits	**-$116.11**	**-$884.35**	**-$1,000.46**

Detail

*indicates posting date ♦ denotes Pay Over Time activity

For more information, visit americanexpress.com/payovertimeinfo

Payments		Amount
10/27/11*	PHONE PAYMENT - THANK YOU	-$1,000.00
Credits		**Amount**
10/27/11*	Credit Adjustment for Purchase Finance Charge EXTENDED PAYMENT OPTION	-$0.46 ♦

New Charges

Summary

	Pay In Full	Pay Over Time ♦	Total
Total New Charges	**$308.30**	**$443.05**	**$751.35**

Detail

♦ denotes Pay Over Time activity

For more information, visit americanexpress.com/payovertimeinfo

ASOK K LAHIRI
Card Ending 1-93004

			Amount
10/09/11	GETTY 73790001 60607MT VERNON NY 9146677575 Description Price AUTOMATED FUEL PUMP $74.02		$74.02
10/10/11	GABYS CAFE 313270612RHINEBECK NY 845-516-4363 Description FOOD/BEVERAGE EXTENDED PAYMENT OPTION		$120.55 ♦
10/13/11	AOL SERVICE 800-827-6364 NY ASSIST.AOL.COM		$6.99
10/13/11 *	HSS-MEDICAL EDUCATIONEW YORK NY 2127742651 Description Price HOSPITAL $195.00 EXTENDED PAYMENT OPTION	NYS News Society Dinner → Stroke Rotter Parking → $24.00	$195.00 ♦
10/15/11	72 STREET 212-490-3460 212-490-3460		$15.00
10/15/11	INTUIT WEBSITE SERVIMENLO PARK CA 800-797-2958		$6.99

Continued on reverse

Detail Continued

* - denotes Pay Over Time activity

			Amount
04/21/12	WILLIAMS SUPERMARKETNEW ORLEANS 5045251628	LA	$22.61 — Neurology
04/25/12	AMERICAN ACADEMY OF SAINT PAUL MEDICAL SERVICE	MN	$30.52
04/26/12	ROYAL PRALINE COMPAN504-525-3890 504-525-3890		$16.61
04/28/12	AIRPORTPARKINGRESERVSUFFIELD 8007275464 Description Price BUSINESS SERVICES $24.03	CT	~~$24.03~~ Neurology
04/29/12	THE MELTING POT 0089WHITE PLAINS 914-993-6358 Description FOOD/BEVERAGE	NY	$67.39
04/30/12	USPS 35413500411242 3IRVINGTON 800-2758777	NY	$18.00
04/30/12	GETTY 73790001 60607MT VERNON 9146677575 Description Price AUTOMATED FUEL PUMP $65.72	NY	$65.72
05/01/12	NYSTA - E-ZPASS -NY STATEN ISLAND 1P-92036417 Description FOR BILLING QUESTIO ACCT: 112304 B	NY	$15.00
05/05/12	GETTY 73790001 60607MT VERNON 9146677575 Description Price AUTOMATED FUEL PUMP $57.02	NY	$57.02

Neurology Meeting 2012

Fees

	Amount
Total Fees for this Period	$0.00

Interest Charged

	Amount
Total Interest Charged for this Period	$0.00

2012 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2012	$0.00
Total Interest in 2012	$0.00

AAN Annual Meeting — April 21 – 27

Air — $343 + 266

Cab LGA Ap & back — 150.02

Hotel → Embassy $154 — 1 week

Continued on next page

ASOK K LAHIRI

Detail Continued

◆ - denotes Pay Over Time activity

			Amount
03/04/12	GETTY 73790001 60607MT VERNON 9146677575 Description Price AUTOMATED FUEL PUMP $40.15	NY	$40.15
03/06/12	NYSTA - E-ZPASS -NY STATEN ISLAND 1P-87021600 Description FOR BILLING QUESTIO ACCT: 112304 B	NY	$15.00
03/06/12	NY PRESBYTERIAN HOSPNEW YORK 212-585-6382 OPEN EXTENDED PAYMENT OPTION	NY	$225.00 ◆

Stroke Meeting
NY Academy of Medicine
Parking 1 $28

Fees

	Amount
Total Fees for this Period	**$0.00**

Interest Charged

	Amount
Total Interest Charged for this Period	**$0.00**

2012 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2012	$0.00
Total Interest in 2012	$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Extended Payment Option	15.24% (v)	$0.00	$0.00
OPEN Extended Payment Option	18.24% (v)	$0.00	$0.00
Total			**$0.00**

(v) Variable Rate

Important Notice

Information on Pay Over Time Features

You may have access to one or more Pay Over Time Features as part of your Card account. The following are the current Annual Percentage Rates (APRs) for Pay Over Time Features. (v) indicates variable rate.

For OPEN Extended Payment Option, the APR is 18.24% (v).

Please refer to page 2 for further important information regarding your account

Business Gold Card
ASOK K LAHIRI MD PC
ASOK K LAHIRI
Closing Date 07/07/11

OPEN

Account Ending 1-93004

Payments and Credits

Summary

	Pay In Full	Pay Over Time ♦	Total
Payments	-$696.12	$0.00	-$696.12
Credits	$0.00	$0.00	$0.00
Total Payments and Credits	**-$696.12**	**$0.00**	**-$696.12**

Detail

*Indicates posting date

Payments		Amount
06/30/11*	PHONE PAYMENT - THANK YOU	-$696.12

New Charges

Summary

	Pay In Full	Pay Over Time ♦	Total
Total New Charges	**$624.16**	**$0.00**	**$624.16**

Detail

ASOK K LAHIRI
Card Ending 1-93004

			Amount
06/09/11	PAYPAL *AMERICANHEA 4029357733 CA 402-935-7733 Description CHARITY	Strike meeting registration American Health Association in Marriott Westchester	$140.00
06/11/11	GETTY 00116001 60600ELMSFORD NY 9143455908 Description Price SERVICE STATION $63.84		$63.84
06/13/11	AOL SERVICE 800-827-6364 NY ASSIST.AOL.COM		$4.99
06/14/11	TWX*KJ886R*TIME MAG MAGAZINE SUB 800-607-9869 10019 VIP SERVICE (6 MONTHS)		$49.00
06/15/11	INTUIT WEBSITE SERVIMENLO PARK CA 800-797-2958		$6.99
06/16/11	GETTY 73790001 60607MT VERNON NY 9146677575 Description Price AUTOMATED FUEL PUMP $59.96		$59.96
06/18/11	ROYAL PALACE 0281001WHITE PLAINS NY 9142891988		$78.39
06/23/11	GETTY 73790001 60607MT VERNON NY 9146677575 Description Price AUTOMATED FUEL PUMP $60.25		$60.25
06/24/11	TWX*KJ886R*ART IN AMMAGAZINE SUB 800-607-9869 10019 VIP SERVICE (6 MONTHS)	(Ref no) ~~10496298~~ - Cancelled Ref no	$30.00

Continued on reverse

From: Delta Air Lines <DeltaAirLines@e.delta.com>
To: aklahirimd <aklahirimd@aol.com>
Subject: ASOK K NYC-LAGUARDIA 21APR12
Date: Wed, Mar 28, 2012 9:52 pm

Comment/Complaint ? | Add to Address Book ?

DELTA

delta.com My Trips Earn Miles

YOUR ITINERARY AND RECEIPT

To access your boarding pass at the airport, print email now and scan at a Delta self-service kiosk.

Please review this information before your trip. If you need to contact Delta or check your flight information, go to delta.com or call 1-800-221-1212. For a complete list of world wide phone numbers, please visit www.delta.com/contact _us.

You can exchange, reissue and refund eligible electronic tickets at delta.com. Take control and make changes to your itineraries at delta.com/itineraries.

You can check in for your flight up to 24 hours prior to departure time. Check in online by clicking the link below or download the Fly Delta app here. You can also use the app to change seats, track your bag, view your flight status and so much more.

Thanks for choosing Delta.

Flight Confirmation #: **GHVTRD** | Ticket #: **00621951844581**

CHECK IN ONLINE >

Your Flight Information

Sat 21APR

LV **12:00N**	NYC-LAGUARDIA	AR **2:31pm**	NEW ORLEANS	**DELTA 1705** ECONOMY (T) **Confirmed** Snacks For Sale

Fri 27APR

LV **11:15am**	NEW ORLEANS	AR **3:12pm**	NYC-LAGUARDIA	**DELTA 2006** ECONOMY (L) **Confirmed** Snacks For Sale

---

Your Flight Details

Manage Trip >

Passenger Details **Seats**

Flights

ASOK K LAHIRI	DELTA 1705	***
SkyMiles #*******164	DELTA 2006	***

***Visit delta.com or use the Fly Delta app to view, select or change your seat

Receipt Information

Billing Details

Passenger:	**Payment Method:**	**Ticket Number:**
ASOK K LAHIRI	AX**********3004	**00621951844581**

FARE:	**277.21 USD**
Tax:	**42.39**
Total:	**319.60 USD**

NON-REF/CHANGE FEE/PENALTY

This ticket is non-refundable unless issued at a fully refundable fare. Any change to your itinerary may require payment of a change fee and increased fare. Failure to appear for any flight without notice to Delta will result in cancellation of your remaining reservation.

Note: When using certain vouchers to purchase tickets, remaining credits may not be refunded. Additional charges and/or credits may apply and are displayed in the sections below.

Tax Details

Total Tax: **42.39**

Itemized Tax: 5.00 AY 9.00 XF 7.60 ZP 20.79 US

Fare Details

NYC DL MSY110.70TD14X3SP DL NYC166.51LD14A0NP USD277.21END ZP LGAMSY XF LGA4.5MSY4.5

Service Charges/Fees

319 60
25 00 luggage
42 39
386.99

Service Charges/Fee# 00621951844581

Fees: **25.00 USD**

Total: **25.00 USD**

Non-Transferrable. Retain this receipt for your records. The amount above is the total of any nonrefundable service charges or fees paid in conjunction with issuance, exchange or refund of the following tickets/documents, including any direct ticket charge included in the fare you were quoted.

ASOK K. LAHIRI MD
56 SYCAMORE LN
IRVINGTON
NY. 10533

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

7011 2000 0000 6468 4603

UNITED STATES POSTAL SERVICE

1000 43017

U.S. POSTAGE
PAID
IRVINGTON,NY
10533
SEP 14 13
AMOUNT
$7.17
00014958-04

eadyPost.

To: Sound Shore Medical of Westchester et al
c/o GCG, Inc., P.O. Box 9982
Dublin, Ohio 43017-5982

01001577 138.8
SSM0202680434

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One): — **Case No.**

- [x] Sound Shore Medical Center of Westchester — 13-22840
- [ ] The Mount Vernon Hospital, Inc. — 13-22841
- [ ] Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- [ ] The M.V.H. Corporation — 13-22843
- [ ] Sound Shore Health System, Inc. — 13-22844
- [ ] NRHMC Services Corporation — 13-22845
- [ ] New Rochelle Sound Shore Housing, LLC — 13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 20 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): MARYLU LEPORE

[ ] 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:

MARYLU LEPORE
32 EDGEWOOD PARK
NEW ROCHELLE, NY 10801-4809

Telephone number:
Email Address:

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____

FILED - 00877
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.

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: BANKED Time owed to me
(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).
- [x] 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)(__).

138.8 hrs @ 16.8943 an hr.

Amount entitled to priority: $ 2345.

**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: MARY Lu LePORE Mary Lu LePore 9/9/2013

Title: _____ (Signature) (Date)

Company: SOUND SHORE MEDICAL CENTER

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(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.

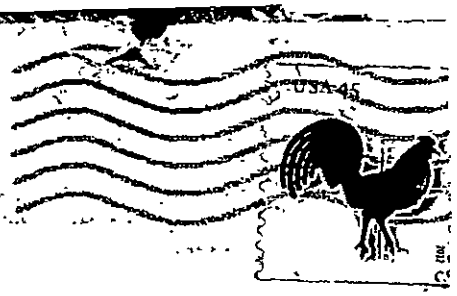
01001577
SSM0202680434

MARYLU LEPORE
32 EDGEWOOD PARK
NEW ROCHELLE, NY 10801-4809

LePORE, MARYLIN
Edgewood Park
New Rochelle, NY
10801

WESTCHESTER NY 105

16 SEP 2013 PM 6 T



Sound Shore MEDICAL Center of Westchester
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

43017\35982

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):

	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 30 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): MARYLU LEPORE

☐ 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:

MARYLU LEPORE
32 EDGEWOOD PARK
NEW ROCHELLE, NY 10801-4809

Telephone number:

Email Address:

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 payment should be sent (if different from above):

FILED - 81010
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): $_____

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: BANKED TIME owed to me - 138.8 hrs Banked
(See instruction #2) also 450 hrs sick time

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: $ 2345 —

138.8 hrs
also 450 hrs sick time - 7560.00

*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. $_____

Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, Ohio 43017-5982
SSM0204540215

MARYLU LEPORE
32 EDGEWOOD PARK
NEW ROCHELLE, NY 10801-4809

Please see attached revised also 450 SICK BANK hrs. - TOTALS - $ 7560.00

Re: Sound Shore Medical Center of Westchester, *et al.* - *Case No. ROBERT D. DRAIN (the "Debtor")*

GCG, Inc. **("GCG")** is the claims and noticing agent in the Debtor's Chapter 11 proceeding. Your proof of claim form (the **"Claim"**) has been received and recorded as follows:

Date Received: 09/20/2013
Claim Number: 877

Please be advised that the first page of your Claim is accessible to the public through the case administration website, www.gcginc.com/cases/soundshore/. *You are strongly encouraged to review your claim on the website by clicking on the Claims Register/Creditor Search link and then entering your claim* number. Please contact GCG toll free at (866) 300-1288 or by email at SoundShoreInfo@gcginc.com if your claim includes any personally identifiable information ("PII"). PII includes a social security number, driver's license number, account number, credit or debit card information (including password, access code or PIN#), etc. At your direction, GCG will redact the PII from your Claim. GCG, however, is not authorized to provide legal advice or instructions regarding preparation or modification of your Claim.

**Please note that this acknowledgement is not an indication that your Claim has been accepted or allowed as filed. All claims must be submitted in hard copy, either by mail or hand delivery. Claims submitted via email or facsimile may be objected to and disallowed on that basis. If your claim was submitted via email or facsimile, you must submit a hard copy on or before the bar date for filing claims in this case. All claims are subject to review and possible objection. A claim may be removed from the claims register if a claim is found to be a duplicate of another filed claim by the same creditor. It is the claimant's obligation to continually check and review any claims filed on the claims register.*

GCG, Inc.

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

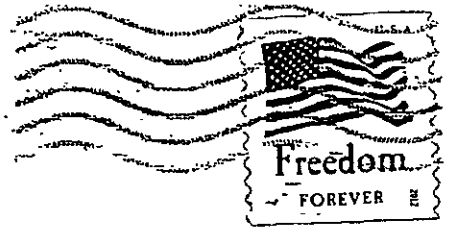
The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

LePORE, MARY Lu
2 Edgewood Park
New Rochelle, NY
10801

WESTCHESTER NY 105
25 SEP 2013 PM 3 L



Sound Shore MEDICAL Center of Westchester
c/o GCG, Inc,
P.O. Box 9982
Dublin, Ohio
43017-5982

43017598282

01006846
SSM0202994423

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One): | **Case No.**

- ☐ Sound Shore Medical Center of Westchester — 13-22840
- ☐ The Mount Vernon Hospital, Inc. — 13-22841
- ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- ☐ The M.V.H. Corporation — 13-22843
- ☐ Sound Shore Health System, Inc. — 13-22844
- ☐ NRHMC Services Corporation — 13-22845
- ☐ New Rochelle Sound Shore Housing, LLC — 13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. NOV - 8 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): LIFE NET

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

Name and address where notices should be sent:

LIFE NET
1864 CONCERT DR
VIRGINIA BCH, VA 23453-1903

Telephone number:
Email Address:

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 payment should be sent (if different from above):

FILED - 01042
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): $ 25,229.75

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 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. (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: Kim Check (Signature) 11/4/13 (Date)

Title: Accounts Receivable Specialist

Company: Life Net health

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

Telephone number: _____ email: Kimberly-check@LifeNethealth.org

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(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.

01006846
SSM0202994423

LIFE NET
1864 CONCERT DR
VIRGINIA BCH, VA 23453-1903

LifeNet Health
Saving Lives, Restoring Health

LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

Invoice

1864 Concert Dr
Virginia Beach VA 23453

Bill-To-Party: 119121
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801
USA

Ship-To-Party: 119121
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PLACE
NEW ROCHELLE NY 10801
USA

Information

Invoice No.	90167904
Invoice Date	02/07/2013
Ship Date	02/08/2013
Ordered By	MILANI
PO No	NR175221
Term of Payment	Net due in 30 days
Ref Sales Order No. (Date)	184533 (02/06/2013)

Tracking Numbers: 1ZA9R6331500102962

Material/Description	Quantity	Unit Price Curr	Ext Price Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1217342-1004	1 EA	$ 1,370.70 USD	$ 1,370.70 USD
FREIGHT ND EAM Freight, Next Day Early AM	1 EA	$ 35.00 USD	$ 35.00 USD
	Subtotal (USD)		$ 1,405.70
	Total Amount (USD)		$ 1,405.70

Please Remit To: LIFENET HEALTH P.O. Box 79636 BALTIMORE, MD 21279-0636 TO ENSURE PROPER CREDIT-PLEASE NOTE INVOICE NUMBER ON YOUR REMITTANCE. WE ACCEPT VISA AND MASTERCARD. IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CALL ACCOUNTS RECEIVABLE AT 1-800-847-7831 OR 757-464-4761, EXT 4444. Prices included on this invoice are net of applicable discounts.

LifeNet Health
Saving Lives, Restoring Health

LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90190240
Invoice Date	05/13/2013
Ship Date	05/14/2013
Ordered By	HALL
PO No	NR176966
Term of Payment	Net due in 30 days
Ref Sales Order No. (Date)	207887 (05/13/2013)

Bill-To-Party: 119121
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801
USA

Ship-To-Party: 119121
SOUND SHORE MEDICAL CENTER
OPERATING ROOM
16 GUION PLACE
NEW ROCHELLE NY 10801
USA

Tracking Numbers: 1ZA9R6330101429625

Material/Description	Quantity	Unit Price Curr	Ext Price Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1311336-1005,1311453-1005	2 EA	$ 1,370.70 USD	$ 2,741.40 USD
	Subtotal (USD)		$ 2,741.40
	Total Amount (USD)		$ 2,741.40

Please Remit To: LIFENET HEALTH P.O. Box 79636 BALTIMORE, MD 21279-0636 TO ENSURE PROPER CREDIT-PLEASE NOTE INVOICE NUMBER ON YOUR REMITTANCE. WE ACCEPT VISA AND MASTERCARD. IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CALL ACCOUNTS RECEIVABLE AT 1-800-847-7831 OR 757-464-4761, EXT 4444. Prices included on this invoice are net of applicable discounts.

LifeNet Health®
Saving Lives, Restoring Health

LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90150681
Invoice Date	11/15/2012
Ship Date	11/16/2012
Ordered By	VALLARIO
PO No	MV25130
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 165159 (11/15/2012)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6331500096041

Material/Description	Quantity	Unit Price Curr	Ext Price Curr
FlexiGRAFT FATB10 Pre-Shaped Achilles.Ten 10 1212037-1007	1 EA	$ 2,515.50 USD	$ 2,515.50 USD
FREIGHT ND EAM Freight, Next Day Early AM	1 EA	$ 35.00 USD	$ 35.00 USD
	Subtotal (USD)		$ 2,550.50
	Total Amount (USD)		$ 2,550.50

Please Remit To: LIFENET HEALTH P.O. Box 79636 BALTIMORE, MD 21279-0636 TO ENSURE PROPER CREDIT- PLEASE NOTE INVOICE NUMBER ON YOUR REMITTANCE. WE ACCEPT VISA AND MASTERCARD. IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CALL ACCOUNTS RECEIVABLE AT 1-800-847-7831 OR 757-464-4761, EXT 4444. Prices included on this invoice are net of applicable discounts.

GENERAL TERMS AND CONDITIONS

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2. **Payment.** Payment terms are net thirty (30) days from the date of the invoice for domestic and Canadian accounts with approved credit. For international customers, payment shall be made at the time of Placement of the order by credit card or wire or as per terms of individual contracts. LifeNet Health accepts Visa and Mastercard only. Payments shall be in the currency as stated on the invoice. For account inquiries, please call 1.800.847.7831 or 757.464.4761 and ask for Accounts Receivable. All payments should be made (payable to Life Net Health) to: Life Net Health - P.O. Box 79636 - Baltimore, MD 21279-0636. For wire payment, please send wire to: Bank: SunTrust Bank - Richmond, Virginia 23294 (For wires in USA: ABA #061 0001 04) - For International wires: ABA #SNTRUS3A- FBO: Life Net Health- Account# 000511793. Do not send correspondence to the payment address- this is a lockbox for payments only. Correspondence to LifeNet Health should be mailed to: LifeNet Health, 1864 Concert Drive, Virginia Beach, Virginia 23453.
3. **Delivery And Terms of Sale.** For domestic sales, all of the Products shall be delivered to Customer F.O.B. shipping point and title and risk of loss shall pass to Customer immediately upon shipment of the products to carrier. Customer shall be responsible for all shipping and handling charges arising from the shipment of the Products to Customer and any applicable shipping and handling charges shall be billed to Customer in addition to any other charges, including, but not limited to, the processing fee for the Products. For international sales: (i) all Products shall be sold F.O.B. shipping point as such term is defined in Incoterms published by the International Chamber of Commerce, Paris, France in effect at the time of purchase and title and risk of loss shall pass to Customer immediately upon shipment of the Products to carrier; (ii) Customer shall be responsible for all shipping and handling charges; (iii) Customer shall be responsible for all customs and import tariffs, duties, import fees and similar charges, and all taxes, VAT and other government charges of any nature; and (iv) Customer shall be responsible for clearance of the Product through customs and other import requirements in the country of import and for compliance with all other laws in Customer's country related to the import, sale, distribution and use of the Products in such country.
4. **Processing Fees and Discount Disclosure.** Customer acknowledges that provisions of federal or state law may apply if discounts, credits, rebates or other purchase incentives are received by Customer for Products or services paid for by federal or state health care programs. Customer agrees to comply with all applicable provisions of such laws, including but not limited to, applicable reporting requirements under 42 U.S.C. §1320a-7b(b) and 42 U.S.C. §1001.952(h) with respect to discounts, credits, rebates or incentives from LifeNet Health, which may be disclosed on this invoice or in any related agreement, commitment, notice or statement. On the attached invoice, any applicable discount is reported in the processing fees owed as net discount.
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7. **Resale.** The resale of the Products by unauthorized distributors is strictly prohibited. For international sales, Customer shall not be permitted to sell, resell, re-export or otherwise transfer any portion of the Product to any country other than the country to which the initial sale to the Customer is made by LifeNet Health without the express written consent of LifeNet Health.
8. **Limited Warranty.** LifeNet Health warrants that the Products have been collected, processed, stored, and distributed according to the Standards for Tissue Banking set forth by the American Association of Tissue Banks and Title 21 , Code of Federal Regulations (CFR) part 1270, Human Tissue Intended for Transplantation and Part 1271, Establishment Registration and Listing. LifeNet Health makes no claims concerning the biologic or biomechanical properties of the Products. THE FOREGOING WARRANTY IS PROVIDED EXPRESSLY IN LIEU OF, AND LIFENET HEALTH DOES NOT MAKE AND HEREBY DISCLAIMS AND EXCLUDES, ANY OTHER WARRANTY RELATING TO THE PRODUCTS, WHETHER VERBAL OR WRITTEN, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY, SUITABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NO AFFIRMATION, WHETHER BY WORDS OR ACTIONS, BY LIFENET HEALTH, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, SHALL CONSTITUTE A WARRANTY. The above warranty shall be limited to a period of one year and any claims made after such one year period shall be invalid.
9. **Limitation of Liability.** Under NO circumstances, whether arising in contract, tort (including negligence), equity or otherwise, will LifeNet Health be responsible to Customer or any third party for any claim for any special, incidental, indirect or consequential damages arising directly or indirectly out of or resulting from the invoice, the provision or use of the Products, or any delay in shipment or delivery. Further, Customer acknowledges and agrees that LifeNet Health is not responsible for any failure or omission due to any cause beyond its reasonable control whatsoever, such as labor strikes, shortage of materials, inclement weather, interruption in electrical service, acts of God, war, terrorism, or similar force majeure events.
10. **Indemnification.** To the fullest extent permitted by law, Customer shall indemnify and hold harmless LifeNet Health, its agents and its employees from and against all claims, damages, losses, and expenses (including but not limited to reasonable attorney's fees and costs) arising out of and/or resulting from the use or inability to use the Products or Customer#s violations of applicable law, provided that such claim, damage, loss or expense is not caused by the sole negligence of LifeNet Health.
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12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 104221
MT. VERNON HOSPITAL
ATTN: NINA / OPERATING ROOM
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Information

Invoice No.	90155447
Invoice Date	12/10/2012
Ship Date	12/11/2012
Ordered By	JEFFERSON
PO No	MV25219
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 170749 (12/10/2012)

Tracking Numbers: 1ZA9R6331500097808

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FGRACILIS Gracilis Tendon 1216433-1000	1 EA	$ 1,070.00	USD	$ 1,070.00	USD
FREIGHT ND EAM Freight, Next Day Early AM	1 EA	$ 35.00	USD	$ 35.00	USD
	Subtotal (USD)			$ 1,105.00	
	Total Amount (USD)			$ 1,105.00	

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ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Information

Invoice No.	90164206
Invoice Date	01/22/2013
Ship Date	01/23/2013
Ordered By	
PO No	MV25383
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 179483 (01/17/2013)

Tracking Numbers: 1ZA9R6330101328038

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1213284-1003	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90171437
Invoice Date	02/26/2013
Ship Date	02/27/2013
Ordered By	HOBAN
PO No	MV25503
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 187141 (02/19/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101360323

Material/Description	Quantity	Unit Price Curr	Ext Price Curr
MatriGRAFT FHH Humeral Head 1115349-0011	1 EA	$ 1,049.75 USD	$ 1,049.75 USD
	Subtotal (USD)		$ 1,049.75
	Total Amount (USD)		$ 1,049.75

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4. **Processing Fees and Discount Disclosure.** Customer acknowledges that provisions of federal or state law may apply if discounts, credits, rebates or other purchase incentives are received by Customer for Products or services paid for by federal or state health care programs. Customer agrees to comply with all applicable provisions of such laws, including but not limited to, applicable reporting requirements under 42 U.S.C. §1320a-7b(b) and 42 U.S.C. §1001.952(h) with respect to discounts, credits, rebates or incentives from LifeNet Health, which may be disclosed on this invoice or in any related agreement, commitment, notice or statement. On the attached invoice, any applicable discount is reported in the processing fees owed as net discount.
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7. **Resale.** The resale of the Products by unauthorized distributors is strictly prohibited. For international sales, Customer shall not be permitted to sell, resell, re-export or otherwise transfer any portion of the Product to any country other than the country to which the initial sale to the Customer is made by LifeNet Health without the express written consent of LifeNet Health.
8. **Limited Warranty.** LifeNet Health warrants that the Products have been collected, processed, stored, and distributed according to the Standards for Tissue Banking set forth by the American Association of Tissue Banks and Title 21 , Code of Federal Regulations (CFR) part 1270, Human Tissue Intended for Transplantation and Part 1271, Establishment Registration and Listing. LifeNet Health makes no claims concerning the biologic or biomechanical properties of the Products. THE FOREGOING WARRANTY IS PROVIDED EXPRESSLY IN LIEU OF, AND LIFENET HEALTH DOES NOT MAKE AND HEREBY DISCLAIMS AND EXCLUDES, ANY OTHER WARRANTY RELATING TO THE PRODUCTS, WHETHER VERBAL OR WRITTEN, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY, SUITABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NO AFFIRMATION, WHETHER BY WORDS OR ACTIONS, BY LIFENET HEALTH, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, SHALL CONSTITUTE A WARRANTY. The above warranty shall be limited to a period of one year and any claims made after such one year period shall be invalid.
9. **Limitation of Liability.** Under NO circumstances, whether arising in contract, tort (including negligence), equity or otherwise, will LifeNet Health be responsible to Customer or any third party for any claim for any special, incidental, indirect or consequential damages arising directly or indirectly out of or resulting from the invoice, the provision or use of the Products, or any delay in shipment or delivery. Further, Customer acknowledges and agrees that LifeNet Health is not responsible for any failure or omission due to any cause beyond its reasonable control whatsoever, such as labor strikes, shortage of materials, inclement weather, interruption in electrical service, acts of God, war, terrorism, or similar force majeure events.
10. **Indemnification.** To the fullest extent permitted by law, Customer shall indemnify and hold harmless LifeNet Health, its agents and its employees from and against all claims, damages, losses, and expenses (including but not limited to reasonable attorney's fees and costs) arising out of and/or resulting from the use or inability to use the Products or Customer#s violations of applicable law, provided that such claim, damage, loss or expense is not caused by the sole negligence of LifeNet Health.
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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90171438
Invoice Date	02/26/2013
Ship Date	02/27/2013
Ordered By	HOBAN
PO No	MV25502
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 187143 (02/19/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101360234

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1310174-1003	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90175016
Invoice Date	03/12/2013
Ship Date	03/13/2013
Ordered By	MILANI
PO No	MV25591
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 191915 (03/08/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 104221
MT. VERNON HOSPITAL
ATTN: OPERATING ROOM
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101373855

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FGL GraftLink 1214949-1010	1 EA	$ 2,175.00	USD	$ 2,175.00	USD
	Subtotal (USD)			$ 2,175.00	
	Total Amount (USD)			$ 2,175.00	

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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90178350
Invoice Date	03/26/2013
Ship Date	03/27/2013
Ordered By	HOBAN
PO No	MV25628
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 193253 (03/14/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101385879

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FGRACILIS Gracilis Tendon 1212854-1006	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Information

Invoice No.	90178791
Invoice Date	03/27/2013
Ship Date	03/28/2013
Ordered By	HOBAN
PO No	MV25663
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 195837 (03/25/2013)

Tracking Numbers: 1ZA9R6330101387699

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
ArthroFLEX AFLEX401 Decellularized Dermis 1115872-0097	1 EA	$ 2,232.50	USD	$ 2,232.50	USD
	Subtotal (USD)			$ 2,232.50	
	Total Amount (USD)			$ 2,232.50	

Please Remit To: LIFENET HEALTH P.O. Box 79636 BALTIMORE, MD 21279-0636 TO ENSURE PROPER CREDIT- PLEASE NOTE INVOICE NUMBER ON YOUR REMITTANCE. WE ACCEPT VISA AND MASTERCARD. IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CALL ACCOUNTS RECEIVABLE AT 1-800-847-7831 OR 757-464-4761, EXT 4444. Prices included on this invoice are net of applicable discounts.

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3. **Delivery And Terms of Sale.** For domestic sales, all of the Products shall be delivered to Customer F.O.B. shipping point and title and risk of loss shall pass to Customer immediately upon shipment of the products to carrier. Customer shall be responsible for all shipping and handling charges arising from the shipment of the Products to Customer and any applicable shipping and handling charges shall be billed to Customer in addition to any other charges, including, but not limited to, the processing fee for the Products. For international sales: (i) all Products shall be sold F.O.B. shipping point as such term is defined in Incoterms published by the International Chamber of Commerce, Paris, France in effect at the time of purchase and title and risk of loss shall pass to Customer immediately upon shipment of the Products to carrier; (ii) Customer shall be responsible for all shipping and handling charges; (iii) Customer shall be responsible for all customs and import tariffs, duties, import fees and similar charges, and all taxes, VAT and other government charges of any nature; and (iv) Customer shall be responsible for clearance of the Product through customs and other import requirements in the country of import and for compliance with all other laws in Customer's country related to the import, sale, distribution and use of the Products in such country.
4. **Processing Fees and Discount Disclosure.** Customer acknowledges that provisions of federal or state law may apply if discounts, credits, rebates or other purchase incentives are received by Customer for Products or services paid for by federal or state health care programs. Customer agrees to comply with all applicable provisions of such laws, including but not limited to, applicable reporting requirements under 42 U.S.C. §1320a-7b(b) and 42 U.S.C. §1001.952(h) with respect to discounts, credits, rebates or incentives from LifeNet Health, which may be disclosed on this invoice or in any related agreement, commitment, notice or statement. On the attached invoice, any applicable discount is reported in the processing fees owed as net discount.
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1864 Concert Dr
Virginia Beach VA 23453

Invoice

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR / NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Information

Invoice No.	90181147
Invoice Date	04/06/2013
Ship Date	04/08/2013
Ordered By	JEFFERSON
PO No	MV25651
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 194726 (03/20/2013)

Tracking Numbers: 1ZA9R6330101396876

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
ArthroFLEX AFLEX101 Decellularized Dermis 1211065-0114	1 EA	$ 2,375.00	USD	$ 2,375.00	USD
	Subtotal (USD)			$ 2,375.00	
	Total Amount (USD)			$ 2,375.00	

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Invoice

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Information

Invoice No.	90186408
Invoice Date	04/27/2013
Ship Date	04/29/2013
Ordered By	HOBAN
PO No	MV25792
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 203752 (04/25/2013)

Tracking Numbers: 434461261823

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1311170-1004	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal. (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

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LifeNet Health of Florida
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Skin and Wound Allograft Institute

1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90186409
Invoice Date	04/27/2013
Ship Date	04/29/2013
Ordered By	HOBAN
PO No	MV25793
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 203754 (04/25/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 434461261764

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1311106-1005	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

Please Remit To: LIFENET HEALTH P.O. Box 79636 BALTIMORE, MD 21279-0636 TO ENSURE PROPER CREDIT- PLEASE NOTE INVOICE NUMBER ON YOUR REMITTANCE. WE ACCEPT VISA AND MASTERCARD. IF YOU WISH TO PAY BY CREDIT CARD, PLEASE CALL ACCOUNTS RECEIVABLE AT 1-800-847-7831 OR 757-464-4761, EXT 4444. Prices included on this invoice are net of applicable discounts.

GENERAL TERMS AND CONDITIONS

LifeNet Health helps to save lives and restore health for thousands of patients each year. From organ procurement to new innovations in bio-implant technologies and cellular therapies to being a leader in the field of regenerative medicine, we are the world's most trusted provider of transplant solutions while always honoring the donors and healthcare professionals that allow the healing process.

PLEASE READ THIS DOCUMENT CAREFULLY. IT CONTAINS VERY IMPORTANT INFORMATION ABOUT YOUR RIGHTS AND OBLIGATIONS, AS WELL AS LIMITATIONS AND EXCLUSIONS THAT MAY APPLY TO YOU.

1. **Acceptance of Terms and Conditions.** The provision of the allograft tissue products (the #Products#) indicated on the face of this invoice to customer (#Customer#) is expressly made conditional upon Customer's agreement to any existing agreement in place between LifeNet Health and Customer. If there is not an agreement in place, these Terms and Conditions shall govern and control the Products provided by Life Net Health to the Customer. In the event of any conflict between these Terms and Conditions and Customer#s purchase order, these Terms and Conditions shall control.
2. **Payment.** Payment terms are net thirty (30) days from the date of the invoice for domestic and Canadian accounts with approved credit. For international customers, payment shall be made at the time of Placement of the order by credit card or wire or as per terms of individual contracts. LifeNet Health accepts Visa and Mastercard only. Payments shall be in the currency as stated on the invoice. For account inquiries, please call 1.800.847.7831 or 757.464.4761 and ask for Accounts Receivable. All payments should be made (payable to Life Net Health) to: Life Net Health - P.O. Box 79636 - Baltimore, MD 21279-0636. For wire payment, please send wire to: Bank: SunTrust Bank - Richmond, Virginia 23294 (For wires in USA: ABA #061 0001 04) - For international wires: ABA #SNTRUS3A- FBO: Life Net Health- Account# 000511793. Do not send correspondence to the payment address- this is a lockbox for payments only. Correspondence to LifeNet Health should be mailed to: LifeNet Health, 1864 Concert Drive, Virginia Beach, Virginia 23453.
3. **Delivery And Terms of Sale.** For domestic sales, all of the Products shall be delivered to Customer F.O.B. shipping point and title and risk of loss shall pass to Customer immediately upon shipment of the products to carrier. Customer shall be responsible for all shipping and handling charges arising from the shipment of the Products to Customer and any applicable shipping and handling charges shall be billed to Customer in addition to any other charges, including, but not limited to, the processing fee for the Products. For international sales; (i) all Products shall be sold F.O.B. shipping point as such term is defined in Incoterms published by the International Chamber of Commerce, Paris, France in effect at the time of purchase and title and risk of loss shall pass to Customer immediately upon shipment of the Products to carrier; (ii) Customer shall be responsible for all shipping and handling charges; (iii) Customer shall be responsible for all customs and import tariffs, duties, import fees and similar charges, and all taxes, VAT and other government charges of any nature; and (iv) Customer shall be responsible for clearance of the Product through customs and other import requirements in the country of import and for compliance with all other laws in Customer's country related to the import, sale, distribution and use of the Products in such country.
4. **Processing Fees and Discount Disclosure.** Customer acknowledges that provisions of federal or state law may apply if discounts, credits, rebates or other purchase incentives are received by Customer for Products or services paid for by federal or state health care programs. Customer agrees to comply with all applicable provisions of such laws, including but not limited to, applicable reporting requirements under 42 U.S.C. §1320a-7b(b) and 42 U.S.C. §1001.952(h) with respect to discounts, credits, rebates or incentives from LifeNet Health, which may be disclosed on this invoice or in any related agreement, commitment, notice or statement. On the attached invoice, any applicable discount is reported in the processing fees owed as net discount.
5. **Allograft Bio-Implant Return and Credit Policy.** All returns and credits shall be governed by Life Net Health's Allograft Bio-Implant Return and Credit Policy (the "Return Policy"), a copy of which is enclosed with Customer's shipment. LifeNet Health shall only accept returned Products for credit provided that the Products have, in LifeNet Health's discretion, been consistently stored, maintained and the Return Policy procedures have been followed.
6. Inspection of Products. Customer agrees to inspect the Products immediately upon receipt. If the shipment shows any external signs of damage, Customer shall accept the shipment only after the carrier has noted the damage in writing on all copies of the delivery receipt and Customer has requested an inspection of the shipment by the carrier. ANY CLAIMS FOR SHIPPING DAMAGE MUST BE MADE TO LIFENET HEALTH CLIENT SERVICES (1.888.847.7831) WITHIN 24 HOURS OF CUSTOMER'S RECEIPT OF THE PRODUCTS.
7. **Resale.** The resale of the Products by unauthorized distributors is strictly prohibited. For international sales, Customer shall not be permitted to sell, resell, re-export or otherwise transfer any portion of the Product to any country other than the country to which the initial sale to the Customer is made by LifeNet Health without the express written consent of LifeNet Health.
8. **Limited Warranty.** LifeNet Health warrants that the Products have been collected, processed, stored, and distributed according to the Standards for Tissue Banking set forth by the American Association of Tissue Banks and Title 21 , Code of Federal Regulations (CFR) part 1270, Human Tissue Intended for Transplantation and Part 1271, Establishment Registration and Listing. LifeNet Health makes no claims concerning the biologic or biomechanical properties of the Products. THE FOREGOING WARRANTY IS PROVIDED EXPRESSLY IN LIEU OF, AND LIFENET HEALTH DOES NOT MAKE AND HEREBY DISCLAIMS AND EXCLUDES, ANY OTHER WARRANTY RELATING TO THE PRODUCTS, WHETHER VERBAL OR WRITTEN, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY, SUITABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NO AFFIRMATION, WHETHER BY WORDS OR ACTIONS, BY LIFENET HEALTH, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, SHALL CONSTITUTE A WARRANTY. The above warranty shall be limited to a period of one year and any claims made after such one year period shall be invalid.
9. **Limitation of Liability.** Under NO circumstances, whether arising in contract, tort (including negligence), equity or otherwise, will LifeNet Health be responsible to Customer or any third party for any claim for any special, incidental, indirect or consequential damages arising directly or indirectly out of or resulting from the invoice, the provision or use of the Products, or any delay in shipment or delivery. Further, Customer acknowledges and agrees that LifeNet Health is not responsible for any failure or omission due to any cause beyond its reasonable control whatsoever, such as labor strikes, shortage of materials, inclement weather, interruption in electrical service, acts of God, war, terrorism, or similar force majeure events.
10. **Indemnification.** To the fullest extent permitted by law, Customer shall indemnify and hold harmless LifeNet Health, its agents and its employees from and against all claims, damages, losses, and expenses (including but not limited to reasonable attorney's fees and costs) arising out of and/or resulting from the use or inability to use the Products or Customer#s violations of applicable law, provided that such claim, damage, loss or expense is not caused by the sole negligence of LifeNet Health.
11. **Severability.** Any provision of these Terms and Conditions that is prohibited or unenforceable in any jurisdiction shall, as to such jurisdiction, be
ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provision in any other jurisdiction.
12. **Governing Law.** These Terms and Conditions shall be construed according to and governed by the laws of the Commonwealth of Virginia, without regard to its choice of law principles.

LifeNet Health
Saving Lives, Restoring Health
LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

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LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90191750
Invoice Date	05/18/2013
Ship Date	05/20/2013
Ordered By	HOBAN
PO No	MV25868
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 209039 (05/16/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 200312
MT. VERNON HOSPITAL
ATTN: OR/NINA JEFFERSON
9TH NORTH 8TH AVE
MOUNT VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101434146

Material/Description	Quantity	Unit Price	Curr	Ext Price	Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1217547-1002	1 EA	$ 1,370.70	USD	$ 1,370.70	USD
	Subtotal (USD)			$ 1,370.70	
	Total Amount (USD)			$ 1,370.70	

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4. **Processing Fees and Discount Disclosure.** Customer acknowledges that provisions of federal or state law may apply if discounts, credits, rebates or other purchase incentives are received by Customer for Products or services paid for by federal or state health care programs. Customer agrees to comply with all applicable provisions of such laws, including but not limited to, applicable reporting requirements under 42 U.S.C. §1320a-7b(b) and 42 U.S.C. §1001.952(h) with respect to discounts, credits, rebates or incentives from LifeNet Health, which may be disclosed on this invoice or in any related agreement, commitment, notice or statement. On the attached invoice, any applicable discount is reported in the processing fees owed as net discount.
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8. **Limited Warranty.** LifeNet Health warrants that the Products have been collected, processed, stored, and distributed according to the Standards for Tissue Banking set forth by the American Association of Tissue Banks and Title 21 , Code of Federal Regulations (CFR) part 1270, Human Tissue Intended for Transplantation and Part 1271, Establishment Registration and Listing. LifeNet Health makes no claims concerning the biologic or biomechanical properties of the Products. THE FOREGOING WARRANTY IS PROVIDED EXPRESSLY IN LIEU OF, AND LIFENET HEALTH DOES NOT MAKE AND HEREBY DISCLAIMS AND EXCLUDES, ANY OTHER WARRANTY RELATING TO THE PRODUCTS, WHETHER VERBAL OR WRITTEN, INCLUDING WITHOUT LIMITATION THE IMPLIED WARRANTIES OF MERCHANTABILITY, SUITABILITY AND FITNESS FOR A PARTICULAR PURPOSE. NO AFFIRMATION, WHETHER BY WORDS OR ACTIONS, BY LIFENET HEALTH, ITS AGENTS, EMPLOYEES OR REPRESENTATIVES, SHALL CONSTITUTE A WARRANTY. The above warranty shall be limited to a period of one year and any claims made after such one year period shall be invalid.
9. **Limitation of Liability.** Under NO circumstances, whether arising in contract, tort (including negligence), equity or otherwise, will LifeNet Health be responsible to Customer or any third party for any claim for any special, incidental, indirect or consequential damages arising directly or indirectly out of or resulting from the invoice, the provision or use of the Products, or any delay in shipment or delivery. Further, Customer acknowledges and agrees that LifeNet Health is not responsible for any failure or omission due to any cause beyond its reasonable control whatsoever, such as labor strikes, shortage of materials, inclement weather, interruption in electrical service, acts of God, war, terrorism, or similar force majeure events.
10. **Indemnification.** To the fullest extent permitted by law, Customer shall indemnify and hold harmless LifeNet Health, its agents and its employees from and against all claims, damages, losses, and expenses (including but not limited to reasonable attorney's fees and costs) arising out of and/or resulting from the use or inability to use the Products or Customer#s violations of applicable law, provided that such claim, damage, loss or expense is not caused by the sole negligence of LifeNet Health.
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ineffective to the extent of such prohibition or unenforceability without invalidating the remaining provisions hereof or affecting the validity or enforceability of such provision in any other jurisdiction;
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LifeNet Health
Saving Lives, Restoring Health

LifeNet Health
LifeNet Health Northwest
LifeNet Health of Florida
Institute of Regenerative Medicine
Skin and Wound Allograft Institute

1864 Concert Dr
Virginia Beach VA 23453

Invoice

Information

Invoice No.	90168515
Invoice Date	02/11/2013
Ship Date	02/12/2013
Ordered By	
PO No	MV25412
Term of Payment	Net due in 30 days

Ref Sales Order No. (Date) 181322 (01/25/2013)

Bill-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Ship-To-Party: 104221
MT. VERNON HOSPITAL
12 N 7TH AVENUE
MT. VERNON NY 10550
USA

Tracking Numbers: 1ZA9R6330101346214

Material/Description	Quantity	Unit Price - Curr	Ext Price Curr
FlexiGRAFT FST Semi-Tendinosus Tendon 1217078-1000	1 EA	$ 1,370.70 USD	$ 1,370.70 USD
	Subtotal (USD)		$ 1,370.70
	Total Amount (USD)		$ 1,370.70

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LifeNet Health®
Saving Lives, Restoring Health
1864 Concert Drive
Virginia Beach, VA 23453

Hasler
11/05/2013
US POSTAGE
FIRST-CLASS MAIL
$01.52⁰
ZIP 23453
011D11633910

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

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Garden City Group, Inc. OCT 15 2014

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): Robert Liggio

☐ 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:
Robert Liggio
510 Carroll Ave
Mamaroneck, NY 10543
Telephone number: 914-698-6928
Email Address: bobliggio@yahoo.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):

FILED - 01525
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:
Email Address:

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 105.00

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: This was a service, a musical entertainment performance.
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 1 3 9 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.

☐ 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: $ 105.00

**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)

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: Robert Liggio (Signature) Oct 6, 2014 (Date)

Title: Entertainer

Company: Bob Liggio Music

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

510 Carroll ave
Mamaroneck NY 10543

Telephone number: 914-698 6928 email: bobliggio@yahoo.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. 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.

Bobby Liggio
510 Carroll Avenue
Mamaroneck, NY 10543
(914) 698.6928
(914) 310.1460 *(c)*
bobliggio@yahoo.com

Attn: Stephanie Cosme

PAST DUE INVOICE # 962013

For services rendered for entertainment - one-man band:

Date:	September 6, 2013
Time:	2:30 PM
Fee:	$105.00
Place:	Helen & Michael Schaffer Extended Care

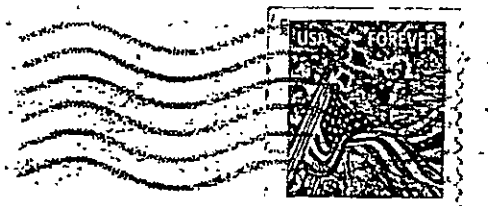
Bobby Liggio
Authorized Signature

Click here to enter a return address.

Mr. Robert V. Liggio
Ms. Diane A. Liggio
510 Carroll Ave
Mamaroneck, NY 10543

WESTCHESTER NY 105

20 OCT 2014 PM 5 L



Sound Shore Medical Center of Westchester
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

43017-5982

01008521
SSM0203548487

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 30 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.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): MASTELLONE, PATRICIA

☐ 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:

MASTELLONE, PATRICIA
6 RUTGERS PL
SCARSDALE, NY 10583-4806

Telephone number:
Email Address:

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

FILED - 01812
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): $ 55,287.26

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: SICK DAYS NOT PAID AS A Result of A WORKMAN'S COMPCASE
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 5 3 7 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).

☐ 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: 55,287.26

**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: PATRICIA MASTELLONE Patricia Mastellone 9/8/13

Title: _____ (Signature) (Date)

Company: SSHSW

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(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.

01008521
SSM0203548487

MASTELLONE, PATRICIA
6 RUTGERS PL
SCARSDALE, NY 10583-4906

WORKERS' COMPENSATION BOARD
PO BOX 5205
BINGHAMTON, NY 13902-5205
www.wcb.ny.gov

Robert E. Beloten
Chair

(866) 746-0552

State of New York - Workers' Compensation Board

In regard to Patricia Mastellone, WCB Case #3030 8886

NOTICE OF DECISION

keep for your records

At the Workers' Compensation hearing held on 01/30/2012 involving the claim of Patricia Mastellone at the White Plains hearing location, Judge Chaim Malks made the following decision, findings and directions:

The claimant has a 5.00% schedule loss of use of the Left Arm, and 12.50% schedule loss of use of the Right Foot, and 50.00% schedule loss of use of the Left Leg entitling claimant to 185.225 weeks of benefits.

THE EMPLOYER OR INSURANCE CARRIER IS DIRECTED TO PAY AWARD AS FOLLOWS:

for disability over a period of			at rate		Type of Disability
weeks	from	to	per week	the sum of	
5.4	8/7/2003	9/15/2003	$363.06	$1,960.52	Temporary Total Disability
179.825	9/15/2003	2/24/2007	$363.06	$65,287.26	Permanent Partial Disability

TOTAL AWARD IS $67,247.79, less payments already made.

FEES:

As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:

Sum of	To
$2,000.00	Caruso, Spillane, Leighton

DECISION: Special Funds is discharged and removed from notice.

The parties have stipulated on the record to these findings. No 25-A liability at this time.

Remburse employer $655.50. No further action is planned by the Board at this time.

Claimant -	Patricia Mastellone	Employer -	Sound Shore Medical Center
Social Security No. -		Carrier -	State Insurance Fund
WCB Case No. -	3030 8886	Carrier ID No. -	W204002
Date of Accident -	08/06/2003	Carrier Case No. -	48656870-165
District Office -	Peekskill	Date of Filing of this Decision -	02/02/2012

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Ms. Pat Mastellone
6 Rutgers Pl.
Scarsdale, NY 10583

WESTCHESTER NY 105

27 SEP 2013 PM 3 L

Equality FOREVER

Sound Shore Medical Center
of Westchester, et al
c/o GCG, Inc
PO Box 9982
Dublin, OH 43017-
5982

43017598282

01001456
SSM0202770353

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 17 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.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): ANNE MAZZA

☐ 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:

ANNE MAZZA
187 KIMBALL TER
YONKERS, NY 10704-3024

Telephone number:
Email Address:

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): $_____

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 - 10847
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: _____
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: N/A

3a. Debtor may have scheduled account as: N/A (See instruction #3a)

3b. Uniform Claim Identifier (optional): N/A (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: N/A

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: $ 8253.96

**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. $ N/A

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) N/A

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: Anne Mazza
Title: Mgr. of Cashier Svcs
Company: Sound Shore Medical Ctr

(Signature) Anne Mazza (Date) 9/13/13

Address and telephone number (if different from notice address above):
189 Kimball Terrace
Yonkers, NY 10704

Telephone number: 914-374-2231 email: arm42633107@aol.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. 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(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.

01001456
SSM0202770353

ANNE MAZZA
187 KIMBALL TER
YONKERS, NY 10704-3024

Sound Shore

MEDICAL CENTER OF WESTCHESTER

Retirement Plan

Summary Plan Description

2006

Care. For Life.

TABLE OF CONTENTS

INTRODUCTION

Plan

The Plan is a defined contribution plan, which means that the amount of your Plan benefit will be determined on the basis of the contributions made to your individual account under the Plan and the investment experience of the funds held under your Plan account.

This summary of plan provisions includes amendments effective January 1, 2004. The Plan was effective January 1, 1999.

Plan Sponsor

The sponsor of the Plan is Sound Shore Medical Center of Westchester, and this summary will sometimes refer to Sound Shore Medical Center of Westchester as the "Employer", "we", "us" or "our". Our address is 16 Guion Place, New Rochelle, NY 10802; our telephone number is (914) 632-5000; and our employer identification number is 13-1740117.

Purpose of the Summary

This summary, which describes the important features of the Plan in non-technical language, is intended to answer most of your questions about the Plan and replaces all prior announcements we may have made about the Plan. It nevertheless is only a summary, and if there is any conflict between the description in this summary and the terms of the Plan, the terms of the Plan will control. If you have any questions about the Plan that are not addressed in this summary, you can contact the Administrator, whose name and address is set forth in the next section.

PLAN ADMINISTRATION

Plan Trustees

The Plan is administered by a written plan and trust agreement, and the trustees of that agreement are responsible for management of the Plan's assets. The Trustees are Thomas Daly, Dennis Ashley and Douglas Landy, and their address is 16 Guion Place, New Rochelle, NY 10802.

Plan Administrator

All other matters concerning the operation of the Plan are the responsibility of the Administrator. The Administrator of the Plan is Sound Shore Medical Center of Westchester, whose address is 16 Guion Place, New Rochelle, NY 10802, and whose telephone number is (914) 632-5000.

Other Information

We have assigned number 002 to the Plan. The accounting year of the Plan, called the Plan Year, begins January 1st and ends the following December 31st; and legal process can be served on either the Administrator, we as the Employer, or the Trustees.

PLAN PARTICIPATION

Eligible Employees

Any employee of Sound Shore Medical Center of Westchester who is also considered an Eligible Employee will enter the Plan as a Participant on the Entry Date as of which he or she satisfies the eligibility requirements described below in *General Eligibility Requirements*.

All employees are considered Eligible Employees except for the following ineligible classes of employees: (1) any employee whose employment is governed by the terms of a collective bargaining agreement; (2) any person who is considered a "leased" employee under IRS rules and is not covered under a certain type of money purchase pension plan sponsored by the leasing organization; and (3) any employee whose is classified as an intern.

General Eligibility Requirements

You will be eligible to enter the Plan as a Participant upon reaching age 21 and completing 1 Year of Service.

In determining eligibility and the applicable entry date for Plan participation, you will be deemed to have completed a Year of Service on the last day of the applicable eligibility computation period during which you are credited with the required number of Hours of Service.

See the section below titled *SERVICE RULES* for an explanation of how eligibility computation periods and Years of Service for eligibility are determined.

Entry Date

After you have satisfied the eligibility requirements described in *General Eligibility Requirements*, you will actually enter the Plan as a Participant on the January 1st or July 1st that coincides with or next follows the date on which you satisfy those requirements.

Participation by Employees Whose Status Changes

If you are not considered an Eligible Employee but later become one, you will participate in the Plan immediately if you otherwise satisfy the eligibility requirements. If you are a Participant and later become a member of an ineligible class, your Plan participation will be suspended but your Vested Interest percentage will continue to increase, and you will be entitled to an allocation for the Plan Year only to the extent of service you completed while an Eligible Employee. Upon returning to an eligible class of employees, you will immediately participate again in the Plan.

SERVICE RULES

Service Definitions

Service for purposes of vesting and eligibility will be determined by your Years of Service. A *Year of Service* is a 12-month computation period during which you complete a certain number of Hours of Service. An *Hour of Service* is any hour for which you have a right to be paid by us or by any adopting Employer, including hours you are paid for vacation, holidays, illness, back pay and maternity leave. You will incur a *Break in Service* if you fail to perform more than 500 Hours of Service during any 12-consecutive month computation period described below. A Break in Service may affect your eligibility to receive an allocation of contributions to your Account and the computation of your Vested Interest. You will receive credit for a Year of Service as follows:

(a) **To determine your eligibility to participate:** In determining your initial eligibility to participate in the Plan, you will be credited with a Year of Service if you complete 1,000 Hours of Service within a 12-consecutive month eligibility computation period. Your initial eligibility computation period begins on your date of hire. The second eligibility computation period will begin on the first day of the Plan Year which begins prior to the first anniversary of your date of hire.

(b) **To determine your Vested Interest and Employer Contribution:** In determining the Vested Interest in your Account and the employer contribution to your account, you will be credited with a Year of Service if you complete 1,000 Hours of Service within a 12-consecutive month computation period, which is the Plan Year.

Termination and Return to Employment

If you terminate and return to employment with us before you incur a Break in Service, your Years of Service and Plan participation will not be interrupted. If you return to employment with us after a Break in Service, your prior Years of Service will be counted (and if you were a Participant, your Plan participation will be reinstated) upon your re-employment, subject to the following rules:

(a) **To determine your eligibility to participate:** In determining your eligibility to participate in the Plan, your prior Years of Service will not be counted if you did not have a Vested Interest in your Account and if the number of your consecutive Breaks in Service equals or exceeds the greater of five or your aggregate number of Years of Service.

(b) **To determine your Vested Interest:** In determining the Vested Interest in your Account, if you had five or more Breaks in Service, your prior Years of Service will not be counted if you did not have a Vested Interest before incurring the five or more Breaks in Service and the number of your consecutive Breaks in Service equals or exceeds your aggregate number of Years of Service before incurring the five or more Breaks in Service.

EMPLOYER CONTRIBUTIONS

Eligible Participants

If you are a Participant in the Plan and you are employed by us in an eligible class of Employees, you will be eligible to receive a share of contributions for that Plan Year, provided you also complete at least 1,000 Hours of Service during the Plan Year. If you are a Participant but you are not in an eligible class of Employees during a Plan Year, you are not eligible to share in any contribution we make for that Plan Year.

Contribution Amount

Employer contributions are determined based on a schedule providing contribution rates that are applied to your Compensation. Under this schedule, contribution rates increase as your service with the Medical Center increases. The contribution schedule is as follows:

Years of Credited Service		Percent of Compensation	Additional Percent of Compensation, if any, in Excess of the Social Security Wage Base
0 to 2		5.00%	
3 to 5		3.00%	3.00%
	or if greater	5.00%	
6 to 8		3.60%	3.60%
	or if greater	5.00%	
9 to 11		4.31%	4.31%
	or if greater	5.00%	
12 to 14		5.17%	5.17%
15 to 17		6.20%	5.70%
18 to 20		7.44%	5.70%
21 to 23		8.92%	5.70%
24 or more		10.70%	5.70%

Your Compensation for Plan purposes is the amount reported on your Form W-2 during the Plan Year, excluding any amount in excess of the annual dollar limit. For the year 2006 the annual dollar limit is $220,000 but this dollar amount will be changed in future years to reflect the cost of living or changes in the law. Your Compensation for Plan purposes will also exclude any amount you receive prior to becoming a Participant or while you are a member of an ineligible class of employees.

The Social Security Wage Base is the maximum amount on which you can pay Social Security taxes in a calendar year. This amount is $94,200 for 2006.

2005 = $90,000
2006 = 94,200
2007 = 97,500
2008 = 102,000
2009 = 106,800
2010 = 106,800
2011 = 106,800
2012 = 110,100
2013 = 113,700

Maximum Contribution Allocation

The IRS limits the amount that can be allocated to your Account for any Plan Year, but this limit only applies to our contributions and to any forfeited amounts from terminated Participants that may be allocated to your Account. The total amount of contributions and forfeitures that can be allocated to your Account for any Plan Year cannot exceed the lesser of 100% of your Compensation for the Plan Year or $44,000 for the year 2006 (this amount will be changed in future years to reflect the cost of living or changes in the law). This allocation limitation does not apply to the amount of earnings that can be allocated to your Account, to Rollover Contributions, or to any other funds transferred to this Plan on your behalf from another qualified plan.

Top Heavy Allocations

Under certain circumstances, you may be entitled to a minimum allocation for any Plan Year in which the Plan is considered top heavy. However, the Plan is exempt from providing this minimum allocation in any Plan Year in which we elect to satisfy this requirement by contributing on your behalf to another plan (if any) that we sponsor.

If the Plan is not exempt from this minimum allocation requirement, then for each Plan Year in which the Plan is considered top heavy and in which you are a "non-key" employee who is employed by us on the last day of the Plan Year, you will receive a minimum top heavy allocation equal to the lesser of (a) 3% of your Compensation, or (b) the highest percentage of Compensation allocated for that Plan Year to the Accounts of Participants who are "key" employees.

The Plan is considered top heavy for any Plan Year in which more than 60% of Plan assets are allocated to the Accounts of Participants who are "key" employees. A "key" employee for top heavy purposes is any employee who satisfies certain ownership requirements and any employee who is an officer and whose Compensation for the Plan Year exceeds certain limits set by the IRS.

Rollover Contributions

If you participated in another qualified retirement plan before you were employed by the Employer, you can transfer (or rollover) any distribution made to you from that plan to this Plan provided all legal requirements (and any requirements imposed by the Administrator) with respect to such a transfer are satisfied. Do not withdraw funds from any other plan or account until you have received written approval from the Administrator to roll those funds over into this Plan.

If you do decide to make a rollover contribution and it is accepted by the Administrator, it will be kept in a separate Rollover Contribution Account established on your behalf. You will at all times have a 100% Vested Interest in all amounts credited to your Rollover Contribution Account.

You may withdraw up to 100% of your Rollover Contribution Account upon the earlier of (a) the date you are entitled to a distribution of your Plan Account, or (b) within an administratively reasonable time after you terminate employment. You may also request a withdrawal of all or any portion of your Rollover Contribution Account at any time prior to the dates described in (a) and (b) above. The Administrator may require up to 60 days notice in advance of the requested date of withdrawal. Any amount withdrawn may be redeposited to your Rollover Contribution Account as long as it continues to qualify as a Rollover Contribution except for the fact that it originated from this Plan.

BENEFIT UPON RETIREMENT

You will have a 100% Vested Interest in your Account if you reach Normal Retirement Age while you are still employed by us. Normal Retirement Age is the later of the date you reach age 65 or the date you complete at least five Years of Service. Your Account will be distributed within an administratively reasonable time after you terminate employment on or after Normal Retirement Age. At the time of distribution, you can elect for payment to be made in a lump sum or in installments.

BENEFIT UPON DISABILITY

If you become disabled before your Account is distributed, you are entitled to your Vested Interest. To be considered disabled, you must suffer a physical or mental condition that, in the opinion of a doctor approved by the Administrator, totally and permanently prevents you from engaging in any employment for pay or profit. Your Vested Interest will be distributed within an administratively reasonable time after you terminate employment because of the disability. At the time of distribution, you can elect for payment to be made in a lump sum or in installments.

BENEFIT UPON DEATH

If you die before your Account is distributed, your beneficiary is entitled to your Vested Interest. If you are married, your spouse is designated by law to be the beneficiary of 100% of your Vested Interest. Your spouse can waive in writing his or her statutory death benefit, in which case you can name another beneficiary to receive 100% of your Vested Interest. Your beneficiary can elect to receive your death benefit in either a lump sum or in installments unless you direct through a beneficiary designation form that the benefit be distributed in a specific form.

BENEFIT UPON TERMINATION OF EMPLOYMENT

If you terminate employment before Normal Retirement Age, or if you terminate employment before you die or become disabled, you will be entitled to receive your Vested Interest. Distribution will be made within an administratively reasonable time after you terminate employment. At the time of distribution, you can elect to have payment made in a lump sum or in installments.

DETERMINATION OF VESTED INTEREST

Your Vested Interest is the percentage of your Account to which you are entitled at any point in time. You will have a 100% Vested Interest in your Account if you reach Normal Retirement Age before you terminate employment with us. You will also have a 100% Vested Interest in your Account if you die or suffer a Disability before you terminate employment with us.

Your Vested Interest at any other time will be determined by the vesting schedule which immediately follows this paragraph based on the number of your Years of Service. In determining your Vested Interest, all Years of Service will be counted except those that are credited prior to the date you reach age 18. Any portion of your Account which is not vested when you terminate employment will be forfeited and will be used as described in the Plan.

Years of Service	Vested Interest
1	0%
2	0%
3	0%
4	0%
5	100%

In any year in which the Plan is top heavy, the vesting schedule in the preceding paragraph will not apply. Instead, your Vested Interest will be determined by the vesting schedule which follows this paragraph. If the Plan ceases to be top heavy and the vesting schedule in the preceding paragraph again becomes effective, your Vested Interest as determined under the top heavy schedule cannot be reduced; and if you have at least three Years of Service at that time, you can elect to continue to have your Vested Interest computed under the top heavy schedule. Only the Years of Service used to determine your Vested Interest under the non-top heavy vesting schedule described above will be used to determine your Vested Interest under the top-heavy schedule following this paragraph.

Years of Service	Vested Interest
2	20%
3	40%
4	60%
5	80%
6	100%

PARTICIPANT LOANS

Under certain conditions, you will be permitted to borrow from the Plan. All loans will be made in accordance with the Participant Loan Policy established by the Administrator. If the Participant Loan Policy is not attached to this summary, you can obtain a copy from the Administrator.

INVESTMENT OF ACCOUNTS

You are permitted to direct how your Participant's Account and Rollover Contribution Account will be invested. Subject to any rules or procedures established by the Administrator, you can choose from a range of mutual funds, insurance company funds, and/or bank funds approved by the Trustees. You can switch between investment alternatives at any time by contacting the Trustees or their designee in writing or through an 800 number which will be made available to you. Any change you wish to make to your investment alternatives will go into effect as soon as practicable after the change is received by the Trustees or their designee.

All earnings and losses on your directed investments will be credited directly to your Account. At the appropriate time, the Employer will provide you with more detailed information about the directed investment alternatives permitted under the terms of the Plan's investment policy.

Investment results will reflect any fees or other investment expenses for the alternative investments that you select. You may request more information on fees associated with an Account from the Plan Administrator. Fees and expenses can fall into three basic categories:

(a) **Investment fees** are generally assessed as a percentage of assets invested, and are deducted directly from your investment returns. Investment fees can be in the form of sales charges, loads, commissions, "12b-1" fees, or management fees. You can obtain more information about investment fees from the documents (such as a prospectus) that describe the types of investments that are available to you under this Plan.

(b) **Plan administration fees** cover the day-to-day expenses for Plan record keeping, accounting, legal and trustee services, as well as additional services that may be available such as daily valuation, telephone response systems, internet access, retirement planning tools, and educational materials. In some cases, these costs are covered by investment fees that are deducted directly from investment returns. In other cases, these administrative fees are either paid directly by us as your Employer, or are passed through to the participants in the Plan, in which case a record keeping fee will be deducted from your Account.

(c) **Transaction-based fees** are associated with optional services offered under the Plan, and are charged directly to your Account if you take advantage of a particular plan feature that may be available (now or in the future), such as a Plan loan.

Please Note: Any portion of an Account that is self-directed is intended to comply with Section 404(c) of the Employee Retirement Income Security Act of 1974. This means that if you are permitted to exercise independent control over the investment of an Account, then the fiduciaries of the Plan, including the trustees, the Administrator and we as the Employer may be relieved of certain legal liabilities for losses which can result from your exercise of such control.

TAX WITHHOLDING ON PLAN BENEFITS

Due to the complexity and frequency of changes in the federal laws that govern benefit distributions, penalties and taxes, the following is only a brief explanation of the applicable law and IRS rules and regulations as of the date this summary is issued. You will receive additional information from the Administrator at the time of any benefit distribution, and you should consult your tax advisor to determine your personal tax situation before taking any distribution from the Plan.

Any distribution from this Plan that is eligible to be rolled over and that is directly transferred to another qualified retirement plan or to an individual retirement account (IRA) is not subject to income tax withholding. Generally, any part of a distribution from this Plan can be rolled over to another qualified plan or to an IRA unless the distribution (1) is part of a series of equal periodic payments made over your lifetime, over the lifetime of you and your beneficiary, or over a period of 10 years or more; or (2) is a minimum benefit payment which must be paid to you because you have reached age 70½. There are other distributions that cannot be rolled over, and you should contact the Administrator if you have questions about whether a distribution can be rolled over.

If you choose to have your Plan benefit paid to you and the benefit is eligible to be rolled over, you only receive 80% of the benefit payment. The Administrator is required by law to withhold 20% of the benefit payment and remit it to the Internal Revenue Service as income tax withholding to be credited against your taxes. If you receive the distribution before you reach age 59½, you may also have to pay an additional 10% tax. You can still rollover all or a part of the 80% distribution that is paid to you by putting it into an IRA or into another qualified retirement plan within 60 days of receiving it. If you want to rollover 100% of the eligible distribution to an IRA or to another qualified retirement plan, you must find other money to replace the 20% that was withheld.

You cannot elect out of the 20% withholding (1) unless you are permitted (and elect) to leave your benefit in this Plan, or (2) unless you have 100% of an eligible distribution transferred directly to an IRA or to another qualified retirement plan that accepts rollover contributions.

OTHER INFORMATION

Claims for Benefits

To make a claim for benefits, you must use the procedures described below. If you feel you are not receiving benefits to which you are entitled, you must file a written claim for benefits with the Plan Administrator. You may authorize someone (such as a family member or an attorney) to make a claim on your behalf. The Administrator will review your claim and determine whether your claim should be granted. The Administrator will notify you of its decision within 90 days after receiving your written claim. In certain cases, the Administrator may take up to an additional 90 days (for a total of 180 days) to review your claim. If the Administrator needs additional time to review your claim, you will be notified in writing within the initial 90-day period. If your claim is denied, you will receive a written or electronic notice explaining why your claim was denied. If additional information is needed, the notice will describe the information that is needed and will explain why it is needed. The notice will explain your right to request a review of the claim denial and your right to request arbitration if you request a review and your claim continues to be denied on review.

If your claim is denied, you can request a review of the denial as described below. If you do not request a review, the denial will be final, binding, and non-appealable. Your request for a review must be made in writing to the Administrator (or if we have appointed a separate Committee to oversee the Plan, to the Committee) within 60 days after you receive the Administrator's written or electronic notice of denial. If you request a review within this time period, the Administrator/Committee will review the claim and the denial and, after a full and fair review, determine whether your claim should continue to be denied. As part of the review, you have the right to submit written comments, documents, records and other information relating to your claim. You also have the right to request copies of any records or other information relevant to your claim. These copies will be provided to you free of charge. In reviewing your claim and the Administrator's denial of your claim, the Administrator/Committee will consider all information that you have provided, whether or not the Administrator reviewed the information in deciding your claim.

The Administrator/Committee will notify you of its decision. Generally, you will receive a written or electronic notice within 60 days after the Administrator/Committee receives your written request for review. However, in certain cases, the Administrator/Committee may need additional time to review your claim. If additional time is needed, the Administrator/Committee may take up to an additional 60 days (for a total of 120 days) to review your claim. If the Administrator/Committee needs additional time to review your claim, you will be notified in writing within the initial 60-day period. Also, if the Administrator/Committee meets once every calendar quarter (or more often), it may wait until its next regularly scheduled meeting (or the regularly scheduled meeting following the next regularly scheduled meeting, if your request is not received more than 30 days prior to the next regularly scheduled meeting) to review your claim.

If special circumstances require an extension, you will receive a written notice within the initial period. If the extension is needed because you have not given the Administrator/Committee information it needs to review your claim, then the time period for the Administrator/Committee to review your claim may be suspended (i.e., not run) until you provide the requested information. If your claim is denied on review, you will receive a written or electronic notice explaining why your claim was denied. The notice will explain your right to receive, upon request and free of charge, copies of any documents and other information relevant to your claim. The notice also will explain your right to request arbitration. If your claim is denied on review by the Administrator/Committee, you can request arbitration as described below. If you do not request arbitration, the Administrator/Committee's decision will be final, binding and non-appealable.

A written request for arbitration must be filed with the Administrator/Committee within 15 days after you receive the Administrator/Committee's decision. If a request for arbitration is timely filed, you and the Administrator/Committee will each name an arbitrator within 20 days after the Administrator/Committee receives your written request for arbitration. The two arbitrators will jointly name a third arbitrator within 15 days after their appointment. If either party fails to select an arbitrator within the 20 day period, or if the two arbitrators fail to select a third arbitrator within 15 days after their appointment, then the presiding judge of the county court (or its equivalent) in the county in which the principal office of the Sponsor is located will appoint such other arbitrator or arbitrators. The arbitrators must render a decision within 60 days after their appointment. The losing party must pay all costs of arbitration unless the decision is not clearly in favor of one party or the other, in which case the costs would be allocated as the arbitrators decide. The decision of the arbitrators is final, binding, and non-appealable.

Non-Alienation of Benefits

In general, your creditors cannot garnish or levy upon your Account, and you cannot sell, transfer, assign, or pledge your Account. There are two exceptions: (1) your Account must be pledged as collateral for a loan from the Plan; and (2) if you and your spouse separate or divorce, a court can direct through a qualified domestic relations order that up to 100% of your Account be transferred to another person (usually your ex-spouse or your children). The Plan has a procedure for processing domestic relations orders, which you can obtain from the Administrator free of charge.

Amendment or Termination

Although the Plan is intended to be permanent, the Employer can amend or terminate it at any time. Upon termination, all Participants will have a 100% Vested Interest in their Accounts as of the date of termination, and all Accounts will be distributed. If the Plan is amended or terminated, each Participant and each beneficiary receiving benefits will be notified in writing.

Your Account is not insured by the Pension Benefit Guaranty Corporation (PBGC) because the insurance provisions of the Employee Retirement Income Security Act do not apply to profit sharing plans. For more information on PBGC coverage, ask the Administrator or the PBGC. Written inquiries to the PBGC should be addressed to the Technical Assistance Division, PBGC, 1200 K Street NW, Suite 930, Washington, D.C. 20005-4026, or you can call (202) 326-4000.

Missing Payees or Beneficiaries

If the Administrator notifies a Participant or beneficiary that he or she is entitled to receive a benefit from the Plan and the Participant or beneficiary fails to make his or her whereabouts known in writing to the Trustee or Administrator or otherwise fails to claim the benefit, the benefit will be (1) treated as a forfeiture; or (2) directly rolled to an IRA established by the Administrator on behalf of the missing Participant or beneficiary; or (3) escheated to the State of New York.

STATEMENT OF ERISA RIGHTS

As a Participant in the Sound Shore Medical Center of Westchester Retirement Plan (the "Plan"), you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants are entitled to:

(a) Examine, without charge, at the Plan Administrator's office and at other specified locations, such as work-sites and union halls, all Plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.

(b) Obtain copies of all Plan documents and other Plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies.

(c) Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each Participant with a copy of this summary annual report.

(d) Obtain a statement telling you whether you have a right to receive a pension at Normal Retirement Age (as defined elsewhere in this summary) and if so, what your benefits would be at normal retirement age if you stop working under the plan now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is not required to be given more than once a year. The Plan must provide the statement free of charge.

In addition to creating rights for Plan Participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, who are called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan Participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a pension benefit or exercising your rights under ERISA.

If your claim for a pension benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within 30 days, you may

file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If you have a claim for benefits that is denied, in whole or in part, you have the right to use the Plan's claim procedures to request review of the claim and to request arbitration if your claim continues to be denied (in whole or in part) on review. If your claim for benefits is ignored, you may file suit in a state or Federal court.

If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration (formerly known as the Pension and Welfare Benefits Administration), U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

For even more information, you can also contact the U.S. Department of Labor at its internet website at http://www.dol.gov/ebsa/publications/wyskapr.html where you can review a publication called *"WHAT YOU SHOULD KNOW ...about your pension rights"*. If you would like a copy of that publication, you can call the Department of Labor toll free at (866) 444-3272.

Please return completed form to the Human Resources Department

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM

PARTICIPANT NAME: _____

A. PRIMARY BENEFICIARY: I hereby designate the following person or persons and/or trusts as beneficiaries of any benefits that become payable from the Plan as a result of my death prior to the full commencement of my Plan benefits:

You can choose 1. or you can choose from 2. through 6. below.

1. [ ] 100 % to my SPOUSE

If 1. is chosen, the consent of your spouse is NOT required. You must complete B. and C. below, but your spouse should NOT complete D. If 1. is NOT chosen, you must complete B. and C. below, and your spouse must complete D. below.

2. [ ] _____% to my SPOUSE, and

3. [ ] _____% to my children per stirpes

4. [ ] _____% to my children per capita

5. [ ] The following % to other beneficiaries:
   _____% to Name:_____ Relationship: _____
   _____% to Name:_____ Relationship: _____
   _____% to Name:_____ Relationship: _____

6. [ ] _____% to the following trust, created by me on the following date:

   Name of trust: _____

   The trustees for this trust are_____

B. CONTINGENT BENEFICIARY: In the event a beneficiary designated above fails to survive me, I hereby designate the following person or persons and/or trusts or trusts as contingent beneficiaries for that portion of benefits:

Choose one or more

1. [ ] _____% to my SPOUSE

2. [ ] _____% to my children per stirpes

3. [ ] _____ % to my children per capita

4. [ ] The following % to other beneficiaries:
   _____% to Name:_____ Relationship:_____
   _____% to Name:_____ Relationship:_____
   _____% to Name:_____ Relationship:_____

5. [ ] _____% to the following trust, created by me on the following date:

   Name of trust:_____

   The trustees for this trust are:_____

C. AFFIRMATION AND ACKNOWLEDGMENT BY PARTICIPANT

All previous beneficiary designations are null and void. I affirm that to the best of my knowledge there is no court order (other than a Qualified Domestic Relations Order) that assigns any of my interest in the Plan to any other person. I hereby affirm that *(choose one)*:

[ ] I am either not married or I have a court order recognizing my legal separation from my spouse; and if I was ever previously married, I have a valid decree of divorce from all ex-spouses. I acknowledge that any designation made on this form today may be invalidated upon my marriage, and agree to keep the Plan Administrator informed of any changes to my marital status.

[ ] I am presently legally married. I shall keep the Plan Administrator informed of any change to my marital status. Unless my spouse is the only primary beneficiary, my spouse has completed the CONSENT portion of this form (below). If I am not yet age 35, I acknowledge that I will have to re-obtain the consent of my spouse to my naming a non-spouse primary beneficiary when I turn age 35. I understand that if I name my spouse as beneficiary and subsequently become legally divorced, this beneficiary designation will be deemed null and void and I must complete another beneficiary designation form.

I acknowledge that I need to fill out a new beneficiary form in order to change any designations made on this form.

Participant's Signature: _____ Date: _____

Your spouse should NOT complete D. if you selected A.1. above.

D. SPOUSAL CONSENT *Print name of spouse:* _____

I hereby consent to the distribution of all (or the portion specified by my spouse on the Designation of Beneficiary form) of the benefits payable from the Plan on account of the Participant's death to the primary beneficiary or beneficiaries named on the Designation of Beneficiary form. I acknowledge that (1) the effect of my consent is to cause all or a portion of the Plan's death benefits to be paid to a beneficiary other than me, (2) that the Participant's designation of a primary beneficiary other than me is not valid unless I consent to it, and (3) that my consent is irrevocable (however, should the Participant revoke his or her waiver at any time, my consent will again subsequently be required to again name a non-spouse beneficiary). If my spouse has waived the pre-retirement surviving spouse annuity, I acknowledge that, but for my consent, all or a portion of my spouse's benefits would be payable to me in the form of an annuity over my life, and I hereby irrevocably relinquish that right (however, should the Participant revoke his or her waiver at any time, my consent will again subsequently be required to again waive this requirement).

Spouse's Signature: _____ Date: _____

Signature of Witness: _____ Date: _____

Print Name of Witness: _____

[ ] Witness is a Plan Representative OR

[ ] Witness is a Notary Public *(complete the following)*:

State of _____ County of _____

My commission expires: _____

Sound Shore

MEDICAL CENTER OF WESTCHESTER

July 30. 2009

TO: Employees

FROM: Dennis H. Ashley
Vice President, Human Resources

Enclosed you will find information with regard to the SSMC Retirement Plan. Please retain this document along with your other pension and benefit materials.

A Major Affiliate of New York Medical College

16 Guion Place New Rochelle, New York 10802 914-632-5000

Sound Shore

MEDICAL CENTER OF WESTCHESTER

SUMMARY OF MATERIAL MODIFICATIONS TO THE SOUND SHORE MEDICAL CENTER OF WESTCHESTER RETIREMENT PLAN

To the Employees of the Sound Shore Medical Center of Westchester (the "Medical Center"):

This notice, called a "Summary of Material Modifications" ("SMM"), advises you of recent changes in The Sound Shore Medical Center of Westchester Retirement Plan (the "Plan"). It modifies your Summary Plan Description for the Plan (also referred to as an "SPD"). Please do three things:

(1) Read this SMM. If you have any questions, contact the Plan Administrator for The Plan at 1-914-632-5000.

(2) Keep this SMM with your copy of the SPD.

(3) Mark the sections of your copy of the SPD that have been changed, so that when you look at those sections of the SPD you will be reminded that the changes described in this SMM have occurred.

The changes, and affected pages of the SPD, are described below. Each of the changes is effective as of the respective dates recited below.

Plan Administrator

Previously, the Plan's administrator was the Medical Center. Effective as of August 1, 2009, the Medical Center has appointed three individuals to a Committee which will administer the Plan. Accordingly, page 2 of your SPD, under the heading entitled, "Plan Administrator," should be modified to read as follows:

"All other matters concerning the operation of the Plan are the responsibility of the Administrator. The Administrator of the Plan is the Committee of the Sound Shore Medical Center of Westchester Retirement Plan (the "Committee"), whose address is 16 Guion Place, New Rochelle, NY 10802, and whose telephone number is (914) 632-5000."

Determination of Vested Interest: Reduction in Years of Service Requirement

Previously, you had to complete five Years of Service with the Medical Center to have a 100% Vested Interest in your Account balance. Effective for contributions made on or after January 1, 2007, you have to complete three Years of Service with the Medical Center to have a 100% Vested Interest in your Account balance.

Page 8 of your SPD, under the heading entitled, "Determination of Vested Interest," should be modified by deleting all of the text after the second paragraph and replacing such text with the following tables:

CONTRIBUTIONS MADE ON OR AFTER JANUARY 1, 2007

YEARS OF SERVICE	VESTED INTEREST
1	0 %
2	0%
3	100%

CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2007

YEARS OF SERVICE	VESTED INTEREST
1	0 %
2	0%
3	0%
4	0%
5	100%

Employer Contributions

Effective for Plan Years beginning January 1, 2008, the Employer Contribution formula has been amended and the Board of Governors of the South Shore Medical Center of Westchester (the "Board") has the discretion to determine the amount of Employer Contributions, if any, to be contributed to the Plan each Plan Year. Employer Contributions will be allocated to Participants' Accounts based upon a formula that takes into account a Participant's Compensation and length of service with the Medical Center, as reflected in the chart below, or in such other nondiscriminatory manner as determined by the Board. Accordingly, page 5 of your SPD is amended by adding the following after the current text:

"Effective for Plan Years beginning January 1, 2008, at its sole discretion, the Employer may elect to make a Regular Contribution each Plan Year on behalf of all Plan Participants. An Employer's discretionary Regular Contributions shall be allocated to Participants' Accounts as outlined below.

(1) The Employer may elect to make discretionary Regular Contributions based upon the following table:

YEARS OF CREDITED SERVICE		SCHEDULED CONTRIBUTION	
		PERCENTAGE OF COMPENSATION	ADDITIONAL PERCENT OF COMPENSATION, IF ANY, IN EXCESS OF THE SOCIAL SECURITY WAGE BASE
0 to 2		5.00%	
3 to 5		3.00%	3.00%
	or if greater	5.00%	
6 to 8		3.60%	3.60%
	or if greater	5.00%	
9 to 11		4.31%	4.31%
	or if greater	5.00%	
12 to 14		5.17%	5.17%
15 to 17		6.20%	5.70%
18 to 20		7.44%	5.70%
21 to 23		8.92%	5.70%
24 or more		10.70%	5.70%

(2) Under limited circumstances, and if Special Grandfathered Participant Contributions are not made in a Plan Year, as determined by the Employer in its discretion, a 5% minimum allocation may apply. In such event or if the Employer Contribution for any Plan Year is more or less than the amount indicated in the chart above, such total Employer Contribution will be divided and allocated to Participants' Accounts in the same relative percentages as reflected in the chart above, or in such other nondiscriminatory manner as determined by the Board, in its discretion.

Your Compensation for Plan purposes is the amount reported on your Form W-2 during the Plan Year, excluding any amount in excess of the annual dollar limit. For the year 2009 the annual dollar limit is $245,000 but this dollar amount will be changed in future years to reflect the cost of living changes in the law. Your Compensation for Plan purposes will also exclude ay amount you receive prior to becoming a Participant or while you are a member of an ineligible class of employees.

The Social Security Wage Base is the maximum amount on which you can pay Social Security taxes in a calendar year. The amount is $106,800 for 2009.

Note: Because Employer Contributions under this Plan are discretionary, and can change from Plan Year to Plan Year, you will be notified of the actual amount of Employer Contributions, if any, allocated to your Account after the end of each Plan Year.

Reduction in Mandatory Distribution (or, "Cash-Out") Amount

Previously, if your account balance under the Plan was equal to or less than $5,000 when you terminated employment with your employer, you would receive a mandatory, lump-sum payment of your account. Effective March 28, 2005, this mandatory, lump-sum payment has been reduced to include amounts equal to or less than $1,000.

Page 8 of your SPD, under the heading entitled "Benefit Upon Termination of Employment", should be deleted and modified as follows:

"If you terminate employment before Normal Retirement Age, or if you terminate employment before you die or become disabled, you will be entitled to receive your Vested Interest distribution within an administratively reasonable time after you terminate employment. You can elect to receive distribution within an administratively reasonable time after you terminate employment. However, if your Vested Interest is $1,000 or less after you terminate employment, die, or become disabled, you will automatically receive payment in a lump sum as soon as administratively possible after you terminate employment."

Benefit Upon Retirement/Waiver of Required Minimum Distribution for 2009

Previously, if you were scheduled to receive a minimum required distribution for a year, you could not waive such distribution. You may waive receipt of the 2009 required minimum distribution. Accordingly, page 7 of your SPD, under the heading entitled, "Benefit Upon Retirement," should be modified by adding the following to the end of that section:

"You must commence receiving payment of your Account no later than April 1 after the calendar year in which you reach age 70-1/2 or terminate employment. Each year thereafter, you will receive certain minimum distributions, calculated in accordance with Internal Revenue Service regulations, until your entire Vested Interest is distributed to you. However, you may waive receipt of any required minimum distribution which would otherwise be payable for 2009."

* * *

The Medical Center, and, in certain cases, the Committee, reserve the right to modify or further amend the Plan at any time, in whole or in part, pursuant to applicable collective bargaining agreements, and in accordance with the applicable terms of the Plan. Such actions do not require the approval of Plan participants. If other material changes are made to the Plan in the future, you will be told about them. This SMM is meant to inform you about recent material changes to the Plan. In the event of any discrepancy between the terms of the Plan, as reflected in the plan documents for the Plan, and this SMM, the Plan documents will control.

Sound Shore Health System

Sound Shore Medical Center • The Mount Vernon Hospital • Schaffer Extended Care Center • Hopfer School of Nursing

DATE: July 16, 2007

TO: DIRECTORS OF SERVICE
MEMBERS of MANAGEMENT COUNCIL

FROM: John R. Spicer

For the past few months, our healthcare system has been dealing with a difficult cash position. This has developed in large part from a lower than budgeted volume of services, and a less than budgeted case mix.

Our response has been to significantly reduce overtime and implement a limited restructuring plan. Now, a temporary salary reduction plan will occur from the first pay period in July to January 1, 2008. Those affected will be designated supervisory and managerial employees and salaried positions. This temporary salary reduction of 3% will allow the system to keep on track to achieve its patient care goals and minimize position reductions. We anticipate a cash turnaround by year end with the State's release of funds that are owed to both Sound Shore and Mount Vernon Hospitals.

I know you all understand our current situation, and I also know that we will continue to work collaboratively. In consideration of your support and dedication to SSHS, those experiencing this temporary salary reduction will be offered an additional five vacation days to be used before March 31, 2008.

Human Resources will follow up with more detail.

Thank you for your cooperation.

16 Guion Place • New Rochelle, NY 10802 • Tel: 914-632-5000 x 3700 • Fax: 914-637-1516
Member Pinnacle Healthcare

Your Retirement

A statement of your account for the period April 1, 2013 to June 30, 2013

American Funds®

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
RENA SOKOLOW
C/O MASSA & ASSOCIATES
100 N CENTRE AVE, STE 400
ROCKVILLE CENTRE NY 11570

SOUND SHORE MEDICAL CENTER OF WESTCHESTER RET

Division: 0001 0001
##key9999999999999999
ANNE Mazza
187 Kimball Tr
Yonkers NY 10704

PLAN ID: 146355
PLAN STATUS: Active
DATE OF HIRE: 08/31/1998

Your Account in Review

4/1/13 Balance	**$10,368.44**		
Activity This Period		**Contributions By Source This Period**	
Investment Gains/(Losses)	$360.52		
Distributions/Other Debits	$(7.84)		
Net Change	**$352.68**	**Total**	**$0.00**
6/30/13 Balance	**$10,721.12**		

Your Vesting in Review

Source	6/30/13 Balance	Vested Percent	6/30/13 Vested Balance
EMPLOYER PROFIT SHARING	$10,721.12	100%	$10,721.12
Total	**$10,721.12**		**$10,721.12**

Your Plan Information

Please Note Changes to "Your Expense Information"

Your quarterly retirement statement is designed to be easy to understand. In order to provide even more clarity regarding the fees associated with your account, we've updated the "Your Expense Information" section to include a more in-depth breakdown of the fees collected for services provided. If you have any questions regarding the changes to this information, please contact Participant Services.

Be Efficient. Be Paperless.

Receive your retirement account statements online. To select e-delivery, simply log on to your account and change your settings under "Your Profile."

May We Help You?

Please have your plan ID, Social Security number and your personal identification number (PIN) available. This statement is believed to be reliable and accurate; however, it is imperative that you verify your investment selections and contributions within the next 30 days. Any correction or adjustments to your account will be made as of the current date and any changes will be reflected in your subsequent statement.

Retirement Plan Information Line

Call us at 1-888-260-2580 for automated phone services 24 hours a day, 7 days a week. Participant Service Representatives are available between the hours of 8:30 AM and 7:00 PM ET during business days.

Retirement Center

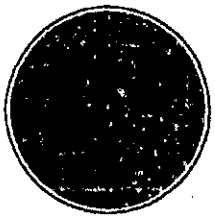
Visit us at http://www.retirement.americanfunds.com for interactive retirement planning tools

##cntrl9999999999999999

No money has
been put into this
account since 2004

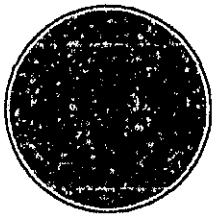
Your Asset Allocation

Your Current Allocations:



Large Cap U.S. Stock	100%
Cash Fund	0%
Mid Cap U.S. Stock	0%
Small Cap U.S. Stock	0%
Balanced	0%
International Stock	0%
Diversified Bond	0%
Capital Preservation	0%

Your Future Allocations:



Large Cap U.S. Stock	100%
Cash Fund	0%
Mid Cap U.S. Stock	0%
Small Cap U.S. Stock	0%
Balanced	0%
International Stock	0%
Diversified Bond	0%
Capital Preservation	0%

Your Current Allocation:*
Your Current Allocation chart reflects how your account balance is invested in the asset categories available in your plan.

*Holdings of less than 1% are not reflected in the chart.

Your Future Allocation:*
Your Future Allocation chart reflects how your future contributions will be allocated among the asset categories available in your plan.

Your Investment Activity

Asset Class / Fund Name (Future Allocation %)	4/1/13 Balance	Gains/ (Losses)	Distributions/ Other Debits	6/30/13 Balance	Closing Unit/ Share Price	Number of Units/Shares
Large Cap U.S. Stock						
American Funds Growth Fund of America R3 (50)	5,463.91	167.92	(4.13)	5,627.70	37.90	148.4880
Davis New York Venture R (50)	4,904.53	192.60	(3.71)	5,093.42	40.22	126.6390
Total	**10,368.44**	**360.52**	**(7.84)**	**10,721.12**		

Your Expense Information

Description of Services Provided	Amount
Recordkeeping Services	(7.84)
Total	**(7.84)**

In addition to expenses reported on the statement, some of the plan's administrative expenses for the preceding quarter were paid from the annual operating expenses for one or more of the plan's designated investment operations.

Your Investment Performance Summary

Your Personal Rate of Return for the period 4/1/13 through 6/30/13 is 3.4%.

Asset Class / Fund Name	Inception Date	Current Quarter %	Year to Date %	1 Year %	3 Years %	5 Years %	10 Years or Life of Fund
Large Cap U.S. Stock							
American Funds AMCAP Fund R3	06/02	3.05	13.65	21.19	17.14	8.44	6.95
✓ American Funds Growth Fund of America R3	05/02	3.07	11.83	22.60	15.82	4.55	7.69
American Funds Washington Mutual InvR3	06/02	4.60	14.58	20.08	18.48	6.91	6.73
✓ Davis New York Venture R	08/03	3.93	15.34	21.56	14.19	4.18	6.61
Mid Cap U.S. Stock							
Invesco Mid Cap Growth Fund R	07/08	3.08	12.45	17.77	13.50	5.59	9.80
Small Cap U.S. Stock							
Oppenheimer Main Street Small & Mid CapN	03/01	2.14	13.73	20.94	17.12	7.97	9.29
Balanced							
American Funds Cap Income BuilderR3	06/02	(0.39)	4.89	10.54	11.46	3.39	7.14
American Funds American Balanced Fund R3	06/02	2.11	8.99	15.41	14.29	7.19	6.64
International Stock							
American Funds EuroPacific GrowthR3	05/02	(0.87)	1.85	15.15	8.75	0.83	9.21
American Funds SMALLCAP World Fund R3	06/02	1.03	10.14	21.46	13.30	5.06	10.58
Thornburg International Value Fund R3	07/03	(1.64)	0.69	12.25	7.29	(0.01)	9.46
Diversified Bond							
American Funds BondofAmericaR3	06/02	(2.72)	(2.82)	(0.56)	3.48	3.43	3.41
American Funds Intrm BondOf AmericaR3	06/02	(1.65)	(1.75)	(0.79)	1.51	2.56	2.36
Lord Abbett Total Return P	08/00	(2.86)	(2.44)	1.10	4.59	6.33	4.91
Capital Preservation							
American Funds Money Market R3	05/09	0.00	0.00	0.00	0.00	- -	0.00

Your Investment Performance Summary (continued)

Asset Class / Fund Name	Inception Date	Current Quarter %	Year to Date %	1 Year %	3 Years %	5 Years %	10 Years or Life of Fund

✓ = Funds in which you have a balance

Disclaimer

The performance data contained herein represents past performance, which does not guarantee future results. All performance data are as of the prior calendar quarter end. Investment return and principal value will fluctuate so that shares, when redeemed, may be worth more or less than their original cost. Current performance may be higher or lower than the performance data quoted.

For more complete information on the investment options, including their management fees and other charges and expenses, please consult the prospectus and other comparable documents. Investors should carefully consider the investment objectives, risks, charges and expenses before investing. This, and additional information, can be found in the prospectuses, which can be obtained by contacting your Financial Advisor or at www.americanfunds.com. Please read these documents carefully before investing.

Your Personal Rate of Return is an approximate rate of return for your account for the investment period shown. It is influenced by the timing of your contributions, withdrawals, investment changes and fees throughout the calculation period and may differ from the fund's overall Investment Performance provided on this statement, reflected on the participant website or heard on the IVR. Past performance is no guarantee of future results.

Your Expense Information
Some of the plan's administrative expenses for the preceding quarter were paid from the annual operating expenses for one or more of the plan's designated investment alternatives.

Diversification
To help achieve long-term retirement security, you should give careful consideration to the benefits of a well-balanced and diversified investment portfolio. Spreading your assets among different types of investments can help you achieve a favorable rate of return, while minimizing your overall risk of losing money. This is because market or other economic conditions that cause one category of assets, or one particular security, to perform very well often cause another asset category, or another particular security, to perform poorly. If you invest more than 20% of your retirement savings in any one company or industry, your savings may not be properly diversified. Although diversification is not a guarantee against loss, it is an effective strategy to help you manage investment risk.

In deciding how to invest your retirement savings, you should take into account all of your assets, including any retirement savings outside of the Plan. No single approach is right for everyone because, among other factors, individuals have different financial goals, different time horizons for meeting their goals, and different tolerances for risk.

It is also important to periodically review your investment portfolio, your investment objectives, and the investment options under the Plan to help ensure that your retirement savings will meet your retirement goals.

The Department of Labor website contains more information regarding individual investing and diversification. This Internet website can be accessed at: http://www.dol.gov/ebsa/investing.html

Integrated Allocation
If your employer makes profit sharing or money purchase contributions to your plan, those contributions may be coordinated with social security benefits funded by you and your employer. Integrating retirement plan contributions with social security in this manner is sometimes referred to as permitted disparity. Please refer to your Summary Plan Description for more information.

Restrictions on Investment Direction
Generally, you may select from the various investment alternatives made available by your Employer as frequently as you would like, subject to market and trading restrictions. Your plan may also place some restrictions on the frequency and/or the ability to direct the investment of some or all of your plan assets. Please refer to your Summary Plan Description for more detailed information or other investment information previously provided to you.

##cnlri9999999999999999

09/13/13

Sound Shore Medical Center of Westchester, et al
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

No contribution to pension from 2005 forward. Employee start date 08/31/98.
Pension:

1999	5% - 2643.89
2000	5%- 2643.89
2001	5%- 2643.89
2002	5%- 2643.89
2003	5%- 2643.89
2004	American Funds
2005	3.6% - 1903.60
2006	3.6%- 1903.60
2007	3.6%- 1903.60
2008	4.31%- 2279.04
2009	4.31%- 2279.04
2010	4.31%-2279.04
2011	4.31%-2279.04
2012	5.17% -2733.78

3% Pay Cut

Payroll period ending 07/21/07 was the last payroll period without the 3% cut.\
It was reinstated for me in the beginning of 2013.
John Spicer's letter dated 07/16/07 stated it was to be restored 01/01/08.

3 % cut

2008 52 weeks $1586.34
2009 52weeks $1586.34
2010 52 weeks $1586.34
2011 42 weeks $1281.42

Anne Mazza
187 Kimball Terrace
Yonkers, NY 10704

Sound Shore Medical Center of Westchester, et al
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

ANNE MAZZA
(914) 374-2231
THE UPS STORE #1363
81 PONDFIELD RD
BRONXVILLE, NY 10708

0.4 LBS LTR 1 OF 1
SHP WT: LTR
DATE: 14 SEP 2013

SHIP C/O GCG INC
TO: (000) 000-0000
SOUND SHORE MEDICAL CENTER OF WESTC
STE A
5151 BLAZER PKWY
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR 1

TRACKING #: 1Z 150 683 01 2659 6197

BILLING: P/P

P: MBKM3 S: MBI .219
42C-1022
ISH 13.00N LZA300 42.5V 07/2013

01007567
SSM0203541503

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. NOV 21 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): MICROAIRE SURGICAL INSTRUMENTS

☐ 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:

MICROAIRE SURGICAL INSTRUMENTS
3590 GRAND FORKS BLVD
CHARLOTTEVILLE, VA 22911

Telephone number: 434-975-8302
Email Address: accounts.receivable@microaire.com

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

FILED - 01051
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WEST CHESTER
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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 5537.65

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: 0 7 6 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 4/1/16 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: ANGELA SHIFFLET

Title: DIVISION CONTROLLER

Company: MICROAIRE SURGICAL INSTRUMENTS

(Signature) (Date) 11/19/2013

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.

14 NOV 2013 MICROAIRE SURGICAL INSTRUMENTS 10:09:06

Customer Aging Statement
Aging Date 05-29-2013
Detail - Aged From Due Date

Customer Account 10764: SOUND SHORE MEDICAL CNR

Invoice Number	Invoice Date	Due Date	..Cust.. P.O.	Invoice Amount	Payments	Net Due	Current	Past Due 1-30	31-60	61-90	91+
1423656	02-13-13	02-18-13	NR17534	1373.00		1373.00					1373.00
1427457	03-05-13	03-10-13	NR175678	1418.65		1418.65				1418.65	
1428330	03-11-13	03-16-13	NR175678	1373.00		1373.00				1373.00	
1432983	04-03-13	04-08-13	NR176223	1373.00		1373.00			1373.00		
10764	SOUND SHORE MEDICAL			5537.65	0.00	5537.65	0.00	0.00	1373.00	2791.65	1373.00

MICROAIRE®

For Surgery. For Life.™

CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
10764	02-13-13	1423656 Page 1

Phone (434) 975-8000, FAX (434) 975-8016

EASY ONLINE ORDERING
www.MicroAire.com/order-online

PAYMENT INSTRUCTIONS

MAIL: MICROAIRE
Lock Box 96565
Chicago, IL
60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CENTER OF WESTCHESTER 16 GUION PLACE PO# NR17534 NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1634053	NR17534	ORIGIN	1196311	115948

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-1STOVER	0.00/0/05	02-13-2013	BIOQUEST, INC.

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	1.00	0.00	82020-6 (6PK) SLIMLINE BLADE ASSEMBLY SN/Lot: 0113214137(1)	1373.0000	0.00	1373.0000	R	1373.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
1,373.00		0.00		0.00	0.00	$1,373.00

THANK YOU FOR YOUR ORDER!

CUSTOMER MUST NOTIFY MICROAIRE OF BILL DISCREPANCIES WITHIN 30 DAYS OF INVOICE DATE, OTHERWISE BILLED IS THE AMOUNT DUE

MICROAIRE®

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
10764	03-05-13	1427457 Page 1

Phone (434) 975-8000, FAX (434) 975-8016

EASY ONLINE ORDERING
www.MicroAire.com/order-online

PAYMENT INSTRUCTIONS

MAIL: MICROAIRE
Lock Box 96565
Chicago, IL
60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CENTER OF WESTCHESTER 16 GUION PLACE PO#NR175678 NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1638497	NR175678	ORIGIN	1200331	115948

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		UPS_RED	0.00/0/05	03-05-2013	BIOQUEST, INC.

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	1.00	0.00	82020-6 (6PK) SLIMLINE BLADE ASSEMBLY SN/Lot: 0113214254(1)	1373.0000	0.00	1373.0000	R	1373.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
1,373.00		0.00		0.00	45.65	$1,418.65

THANK YOU FOR YOUR ORDER!

CUSTOMER MUST NOTIFY MICROAIRE OF BILL DISCREPANCIES WITHIN 30 DAYS OF INVOICE DATE, OTHERWISE BILLED IS THE AMOUNT DUE

MICROAIRE®

For Surgery. For Life.™

CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
10764	03-11-13	1428330 Page 1

Phone (434) 975-8000, FAX (434) 975-8016

EASY ONLINE ORDERING
www.MicroAire.com/order-online

PAYMENT INSTRUCTIONS

MAIL: MICROAIRE
Lock Box 96565
Chicago, IL
60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CENTER OF WESTCHESTER 16 GUION PLACE po#NR175678 NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1639502	NR175678	ORIGIN	1201221	115948

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-P-OVER	0.00/0/05	03-11-2013	BIOQUEST,INC.

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	1.00	0.00	82020-6 (6PK) SLIMLINE BLADE ASSEMBLY SN/Lot: 0113215169(1)	1373.0000	0.00	1373.0000	R	1373.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
1,373.00		0.00		0.00	0.00	$1,373.00

THANK YOU FOR YOUR ORDER!

CUSTOMER MUST NOTIFY MICROAIRE OF BILL DISCREPANCIES WITHIN 30 DAYS OF INVOICE DATE, OTHERWISE BILLED IS THE AMOUNT DUE

MICROAIRE®

For Surgery. For Life.™

CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
10764	04-03-13	1432983 Page 1

Phone (434) 975-8000, FAX (434) 975-8016

EASY ONLINE ORDERING
www.MicroAire.com/order-online

PAYMENT INSTRUCTIONS

MAIL: MICROAIRE
Lock Box 96565
Chicago, IL
60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CENTER OF WESTCHESTER 16 GUION PLACE PO# NR176223 NEW ROCHELLE, NY 10801 USA	SOUND SHORE MEDICAL CNR 16 GUION PL OF WESTCHESTER ATTN: A/P NEW ROCHELLE, NY 10801 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1645075	NR176223	ORIGIN	1206092	115948

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-P-OVER	0.00/0/05	04-03-2013	BIOQUEST, INC.

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	1.00	0.00	82020-6 (6PK) SLIMLINE BLADE ASSEMBLY SN/Lot: 0113215207(1)	1373.0000	0.00	1373.0000	R	1373.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
1,373.00		0.00		0.00	0.00	$1,373.00

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Note: Express Envelopes are not recommended for s containing sensitive personal information or breakab or cash equivalent.

LOGISTICS DEPT
14341 STATE ROUTE
MICHIGANE SURGICAL INSTRUMENTS
3980 DIAMOND DRIVE BLVD
CHARLOTTESVILLE VA 22911

0.3 LBS LTR

1 OF 1

SHIP TO:
C/O QCQ
SOUND SHORE MEDICAL OF WESTCHESTER
5151 BLAZER PARKWAY SUITE A
DUBLIN OH 43017

OH 432 9-30

UPS 2ND DAY AIR 2
TRACKING #: 1Z E21 827 02 6130 0651

BILLING: P/P

REF 1:DOCUMNETS
REF 2:24/87/IN

WB 16.0.10 Zebra ZP Ser 46.0A 10/2013

30% Recycled fiber
16 Post-Consumer

01007567
SSM0203541503

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One): — **Case No.**

- ☐ Sound Shore Medical Center of Westchester — 13-22840
- ☑ The Mount Vernon Hospital, Inc. — 13-22841
- ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- ☐ The M.V.H. Corporation — 13-22843
- ☐ Sound Shore Health System, Inc. — 13-22844
- ☐ NRHMC Services Corporation — 13-22845
- ☐ New Rochelle Sound Shore Housing, LLC — 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:

THE GARDEN CITY GROUP, INC. NOV 21 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): MICROAIRE SURGICAL INSTRUMENTS

☐ 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:

MICROAIRE SURGICAL INSTRUMENTS
3590 GRAND FORKS BLVD
CHARLOTTEVILLE, VA 22911

Telephone number: 434-975-8302 .com
Email Address: accounts.receivable@microaire

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 payment should be sent (if different from above):

FILED - 01052
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): $ 561.30

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: 4 2 8 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).
- ☐ 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. (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: ANGELA SHIFFLETT

Title: DIVISION CONTROLLER

Company: MICROAIRE SURGICAL INSTRUMENTS

(Signature) (Date) 11/19/2013

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

Telephone number: 434-975-8304 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.

14 NOV 2013 10:09:31

MICROAIRE SURGICAL INSTRUMENTS
Customer Aging Statement
Aging Date 05-29-2013
Detail - Aged From Due Date

Customer Account 4281: MOUNT VERNON HOSPITAL

Invoice Number	Invoice Date	Due Date	..Cust.. P.O.	Invoice Amount	Payments	Net Due	Current	Past Due 1-30	31-60	61-90	91+
1416699	01-09-13	03-10-13	MV24972	132.00		132.00				132.00	
1416700	01-09-13	03-10-13	MV25174	144.00		144.00				144.00	
1423167	02-12-13	04-13-13	MV25464	132.00		132.00			132.00		
1437024	04-25-13	06-24-13	MV25789	21.30		21.30	21.30				
1439085	05-07-13	07-06-13	MV25836	132.00		132.00	132.00				
4281	MOUNT VERNON HOSPITA			561.30	0.00	561.30	153.30	0.00	132.00	276.00	0.00

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
4281	01-09-13	1416699 Page 1

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60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

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MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 9 NORTH 8TH AVE PO#MV24972 MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1606839	MV24972	ORIGIN	1189009	EX115195

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		UPS_GRD	2.00/30/60	01-09-2013	BIOQUEST, INC.

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	12.00	0.00	SP-111 (EA) SMALL OSC. SAW BLADE SN/Lot: 1212213565(12) GLN : 1100004069320	11.0000	0.00	11.0000	R	132.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
132.00	2.64	0.00		0.00	0.00	$132.00

THANK YOU FOR YOUR ORDER!

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
4281	01-09-13	1416700 Page 1

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60693 USA

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Chicago, IL 60697
Account # 8765-9-61604

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OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1616582	MV25174	ORIGIN	1189010	EX115195

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-GROUND	2.00/30/60	01-09-2013	JOSEPH REILLY

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	24.00	0.00	ZS-038 (EA) MICRO SAGITTAL SAW BLADE SN/Lot: 1212212950(24) GLN : 1100004069320	6.0000	0.00	6.0000	R	144.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
144.00	2.88	0.00		0.00	0.00	$144.00

THANK YOU FOR YOUR ORDER!

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
4281	02-12-13	1423167 Page 1

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60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 9 NORTH 8TH AVE PO# MV25464 MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1633338	MV25464	ORIGIN	1195745	EX115195

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-GROUND	2.00/30/60	02-12-2013	JOSEPH REILLY

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	12.00	0.00	SP-111 (EA) SMALL OSC. SAW BLADE SN/Lot: 0113214358(12) GLN : 1100004069320	11.0000	0.00	11.0000	R	132.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
132.00	2.64	0.00		0.00	0.00	$132.00

THANK YOU FOR YOUR ORDER!

CUSTOMER MUST NOTIFY MICROAIRE OF BILL DISCREPANCIES WITHIN 30 DAYS OF INVOICE DATE, OTHERWISE BILLED IS THE AMOUNT DUE

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
4281	04-25-13	1437024 Page 1

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60693 USA

WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

BILL TO:	SHIP TO:	SOLD TO:
MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 9 NORTH 8TH AVE PO# MV25789 MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1649996	MV25789	ORIGIN	1210394	EX115195

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-GROUND	2.00/30/60	04-25-2013	JOSEPH REILLY

ITEM NO.	QUANTITY SHIPPED	QUANTITY BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	6.00	0.00	1601-062 (4PK) PIN HEAD, GREEN SN/Lot: 0313218701(6) GLN : 1100004069320	3.5500	0.00	3.5500	R	21.30

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
21.30	0.43	0.00		0.00	0.00	$21.30

THANK YOU FOR YOUR ORDER!

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CUSTOMER NUMBER	INVOICE DATE	INVOICE NUMBER
4281	05-07-13	1439085 Page 1

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WIRE TRANSFER: BANK OF AMERICA
231 South La Salle St.
Chicago, IL 60697
Account # 8765-9-61604

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MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 9 NORTH 8TH AVE PO#MV25836 MOUNT VERNON, NY 10550 USA	MOUNT VERNON HOSPITAL 12 NORTH 7TH AVE MOUNT VERNON, NY 10550 USA

OUR ORDER NO.	YOUR P.O. NO.	F.O.B.	SHIPPER NUMBER	RESALE NUMBER
1652237	MV25836	ORIGIN	1212465	EX115195

REV.	REV. DATE	SHIP VIA	TERMS	DATE SHIPPED	SALES REPRESENTATIVE
		FX-GROUND	2.00/30/60	05-07-2013	JOSEPH REILLY

ITEM NO.	QUANTITY SHIPPED	BACK ORD	PRODUCT/ DESCRIPTION	UNIT PRICE	DISC %	NET PRICE	TAX	EXTENSION
1	12.00	0.00	SP-111 (EA) SMALL OSC. SAW BLADE SN/Lot: 0413218958(12) GLN : 1100004069320	11.0000	0.00	11.0000	R	132.00

INVOICE SUB TOTAL	TERMS DISC	DISC	VAT	SALES TAX	FREIGHT	PLEASE PAY THIS AMOUNT
132.00	2.64	0.00		0.00	0.00	$132.00

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0.3 LBS LTR

1 OF 1

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DUBLIN OH 43017

OH 432 9-30

UPS 2ND DAY AIR
TRACKING #: 1Z E21 827 02 8130 0851

2

BILLING: P/P

REF 1:DOCUMNETS
REF 2:24/JS/JM

WW 16.0.10 Zebra ZP 8Bi 46.0A 10/2010

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UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 23 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): JAYASREE NAIR

Name and address where notices should be sent:
JAYASREE NAIR
7 INDEPENDENCE CT
NEW CITY, NY 10956

Telephone number: 845-215-6018
Email Address:

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

Court Claim Number: _____ *(If known)*

Filed on: _____

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

FILED - 81608
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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 34,000

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: 8 years of pension
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 9 2 0 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.

☐ 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. (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: JAYASREE NAIR (Signature) 09/12/2013 (Date)

Title: RN

Company: SOUNDSHORE MEDICAL CENTER

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.

WESTCHESTER NY 105

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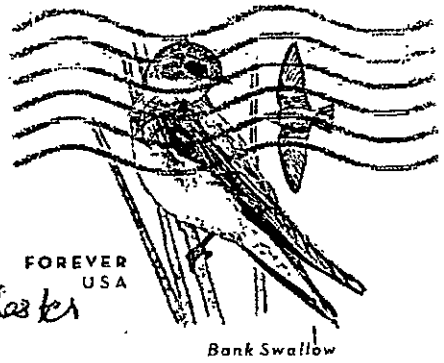

Sound Shore Medical of Westchester
C/O GCG, INC
P.O Box 9982
Dublin
OHIO 43017-5982

43017598282

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 17 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): Rosanne M. Newell

☐ 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:
126 Glenn Place
Hastings on Hudson NY 10706

Telephone number: 914 478 4213
Email Address: skvpol@aol.com

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 151,587.00

FILED - 00856
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.

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: If not bankrupt Sound Shore Hospital would have purchased MTS tail insurance
(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. (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: Rosanna M. Newell (Signature) 9/14/2013 (Date)

Title: Surgeon

Company: _____

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(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.

Physicians' Reciprocal Insurers

1800 Northern Boulevard, P. O. Box 9007, Roslyn, New York 11576

(516) 365-6690
(800) 632-6040
www.pri.com

September 13, 2013

Rosanne Newell, MD
12 Glenn Place
Hastings On Hudson, NY 10706

Re: Policy Number 12590

Dear Dr. Newell:

Pursuant to our recent conversation, please be advised that if you were to cancel your policy effective October 1, 2013 your extended reporting period coverage would cost $151,587.00. The rates for extended reporting period coverage are based on the rates in effect at the time of termination of coverage. Please be advised these rates have been filed and approved by the state.

Should you have any questions, please do not hesitate to contact me at 516-277-4349.

Sincerely,

Joseph Ferretti, Underwriter
Administrators for the Professions, Inc.
Attorney-in-Fact for
Physicians' Reciprocal Insurers

Rosanne M. Newell

SOLOMON KATZ BREAST CENTER
SOUND SHORE MEDICAL CENTER
OF WESTCHESTER

16 Guion Place
New Rochelle, NY 10801
(914) 637-1115

Sound Shore Medical of
Westchester et al

c/o GCG
5151 Blazer Parkway Suite A
Dublin, Oh 43017

ORIGIN ID:NNKA

SHIP DATE: 16SEP13
ACTWGT: 0.1 LB MAN
CAD: /OFFC1400
DIMS: 0x0x0 IN

BILL SENDER

UNITED STATES US

0

GCG
5151 BLAZER PKWY
STE A
DUBLIN OH 43017

(614) 289-5407 REF:
INV:
PO: DEPT:

FedEx Express

J131113021201 26

TUE - 17 SEP 8:00A
FIRST OVERNIGHT

TRK# 0200 **8037 2399 3621**

N1 OSUA

43017
OH-US **LCK**

FedEx Express **NEW Package US Airbill**

FedEx Tracking Number 8037 2399 3621

Form ID No. 0200

Recipient's Copy

1 From

Date 9/16/13

Sender's Name Rosanne Newell Phone

Company SOUND SHORE MEDICAL

Address 16 Guion Place Dept/Floor/Suite/Room

City New Rochelle State NY ZIP 10801

2 Your Internal Billing Reference

3 To

Recipient's Name Phone

Company GCG

Address 5151 BLAZER PARKWAY SUITE A Dept/Floor/Suite/Room

We cannot deliver to PO boxes or PO ZIP codes.

Address

Use this line for the HOLD location address or for continuation of your shipping address

City DUBLIN State OH ZIP 43017

☐ HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

☐ HOLD Saturday FedEx location address REQUIRED. Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

8037 2399 3621

4 Express Package Service * To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs. For packages over 150 lbs., use the new FedEx Express Freight US Airbill

Next Business Day

- ☒ FedEx First Overnight — Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected
- ☐ FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected
- ☐ FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available

2 or 3 Business Days

- ☐ FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available
- ☐ FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- ☐ FedEx Express Saver — Third business day.* Saturday Delivery NOT available

5 Packaging * Declared value limit $500.

☒ FedEx Envelope* ☐ FedEx Pak* ☐ FedEx Box ☐ FedEx Tube ☐ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☒ No Signature Required — Package may be left without obtaining a signature for delivery

☐ Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.

☐ Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

☒ No ☐ Yes — As per attached Shipper's Declaration. ☐ Yes — Shipper's Declaration not required. ☐ Dry Ice — Dry Ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ Cargo Aircraft Only

7 Payment *Bill to:*

Enter FedEx Acct. No. or Credit Card Number below

Obtain recip Acct. No. ☐

☐ Sender Acct. No. in Section 1 will be billed ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

Total Packages ____ Total Weight ____ lbs. Credit Card Auth. ____

644

†Our liability is limited to US$100 unless you declare a higher value. See the current FedEx Service Guide for details.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
The Mount Vernon Hospital, Inc	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP INC. SEP 18 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property) Olympus America Inc

Name and address where notices should be sent:
Olympus America
Attn: Credit Risk Mgmt dept
3500 Corporate parkway
Center Valley PA 18034 @olympus.com
Telephone number:
Email Address: 484 896-5000 Credit_Bankruptcy

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

Court Claim Number: _____ *(If known)*

Filed on: _____

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

Telephone number:
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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 66658.86

FILED - 00867
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.

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 pre-petition debt
(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: $ 66658.86

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 (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: Samantha Capasso
Title: Credit Risk Admin.
Company: Olympus America Inc

Samantha Capasso (Signature) 9/16/13 (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.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14573801 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
PO#NR176304
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 0
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176304	CASH IN ADVANCE	04/09/13	183806629	600	12769240 S0	04/16/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
36BX		E-Z GLIDER ANGLE TIP GW BX/5	143.00	
	2	Net Price	143.00	286.00
		THANK YOU FOR YOUR ORDER ORDERED BY: FRANK VIA: PHN PHONE #: 914-365-3893 FAX #: CSR: JOSE ALICEA @ EXT:151240 CENTER VALLEY		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/17/13	PAY THIS AMOUNT	USD 286.00

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14574433 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 6
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176428	CASH IN ADVANCE	04/15/13		600	12789348 S0	04/16/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
140441		NEIMAN SIL RB NASAL SPLT (2/PK)	44.55	
	10	Net Price	44.55	445.50
70139033		PK 3MM STR AGG TURBINATE (6/PK)	1,047.97	
	1	Net Price	1,047.97	1,047.97
1ZV464V61522559545	1	Freight & Handling	64.09	64.09
		THANK YOU FOR YOUR ORDER ORDERED BY: JOAN TURIANO VIA: PHONE PHONE #: 914 365 3000 FAX #: EMAIL: CSR: JESSICA BOYD EXT: 603903 BARTLETT		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/17/13	PAY THIS AMOUNT	USD 1,557.56

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14581942 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

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Picker No. 7
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176444	CASH IN ADVANCE	04/16/13		600	12792006 S0	04/18/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: JOAN TURINO VIA: PHONE PHONE #: 914-365-3504 FAX #: EMAIL: CSR: PATRICE MONSAAS @ EXT:607269 - MAPLE GROVE		
UCA		Universal Cord Adapter	187.20	
	1	Net Price	187.20	187.20
UCA		Universal Cord Adapter	187.20	
	1	Net Price	187.20	187.20
1ZV464V60222575775	1	Freight & Handling	12.77	12.77
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/19/13	PAY THIS AMOUNT	USD 387.17

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

*** INVOICE ***

NUMBER
14585729 RI

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 7
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176444	CASH IN ADVANCE	04/16/13		600	12792006 S0	04/19/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: JOAN TURINO VIA: PHONE PHONE #: 914-365-3504 FAX #: EMAIL: CSR: PATRICE MONSAAS @ EXT:607269 - MAPLE GROVE		
UCA		Universal Cord Adapter	187.20	
	3	Net Price	187.20	561.60
1ZV464V60222590141	1	Freight & Handling	12.77	12.77
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/20/13	PAY THIS AMOUNT	USD 574.37

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14609509 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

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Picker No.
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176655		04/26/13		600	12828517 S0	04/26/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: JOAN TURIANO VIA: PHONE PHONE #: 9143653504 FAX #: EMAIL: CSR: LYNETTE HELLUM @ EXT:601970 - MAPLE GROVE		
23116		COLLECTION SET TUBING PVC (10/ PK)	85.00	
	4	Net Price	85.00	340.00
21552		VACURETTE CURVED 9MM 10/PKG	45.00	
	2	Net Price	45.00	90.00
605BX		URETAL CATH 5FR OPENEND BX/10	123.00	
	2	Net Price	123.00	246.00

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
			PAY THIS AMOUNT	USD

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14609509 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 0
Tax ID: Tax Cert: PAGE: 2

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176655	CASH IN ADVANCE	04/26/13		600	12828517 S0	04/26/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
497364202468	1	Freight & Handling	35.80	35.80
497364202505		Text Line		
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/27/13	PAY THIS AMOUNT	USD 711.80

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14616169 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
PO#NR176669
NEW ROCHELLE NY 10801

*** To receive your invoices electronically, please contact your Credit Representative.***

Picker No. 8
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176669	CASH IN ADVANCE	04/29/13		600	12831538 S0	04/29/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: JOAN TURIANO VIA: PHONE PHONE #: 914 365 3504 FAX #: 914 632 2134 EMAIL: CSR: Jenny M @ EXT:603412 - Maple Grove		
5230800		SILICONE SINGLE-J 8.5 X 90 CM	231.00	
	2	Net Price	231.00	462.00
1ZV464V61522661782	1	Freight & Handling	56.08	56.08
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		04/30/13	PAY THIS AMOUNT	USD 518.08

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14620800 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 0
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176189	CASH IN ADVANCE	04/01/13	183806629	600	12745736 S0	04/30/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: JOAN TURIANO VIA: PHONE also pager 914-264-1002 PHONE #: 914-365-3504 FAX #: 914-632-2134 EMAIL: CSR: SUSAN MILLER @ EXT:603341 - MAPLE GROVE		
WA22657C		PlasmaButton, for 12/30 lens, with cable, 5/pkg	2,375.00	
	1	Net Price	2,375.00	2,375.00
497364224040		Text Line		
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		05/01/13	PAY THIS AMOUNT	USD 2,375.00

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

OLYMPUS

MAIL ALL CORRESPONDENCE TO:
OLYMPUS AMERICA INC.
3500 CORPORATE PARKWAY
P.O. BOX 610
CENTER VALLEY, PA 18034-0610
TEL (484) 896-5000

*** INVOICE ***

NUMBER
14643957 RI

MAIL REMITTANCE TO: OLYMPUS AMERICA INC.
Box 200194
Pittsburgh, PA 15251-0194

SOLD TO: 58952
SOUND SHORE MEDICAL CENTER *INACTIVE*
DO NOT USE, USE DIP 1228683
ACCOUNTS PAYABLE
16 GUION PL
NEW ROCHELLE NY 10802

SHIP TO: 99496
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
ATTN: OR/ PO# NR176870
NEW ROCHELLE NY 10801

**** * * To receive your invoices electronically, please contact your Credit Representative.* * ****

Picker No. 8
Tax ID: Tax Cert: PAGE: 1

CUSTOMER P.O. NUMBER	TERMS	REQ. DATE	DELIVERY INSTRUCTIONS	BRANCH PLANT	ORDER NO.	INVOICE DATE
NR176870	CASH IN ADVANCE	05/07/13	183806629	600	12859932 S0	05/07/13

ITEM NUMBER	QTY SHIP	DESCRIPTION	UNIT PRICE	AMOUNT
		ORDERED BY: FRANK HALL VIA: PHONE PHONE #: 914-365-3893 FAX #: 914-632-2134 EMAIL: NA CSR: Dora L @ EXT: 151265 CENTER VALLEY *		
145212-ENT		REUT-BOB VENT TB FLPL W/O WR/H LS .039 (orig item: 145212) (	41.48	
	6	Net Price	41.48	248.88
		THANK YOU FOR YOUR ORDER		

Tax Rate	Sales Tax	Net Due Date		INVOICE TOTAL
		05/08/13	PAY THIS AMOUNT	USD 248.88

The terms and conditions contained on the reverse side hereof represent the total understanding between the parties governing the sale of the goods descibed herewith except as modified by the terms of any dealer agreement, sales representative agreement, or any similar arrangement in writing between Olympus and the purchaser.

TERMS AND CONDITIONS OF SALE

COMPLETE AGREEMENT

The terms and conditions contained herein constitute the sole and entire agreement between the parties and are the only basis upon which Olympus America Inc. ("Olympus") offers to sell goods to Buyer, unless otherwise agreed to in a writing signed by a duly authorized representative of Olympus. Buyer's terms and conditions shall be of no effect to the extent they are inconsistent with or in addition to these terms and conditions, and notwithstanding anything to the contrary in Buyer's purchase order, by paying this invoice Buyer accepts all of Olympus's terms and conditions set forth herein

PAYMENT AND CREDIT TERMS

Terms are net thirty (30) days from date of each invoice subject to Buyer maintaining credit arrangements satisfactory to Olympus. Otherwise, terms are cash on delivery. Olympus reserves the right to revoke credit terms extended to Buyer in the event (i) Buyer fails to pay for any goods or services, previously or subsequently delivered or performed, when due, or (ii) in the sole judgment of Olympus there has been a material adverse change in Buyer's financial condition. Upon such determination, Olympus shall have the right to demand payment or other assurances which it deems adequate before shipment or performance of any other goods or services.

TAXES AND OTHER CHARGES

In addition to the purchase price, Buyer shall pay all applicable taxes, and similar charges imposed by governmental entities, whether federal, state or local.

FAILURE TO PAY; SECURITY INTEREST

Failure to make any payment when due shall cause the entire amount of the unpaid debt to become immediately due and payable, at the option of Olympus. In addition to any other rights of Olympus, Olympus may, upon default of the Buyer in payment, (a) apply a service charge at the rate of one and one half percent (1½%) per month on the unpaid balance and/or (b) remove the product and hold it or sell it at public auction or private sale, it being understood that Olympus is permitted to purchase at any public sale. If the unpaid balance plus interest and/or service charges is not satisfied from the net proceeds of such sale (after deduction reasonable removal, storage, taxes and attorneys' fees and other ordinary or necessary expenses incurred in connection therewith) then Buyer shall pay on demand any such deficiency as liquidated damages for breach of contract, along with all agency, attorneys' fees and court costs incurred by Olympus in the collection of delinquent payments.

Buyer hereby grants Olympus a security interest in the products and any proceeds (including accounts receivable) as security for its obligations hereunder and will execute any document required to perfect this security interest.

SHIPMENT AND DELAYS

The "freight" charge shown on the front page hereof may not necessarily reflect the exact charges paid by Olympus to the carrier due to volume incentive discount agreements entered into between Olympus and the carrier. All shipments are, unless otherwise specifically provided, F.O.B. Olympus's facility. All claims for breakage and damage should be made directly to the carrier, however, Olympus will assist in securing satisfactory payment or adjustment of such claim. Olympus shall not be liable for any delay in delivery of goods or performance of services due to causes beyond the reasonable control of Olympus.

INSPECTION, ACCEPTANCE AND RETURNS

This shipment has been carefully inspected by trained Olympus personnel prior to transit and should be thoroughly inspected upon receipt. Failure to reject any delivery upon receipt shall constitute acceptance of that delivery and shall be deemed a waiver of any other right to reject or revoke acceptance. All claims arising from over, short, defective or damaged goods shall be made within ten (10) days of receipt and should reference the original purchase order. Olympus may in its discretion require payment of a restocking fee as a condition to authorizing a return. CREDIT CANNOT BE ALLOWED FOR MERCHANDISE RETURNED WITHOUT PRIOR WRITTEN AUTHORIZATION. All original containers and packing materials must be returned with a shipment to insure proper credit. Credit and/or replacement will be given against Buyer's account; no cash refunds will be made.

LIMITED WARRANTIES AND REPAIR

EXCEPT FOR THE LIMITED WARRANTIES SET FORTH BELOW, OLYMPUS MAKES NO AND DISCLAIMS ALL REPRESENTATIONS AND WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, CONCERNING ANY PRODUCT OR SERVICE, OR CONCERNING ANY PATENTS OR TECHNOLOGY USED OR INCLUDED IN ANY PRODUCT OR SERVICE. ALL GUARANTIES, WARRANTIES, CONDITIONS AND REPRESENTATIONS WHATSOEVER, EITHER EXPRESS OR IMPLIED, WHETHER ARISING UNDER ANY STATUE, LAW, COMMERCIAL USAGE OR OTHERWISE, ARE HEREBY EXPRESSLY EXCLUDED.

Subject to the exclusions and upon the conditions stated below, Olympus warrants that the products sold shall be free from defects in workmanship and materials under normal use and service for the duration of the term as stated on the warranty card to the original Buyer, the relevant instruction manual, or the stated shelf life, as the case may be. If any product should prove to be defective within said period, Buyer must return the defective product to Olympus and Olympus agrees, as its option, either (i) to repair or (ii) to replace with an equivalent product any defective product, provided that Olympus investigation and factory inspection disclose that such defect developed under normal and proper use. Olympus reserves the right to use reconditioned, refurbished, and/or serviceability used parts (tested to Olympus's quality assurance standards) for warranty or any other repairs. Shipment charges to and from an authorized Olympus service facility shall be paid by Buyer. Excluded from this warranty and not warranted by Olympus in any fashion, either express or implied, are:

(a) products not manufactured by Olympus and/or not bearing the "Olympus" brand label;
(b) any product which has been disassembled, repaired, tampered with, altered, changed, or modified by persons other than Olympus own authorized service personnel unless such repair by others is made with the written consent of Olympus;
(c) defects or damage to products resulting from wear, tear, misuse, negligence, improper storage, transit, nonperformance of scheduled operator and maintenance items, battery leakage, or use of non-approved accessories, consumables, or supplies;
(d) software programs, and
(e) consumables, including but not limited to batteries.

BUYER ACKNOWLEDGES AND AGREES THAT OLYMPUS SHALL NOT BE RESPONSIBLE FOR ANY DAMAGES THAT BUYER MAY INCUR FROM DELAYED SHIPMENT, PRODUCT FAILURE, PRODUCT DESIGN OR PRODUCTION OR FROM ANY OTHER CAUSE, WHETHER LIABILITY IS ASSERTED IN CONTRACT OR TORT (INCLUDING NEGLIGENCE AND STRICT PRODUCT LIABILITY). IN NO EVENT SHALL OLYMPUS BE LIABLE FOR ANY INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES OF ANY KIND, INCLUDING WITHOUT LIMITATION LOSS OR PROFITS OR LOSS OF USE.

Representations and warranties made by any person, including dealers and representatives of Olympus, which are inconsistent or in conflict with the terms of this warranty, shall not be binding upon Olympus unless reduced to writing and approved by an expressly authorized officer of Olympus.

SOFTWARE OWNERSHIP

Buyer acknowledges and agrees that Olympus or, in applicable instances, Olympus's licensors, retain the entire right, title, and interest in and to the intellectual property (including without limitation all copyrights) related to any item of software and related documentation which Olympus provides to Buyer. Buyer shall not itself, or grant others a right to (a) decompile, disassemble, reverse engineer, or otherwise attempt to derive the source code of any such software (b) remove, obscure, or alter any copyright, trade secret, trademark, patent, or other proprietary rights notice affixed to or displayed on any such software or related documentation, or affixed to or printed on any of its factory packaging.

DELAY, CANCELLATION OR DEFAULT

If Buyer requires Olympus to delay delivery, payment for the product and the Buyer's required inspection shall not thereby be postponed or extended. Product held for Buyer shall be at the risk and expense of Buyer In the event of cancellation by Buyer of its purchase order after acceptance, Olympus shall be entitled to damages for cancellation up to the purchase order price plus attorneys' fees expended in the collection of such amounts and interest from the date of cancellation at the rate set for delayed payments.

CHOICE OF LAW AND JURISDICTION; COURTS

This transaction is deemed to have been made in Pennsylvania and shall be construed in accordance with the laws of the Commonwealth of Pennsylvania, without reference to the conflict of laws rules thereof. All controversies, disputes and claims arising out of or relating to this transaction, or the breach or threatened breach of this document, shall be adjudicated by a court of competent jurisdiction within the County of Lehigh, Commonwealth of Pennsylvania or the Federal District Court in the Eastern District of Pennsylvania, except that any judgment obtained in such action may be enforced in other jurisdictions. Buyer hereby waives personal service of process provided that process is served by certified, registered mail. Buyer hereby waives any objection that it may have regarding the personal jurisdiction or venue of any of the aforesaid courts, as well as any claim that the forum or venue is inconvenient or should be transferred. Buyer agrees to pay any and all reasonable costs, legal fees, and expenses incurred by Olympus resulting from all controversies, disputes or claims which are adjudicated or settled favorable to Olympus.

EXPORT OF OLYMPUS PRODUCTS

The export from the United States of certain Olympus products and technology to certain countries is specifically prohibited by the Export Administration Act of 1979, as amended. The export of all Olympus products and technology must be in accordance with the applicable provisions of the United States Export Administration Regulations and the Export Regulations of the United States Department of Defense.

160

600

FedEx Express — *US Airbill* — FedEx Tracking Number 8582 3168 0072

Form ID No. 0215 — **Recipient's Copy**

RECIPIENT: PEEL HERE

1 From This portion can be removed for Recipient's records.

Date 9/17/13 — FedEx Tracking Number 8582316800 72-6

Sender's Name Samantha Chasso — Phone 484 896-5000

Company OLYMPUS AMERICA

Address 3500 CORPORATE PKWY — Dept./Floor/Suite/Room

City CENTER VALLEY — State PA — ZIP 18034

2 Your Internal Billing Reference

3 To

Recipient's Name Sandstrom Med Ctr Westchester — Phone

Company c/o GCG INC.

Recipient's Address 5151 Blazer Parkway Suite A — Dept./Floor/Suite/Room

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address

To request a package be held at a specific FedEx location, print FedEx address here.

City Dublin — State OH — ZIP 43017

0338897770

8582 3168 0072

fedex.com 1.800.GoFedEx 1.800.463.3339

4a Express Package Service — *Packages up to 150 lbs.*

- [x] FedEx Priority Overnight — Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Standard Overnight — Next business afternoon.* Saturday Delivery NOT available.
- [ ] FedEx First Overnight — Earliest next business morning delivery to select locations.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business day.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available.

FedEx Envelope rate not available. Minimum charge: One-pound rate

* To most locations.

4b Express Freight Service — *Packages over 150 lbs.*

- [ ] FedEx 1Day Freight* — Next business day.** Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 2Day Freight — Second business day.** Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx 3Day Freight — Third business day.** Saturday Delivery NOT available.

* Call for Confirmation.

** To most locations.

5 Packaging

- [x] FedEx Envelope*
- [ ] FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak.
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

* Declared value limit $500.

6 Special Handling — Include FedEx address in Section 3.

- [ ] SATURDAY Delivery — Not available for FedEx Standard Overnight, FedEx First Overnight, FedEx Express Saver, or FedEx 3Day Freight.
- [ ] HOLD Weekday at FedEx Location — Not available for FedEx First Overnight.
- [ ] HOLD Saturday at FedEx Location — Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations.

Does this shipment contain dangerous goods? One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required.
- [ ] Dry Ice — Dry ice, 9, UN 1845 ____ x ____ kg
- [ ] Cargo Aircraft Only

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below. — Obtain Recip. Acct. No. [ ]

- [x] Sender — Acct. No. in Section 1 will be billed.
- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Total Packages	Total Weight	Total Charges
		Credit Card Auth.

†Our liability is limited to $100 unless you declare a higher value. See the current FedEx Service Guide for details.

8 *NEW* Residential Delivery Signature Options If you require a signature, check Direct or Indirect.

- [ ] No Signature Required — Package may be left without obtaining a signature for delivery.
- [ ] Direct Signature — Anyone at recipient's address may sign for delivery. *Fee applies.*
- [ ] Indirect Signature — If no one is available at recipient's address, anyone at a neighboring address may sign for delivery. *Fee applies.*

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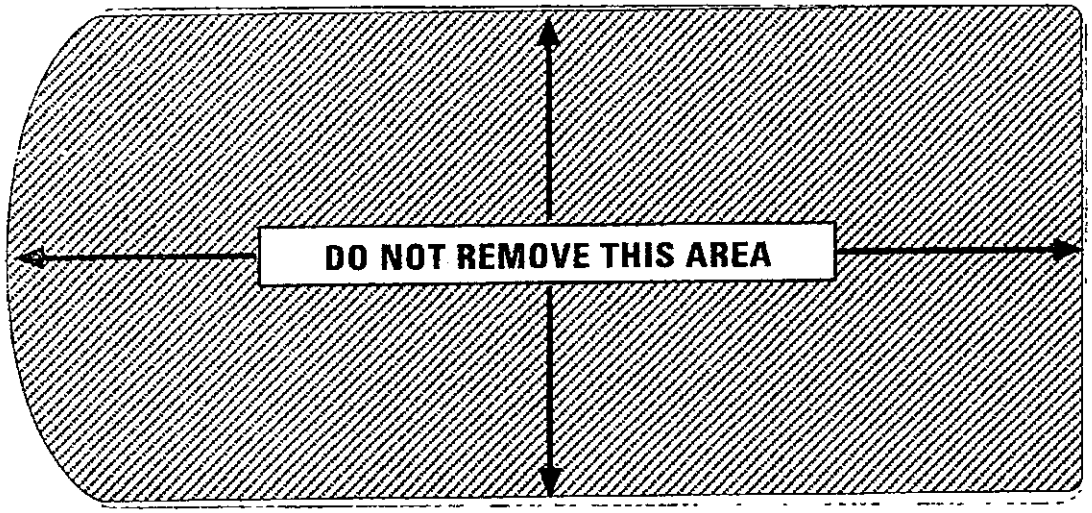
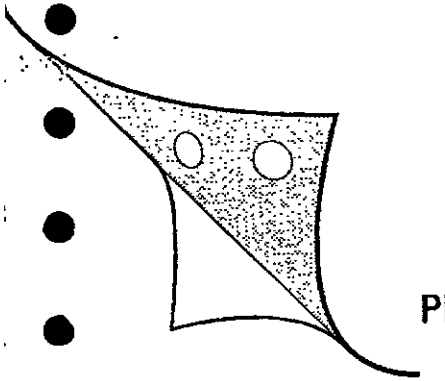


Peel and Stick FedEx US Airbill

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):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): OVAG International AG

☐ 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:
Nicole J. Huesmann, P.A.
150 Alhambra Circle, SUite 1150
Coral Gables, FL 33134

Telephone number: 305-858-0220
Email Address: njhuesmann@njhlaw.com

Name and address where payment should be sent (if different from above):
OVAG International AG
Zurichstrasse 5
6004 Lucerne, Switzerland

Telephone number: 866-808-6121
Email Address: sk@ovag.ch

☐ 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.

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. JUN - 9 2014

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.

FILED - 01495
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 2,130.85

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:** unpaid invoices for services rendered
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 2 2 3 9

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. (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: Sandy Marek

Title: CEO

Company: OVAG International AG

(Signature) 6th June 2014 (Date)

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

Zurichstrasse 5
6004, Lucerne, Switzerland

Telephone number: 866-808-6121 email: sk@ovag.ch

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.

OVAG INTERNATIONAL AG
Zurichstrasse 5
6004 Lucerne, Switzerland
MWST-Nr. CHE-106.796.875

STATEMENT OF ACCOUNT

31-Jul-2013

OVAG INTERNATIONAL

Statement Date: 31-Jul-2013

Name: **12239, Mount Vernon Hospital, Mount Vernon**

Currency: **USD**

Date	Ref.-No.	Description	A-Method[1]	Amount	%	OVAG`s Fees	Due Agency	Due Client
1 Jul 2013	12239 001002 15014830	Anthony Martin	K	3'357.88	30.00	1'007.36	1'007.36	0.00
1 Jul 2013	12239 001001 5002199	Margaret Amos Martin	K	3'744.96	30.00	1'123.49	1'123.49	0.00

[1]Accounting Method:
O = Paid to OVAG, K = Paid to client, F = Unfounded claim, S = Expenses, Z = Misc., T = Reversal 'O', U = Reversal 'K', M = VAT

OVAG INTERNATIONAL AG
Zurichstrasse 5
6004 Lucerne, Switzerland
MWST-Nr. CHE-106.796.875

STATEMENT OF ACCOUNT

31-Jul-2013

OVAG INTERNATIONAL

Statement Date: 31-Jul-2013

Name: **12239, Mount Vernon Hospital, Mount Vernon**

Currency: **USD**

	Due Agency	Due Client
Total	2'130.85	0.00
Amount due to Mount Vernon Hospital (Our check enclosed)		**0.00**
Amount due to OVAG International (Please effect payment)	**2'130.85**	

Total paid to OVAG (O)	**0.00**	Fees	**2'130.85**
Total paid to Client (K,F)	**7'102.84**	Misc. (S)	**0.00**
		VAT (M)	**0.00**
Totals	**7'102.84**	Total	**2'130.85**

Please effect wire transfer to:

United Bank of Switzerland
6301 Zug / Switzerland
SWIFT-Code: UBSWCHZH80A
Account no.: 273-HN106049.4
Beneficiary: OVAG International AG
IBAN: CH46 0027 3273 HN10 6049 4

Please send checks to:

OVAG International AG
Zürichstrasse 5
P.O. Box 6669
6000 Lucerne 6 / Switzerland

[1]**Accounting Method:**
O = Paid to OVAG, K = Paid to client, F = Unfounded claim, S = Expenses, Z = Misc., T = Reversal 'O', U = Reversal 'K', M = VAT

OVAG INTERNATIONAL

INTERNATIONALES WIRTSCHAFTSAUSKUNFT- UND INKASSOUNTERNEHMEN

INTERNATIONAL BUSINESS INQUIRY AND COLLECTION OFFICE - ENTREPRISE INTERNATIONALE D'INFORMATIONS ÉCONOMIQUES ET DE RECOUVREMENT
EMPRESA INTERNACIONAL DE INFORMACIONES ECONOMICAS YDE COBRO - AZIENDA INTERNAZIONALE D'INFORMAZIONI ECONOMICHE E D'INCASSO

OVAG INTERNATIONAL AG
ZURICHSTRASSE 5
6004 LUCERNE
SWITZERLAND

PHONE: +41-41-379 03 03
FAX: +41-41-379 03 33
E-MAIL: contact@ovag.ch
WEB: www.ovag-international.com
MWST-Nr. CHE-106.796.875

Mount Vernon Hospital
12 North 7th Ave
10550 Mount Vernon
USA

Lucerne, 31-Jul-2013

Invoice 12239 01-2013

Currency: USD

Fees according to statement of account dated 31-Jul-2013	**2'130.85**
Total	**2'130.85**

OVAG INTERNATIONAL AG

Zurichstrasse 5
6004 Lucerne, Switzerland
MWST-Nr. CHE-106.796.875

Saldo Vormonate - Prior Balance

OVAG INTERNATIONAL

Due to: 31-Jul-2013

Name: **12239 Mount Vernon Hospital**

Currency:

Date	Description	Due Agency	Due Client
31-Jul-2013	Amount due to OVAG, Invoice: 12239 2013 01	2'130.85	
Total		2'130.85	0.00
Amount due to OVAG International (Please effect payment)		**2'130.85**	

Please effect wire transfer to:

United Bank of Switzerland
6301 Zug / Switzerland
SWIFT-Code: UBSWCHZH80A
Account no.: 273-HN106049.4
Beneficiary: OVAG International AG
IBAN: CH46 0027 3273 HN10 6049 4

Please send checks to:

OVAG International AG
Zurichstrasse 5
P.O. Box 6669
6000 Lucerne 6
Switzerland

Zürichstrasse 5 · Postfach 6669
6000 Luzern 6 · Switzerland

PRIORITY
PRIORITAIRE

A

P.P.
CH-6000 Luzern 6

Sound Shore Medical of Westchester
et al., c/o GCG
5151 Blazer Parkway, Suite A
Dublin, OH 43017
USA

From: 0413790303
Sandy Marek
OVAG International AG
Zurichstrasse 5

Luzern, 6004
SWITZERLAND

Origin ID: QLJA

FedEx Express

J1410140270126

Ship Date: 06JUN14
ActWgt: 0.1 KG
CAD: 7319371/INET3490

REF:
DESC-1: Correspondence/No Customs Value
DESC-2:
DESC-3:
DESC-4:

COUNTRY MFG: CH
CARRIAGE VALUE: 0.00 SFR
CUSTOMS VALUE: 0.00 SFR
T/C: S 297653440 , D/T: S 297653440
SIGN: Sandy Marek
EIN/VAT:
PKG TYPE: ENV

SHIP TO: (614) 289-5403 BILL SENDER

et al., c/o GCG
Sound Shore Medical of Westchester
5151 Blazer Parkway
Suite A

DUBLIN, OH 43017
US

TRK# 7702 1701 1265
0430

10:30A
INTL PRIORITY
ISR
43017
OH-US
LCK

XX OSUA

For all commodities, technology or software previously exported from the United States, has was done in accordance with the Export Administration Regulations. Diversion of these items contrary to U.S. law or any other applicable country's law is prohibited

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B10 (Official Form 10) (4/13)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
X The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled as Follows:

THE GARDEN CITY GROUP, INC. DEC 17 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 an administrative expense arising after the case. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503(b).*

Name of Creditor (The person or entity to whom the debtor owes money or property): **PASSPORT HEALTH COMMUNICATIONS, INC.**

Name and address where notices should be sent:
PASSPORT HEALTH COMMUNICATIONS, INC.
c/o Waller Lansden Dortch & Davis, LLP
Attn: Michael R. Paslay, Esq.
511 Union Street, Suite 2700
Nashville, TN 37221

FILED - 01062
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number: (615) 244-6380
Email: mike.paslay@wallerlaw.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):
PASSPORT HEALTH COMMUNICATIONS, INC.,
Attn: Jason Shields, Esq.
720 Cool Springs Blvd., Suite 200
Franklin, TN 37067

Telephone number: (615) 661-5858 or (888) 661-5657
Email: Jason.shields@passporthealth.com

☐ Check box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ _____ **(see attached)***

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

If all or part of the claim arises from the value of 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 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 Rendered (see attached)*
(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 your 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 set off: ☐ Real Estate ☐ Motor Vehicle ☐ Other **Describe:** _____

Value of Property: $ _____

Annual Interest Rate _____ ☐ Fixed or ☐ Variable

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $ _____

Basis for perfection: **(see attached)***

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 in 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 filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4).

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

☐ Up to $2,775* 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. $ _____ (See instruction #6)

7. Credits: The amount of all payments on this claim has been credited or deducted for the purpose of making this proof of claim. (See instruction #7)

B10 (Official Form 10) (4/13)

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, 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 (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: Jason Shields
Title: Associate General Counsel
Company: Passport Health Communications, Inc.

(Signature) 12-11-13 (Date)

Address and telephone number (if different from notice address above):
720 Cool Springs Blvd , Suite 200
Franklin, TN 37067

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

See Attachment. Creditor hereby incorporates the attachments hereto, which shall for all purposes be deemed a part of this Proof of Claim.

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 5:00 P.M. (PREVAILING EASTERN TIME)

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, 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 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. Claim Pursuant to 11 U.S.C. §503(b)(9):
Check this box if you have a claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business. 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 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.

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, 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)

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 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 good received by the Debtor within 20 days before the 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.

INFORMATION

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), CGC will display the first page of your proof of claim form on the case administration website. Please be aware that nay personal information not otherwise redacted on your proof of claim form will be displayed over the internet.

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

615.244.6380 main
615.244.6804 fax
wallerlaw.com

Christine T. Cronk
Waller Lansden Dortch & Davis, LLP
615.850.8761 direct
chris.cronk@wallerlaw.com

December 16, 2013

VIA OVERNIGHT COURIER
Sound Shore Medical Center of Westchester, et al.
Attention: GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: Proofs of Claim re: Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon")
Case Nos. 13-22840 and 13-22841

Dear Sir of Madam:

Enclosed please find for filing in the referenced cases on behalf of creditor, Passport Health Communications, Inc., i) an original proof of claim with exhibits for the Sound Shore case; ii) an original proof of claim with Exhibits for the Mount Vernon case; and iii) copies of each of the two claim forms without exhibits. Please file-stamp the copies and return them to me in the enclosed self-addressed, postage prepaid envelope. If you need any additional information, please let me know.

Thank you for your assistance.

Sincerely,

Christine T. Cronk

Christine T. Cronk
Paralegal
Waller Lansden Dortch & Davis, LLP

/ctc
Enclosures

11405682.1

ATTACHMENT TO ORIGINAL PROOF OF CLAIM OF PASSPORT HEALTH COMMUNICATIONS, INC.

MOUNT VERNON HOSPITAL, INC.
CASE NO. 13-22841

Passport Health Communications, Inc., ("***Passport***") files this proof of claim, and in support of its claim states as follows:

1. Passport and Sound Shore Medical Center of Westchester are parties to a Master Customer Agreement (the "***Agreement***"), executed by Passport on April 7, 2011, pursuant to which certain products and services were provided to Debtor by Passport. The Agreement provides for twelve-month terms which commence in April of each year. A true and correct copy of the Agreement is attached hereto as **Exhibit A**. The Agreement listed Mount Vernon Hospital, owned by Mount Vernon Hospital, Inc. (the "***Debtor***"), as an additional facility covered under the Agreement.

2. Prior to the commencement of the Debtor's case on May 29, 2013 ("***Petition Date***"), the Debtor had incurred fees and charges for services rendered by Passport in the amount of $1,202.71.

3. On November 4, 2013, Debtor filed its Notice of Filing Amendment (1st) to Schedule of Executory Contracts and Unexpired Leases for (sic) to Either Assumed or Assigned or to be Rejected Pursuant to the Sale Order ("First Amendment"). In the First Amendment, the Debtor asserted that the listed contracts would be rejected as of the closing of its hospital and related health care facilities. On November 12, 2013, the Debtor filed a notice with the Court that the sale had closed effective November 6, 2013. In the First Amendment, the Debtor listed Passport's Revenues Cycle/Information Technology agreements with The Mount Vernon Hospital; the Sound Shore Medical Center as rejected agreements.

4. The outstanding amount due Passport for pre-petition services provided the Debtor for Mount Vernon Hospital is $1,202.71, which represents unpaid invoices for services rendered. True and correct copies of the invoices are attached hereto as **Collective Exhibit B**.

5. Due to the Debtor's rejection of the Agreement, Passport is entitled to rejection damage claims equal to amounts due under the remaining term of the Agreement. These damages equal $39,507.34 for Sound Shore Medical Center of Westchester and $1,202.71 for Mount Vernon Hospital for a total of $40,710.05.

6. Passport hereby asserts all claims it has or may have against the Debtor, at law, in equity or otherwise, including a claim for lost profits and expressly reserves the right to amend this claim to add additional amounts owing under sections 502, 506, or 507 of title 11 of the United States Code (the "***Bankruptcy Code***"), including post-petition interest, costs and attorneys' fees, and does not waive any right to additional amounts to which it is entitled under sections 502, 506 or 507 of the Bankruptcy Code, or otherwise.

7. Passport asserts all rights to indemnity, contribution, subrogation, and insurance coverage that it may have, including without limitation any rights under Rule 3005 of the Federal Rules of Bankruptcy Procedure (the "***Bankruptcy Rules***"). PRP reserves all rights to setoff and recoupment, and reserves the right to any allocation between any secured and unsecured portions of its claim under section 506 of the Bankruptcy Code, pursuant to which the PRP asserts any and all secured and unsecured claims.

8. Passport reserves the right to amend its claim at any time to include amounts incurred and not paid, and/or amounts which may be incurred post-petition to the extent allowable by law, including but not limited to, attorneys' fees and other charges and fees associated thereto, as applicable.

EXHIBIT A

Supplier	Customer
PASSPORT Health Communications, Inc. 720 Cool Springs Blvd., Suite 200 Franklin, TN 37067 (615) 661-5657 or (888) 661-5657	Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10801

PASSPORTHEALTH COMMUNICATIONS INC

Master Customer Agreement

This Master Customer Agreement (as amended, supplemented or modified from time to time, the "Agreement") covers the products and services listed below ("Products and Services") and is between Passport Health Communications, Inc., (together with its affiliates, "Passport") and Sound Shore Medical Center of Westchester ("Customer" and together with Passport collectively, the "Parties"). This Agreement shall be effective as of the date of signature by Passport ("Effective Date").

THIS AGREEMENT IS SUBJECT TO PASSPORT'S STANDARD TERMS & CONDITIONS OF SALE, AS REVISED OR AMENDED FROM TIME TO TIME, AND IT'S BUSINESS ASSOCIATE AGREEMENT, ATTACHED AS SCHEDULE A HERETO, AS REVISED OR AMENDED FROM TIME TO TIME (THE "TERMS & CONDITIONS"). The Terms & Conditions, which are incorporated by reference into this Agreement, are attached as Exhibit B hereto and Customer acknowledges receipt, review and acceptance of the Terms & Conditions. Customer agrees to and intends to be bound by the Terms & Conditions. Commencement of any work, services, or delivery of goods under the Agreement shall constitute Customer's acceptance of the Terms & Conditions. Capitalized terms used herein and not otherwise defined shall have the meanings given to them in the Terms and Conditions.

Customer acknowledges receipt, review and acceptance of the PayPal's Terms & Conditions for the eCashiering products and services ("Pay Pal Terms & Conditions"). The Pay Pal Terms & Conditions are located at https://cms.paypal.com/us/cgi-bin/?cmd=_render-content&content_ID=ua/PayflowResold_full&locale.x=en_US

PRODUCT OFFERINGS AND FEES. Product offerings and fees specified herein apply to a multiple facility installation. Passport agrees to provide the products and services selected below for the facility/facilities listed on Exhibit A hereto. Customer agrees to provide further details specified in the facility list and administration section in Exhibit A attached hereto.

HIS/PMS system(s) applicable to this agreement include: Allscripts.

Offering Description	Fees Implementation	Subscription	Transaction
eCare Patient Access Suite (*which includes the following products*)	$7,300	$109,800	
• IntelliSource: Initial install triggered by in-process scripting with in-process updates to registration screen before the registration is completed.			
• eCashiering: Allows health care administrators to process payments for 1-5 merchant accounts. Implementation & Subscription fees are per merchant account.			$0.10
• Notice of Admission: Allows the referring physician to submit a patient referral to a specialist and view the approval or denial and allows the provider to inform the payor that a patient has been admitted to its facility within 24 hours.			
• eCashiering File Engine: Includes 835 file over a secure VPN to client FTP site.			
• eCashiering Reader: MagTek 2 Track USB Swipe Reader.	$150 (per wedge)		
• Patient Payment Estimator: Extracts information from a provider's chargemaster and payer contracted rates by procedure and applies eligibility and benefits information from the patient's health insurance plan. Fees are per installation, which is defined as per connection to a single patient database and a single chargemaster with up to 10 payer contracts.			
• Registration Quality Assurance: Flags registration errors for correction prior to discharge and billing.			
• Patient Account History: Allows users to quickly view all of the accounts with a patient-responsible balance for a given patient.			
• Intelligent address verification service that automatically identifies undeliverable addresses at the time of registration and then performs a logical address verification check on only those UAA (Undeliverable as Addressed).			$0.30
• OrderRite™ is a pre service clearance management system that organizes work flow and assists in gaining user compliance for validating all Medicare and Commercial clinical policies and procedures prior to performing service. OrderRite™ provides an automated process for managing precertification submission and validation, medical necessity validation (LCD/NCD), frequency validation, duplicate orders (CCI), gender edits (OCE). OrderRite™ is deployed as web-based service throughout a health system with a central database and work center allowing security enabled users to view the procedure status and validation outcomes prior to rendering service.			
• Precertification Submit-Inquiry Service identifies procedures that require a prior payer authorization and streamlines the precertification process by programmatically populating the submit/inquiry screens on a payer's website, retrieving the payer response and creating a document image of the response while storing the precertification number and/or status as a discrete value.			

- OrderRite™ Work Center and Batch Automation Service adds the ability to receive scheduled procedures into the OrderRite™ Work Center in order to organize the precertification submission process. Patient scheduled visits are selected from the work center list and the submission process is automatically initiated. Additionally, pended submissions from the OrderRite™ submission process or from receipt of an external file can be automatically checked for an updated payer response. Upon completion of the status inquiry a document image of the response is stored along with the precertification number and/or status.

Future Recurring Fees (excluding transaction and wedge fees)	$7,300	$109,800	N/A

PASS-THROUGH FEES.* Fees exclude pass-through fees ("Pass-Through Fees") from state and federal governmental entities ("Governmental Entities"), Medicaid and Medicare Managed Care Organizations ("MCO"s), third-party payers, communication tariffs, and/or other similar fees Without prior notice, Pass-Through Fees will be billed monthly in addition to all other Fees at the cost that PASSPORT pays to obtain transaction data. Notwithstanding any other provision of the Customer Agreement to the contrary, PASSPORT shall have the right to increase the Pass-Through Fees to offset any increases in rates, changes, or other costs from Governmental Entities, MCOs and other third parties, including without limitation Medicaid and Medicare administrators, or any increase in the cost of providing services hereunder resulting from rules, regulations and operating procedures of any federal, state or local agency or regulatory authority. The Pass-Through Fees are not subject to approval by PASSPORT.

IMPLEMENTATION FEES. Implementation fees relate to the initial implementation and delivery of the product offering(s). These fees represent a one-time cost with payment based on the following timing: 50% at contract execution and 50% upon the earlier of i) Customer's first productive use or ii) five (5) months after the effective date.

SUBSCRIPTION FEES. Subscription fees relate to the ongoing availability of the product offering(s) to the Customer. These fees are presented on an annual basis but billed on a monthly basis for the duration of the agreement. Billing of $9,150 per month begins upon the earlier of i) Intellisource go live or ii) five (5) months after the effective date.

TRANSACTION FEES. Transaction Fees are billed per each successful transaction processed. A "successful" transaction shall be defined as an electronic transaction that returns a valid payer, data source, or business associate response to the Customer from Passport as an inquiry sent to Passport from the Customer's HIS/PMS system(s). Transactions become billable to the Customer, once the Customer is eligible for training and will be billed on a monthly basis for the duration of the agreement.

TRAINING FEES. Passport shall provide on-site training for all of the products selected above at the rate of $2,000 per trainer per eight-hour day. Online training for the OneSource Solution shall be provided at no cost to Customer. The training shall be scheduled at such dates and times that are acceptable to Passport and Customer.

BILLING TERMS. Customer agrees to the following billing terms: Due upon receipt. In addition, monthly fees of $57 per facility "Monthly Minimum Fee" will be invoiced if the Customer's monthly invoice is less than the Monthly Minimum Fee. Passport BatchSource® only customers are exempt from this Monthly Minimum Fee.

(Subscription Fee is subject to adjustment as provided below.*)

ANNUAL SUBSCRIPTION FEE ADJUSTMENT.* The subscription fee ("Subscription Fee") is based on a volume of 225,000 annual patient encounters and will adjust annually for the remainder of the term based on changes in volume of annual patient encounters. Such adjustment may result in a decrease, increase or no change in the Subscription Fee. The adjustment will occur each year within sixty (60) days of the anniversary of the Effective Date ("Reset Date"). Notwithstanding the foregoing, should Customer merge with another entity or acquire additional facilities or other assets, PASSPORT shall have the right to adjust the Subscription Fee prior to the Reset Date. Passport shall charge customer $0.20 per transaction for each transaction in excess of 500,000 transactions per year.

TERM OF AGREEMENT AND RENEWAL. Passport reserves the right to rescind the fee structure and terms if this Agreement is not executed within 45 days of the date the Agreement was submitted to Customer. This Agreement shall continue for a term of twelve (12) months from the Effective Date ("Initial Term") and will automatically renew for an unlimited number of twelve (12) month periods ("Renewal Term"). This Agreement may be terminated by either Party effective at the end of the Initial Term or at the end of any Renewal Term (if applicable) with a ninety (90) day written termination notice.

IN WITNESS WHEREOF, an authorized representative of each of the Parties has executed this agreement as of the dates written below.

PASSPORT HEALTH COMMUNICATIONS, INC.		SOUND SHORE MEDICAL CENTER OF WESTCHESTER	
Signed By:	David O. Whitt David O. Whitt (Apr. 7, 2011)	Signed By:	
Print Name:	David Whitt	Print Name:	THOMAS B. POCCIA
Title:	Chief Financial Officer	Title:	VP / Fin Ann
Date:	Apr 7, 2011	Date:	4/6/11

EXHIBIT A

FACILITY LIST AND ADMINISTRATION

PRIMARY FACILITY INFORMATION

Name: Sound Shore Medical Center of Westchester

Address: 16 Guion Pl, New Rochelle, NY, 10801

NPI #:

Tax ID#:

Tax Exempt: No

(If yes, please attach a copy of your certificate of exemption.)

CONTACT INFORMATION

Product Admin./Superuser

Contact:

Phone:

Email:

Enrollment/Implementation

Contact:

Phone:

Email:

Billing

Contact:

Phone:

Email:

Training

Contact:

Phone:

Email:

EQUIPMENT SHIPPING & BILLING INFORMATION

In order to provide credit card processing equipment, please provide ship to/bill to if different.

Contact:

Phone:

Email:

Address:

ADDRESS VERIFICATION ADMINISTRATOR INFORMATION

In order to provide address verification services for a user or allow a user to view unmasked Social Security numbers, PASSPORT must receive approval from at least one Address Verification Administrator as designated below. Also, please provide a secure IP address for each user, which includes external/public IP address(es) used to access the web for the enrolling facility.

Contact:

Phone:

Email:

Starting IP Address:

Ending IP Address:

Customer acknowledges and agrees as follows: the facility must respond to audit requests within 72 hours of notification by Passport requiring identification of a specific end user(s); the use of this data is for reference and verification in connection with Customer's business processes, and shall be limited to required institutional risk control, insurance purposes, or the detection and prevention of fraud. Appropriate steps shall be taken to prevent the misuse of this data; all right, title and interest in and to the data under contractual, copyright, and related laws is retained by Passport and any applicable third-party vendors. This data shall not be reproduced, retransmitted, republished, or otherwise transferred for any commercial purpose; this data or results of this data shall not be distributed to the patient or any party acting on behalf of the patient; the data shall be used in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.; the Federal Graham-Leach-Bliley Act, 15 U.S.C.A, Sec. 6801 et seq.; and the Federal Drivers Privacy Protection Act, 18 U.S.C. Sec. 2721 et seq.; and such state and local requirements or any legislation, rules, or regulations as may be enacted or adopted after the date of this Agreement/Amendment by any federal, state, or local government body; and this data is being provided "AS IS"; is collected from various sources, including third parties and may or may not be completely thorough and accurate.

ADDITIONAL FACILITY INFORMATION

2. **Name & Address:** The Mount Vernon Hospital

EXHIBIT B
STANDARD TERMS & CONDITIONS OF SALE

I. **SCOPE, TERMINATION AND SURVIVIAL.**

1.1 **Scope.** The Terms and Conditions contained herein shall apply to the Master Customer Agreement between Customer and Passport ("Agreement") and all addendums and amendments to the Agreement and all quotations and offers. These Terms and Conditions apply in lieu of any course of dealings between the parties or usage of trade in the industry. Acceptance of the Agreement is conditioned on Customer's acceptance of the Terms and Conditions, irrespective of whether the Customer accepts these conditions by a written acknowledgement, by implication, or acceptance and payment of products and services ordered hereunder. Capitalized terms used herein and not otherwise defined shall have the meanings given to them in the Agreement.

1.2 **Termination.** This Agreement may be terminated as follows:

A. **For Cause.**

- **Breach.** In the event of a material breach of any term, condition, obligation or covenant under this Agreement, other than the obligation to pay the fees, the non-breaching Party shall give the breaching Party written notice describing the breach. The Party receiving the notice shall have thirty (30) days (the "Cure Period") in which to cure the breach. If the breach is not cured within the Cure Period, the non-breaching party may terminate this Agreement upon written notice to the breaching Party stating the effective date of termination. This remedy shall be in addition to any other remedy available at law or in equity.
- **Non-payment.** Customer is fully responsible for payment of any charges not disputed in accordance with Section 2.2 ("Undisputed Fees") for the period during which Products and Services are provided. If Customer fails to pay Undisputed Fees when due, Passport reserves the right to suspend the Products and Services without further notice to Customer. Additionally, if Customer fails to pay Undisputed Fees when due, Passport may terminate the Agreement immediately without notice to Customer.
- Furthermore, either Party shall have the right to terminate the Agreement immediately upon written notice to the other Party if either Party or its direct or indirect parent company (i) ceases to conduct its business in the ordinary course, (ii) becomes legally insolvent, suffers or permits the appointment of a receiver for its business or assets or (iii) avails itself to or becomes subject to any proceeding under any bankruptcy, insolvency or debtor's relief law of any applicable jurisdiction.
- **Change in Circumstance.** Passport shall have the right to terminate the Agreement and/or any Product or Service offered hereunder upon reasonable advance notice if Passport is no longer offering or providing support for such particular Product or Service.

B. **Without Cause.** This Agreement may be terminated by either Party effective at the end of the Initial Term or at the end of any Renewal Term by delivering written notice to the other Party at least ninety (90) days prior to the end of the term.

1.3 Reserved.

1.4 **Survival.** Those provisions of this Agreement that, by their nature, are intended to survive termination or expiration of this Agreement will remain in force and effect, including without limitation Sections 2.5, 8, 9, 10, 24, 25 and 26

I. **BILLING AND PAYMENT TERMS.**

2.1 **Fees:** Customer agrees to pay all fees (including without limitation, monthly fees, implementation fees, license fees, subscription fees and transaction fees), for the Products and Services as set forth in the Agreement.

2.2 **Billing:** Customer agrees that payment is due upon receipt of invoice, e. In the event any dispute arises involving any of the items contained on Passport's invoice, Customer agrees to notify Passport of said dispute within fifteen (15) days of receipt of the invoice in question but will not withhold payment on undisputed charges.

2.3 **Fee Increases:** Notwithstanding any other provision of this Agreement to the contrary, Passport shall have the right to increase or modify the fees, other charges and financial terms of the Agreement. Passport agrees that any such increase will not exceed the lesser of (i) the Consumer Price Index for All Urban Consumers, Medical Sector for the calendar year preceding the date of the increase as stated at http://www.stats.bls.gov/cpi or (ii) four percent (4%). Notwithstanding any other provision of this Agreement to the contrary, Passport shall have the right to at any time without prior notice to pass through any fees from state and federal governmental entities ("Governmental Entities"), Medicaid and Medicare Managed Care Organizations ("MCO's), third-party payers, communication tariffs, and/or other similar fees

2.4 **Late Payment:** If Customer fails to make payment with respect to any invoice by its due date such invoice shall be deemed delinquent and a finance charge equal to 1.0% per month (totaling 12% per year), or the maximum rate permitted by applicable law, if less, of all outstanding balances shall be payable for each month, or portion thereof, during which the delinquency remains outstanding. Customer agrees to pay promptly all costs and expenses, including but not limited to reasonable attorneys' fees and costs of settlement incurred by Passport to collect any outstanding balances due hereunder.

2.5 **Taxes:** Unless Customer provides Passport proof of exemption from taxation, Customer shall be responsible for any taxes imposed by federal, state, local or regulatory authority, taxes payable as a matter of law with respect to Customer's purchase of the Products and Services whether such tax is imposed now or later by the applicable authority, including but not limited to assessments, personal property, ad valorem, excise, telecommunications and sales and use. Customer shall not be responsible for other taxes, including federal or state income or similar taxes, based on Passport's income or assets, unemployment compensation, worker's compensation, Federal Insurance Contributions Act, Federal Unemployment Tax Act or other taxes, costs, or expenses incurred by Passport in providing the Products and Services. Passport shall calculate the taxes payable by Customer and include those taxes on the invoices delivered to Customer. Customer will promptly pay, and indemnify Passport against, all such taxes and duties, unless Customer provides Passport satisfactory evidence of an applicable tax exemption prior to the Effective Date

2.6 **Multi-Facility Installation.** Implementation fees shall apply as provided in the Agreement. Implementation fees cover initial installation of the applicable Products and Services at the facilities and/or locations listed on Exhibit A attached hereto. The customer hereby acknowledges and agrees that any additional facilities, locations and/or affiliate organizations shall execute an addendum or amendment to this Agreement and additional implementation fees may apply.

II. **MEDICARE ACCESS.** Customer designates Passport as their vendor to utilize their National Provider Identifiers (NPIs) to access Medicare Part A and Medicare Part B eligibility data on the Customers behalf. In order to obtain access to Medicare Part A / Part B eligibility data, Customer confirms that they are a valid Medicare Part A or Part B healthcare provider that holds a valid Medicare NPI. Customer agrees to abide by the Centers for Medicare and Medicaid Services (CMS) Rules of Behavior regarding access to Medicare Part A / Medicare Part B eligibility data.

IV. **LICENSED RIGHTS**

4.1 **Grant:** Subject to the terms and conditions of this Agreement, and for so long as Customer is not in breach of the terms and conditions, Passport grants the Customer a perpetual, nonexclusive, nonassignable, and non-transferable right to use the Products and Services at the site(s) designated on Exhibit A to the Agreement for the purposes of internal data processing, report and claim generation and conveyance. Subject to the terms and conditions of this Agreement, and for so long as Customer is not in breach of the terms and conditions, Passport grants the Customer a limited, nonexclusive, nonassignable, and non-transferable license to use the Products and Services identified in the Agreement for Customer's internal data processing, report and claim generation and conveyance for the Initial Term or Renewal Term, as applicable ("License Term"). The License Term will remain in effect until the Agreement is terminated. These license grants also apply to any user documentation provided by Passport ("Documentation")

4.2 **Limitation:** The Customer may not: (1) reverse engineer the Products; (2) use the Products to provide time-sharing or service-bureau services, either for profit or not, except as stated above; (3) allow third-parties to access or use the Products; (4) give copies of the Products to any other party including parent or sister company(ies), subsidiaries, or contractors; and (5) reproduce the Products or user Documentation except as stated above. Customer will not copy or modify the Products except as expressly permitted in this Agreement. Customer will not alter any trademark, copyright notice, or other proprietary notice on the Products or Documentation, and will duplicate each such trademark or notice on each copy of the Products and Documentation. All Products used to provide the Services are hereinafter identified as proprietary to Passport and may not be copied, reproduced, modified, reverse engineered, translated, decompiled, disassembled, emulated, sublicensed, rented, leased, conveyed, assigned or used in any way other than as specifically authorized in this Agreement except to the extent and for the express purposes authorized by applicable law notwithstanding this limitation. All copies and partial copies of the Products will remain the property of Passport.

4.3 **Changes to Services:** Passport reserves the right at any time to (i) change, add, or modify any Product or Service or the manner in which such Product or Service is delivered or (ii) withdraw any Product or Service.

4.7 **Third Party Terms:** Customer agrees to use any third party software provided by Passport only together with the Products and Services, to protect any third party software provided by Passport at a minimum as it does the Products and Services and to comply with all restrictions on the use of that third party software including any click or shrink wrap license or of which Passport makes Customer aware.

V. **System Requirements.** Customer acknowledges and agrees that certain Products require high speed Internet connectivity and personal computers capable of running Microsoft Internet Explorer (6.0 or higher) ("System Requirements"), which System Requirements Passport may change from time to time upon notice through its website, and that the procurement and maintenance of such System Requirements are the responsibility of the Customer.

VI. **DATA**

6.1 **ID(s) and Passwords.** Upon execution of this Agreement, Passport will assign unique logon ID(s) and password(s) ("Account Data") to Customer to allow Passport to authenticate user identity and transmit data electronically. Passport shall retain title to the Account Data, and reserves the right to change any Account Data at any time, for any reason. Customer agrees to i) keep confidential and not to disclose any Account Data to third parties, and ii) use only Account Data that was issued to Customer by Passport. Customer assumes full responsibility for selection and use of any Account Data as may be permitted or required by any Product. Customer shall be responsible to ensure that each user granted access to Account Data: (i) is fully aware of all of its obligations under this Agreement (ii) maintains the secrecy and security of the Account Data assigned to such user and (iii) does not disclose Account Data to any other party. Customer shall be responsible for any use or access of the Products through its Account Data, whether such access was authorized or not. The use of the Account Data assigned to any user shall be deemed to constitute the acts of such person, and Passport shall be entitled to rely upon the data input without any obligation to identify or otherwise verify any person who gains access to the Products by means of such Account Data. Customer agrees that terminated users will be immediately removed from Customer's system, including but not limited to removal from access through the single log-in. Passport is responsible for obtaining, disseminating, and using beneficiary's data according to HIPAA and CMS guidelines. Passport agrees that the password is hidden from the user by the single-login solution and that a password-expiration policy is in place and electronically enforced with a 90-day or less expiration timeframe. Passport agrees at all times to ensure sufficient security measures to associate each Passport transaction with a specific user. If Customer accesses Passport via a single log-in solution, Customer shall have the ability to associate each transaction to a particular end-user. Upon request by Passport or any payor, governmental or commercial, Customer agrees to provide the name and NPI number of any end-user associated with any transaction and any other details, as requested.

If Customer violates any provision of this Section 6.1 and/or other CMS data privacy and security rules Passport may, in its sole discretion, immediately revoke access to Passport data. Passport reserves the right to periodically audit, but no more than once per month, Customer's ability to associate each transaction to a particular end-user.

6.2 **Data Authority.** The state or federal government, commercial payor and/or various data source's records are the final authority on eligibility, benefits, claims or other patient data. The data Customer and Passport may exchange pursuant to this Agreement may change as a result of changes in law or regulation, or actions taken in accordance with the terms and conditions of certain health care benefits contracts, or changes made to those contracts

6.3 **Non-Guarantee of Reimbursement.** Passport does not warrant the accuracy or completeness of the data it sends to Customer as it is returned directly from a payer or data source. Acceptance by Customer of the data Passport sends electronically does not constitute guarantee of reimbursement. Passport exercises no control whatsoever over any third-party content, data and information entered into or displayed by the Products or any third-party content, data and information passing to/from Customer via the Products. Customer's use of any third-party content, data and information obtained via the Products is at Customer's own risk and Passport specifically disclaims any warranty or responsibility for the accuracy or quality of third-party content, data and information obtained or provided through such use. Passport shall have no responsibility or liability with regard to actions of third parties, including but not limited to disputes concerning payment of claims, eligibility status of a patient, or any other payer-submitted information. Information submitted by a payer through Passport is no guarantee of payment and does not constitute a promise to pay,

eligibility information is subject to change, and waiting periods may apply.

6.4 Medicaid Eligibility. Medicaid eligibility information is restricted to an approved Medicaid provider having a valid Medicaid provider number for the sole purpose of verification of Medicaid eligibility status and data for Medicaid recipients requiring medical service(s). The Medicaid providers have the ability to contract for Medicaid eligibility verification without regard to other network services available from the contractor. Medicaid eligibility and other verification information may be available from the state via telephone or personal computer dial-up at no cost. Medicaid eligibility and other verification information in the state of Georgia may be available from the state of Georgia via telephone or personal computer dial-up at no cost

VII. SYSTEM TESTING. Passport reserves the right to process test system inquiries on Customer's behalf in order to monitor service performance and quality assurance, but Customer shall not be responsible for any fees associated with such monitoring.

VIII. DATA RETENTION. Passport stores response data within PASSPORT OneSource® for up to seven (7) days and within PASSPORT BatchSource® and PASSPORT IntelliSource® for up to three (3) months, provided, however, in no event shall Medicare data be stored in excess of thirty (30) days. PASSPORT shall have no liability or responsibility to deliver stored data to Customer.

X. PROPRIETARY RIGHTS AND CONFIDENTIALITY.

9.1 Customer, and on behalf of its employees, agents, vendors and clients, recognizes, acknowledges, and hereby agrees that Passport and its licensors and vendors, as applicable, retain a proprietary interest in the Products and Services provided hereunder, and also to any and all copies, versions and derivative works of the same. Customer, and on behalf of its employees, agents, vendors and clients, shall not use or disclose the Products and Services, or any equipment, provided hereunder except for purposes consistent with this Agreement.

9.2 To the extent that Passport's employees or agents obtain access to Customer's proprietary information (i.e., a patient's Protected Health Information), Passport shall use the information for the sole purpose of providing the Products and Services offered under this Agreement. Passport shall not disclose such proprietary information to any third party except where the third party is contractually obligated to Passport to facilitate the delivery of Products and Services.

9.3 Customer also acknowledges and agrees that certain payers, fiscal intermediaries government entities, and other third-party information suppliers may require compliance with obligations involving confidentiality, liability, and scope of use, as a condition of accessing their information. In the event such compliance obligations are directed to Passport then Passport will convey such written obligations to Customer as a requirement to access data.

9.4 Customer also acknowledges and agrees that this Agreement and all pricing information and performance standards contained within and any of its related amendments, addendums, exhibits and schedules is considered confidential, competitive health care information and trade secrets and shall not be disclosed to any third party without the prior written consent of Passport. This entire section shall survive the termination of this Agreement.

WARRANTIES, REMEDIES, INDEMNITIES AND LIABILITIES.

10.1 Passport warrants that it has the authority to provide the Products and Services to Customer under this Agreement, and as of the Effective Date and to the best of Passport's knowledge, the use of the Products and Services by Customer in accordance with the terms of this Agreement shall not infringe upon the United States patent, trademark or copyrights of any third party. Customer's sole and exclusive remedy and Passport's sole and exclusive liability in the event of a breach of the foregoing representation or warranty is the indemnification set forth in Section 10 below. Passport warrants that the Products will perform in all material respects in accordance with the functional specifications set forth in the Documentation.

10.2 In the event of a breach of the foregoing warranty, Passport shall use commercially reasonable efforts to repair or replace the affected Product. Such effort shall be Customer's sole and exclusive remedy and Passport's sole and exclusive liability in the event of a breach of the foregoing warranty.

10.3 EXCEPT AS OTHERWISE PROVIDED HEREIN, the Services and products are provided "AS IS" without warranty of any kind, WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTY OF MERCHANTABILITY, NONINFRINGEMENT OR FITNESS FOR A PARTICULAR PURPOSE, ALL OF WHICH ARE EXPRESSLY DISCLAIMED.

10.4 Customer agrees that Passport will not be liable for any claim or demand against customer by any other party. Due to the nature of the services being performed by PASSPORT, it is agreed that in no event will PASSPORT be liable for any claim, loss, liability, correction, cost, damage, or expense caused by PASSPORT's performance or failure to perform hereunder which is not reported by customer within thirty (30) days of such failure to perform. Customer acknowledges that, in connection with the services provided under this agreement, information shall be transmitted over local exchange, interexchange and internet backbone carrier lines and through routers, switches and other devices owned, maintained and serviced by third party local exchange and long distance carriers, utilities, internet service providers, and others, all of which are beyond the control and jurisdiction of PASSPORT. Accordingly, PASSPORT assumes no liability for or relating to the delay, failure, interruption or corruption of any data or other information transmitted in connection with the services provided under this agreement.

10.5 Each party shall indemnify and hold the other party harmless from any and all losses and liability for damages, including court costs and reasonable attorney fees, sustained by the other party to the extent such losses and liabilities arise out of the negligent acts or omissions of the indemnifying party

10.6 The remedies set forth in this agreement constitute the sole and exclusive remedies for Customer at law and in equity. PASSPORT's maximum liability for the damages to Customer, from any cause whatsoever, and regardless of the form of action, whether in contract or in tort, including negligence, will be limited to the lesser of: (1) the total amount payable for the service during the twelve (12) months before the cause of actions arose or (2) the damages incurred.

10.7 In no event shall either party, its licensors, suppliers and/or subcontractors be liable to the other party for any incidental, consequential, indirect or special damages, including, without limitation, damages for loss of revenue or profits, cost of capital, claims of customers for service interruptions or failure of supply, and costs and expenses incurred in connection with labor, overhead, transportation, installation, or removal of equipment or programming or substitute facilities or supply resources, even if PASSPORT has been advised of the possibility of such damages.

10.8 The obligations under this section shall survive termination of this Agreement.

X. INTELLECTUAL PROPERTY INDEMNIFICATION. Passport will indemnify, defend and hold harmless Customer from any action or other proceeding brought against Customer to the extent that it is based on a claim that the use of the Products or Services delivered under this Agreement infringes any U.S. copyright or U.S. patent of a third party; provided that Customer gives Passport immediate notice in writing of a complaint, gives Passport sole authority to defend the same and gives Passport all available information assistance and authority (at Customer's expense) in connection therewith. Passport will have control of the defense of such proceeding including appeals and of all negotiations for, including the right to effect the settlement or compromise thereof. In the event of such a complaint or if in Passport's reasonable opinion such a complaint is likely to be successfully made, Passport shall, at its option and expense, to the extent necessary to provide substantially equivalent and compatible Product and/or Service, procure for Customer the right to continue using the Product and/or Service, replace the same with non-infringing Product and/or Service, or modify the same so that it becomes non-infringing and conforms in all material respects. In the event that the infringing Product and/or Service cannot be replaced or modified as set forth herein in a commercially reasonable manner, Passport may discontinue the Product and/or Service, or that portion of the Product and/or Service, and the access granted hereunder will terminate. Passport will not have any liability to Customer if any such infringement, or complaint thereof, is based upon or arises out of (a) non-compliance with the design, plans or specifications furnished by or on behalf of Passport or the Documentation or this Agreement; (b) the use of the Product and/or Service in a manner for which the same was neither designated nor contemplated; (c) modifications made to the Products or Services by or on behalf of Customer; or (d) the claimed infringement of any patent in which Customer or any subsidiary or affiliate of Customer has any direct or indirect interest, by license or otherwise. THE FOREGOING ARE PASSPORT'S SOLE AND EXCLUSIVE OBLIGATIONS, AND CUSTOMER'S SOLE AND EXCLUSIVE REMEDIES, WITH RESPECT TO INTELLECTUAL PROPERTY INFRINGEMENT

XII. INSURANCE. During the term of this Agreement, Customer shall maintain at its own expense, commercial liability insurance for bodily injury, death and property loss and damage (including, without limitation, coverages for product liability, completed operations, contractual liability and personal injury liability) covering Passport for damages arising out of its performance under this Agreement. Upon Passport's request, Customer shall provide Passport with a copy of all such policies and certificates of insurance satisfactory to Passport evidencing Customer's insurance coverage.

XIII. BINDING EFFECT; NO ASSIGNMENT. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors, assigns and legal representatives, whether by merger, consolidation or otherwise. This Agreement may not be assigned by any party hereto without the prior written consent of the other parties hereto, however, Passport may collaterally assign its rights under this Agreement to one or more lenders providing deal financing to Passport and Passport may assign this Agreement to a successor entity in the event of a sale of all or substantially all of its assets without notice to or consent of Customer.

XIV. FORCE MAJEURE. Passport shall not be liable for delays in performance under this Agreement or for failure to perform hereunder by reason of any third-party's failure to provide Passport with the data necessary for complete and proper transmission of the Services. Passport will not be liable to Customer for any failure or delay caused by any cause beyond the reasonable control of Passport, including but not limited to acts of God, acts of war, terrorism, riots, embargoes, acts of civil or military authorities, denial of or delays in processing of export license applications, fire, floods, earthquakes, internet outages, accidents, or strikes, whether or not such matters were foreseeable, and such failure or delay will not constitute a material breach of this Agreement.

XV. NOTICES. Any notices or communications required by this Agreement must be provided in writing and signed by an authorized representative of the notifying party and delivered by United States mail or courier service, telecasimile or electronic mail to such Party's address as set forth below. Notice shall be deemed effective when delivered.

To Passport:
Contracting & Setup
PASSPORT Health Communications, Inc.
720 Cool Springs Blvd. Suite 200
Franklin, Tennessee 37067
Fax: 877-442-2150
Email: contract&setup@passporthealth.com

To Customer
Sound Shore Medical Center of Westchester
16 Guion Pl
New Rochelle, NY 10801
Robin Tenayck

XVI. COMPLIANCE WITH LAWS.

16.1 Applicable Laws. Customer represents and warrants that it shall comply with all applicable local and national laws and regulations pertaining to its performance and obligations under the Agreement. Customer's failure to comply with any applicable law or regulations shall constitute a material breach of this Agreement

16.2 Participation in Federally Funded Healthcare Programs. Passport warrants that neither it nor any of its employees assigned to perform material Services under this Agreement have been convicted of a criminal offense related to health care or been listed as debarred, excluded, or otherwise ineligible for participation in a federal health care program. Passport will notify Customer if Passport becomes aware that it or any of its employees assigned to perform material Services under this Agreement have been excluded or is otherwise ineligible for participation in a federal health care program.

16.3 Affirmative Action and Nondiscrimination. Passport warrants that it will not discriminate against any employee because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as a disabled veteran as required for compliance with federal and state law.

16.4 Book Record. Passport shall allow the Secretary of the Department of Health and Human Services and the Comptroller General, or their duly authorized representatives, access upon request to this Agreement and to the books, documents and records of Passport that are necessary to verify the nature and extent of costs of Services furnished under this Agreement. Passport also agrees that if either carry out any duties of this Agreement through a subcontract, with a value or cost of Ten Thousand Dollars ($10,000.00) or more over a twelve (12) month period with a related organization, the subcontract must contain a clause to the effect that the related organization must make available, upon written request, to the Secretary, or upon request to the Comptroller General, or their duly authorized representatives, the subcontract and the books, documents and records of the related organization that are necessary to verify the nature and extent of the costs. Such access shall be until the expiration of four (4) years after the Services are furnished under this Agreement.

16.5 Business Associate Agreement. The Parties shall enter into a Business Associate Agreement

XVII. RELATIONSHIP OF PARTIES. Passport and Customer are separate and independent entities. Both parties are acting as independent contractors and none of the provisions of this Agreement is intended to create any partnership or joint venture

XVII. COUNTERPARTS. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument

XIX. TITLES AND CAPTIONS. All section titles or captions contained in this Agreement are for convenience only and shall not be deemed part of the context nor effect the interpretation of this Agreement.

XX. TRADE SECRETS. Nothing contained in this Agreement shall be construed as conferring by implication, estoppel or otherwise upon Customer, any rights under any trade secrets, or know how of Passport and no such rights shall arise from this Agreement or from any acts, statements or dealings resulting in the execution of this Agreement.

XXI. PRESUMPTION. This Agreement or any section thereof shall not be construed against any party due to the fact that this Agreement or any section thereof was drafted by said party.

XII. **SEVERABILITY.** If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction, the remaining provisions shall continue to be of full force and effect

XIII. **FURTHER ACTION.** The parties hereto shall execute and deliver all documents, provide all information and take or forbear from all such action as may be necessary or appropriate to achieve the purposes of the Agreement and Amendments and Addendums, as applicable.

XIV. **PARTIES IN INTEREST.** Nothing herein shall be construed to be to the benefit of any third party, nor is it intended that any provision shall be for the benefit of any third party.

XV. **CHOICE OF LAW.** This Agreement and all disputes will be governed by and construed in accordance with the laws of the state of New York without regard to its conflict of laws provisions. Exclusive venue and jurisdiction for any litigation arising out of this Agreement shall be subject to the local, state or federal courts in Westchester County, New York.

XVI. **DISPUTE RESOLUTION.** No action regardless of form, arising out of this Agreement, may be brought by either party hereto more than twelve (12) months after the event giving rise to the cause of action.

XVII. **ARBITRATION OF INTERPRETATION OF CONFLICTS.**
In lieu of litigation, the parties agree that any dispute that cannot be resolved between the parties shall be submitted to binding arbitration with the American Arbitration Association ("AAA") in New Rochelle, New York, before a panel of three (3) arbitrators, whose legal practice consists at least 50% of healthcare clients, selected pursuant to AAA rules within thirty (30) days following submission of the matter for arbitration. In the event that an arbitration, suit or action is brought by any party under this Agreement to enforce any of its terms, it is agreed that the prevailing party shall be entitled to reasonable attorney fees to be fixed by the arbitrator or the trial and appellate courts. The award of the arbitrators shall be final and may be entered in, and enforced through, any court of competent jurisdiction. Demand for arbitration shall be filed in writing with the other party and with the AAA within one-hundred and twenty (120) days after the dispute in question has arisen. In no event shall the demand for arbitration be made after the date when institution of legal or equitable proceedings based on such dispute would be barred by any applicable statutes of limitations. The foregoing agreement to arbitrate shall be specifically enforceable in accordance with applicable law in any court having jurisdiction thereof.

XVIII. **ENTIRE AGREEMENT; AMENDMENTS.** The Agreement and the Terms and Conditions together with any attachments, exhibits and other information, whether physically attached, incorporated by reference or referenced to a website contain the complete and exclusive understanding between the Parties regarding the subject matter herein and supersede any prior or contemporaneous agreements, oral or written. No provision of the Agreement shall be modified or amended except in a writing signed by the Parties.

XIX. **WAIVER.** Failure to exercise or enforce any right under this Agreement will not act as a waiver of such rights

SCHEDULE A

BUSINESS ASSOCIATE AGREEMENT

WHEREAS, Customer and Passport have entered into agreement(s) (collectively, the "Agreement"), pursuant to which Passport provides certain Products and Services to Customer;

WHEREAS, Customer will provide patient health and financial information to Passport under the Agreement;

WHEREAS, Customer and Passport wish to amend the Agreement to comply with the requirements of the HIPAA Rules (as defined herein).

NOW, THEREFORE, in consideration of the mutual promises contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follow:

1. **DEFINITIONS.** Customer and Passport understand that unless otherwise provided in this Agreement, capitalized terms have the same meanings as set forth in the HIPAA Rules, and all references to Protected Health Information herein shall be construed to include Electronic Protected Health Information.

   The following terms shall have the meaning indicated when capitalized and used in the Addendum:

   1.1 **Breach** shall have the meaning as the term "breach" in the HITECH Act, 42 U.S.C. § 17921.

   1.2 **Data Aggregation Services** shall have the meaning given to such term under 45 CFR 164.501.

   1.3 **Designated Record Set** shall mean "designated record set" as such terms is defined in 45 CFR 164.501, which is stored on the system operated and maintained by Passport under the Agreement or otherwise in the possession of Passport or its subcontractors.

   1.4 **De-identified Data** means information that has been de-identified in accordance with 45 CFR 164.514.

   1.5 **Electronic Protected Health Information** or "ePHI" shall mean Protected Health Information that is maintained or transmitted by Electronic Media.

   1.6 **Electronic Media** shall mean "electronic media" as such terms is defined in 45 CFR 160.103, as amended.

   1.7 **Heath Care Operations** shall have the meaning given to such term under 45 CFR 164.501.

   1.8 **HIPAA** means the administrative simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. §1320d through 42 U.S.C. §1320d-8.

   1.9 **HITECH Act** means the Health Information Technology for Economic and Clinical Health Act (Title XIII, Subtitle D) and any applicable regulations promulgated there under.

   1.10 **HIPAA Rules** mean the Privacy Rule, Security Rule, Transaction Rule and applicable amendments by the HITECH Act.

   1.11 **Individual** shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

   1.12 **Privacy Rule** shall mean the Standards of Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and 164, Subparts A and E, as amended by the HITECH Act and as may otherwise be amended from time to time.

   1.13 **Protected Health Information** or "PHI" shall have the same meaning as the term "Protected Health Information" in 45 CFR § 164.103, limited to the information created or received by Passport from or on behalf of Customer.

   1.14 **Secretary** shall mean the Secretary of the U.S. Department of Health and Human Services or his designee.

   1.15 **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information contained in 45 CFR 160, 162 and 164, as amended.

   1.16 **Transaction Rule** means the regulations contained in 45 CFR 160 and 162, as amended.

   1.17 **Unsecured PHI** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance or as otherwise defined in § 13402(h) of the HITECH Act.

   1.18 **Unsuccessful Security Incident** means activities such as pings and other broadcast attacks on firewalls, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of electronic PHI.

   1.19 **Successful Security Incident** means a Security Incident that results in unauthorized access, use, disclosure, modification or destruction of Electronic Protected Health Information.

2. **HIPAA COMPLIANCE.** Passport agrees to comply with the following:

   2.1 **Use of Protected Health Information:** Passport shall not use any Protected Health Information other than as permitted by this Addendum and as required: (i) to perform Passport's obligations under the Agreement, (ii) for Passport's proper management and administration or (iii) as Required by Law including without limitation the requirements of the HIPAA Rules.

   2.2 **Obligations and Activities:**

   2.2.1 **Appropriate Safeguards.** Passport shall use appropriate safeguards to prevent the use or disclosure of PHI, other than as permitted by the Agreement or this Addendum.

   2.2.2 **PASSPORT's Agents.** Passport agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by PASSPORT on behalf of Customer, agrees to the same restrictions and conditions that apply through this Agreement to PASSPORT with respect to such information.

   2.2.3 Passport may use PHI to provide Data Aggregation Services for the Customer.

   2.2.4 Passport may use De-identified Data for any purpose.

2.2.5 Passport shall report to the Customer any use or disclosure of the PHI not provided for by the Addendum of which it becomes aware

2.3 **Disclosures of Protected Health Information:**

2.3.1 **Disclosure to Workforce:** Passport may disclose Protected Health Information to members of its "workforce" (as such terms is defined under HIPAA at 45 CFR 160.103, as amended), solely for the purposes of performing its obligations under the Agreement, this Addendum and as necessary for Passport's proper management and administration

2.3.2 **Disclosure to Subcontractors:** If Passport, carries out any of its duties under the Agreement through a subcontractor which duties, by their nature, involve use of, custody of, disclosure of, creation of, or afford access to Protected Heath Information, there shall be a written contract for such work and the contract shall contain the same restrictions and conditions that apply to Passport as a business associate under the HIPAA Rules.

2.3.3 **Disclosure to Third Parties:** Passport shall not disclose Protected Health Information to any other person or entity (except as provided herein), or except as permitted by the Agreement, Required by Law or as approved by Customer.

2.4 **Access to Protected Health Information and Designated Record Sets:** To the extent that Customer does not already have in its possession a patient's Protected Health Information in a Designated Record Set, Passport shall provide copies to Customer of all or a portion of the Protected Health Information in the Designated Record Set then-currently in Passport's possession within 20 days after Customer's request in order for Customer to. (a) make the Protected Health Information in the Designated Record Set available in accordance with 45 CFR Part 164.524 and (b) amend the Protected Health Information in the Designated Record Set in accordance with 45 CFR Part 164.526. In the event an individual requests access to, or an amendment of, the Protected Health Information in a Designated Record Set such request shall be the responsibility of Customer. Passport may charge Customer additional fees for any requests made under Section 2.4 of this Agreement.

2.5 **Accounting of Disclosures:** Upon notice by Customer to Passport that it has received a request for an accounting of disclosures of Protected Health Information regarding an Individual during the six (6) years prior to the date on which the accounting was requested, Passport shall make available, within 30 days, to Customer such information then-currently in Passport's possession, custody or control (including such information, if any in the possession, custody or control of Passport's subcontractors) that is required for Customer to make the accounting required by 45 CFR Section 164.528. Passport may charge Customer additional fees for any requests made under Section 2.5 of this Agreement.

2.6 **Security Rule:** Passport shall implement Administrative, Physical and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Customer's electronic Protected Health Information that Passport creates, receives, maintains, or transmits on behalf of Customer as more fully set forth in the Passport OneSource Security Guide and policies published on Passport's website. Passport shall report to Customer any security incident involving Customer's electronic Protected Health Information of which it becomes aware to the extent required by HIPAA Rules. To the extent required by the HITECH Act, Passport shall implement the safeguards, policies, procedures and documentation required by 45 CFR 164.308, 164.310, 164.312 and 164.316.

2.7 **Disclosure to U.S. Department of Health and Human Services:** To the extent required by the Privacy Rule, Passport shall make its internal practices, books, and services relating to the use and disclosure of the Protected Health Information available to the Secretary to the extent required for determining Customer's compliance with the Privacy Rule. Notwithstanding the foregoing, no attorney-client, accountant-client or other legal privilege shall be deemed waived by Passport by virtue of this Section

2.8 **Retention of Protected Health Information; Return/Destruction of Protected Health Information:** Upon termination or expiration of the Agreement, Passport and its subcontractors shall return or certify as destroyed all of the Customer's Protected Health Information (excluding any archival copies) that Passport has in its possession, if any. If such return or destruction is not commercially feasible as determined by Passport, the parties agree that the requirements of this Addendum shall survive termination of the Agreement and that Passport shall limit all further uses and disclosures of the Protected Health Information to those purposes that make the return of destruction of such Information infeasible. Section 2.8 of this Agreement shall survive the termination or expiration of the Agreement.

2.9 **Transaction Rule:** Passport and Customer acknowledge that nothing in the Agreement or this Addendum is intended to modify or violate the requirements contained in 45 CFR Part 162.915, as amended from time to time.

2.10 **Security Incidents:** If Passport becomes aware of any Successful Security Incidents, PASSPORT shall report the same in writing to Customer within fifteen (15) business days of such Successful Security Incident. To avoid unnecessary burden on either party, Passport shall report to Customer any Unsuccessful Security Incidents of which it becomes aware of only upon request of the Customer. The frequency, content and the format of the report of Unsuccessful Security Incidents shall be mutually agreed upon by the parties. If the definition of "Security Incident" is amended under the Security Rule to remove the requirement for reporting " unsuccessful" attempts to use, disclose, modify or destroy Electronic Protected Health Information, then this Section shall be amended so that the provisions relating to "Unsuccessful Security Incidents" no longer apply as of the effective date of such change to the law.

2.11 **Duty to Mitigate:** Passport and Customer agree to use commercially reasonable efforts to mitigate, to the extent practicable, any harmful effects that become known to either party related to the use or disclosure of Protected Health Information not provided for in this Addendum.

2.12 **Data Breach.** In the event that Passport discovers, as determined in accordance with 45 C.F.R. § 164.410, that a Breach of Unsecured Protected Health Information of Customer has occurred or may have occurred, Passport shall notify Customer of the identification of each individual who has been or is reasonably believed to have been affected by the Breach, along with any other information that Customer as a Covered Entity will be required to include its notification of the Individual under the HITECH Act and its implementing regulations.

3. **PROHIBITED USES AND DISCLOSUREES.**

3.1 **Fundraising & Marketing:** Passport shall not use or disclose PHI for fundraising or marketing purposes unless permitted by the HIPAA Rules.

3.2 **Restrictions:** Customer shall not request nor shall Passport disclose PHI to a health plan for payment or Health Care Operations purposes if the Individual has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates, as required by 42 U.S.C. § 17935(a).

3.3 Remuneration. Passport shall not directly or indirectly receive remuneration in exchange for PHI, unless Passport obtains a valid authorization from the Individual including specifications of whether the PHI can be further exchanged for remuneration by the receiving entity or as permitted by the HITECH Act, described in 42 U.S.C. § 17935(d)(2). Passport shall not directly or indirectly received payment exchange for making certain communications to individuals about a non-healthcare related or third party product or service that encourages the recipient to purchase or use the product or service unless (i) the communication describes only a drug or biologic that is currently being prescribed for the recipient of the communication; or (ii) Customer obtained a valid authorization from the Individual. However, Passport can make such a communication on behalf of Customer, within the scope of the Passport contract. This prohibition shall not affect payment by Passport to Customer for Services or Products provided pursuant to the Agreement.

4. **CUSTOMER OBLIGATIONS.** Customer agrees to obtain and maintain consent(s) and/or authorization(s), if required under applicable law, to permit Customer to disclose Protected Health Information to Passport as provided in the Agreement, including without limitation relating to prescription drugs. Customer shall provide Passport with a current list of designated representatives who shall be the only Customer representatives with authority to access Protected Health Information. Customer shall notify Passport in writing within 48 hours in the event any designated representatives are no longer employed by Customer or no longer should be allowed access to the Protected Health Information. Customer shall notify Passport of any limitations in its notice of privacy practices in accordance with Section 164.520 of the Privacy Rule, to the extent that such limitation may affect Passport's use or disclosure of Protected Health Information. Customer shall notify Passport of any changes in, or revocation of, permission by individual to use or disclose Protected Health Information, to the extent that such changes may affect Passport's use or disclosure of Protected Health Information. Customer shall notify Passport of any restriction to the use of or disclosure of Protected Health Information that Customer has agreed to in accordance with Section 164.522 of the Privacy Rule or under the HITECH ACT, to the extent that such restriction may affect Passport's use of disclosure of Protected Health Information. Customer shall only use and/or disclose the Minimum Necessary PHI needed for Passport to provide the Service or Product in accordance with the HITECH Act and the Privacy Rule.

5. **TERMINATION.** If Passport materially defaults in the performance of any of its duties or obligations under this Addendum and such default is not cured within ten (10) days after written notice is given to Customer specifying the default, Customer may at its option terminate the Addendum as of a date specified in the notice of termination the ("Termination Date") such Termination Date being subsequent to the date of the notice of termination. If there are subsequent changes or clarifications to the HIPAA Rules, the parties will negotiate in good faith to amend this Addendum to comply with such changes. Notwithstanding the foregoing, if such changes or clarifications materially affect Passport, Passport may terminate the Agreement and this Addendum by giving Customer at least 30 days prior written notice. Upon Passport's knowledge of a material violation of the HIPAA Rules by Customer, Passport shall provide notice and an opportunity for the Customer to end the violation and terminate this Agreement if the Customer does end the violation within fifteen (15) days from receipt of notice from Passport.

6. **CONFLICT WITH AGREEMENT.** In the event of any conflict between the terms of this Agreement and the terms of the underlying Agreement, the terms of this Agreement shall control. All of the other terms and conditions contained in the Agreement and not specifically amended hereby remain in full force and effect. In the event of an inconsistency between the provisions of this Agreement and the HIPAA Rules, the HIPAA Rules shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Rules but are permitted by the HIPAA Rules, the provisions of the Agreement shall control.

7. **NO THIRD PARTY BENEFICIARIES.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors and assigns of the parties any rights, remedies, obligations, or liabilities whatsoever.

8. **DISCLAIMERS.** IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY INDIRECT, SPECIAL, EXEMPLARY, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES ARISING OUT OF OR RELATING TO THIS ADDENDUM OR THE BREACH OF THIS ADDENDUM, INCLUDING, WITHOUT LIMITATION, LOST PROFITS, LOST DATA, BUSINESS INTERRUPTIONS OR OTHER ECONOMIC LOSS ARISING OUT OF OR RELATED TO THIS ADDENDUM. THE DISCLAIMERS SET FORTH IN THIS SECTION SHALL APPLY EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

9. **LIABILITIES.** Passport's maximum liability for the damages to Customer, from any cause whatsoever, and regardless of the form of action, whether in contract or in tort, including negligence, will be limited to the lesser of: (1) the total amount payable for the service during the twelve (12) months before the cause of actions arose or (2) the damages incurred.

EXHIBIT A – FACILITY LIST AND ADMINISTRATION

PRIMARY FACILITY INFORMATION

Name: Sound Shore Medical Center

Address: 16 Guion Place New Rochelle, New York, 10801

NPI #: 1104847888

Tax ID#: 131740117

Tax Exempt: Yes ☒ No ☐ *(If yes, please attach a copy of your certificate of exemption.)*

CONTACT INFORMATION

Product Admin./Superuser Contact:

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Enrollment/Implementation Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Billing Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Training Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

ADDRESS VERIFICATION ADMINISTRATOR INFORMATION

In order to provide address verification services for a user or allow a user to view unmasked Social Security numbers, PASSPORT must receive approval from at least one Address Verification Administrator as designated below. Also, please provide a secure IP address for each user, which includes external/public IP address(es) used to access the web for the enrolling facility.

Contact: Robin Teneyck

Phone: (914) 365-3745 Starting IP Address:

Email: rteneyck@sshsw.org Ending IP Address:

Customer acknowledges and agrees as follows:

- the facility must respond to audit requests within 72 hours of notification by Passport requiring identification of a specific end user(s);
- the use of this data is for reference and verification in connection with Customer's business processes, and shall be limited to required institutional risk control, insurance purposes, or the detection and prevention of fraud. Appropriate steps shall be taken to prevent the misuse of this data;
- all right, title and interest in and to the data under contractual, copyright, and related laws is retained by Passport and any applicable third-party vendors. This data shall not be reproduced, retransmitted, republished, or otherwise transferred for any commercial purpose;
- this data or results of this data shall not be distributed to the patient or any party acting on behalf of the patient;
- the data shall be used in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.; the Federal Graham-Leach-Bliley Act, 15 U.S.C.A, Sec. 6801 et seq.; and the Federal Drivers Privacy Protection Act, 18 U.S.C. Sec. 2721 et seq.; and such state and local requirements or any legislation, rules, or regulations as may be enacted or adopted after the date of this Agreement/Amendment by any federal, state, or local government body; and
- this data is being provided "AS IS"; is collected from various sources, including third parties and may or may not be completely thorough and accurate.

ACKNOWLEDGEMENT: INITIAL HERE: RT

Additional Facility Information

2. Name & Address: Mount Vernon Hospital 12 N. 7th Ave. Mt. Vernon
   NPI #: HOSP – 153817337 Tax ID#: 131740115
3. Name & Address:
   NPI #: Tax ID#:
4. Name & Address:
   NPI #: Tax ID#:
5. Name & Address:
   NPI #: Tax ID#:
6. Name & Address:
   NPI #: Tax ID#:
7. Name & Address:
   NPI #: Tax ID#:
8. Name & Address:
   NPI #: Tax ID#:
9. Name & Address:
   NPI #: Tax ID#:
10. Name & Address:
    NPI #: Tax ID#:

COLLECTIVE EXHIBIT B

Sound Shore- Mount Vernon Hospital

115626 10/31/2013 1

Sound Shore- Mount Vernon Hospital
Attn: Robin Teneyck
16 Guion Place
New Rochelle, NY 10801

1/31/2012	INV000300419	1/31/2012	Invoice	$352.69	
8/31/2012	INV000346176	8/31/2012	Invoice	$267.44	
9/30/2012	INV000351189	9/30/2012	Invoice	$289.92	
11/30/2012	INV000361050	11/30/2012	Invoice	$292.66	
				Sub Total:	$1,202.71

115626 10/31/2013 1

$1,202.71

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore - Mount Vernon Hospital Attn: Robin Teneyck 16 Guion Place New Rochelle, NY 10801

CUSTOMER #:	115626
Invoice Date:	1/31/2012
Invoice #:	INV000300419
Terms:	Due on Receipt
Due Date:	1/31/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115626: Sound Shore - Mount Vernon Hospital				
Monthly Subscription Fee		2,572		$352.69
Total 115626: Sound Shore - Mount Vernon Hospital		2,572		$352.69

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115626
Invoice #: INV000300419

We now offer online bill pay at: www.passporthealth.com

Subtotal:	$352.69
Amount Tax:	$0.00
Invoice Total:	**$352.69**
Amount Paid/Credit Applied:	
Amount Due:	**$352.69**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore - Mount Vernon Hospital Attn: Robin Teneyck 16 Guion Place New Rochelle, NY 10801

CUSTOMER #:	115626
Invoice Date:	8/31/2012
Invoice #:	INV000346176
Terms:	Due on Receipt
Due Date:	8/31/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115626: Sound Shore - Mount Vernon Hospital				
Monthly Subscription Fee		3,758		$267.44
Total: 115626: Sound Shore - Mount Vernon Hospital		3,758		$267.44

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115626
Invoice #: INV000346176

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$267.44
Amount Tax:	$0.00
Invoice Total:	**$267.44**
Amount Paid/Credit Applied:	
Amount Due:	**$267.44**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore - Mount Vernon Hospital Attn: Robin Teneyck 16 Guion Place New Rochelle, NY 10801

CUSTOMER #:	115626
Invoice Date:	9/30/2012
Invoice #:	INV000351189
Terms:	Due on Receipt
Due Date:	9/30/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115626: Sound Shore - Mount Vernon Hospital				
Monthly Subscription Fee		3,446		$289.92
Total 115626: Sound Shore - Mount Vernon Hospital		3,446		$289.92

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115626
Invoice #: INV000351189

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$289.92
Amount Tax:	$0.00
Invoice Total:	**$289.92**
Amount Paid/Credit Applied:	
Amount Due:	**$289.92**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore - Mount Vernon Hospital Attn: Robin Teneyck 16 Guion Place New Rochelle, NY 10801

CUSTOMER #:	115626
Invoice Date:	11/30/2012
Invoice #:	INV000361050
Terms:	Due on Receipt
Due Date:	11/30/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115626 Sound Shore - Mount Vernon Hospital				
Monthly Subscription Fee		2,602		$292.66
Total 115626 Sound Shore - Mount Vernon Hospital		2,602		$292.66

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115626
Invoice #: INV000361050

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$292.66
Amount Tax:	$0.00
Invoice Total:	**$292.66**
Amount Paid/Credit Applied:	
Amount Due:	**$292.66**

UPS CampusShip: View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. **Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. **GETTING YOUR SHIPMENT TO UPS**
   UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages:
   Hand the package to any UPS driver in your area.
   Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

FOLD HERE

DEBORAH A. LILES
615-850-8678
WALLER LANSDEN DORTCH & DAVIS,
511 UNION STREET, SUITE 2700
NASHVILLE TN 37219

0.0 LBS LTR 1 OF 1

SHIP TO:
SOUND SHORE MEDICAL CENTER OF WESTC
GCG
5151 BLAZER PARKWAY, SUITE A
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR 1
TRACKING #: 1Z 3X7 355 01 9927 2815

BILLING: P/P

Reference: 009134
Client-Matter #: 010314-38495 CS 15.6.12. WNT1890 45.0A 10/2013

GCG
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P: MBKM3 S: MBL I: 318
42C-1022
1Z3X7355019927 2815 1030
XYL15HZ ONTBA211 DEC 17 08:12:40 2013
US 4324 HIP 13.1.1 ZEBRA2-HP

B10 (Official Form 10) (4/13)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
X Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled as Follows:

THE GARDEN CITY GROUP, INC. DEC 17 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 an administrative expense arising after the case. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503(b).*

Name of Creditor (The person or entity to whom the debtor owes money or property): **PASSPORT HEALTH COMMUNICATIONS, INC.**

Name and address where notices should be sent:
PASSPORT HEALTH COMMUNICATIONS, INC.
c/o Waller Lansden Dortch & Davis, LLP
Attn: Michael R. Paslay, Esq.
511 Union Street, Suite 2700
Nashville, TN 37221

FILED - 01063
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number: (615) 244-6380
Email: mike.paslay@wallerlaw.com

☐ Check this box if 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 payment should be sent (if different from above):
PASSPORT HEALTH COMMUNICATIONS, INC.,
Attn: Jason Shields, Esq.
720 Cool Springs Blvd., Suite 200
Franklin, TN 37067

Telephone number: (615) 661-5858 or (888) 661-5657
Email: Jason.shields@passporthealth.com

☐ Check box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach a copy of statement giving particulars.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____ **(see attached)***

If all or part of your claim is secured, complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

If all or part of the claim arises from the value of 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 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 Rendered (see attached)***
(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 your 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 set off: ☐ Real Estate ☐ Motor Vehicle ☐ Other **Describe: (See attached)**

Value of Property: $_____

Annual Interest Rate _____ ☐ Fixed or ☐ Variable

Amount of arrearage and other charges as of time case filed included in secured claim, if any: $_____

Basis for perfection: **(see attached)***

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 in 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 filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507(a)(4)

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

☐ Up to $2,775* 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. $_____ (See instruction #6)

7. Credits: The amount of all payments on this claim has been credited or deducted for the purpose of making this proof of claim. (See instruction #7)

B10 (Official Form 10) (4/13)

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, 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 (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: Jason Shields
Title: Associate General Counsel
Company: Passport Health Communications, Inc.

(Signature) 12-11-13 (Date)

Address and telephone number (if different from notice address above):
720 Cool Springs Blvd., Suite 200
Franklin, TN 37067

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

See Attachment. Creditor hereby incorporates the attachments hereto, which shall for all purposes be deemed a part of this Proof of Claim.

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 5:00 P.M. (PREVAILING EASTERN TIME)

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, 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 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. Claim Pursuant to 11 U.S.C. §503(b)(9):
Check this box if you have a claim arising from the value of any goods received by the Debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of the Debtor's business. 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 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.

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, 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)

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 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 good received by the Debtor within 20 days before the 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), CGC will display the first page of your proof of claim form on the case administration website. Please be aware that nay personal information not otherwise redacted on your proof of claim form will be displayed over the internet.

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

615.244.6380 main
615.244.6804 fax
wallerlaw.com

Christine T. Cronk
Waller Lansden Dortch & Davis, LLP
615.850.8761 direct
chris.cronk@wallerlaw.com

December 16, 2013

VIA OVERNIGHT COURIER
Sound Shore Medical Center of Westchester, et al.
Attention: GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017

Re: Proofs of Claim re: Sound Shore Medical Center of Westchester ("Sound Shore") and The Mount Vernon Hospital, Inc. ("Mount Vernon")
Case Nos. 13-22840 and 13-22841

Dear Sir of Madam:

Enclosed please find for filing in the referenced cases on behalf of creditor, Passport Health Communications, Inc., i) an original proof of claim with exhibits for the Sound Shore case; ii) an original proof of claim with Exhibits for the Mount Vernon case; and iii) copies of each of the two claim forms without exhibits. Please file-stamp the copies and return them to me in the enclosed self-addressed, postage prepaid envelope. If you need any additional information, please let me know.

Thank you for your assistance.

Sincerely,

Christine T. Cronk

Christine T. Cronk
Paralegal
Waller Lansden Dortch & Davis, LLP

/ctc
Enclosures

11405682.1

ATTACHMENT TO ORIGINAL PROOF OF CLAIM OF PASSPORT HEALTH COMMUNICATIONS, INC.

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
CASE NO. 13-22840

Passport Health Communications, Inc., ("***Passport***") files this proof of claim, and in support of its claim states as follows:

1. Passport and Sound Shore Medical Center of Westchester (the "***Debtor***") are parties to a Master Customer Agreement (the "***Agreement***"), executed by Passport on April 7, 2011, pursuant to which certain products and services were provided to Debtor by Passport. The Agreement provides for twelve-month terms which commence in April of each year. A true and correct copy of the Agreement is attached hereto as **Exhibit A**. The Agreement listed Mount Vernon Hospital as an additional facility covered under the Agreement.

2. Prior to the commencement of the Debtor's case on May 29, 2013 ("***Petition Date***"), the Debtor had incurred fees and charges for services rendered by Passport for Sound Shore Medical Center in the amount of $24,257.34 and for Mount Vernon Hospital in the amount of $1,202.71. The Debtor has incurred post-petition administrative expenses under the Agreement prior to rejection in the amount of $7,625.00.

3. On November 4, 2013, Debtor filed its Notice of Filing Amendment (1st) to Schedule of Executory Contracts and Unexpired Leases for (sic) to Either Assumed or Assigned or to be Rejected Pursuant to the Sale Order ("First Amendment"). In the First Amendment, the Debtor asserted that the listed contracts would be rejected as of the closing of its hospital and related health care facilities. On November 12, 2013, the Debtor filed a notice with the Court that the sale had closed effective November 6, 2013. In the First Amendment, the Debtor listed Passport's Revenues Cycle/Information Technology agreements with The Mount Vernon Hospital and the Sound Shore Medical Center as rejected agreements.

4. The outstanding amount due Passport for pre-and post-petition services provided the Debtor for Sound Shore Medical Center is $31,882.34, which represents unpaid invoices for services rendered. Of this amount, $24,257.34 represents pre-petition amounts and $7,625 represents post-petition administrative claims. True and correct copies of the invoices are attached hereto as **Collective Exhibit B**.

5. The outstanding amount due Passport for pre-petition services provided to the Mount Vernon Hospital is $1,202.71.

6. Due to the Debtor's rejection of the Agreement, Passport is entitled to rejection damage claims equal to amounts due under the remaining term of the Agreement. These damages equal $39,507.34 for Sound Shore Medical Center of Westchester and $1,202.71 for Mount Vernon Hospital for a total of $40,710.05.

7. Passport hereby asserts all claims it has or may have against the Debtor, at law, in equity or otherwise, including a claim for lost profits and expressly reserves the right to amend this claim to add additional amounts owing under sections 502, 506, or 507 of title 11 of the United States Code (the "***Bankruptcy Code***"), including post-petition interest, costs and attorneys' fees, and does not waive any

right to additional amounts to which it is entitled under sections 502, 506 or 507 of the Bankruptcy Code, or otherwise.

8. Passport asserts all rights to indemnity, contribution, subrogation, and insurance coverage that it may have, including without limitation any rights under Rule 3005 of the Federal Rules of Bankruptcy Procedure (the "***Bankruptcy Rules***"). PRP reserves all rights to setoff and recoupment, and reserves the right to any allocation between any secured and unsecured portions of its claim under section 506 of the Bankruptcy Code, pursuant to which the PRP asserts any and all secured and unsecured claims.

9. Passport reserves the right to amend its claim at any time to include amounts incurred and not paid, and/or amounts which may be incurred post-petition to the extent allowable by law, including but not limited to, attorneys' fees and other charges and fees associated thereto, as applicable.

EXHIBIT A

Supplier	Customer
PASSPORT Health Communications, Inc. 720 Cool Springs Blvd., Suite 200 Franklin, TN 37067 (615) 661-5657 or (888) 661-5657	Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10801

PASSPORTHEALTH COMMUNICATIONS INC

Master Customer Agreement

This Master Customer Agreement (as amended, supplemented or modified from time to time, the "Agreement") covers the products and services listed below ("Products and Services") and is between Passport Health Communications, Inc., (together with its affiliates, "Passport") and Sound Shore Medical Center of Westchester ("Customer" and together with Passport collectively, the "Parties"). This Agreement shall be effective as of the date of signature by Passport ("Effective Date").

THIS AGREEMENT IS SUBJECT TO PASSPORT'S STANDARD TERMS & CONDITIONS OF SALE, AS REVISED OR AMENDED FROM TIME TO TIME, AND IT'S BUSINESS ASSOCIATE AGREEMENT, ATTACHED AS SCHEDULE A HERETO, AS REVISED OR AMENDED FROM TIME TO TIME (THE "TERMS & CONDITIONS"). The Terms & Conditions, which are incorporated by reference into this Agreement, are attached as Exhibit B hereto and Customer acknowledges receipt, review and acceptance of the Terms & Conditions. Customer agrees to and intends to be bound by the Terms & Conditions. Commencement of any work, services, or delivery of goods under the Agreement shall constitute Customer's acceptance of the Terms & Conditions. Capitalized terms used herein and not otherwise defined shall have the meanings given to them in the Terms and Conditions.

Customer acknowledges receipt, review and acceptance of the PayPal's Terms & Conditions for the eCashiering products and services ("Pay Pal Terms & Conditions"). The Pay Pal Terms & Conditions are located at https://cms.paypal.com/us/cgi-bin/?cmd=_render-content&content_ID=ua/PayflowResold_full&locale.x=en_US

PRODUCT OFFERINGS AND FEES. Product offerings and fees specified herein apply to a multiple facility installation. Passport agrees to provide the products and services selected below for the facility/facilities listed on Exhibit A hereto. Customer agrees to provide further details specified in the facility list and administration section in Exhibit A attached hereto.

HIS/PMS system(s) applicable to this agreement include: Allscripts.

Offering Description	Fees: Implementation	Fees: Subscription	Fees: Transaction
eCare Patient Access Suite (*which includes the following products*)	$7,300	$109,800	
• IntelliSource: Initial install triggered by in-process scripting with in-process updates to registration screen before the registration is completed.			
• eCashiering: Allows health care administrators to process payments for 1-5 merchant accounts. Implementation & Subscription fees are per merchant account.			$0.10
• Notice of Admission: Allows the referring physician to submit a patient referral to a *specialist and view the approval or denial and allows the provider to inform the payor* that a patient has been admitted to its facility within 24 hours.			
• eCashiering File Engine: Includes 835 file over a secure VPN to client FTP site.			
• eCashiering Reader: MagTek 2 Track USB Swipe Reader.	$150 (per wedge)		
• Patient Payment Estimator: Extracts information from a provider's chargemaster and payer contracted rates by procedure and applies eligibility and benefits information from the patient's health insurance plan. Fees are per installation, which is defined as per connection to a single patient database and a single chargemaster with up to 10 payer contracts.			
• Registration Quality Assurance: Flags registration errors for correction prior to discharge and billing.			
• Patient Account History: Allows users to quickly view all of the accounts with a patient-responsible balance for a given patient.			
• Intelligent address verification service that automatically identifies undeliverable addresses at the time of registration and then performs a logical address verification check on only those UAA (Undeliverable as Addressed).			$0.30
• OrderRite™ is a pre service clearance management system that organizes work flow and assists in gaining user compliance for validating all Medicare and Commercial clinical policies and procedures prior to performing service. OrderRite™ provides an automated process for managing precertification submission and validation, medical necessity validation (LCD/NCD), frequency validation, duplicate orders (CCI), gender edits (OCE). OrderRite™ is deployed as web-based service throughout a health system with a central database and work center allowing security enabled users to view the procedure status and validation outcomes prior to rendering service.			
• *Precertification Submit-Inquiry Service identifies procedures that require a prior payer* authorization and streamlines the precertification process by programmatically populating the submit/inquiry screens on a payer's website, retrieving the payer response and creating a document image of the response while storing the precertification number and/or status as a discrete value.			

- OrderRite™ Work Center and Batch Automation Service adds the ability to receive scheduled procedures into the OrderRite™ Work Center in order to organize the precertification submission process. Patient scheduled visits are selected from the work center list and the submission process is automatically initiated. Additionally, pended submissions from the OrderRite™ submission process or from receipt of an external file can be automatically checked for an updated payer response. Upon completion of the status inquiry a document image of the response is stored along with the precertification number and/or status.

Future Recurring Fees *(excluding transaction and wedge fees)*	$7,300	$109,800	N/A

PASS-THROUGH FEES.* Fees exclude pass-through fees ("Pass-Through Fees") from state and federal governmental entities ("Governmental Entities"), Medicaid and Medicare Managed Care Organizations ("MCO"s), third-party payers, communication tariffs, and/or other similar fees. Without prior notice, Pass-Through Fees will be billed monthly in addition to all other Fees at the cost that PASSPORT pays to obtain transaction data. Notwithstanding any other provision of the Customer Agreement to the contrary, PASSPORT shall have the right to increase the Pass-Through Fees to offset any increases in rates, changes, or other costs from Governmental Entities, MCOs and other third parties, including without limitation Medicaid and Medicare administrators, or any increase in the cost of providing services hereunder resulting from rules, regulations and operating procedures of any federal, state or local agency or regulatory authority. The Pass-Through Fees are not subject to approval by PASSPORT.

IMPLEMENTATION FEES. Implementation fees relate to the initial implementation and delivery of the product offering(s). These fees represent a one-time cost with payment based on the following timing: 50% at contract execution and 50% upon the earlier of i) Customer's first productive use or ii) five (5) months after the effective date.

SUBSCRIPTION FEES. Subscription fees relate to the ongoing availability of the product offering(s) to the Customer. These fees are presented on an annual basis but billed on a monthly basis for the duration of the agreement. Billing of $9,150 per month begins upon the earlier of i) Intellisource go live or ii) five (5) months after the effective date.

TRANSACTION FEES. Transaction Fees are billed per each successful transaction processed. A "successful" transaction shall be defined as an electronic transaction that returns a valid payer, data source, or business associate response to the Customer from Passport as an inquiry sent to Passport from the Customer's HIS/PMS system(s). Transactions become billable to the Customer, once the Customer is eligible for training and will be billed on a monthly basis for the duration of the agreement.

TRAINING FEES. Passport shall provide on-site training for all of the products selected above at the rate of $2,000 per trainer per eight-hour day. Online training for the OneSource Solution shall be provided at no cost to Customer. The training shall be scheduled at such dates and times that are acceptable to Passport and Customer.

BILLING TERMS. Customer agrees to the following billing terms: Due upon receipt. In addition, monthly fees of $57 per facility "Monthly Minimum Fee" will be invoiced if the Customer's monthly invoice is less than the Monthly Minimum Fee. Passport BatchSource® only customers are exempt from this Monthly Minimum Fee.

(Subscription Fee is subject to adjustment as provided below.")

ANNUAL SUBSCRIPTION FEE ADJUSTMENT.* The subscription fee ("Subscription Fee") is based on a volume of 225,000 annual patient encounters and will adjust annually for the remainder of the term based on changes in volume of annual patient encounters. Such adjustment may result in a decrease, increase or no change in the Subscription Fee. The adjustment will occur each year within sixty (60) days of the anniversary of the Effective Date ("Reset Date"). Notwithstanding the foregoing, should Customer merge with another entity or acquire additional facilities or other assets, PASSPORT shall have the right to adjust the Subscription Fee prior to the Reset Date. Passport shall charge customer $0.20 per transaction for each transaction in excess of 500,000 transactions per year.

TERM OF AGREEMENT AND RENEWAL. Passport reserves the right to rescind the fee structure and terms if this Agreement is not executed within 45 days of the date the Agreement was submitted to Customer. This Agreement shall continue for a term of twelve (12) months from the Effective Date ("Initial Term") and will automatically renew for an unlimited number of twelve (12) month periods ("Renewal Term"). This Agreement may be terminated by either Party effective at the end of the Initial Term or at the end of any Renewal Term (if applicable) with a ninety (90) day written termination notice.

IN WITNESS WHEREOF, an authorized representative of each of the Parties has executed this agreement as of the dates written below.

PASSPORT HEALTH COMMUNICATIONS, INC.		SOUND SHORE MEDICAL CENTER OF WESTCHESTER	
Signed By:	David O. Whitt David O. Whitt (Apr 7, 2011)	Signed By:	
Print Name:	David Whitt	Print Name:	THOMAS B. POCCIA
Title:	Chief Financial Officer	Title:	VP Finance
Date:	Apr 7, 2011	Date:	4/6/11

EXHIBIT A

FACILITY LIST AND ADMINISTRATION

PRIMARY FACILITY INFORMATION

Name: Sound Shore Medical Center of Westchester

Address: 16 Guion Pl, New Rochelle, NY, 10801

NPI #:

Tax ID#:

Tax Exempt: No

(If yes, please attach a copy of your certificate of exemption.)

CONTACT INFORMATION

Product Admin./Superuser

Contact:

Phone:

Email:

Enrollment/Implementation

Contact:

Phone:

Email:

Billing

Contact:

Phone:

Email:

Training

Contact:

Phone:

Email:

EQUIPMENT SHIPPING & BILLING INFORMATION

In order to provide credit card processing equipment, please provide ship to/bill to if different.

Contact:

Phone:

Email:

Address:

ADDRESS VERIFICATION ADMINISTRATOR INFORMATION

In order to provide address verification services for a user or allow a user to view unmasked Social Security numbers, PASSPORT must receive approval from at least one Address Verification Administrator as designated below. Also, please provide a secure IP address for each user, which includes external/public IP address(es) used to access the web for the enrolling facility.

Contact:

Phone:

Email:

Starting IP Address:

Ending IP Address:

Customer acknowledges and agrees as follows: the facility must respond to audit requests within 72 hours of notification by Passport requiring identification of a specific end user(s); the use of this data is for reference and verification in connection with Customer's business processes, and shall be limited to required institutional risk control, insurance purposes, or the detection and prevention of fraud. Appropriate steps shall be taken to prevent the misuse of this data; all right, title and interest in and to the data under contractual, copyright, and related laws is retained by Passport and any applicable third-party vendors. This data shall not be reproduced, retransmitted, republished, or otherwise transferred for any commercial purpose; this data or results of this data shall not be distributed to the patient or any party acting on behalf of the patient; the data shall be used in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.; the Federal Graham-Leach-Bliley Act, 15 U.S.C.A, Sec. 6801 et seq.; and the Federal Drivers Privacy Protection Act, 18 U.S.C. Sec. 2721 et seq.; and such state and local requirements or any legislation, rules, or regulations as may be enacted or adopted after the date of this Agreement/Amendment by any federal, state, or local government body; and this data is being provided "AS IS"; is collected from various sources, including third parties and may or may not be completely thorough and accurate.

ADDITIONAL FACILITY INFORMATION

2. Name & Address: The Mount Vernon Hospital

EXHIBIT B
STANDARD TERMS & CONDITIONS OF SALE

I. SCOPE, TERMINATION AND SURVIVIAL.

1.1 Scope. The Terms and Conditions contained herein shall apply to the Master Customer Agreement between Customer and Passport ("Agreement") and all addendums and amendments to the Agreement and all quotations and offers. These Terms and Conditions apply in lieu of any course of dealings between the parties or usage of trade in the industry. Acceptance of the Agreement is conditioned on Customer's acceptance of the Terms and Conditions, irrespective of whether the Customer accepts these conditions by a written acknowledgement, by implication, or acceptance and payment of products and services ordered hereunder. Capitalized terms used herein and not otherwise defined shall have the meanings given to them in the Agreement.

1.2 Termination. This Agreement may be terminated as follows:

A. For Cause.

- Breach. In the event of a material breach of any term, condition, obligation or covenant under this Agreement, other than the obligation to pay the fees, the non-breaching Party shall give the breaching Party written notice describing the breach. The Party receiving the notice shall have thirty (30) days (the "Cure Period") in which to cure the breach. If the breach is not cured within the Cure Period, the non-breaching party may terminate this Agreement upon written notice to the breaching Party stating the effective date of termination. This remedy shall be in addition to any other remedy available at law or in equity.
- Non-payment. Customer is fully responsible for payment of any charges not disputed in accordance with Section 2.2 ("Undisputed Fees") for the period during which Products and Services are provided. If Customer fails to pay Undisputed Fees when due, Passport reserves the right to suspend the Products and Services without further notice to Customer. Additionally, if Customer fails to pay Undisputed Fees when due, Passport may terminate the Agreement immediately without notice to Customer.
- Furthermore, either Party shall have the right to terminate the Agreement immediately upon written notice to the other Party if either Party or its direct or indirect parent company (i) ceases to conduct its business in the ordinary course, (ii) becomes legally insolvent, suffers or permits the appointment of a receiver for its business or assets or (iii) avails itself to or becomes subject to any proceeding under any bankruptcy, insolvency or debtor's relief law of any applicable jurisdiction.
- Change in Circumstance. Passport shall have the right to terminate the Agreement and/or any Product or Service offered hereunder upon reasonable advance notice if Passport is no longer offering or providing support for such particular Product or Service.

B. Without Cause. This Agreement may be terminated by either Party effective at the end of the Initial Term or at the end of any Renewal Term by delivering written notice to the other Party at least ninety (90) days prior to the end of the term.

1.3 Reserved.

1.4 Survival. Those provisions of this Agreement that, by their nature, are intended to survive termination or expiration of this Agreement will remain in force and effect, including without limitation Sections 2.5, 8, 9, 10, 24, 25 and 26.

II. BILLING AND PAYMENT TERMS.

2.1 Fees: Customer agrees to pay all fees (including without limitation, monthly fees, implementation fees, license fees, subscription fees and transaction fees), for the Products and Services as set forth in the Agreement.

2.2 Billing: Customer agrees that payment is due upon receipt of invoice, 6. In the event any dispute arises involving any of the items contained on Passport's invoice, Customer agrees to notify Passport of said dispute within fifteen (15) days of receipt of the invoice in question but will not withhold payment on undisputed charges.

2.3 Fee Increases: Notwithstanding any other provision of this Agreement to the contrary, Passport shall have the right to increase or modify the fees, other charges and financial terms of the Agreement. Passport agrees that any such increase will not exceed the lesser of (i) the Consumer Price Index for All Urban Consumers, Medical Sector for the calendar year preceding the date of the increase as stated at http://www.stats.bls.gov/cpi or (ii) four percent (4%). Notwithstanding any other provision of this Agreement to the contrary, Passport shall have the right to at any time without prior notice to pass through any fees from state and federal governmental entities ("Governmental Entities"), Medicaid and Medicare Managed Care Organizations ("MCO's), third-party payers, communication tariffs, and/or other similar fees.

2.4 Late Payment: If Customer fails to make payment with respect to any invoice by its due date such invoice shall be deemed delinquent and a finance charge equal to 1.0% per month (totaling 12% per year), or the maximum rate permitted by applicable law, if less, of all outstanding balances shall be payable for each month, or portion thereof, during which the delinquency remains outstanding. Customer agrees to pay promptly all costs and expenses, including but not limited to reasonable attorneys' fees and costs of settlement incurred by Passport to collect any outstanding balances due hereunder.

2.5 Taxes: Unless Customer provides Passport proof of exemption from taxation, Customer shall be responsible for any taxes imposed by federal, state, local or regulatory authority, taxes payable as a matter of law with respect to Customer's purchase of the Products and Services whether such tax is imposed now or later by the applicable authority, including but not limited to assessments, personal property, ad valorem, excise, telecommunications and sales and use. Customer shall not be responsible for other taxes, including federal or state income or similar taxes, based on Passport's income or assets, unemployment compensation, worker's compensation, Federal Insurance Contributions Act, Federal Unemployment Tax Act or other taxes, costs, or expenses incurred by Passport in providing the Products and Services. Passport shall calculate the taxes payable by Customer and include those taxes on the invoices delivered to Customer. Customer will promptly pay, and indemnify Passport against, all such taxes and duties, unless Customer provides Passport satisfactory evidence of an applicable tax exemption prior to the Effective Date.

2.6 Multi-Facility Installation. Implementation fees shall apply as provided in the Agreement. Implementation fees cover initial installation of the applicable Products and Services at the facilities and/or locations listed on Exhibit A attached hereto. The customer hereby acknowledges and agrees that any additional facilities, locations and/or affiliate organizations shall execute an addendum or amendment to this Agreement and additional implementation fees may apply.

III. MEDICARE ACCESS. Customer designates Passport as their vendor to utilize their National Provider Identifiers (NPIs) to access Medicare Part A and Medicare Part B eligibility data on the Customer's behalf. In order to obtain access to Medicare Part A / Part B eligibility data, Customer confirms that they are a valid Medicare Part A or Part B healthcare provider that holds a valid Medicare NPI. Customer agrees to abide by the Centers for Medicare and Medicaid Services (CMS) Rules of Behavior regarding access to Medicare Part A / Medicare Part B eligibility data.

IV. LICENSED RIGHTS.

4.1 Grant: Subject to the terms and conditions of this Agreement, and for so long as Customer is not in breach of the terms and conditions, Passport grants the Customer a perpetual, nonexclusive, nonassignable, and non-transferable right to use the Products and Services at the site(s) designated on Exhibit A to the Agreement for the purposes of internal data processing, report and claim generation and conveyance. Subject to the terms and conditions of the Agreement, and for so long as Customer is not in breach of the terms and conditions, Passport grants the Customer a limited, nonexclusive, nonassignable, and non-transferable license to use the Products and Services identified in the Agreement for Customer's internal data processing, report and claim generation and conveyance for the Initial Term or Renewal Term, as applicable ("License Term"). The License Term will remain in effect until the Agreement is terminated. These license grants also apply to any user documentation provided by Passport ("Documentation").

4.2 Limitation: The Customer may not: (1) reverse engineer the Products; (2) use the Products to provide time-sharing or service-bureau services, either for profit or not, except as stated above; (3) allow third-parties to access or use the Products; (4) give copies of the Products to any other party including parent or sister company(ies), subsidiaries, or contractors; and (5) reproduce the Products or user Documentation except as stated above. Customer will not copy or modify the Products except as expressly permitted in this Agreement. Customer will not alter any trademark, copyright notice, or other proprietary notice on the Products or Documentation, and will duplicate each such trademark or notice on each copy of the Products and Documentation. All Products used to provide the Services are herein identified as proprietary to Passport and may not be copied, reproduced, modified, reverse engineered, translated, decompiled, disassembled, emulated, sublicensed, rented, leased, conveyed, assigned or used in any way other than as specifically authorized in this Agreement except to the extent and for the express purposes authorized by applicable law notwithstanding this limitation. All copies and partial copies of the Products will remain the property of Passport.

4.3 Changes to Services: Passport reserves the right at any time to (i) change, add, or modify any Product or Service or the manner in which such Product or Service is delivered or (ii) withdraw any Product or Service.

4.7 Third Party Terms: Customer agrees to use any third party software provided by Passport only together with the Products and Services, to protect any third party software provided by Passport at a minimum as it does the Products and Services and to comply with all restrictions on the use of that third party software including in any click or shrink wrap license or of which Passport makes Customer aware.

V. System Requirements. Customer acknowledges and agrees that certain Products require high speed Internet connectivity and personal computers capable of running Microsoft Internet Explorer (8.0 or higher) ("System Requirements"), which System Requirements Passport may change from time to time upon notice through its website and that the procurement and maintenance of such System Requirements are the responsibility of the Customer.

VI. DATA

6.1 ID(s) and Passwords. Upon execution of this Agreement, Passport will assign unique logon ID(s) and passwords(s) ("Account Data") to Customer to allow Passport to authenticate user identity and transmit data electronically. Passport shall retain title to the Account Data, and reserves the right to change any Account Data at any time, for any reason. Customer agrees to i) keep confidential and not to disclose any Account Data to third parties, and ii) use only Account Data that was issued to Customer by Passport. Customer assumes full responsibility for selection and use of any Account Data as may be permitted or required by any Product. Customer shall be responsible to ensure that each user granted access to Account Data: (i) is fully aware of all of its obligations under this Agreement (ii) maintains the secrecy and security of the Account Data assigned to such user and iii) does not disclose Account Data to any other party. Customer shall be responsible for any use or access of the Products through its Account Data, whether such access was authorized or not. The use of the Account Data assigned to any user shall be deemed to constitute the acts of such person, and Passport shall be entitled to rely upon the data input without any obligation to identify or otherwise verify any person who gains access to the Products by means of such Account Data. Customer agrees that terminated users will be immediately removed from Customer's system, including but not limited to removal from access through the single log-in. Passport is responsible for obtaining, disseminating, and using beneficiary's data according to HIPAA and CMS guidelines. Passport agrees that the password is hidden from the user by the single-login solution and that a password-expiration policy is in place and electronically enforced with a 90-day or less expiration timeframe. Passport agrees at all times to ensure sufficient security measures to associate each Passport transaction with a specific user. If Customer accesses Passport via a single log-in solution, Customer shall have the ability to associate each transaction to a particular end-user. Upon request by Passport or any payor, governmental or commercial, Customer agrees to provide the name and NPI number of any end-user associated with any transaction and any other details, as requested.

If Customer violates any provision of this Section 6.1 and/or other CMS data privacy and security rules Passport may, in its sole discretion, immediately revoke access to Passport data. Passport reserves the right to periodically audit, but no more than once per month, Customer's ability to associate each transaction to a particular end-user.

6.2 Data Authority. The state or federal government, commercial payer and/or various data source's records are the final authority on eligibility, benefits, claims or other patient data. The data Customer and Passport may exchange pursuant to this Agreement may change as a result of changes in law or regulation, or actions taken in accordance with the terms and conditions of certain health care benefits contracts, or changes made to those contracts.

6.3 Non-Guarantee of Reimbursement. Passport does not warrant the accuracy or completeness of the data it sends to Customer as it is returned directly from a payer or data source. Acceptance by Customer of the data Passport sends electronically does not constitute guarantee of reimbursement. Passport exercises no control whatsoever over any third-party content, data and information entered into or displayed by the Products or any third-party content, data and information passing to/from Customer via the Products. Customer's use of any third-party content, data and information obtained via the Products is at Customer's own risk and Passport specifically disclaims any warranty or responsibility for the accuracy or quality of third-party content, data and information obtained or provided through such use. Passport shall have no responsibility or liability with regard to actions of third parties, including but not limited to disputes concerning payment of claims, eligibility status of a patient, or any other payer-submitted information. Information submitted by a payer through Passport is no guarantee of payment and does not constitute a promise to pay.

eligibility information is subject to change, and waiting periods may apply.

6.4 Medicaid Eligibility. Medicaid eligibility information is restricted to an approved Medicaid provider having a valid Medicaid provider number for the sole purpose of verification of Medicaid eligibility status and data for Medicaid recipients requiring medical service(s). The Medicaid providers have the ability to contract for Medicaid eligibility verification without regard to other network services available from the contractor. Medicaid eligibility and other verification information may be available from the state via telephone or personal computer dial-up at no cost. Medicaid eligibility and other verification information in the state of Georgia may be available from the state of Georgia via telephone or personal computer dial-up at no cost.

VIII. SYSTEM TESTING. Passport reserves the right to process test system inquiries on Customer's behalf in order to monitor service performance and quality assurance, but Customer shall not be responsible for any fees associated with such monitoring.

IX. DATA RETENTION. Passport stores response data within PASSPORT OneSource® for up to seven (7) days and within PASSPORT BatchSource® and PASSPORT IntelliSource® for up to three (3) months, provided, however, in no event shall Medicare data be stored in excess of thirty (30) days. PASSPORT shall have no liability or responsibility to deliver stored data to Customer

X. PROPRIETARY RIGHTS AND CONFIDENTIALITY.

9.1 Customer, and on behalf of its employees, agents, vendors and clients, recognizes, acknowledges, and hereby agrees that Passport and its licensors and vendors, as applicable, retain a proprietary interest in the Products and Services provided hereunder, and also to any and all copies, versions and derivative works of the same. Customer, and on behalf of its employees, agents, vendors and clients, shall not use or disclose the Products and Services, or any equipment, provided hereunder except for purposes consistent with this Agreement.

9.2 To the extent that Passport's employees or agents obtain access to Customer's proprietary information (i.e., a patient's Protected Health Information), Passport shall use the information for the sole purpose of providing the Products and Services offered under this Agreement. Passport shall not disclose such proprietary information to any third party except where the third party is contractually obligated to Passport to facilitate the delivery of Products and Services.

9.3 Customer also acknowledges and agrees that certain payers, fiscal intermediaries, government entities, and other third-party information suppliers may require compliance with obligations involving confidentiality, liability, and scope of use, as a condition of accessing their information. In the event such compliance obligations are directed to Passport then Passport will convey such written obligations to Customer as a requirement to access data.

9.4 Customer also acknowledges and agrees that this Agreement and all pricing information and performance standards contained within and any of its related amendments, addendums, exhibits and schedules is considered confidential, competitive health care information and trade secrets and shall not be disclosed to any third party without the prior written consent of Passport. This entire section shall survive the termination of this Agreement.

WARRANTIES, REMEDIES, INDEMNITIES AND LIABILITIES.

10.1 Passport warrants that it has the authority to provide the Products and Services to Customer under this Agreement, and as of the Effective Date and to the best of Passport's knowledge, the use of the Products and Services by Customer in accordance with the terms of this Agreement shall not infringe upon the United States patent, trademark or copyrights of any third party. Customer's sole and exclusive remedy and Passport's sole and exclusive liability in the event of a breach of the foregoing representation or warranty is the indemnification set forth in Section 10 below. Passport warrants that the Products will perform in all material respects in accordance with the functional specifications set forth in the Documentation.

10.2 In the event of a breach of the foregoing warranty, Passport shall use commercially reasonable efforts to repair or replace the affected Product. Such effort shall be Customer's sole and exclusive remedy and Passport's sole and exclusive liability in the event of a breach of the foregoing warranty.

10.3 EXCEPT AS OTHERWISE PROVIDED HEREIN, the Services and products are provided "AS IS" without warranty of any kind, WHETHER EXPRESS, IMPLIED OR STATUTORY, INCLUDING WITHOUT LIMITATION ANY IMPLIED WARRANTY OF MERCHANTABILITY, NONINFRINGEMENT OR FITNESS FOR A PARTICULAR PURPOSE, ALL OF WHICH ARE EXPRESSLY DISCLAIMED.

10.4 Customer agrees that Passport will not be liable for any claim or demand against customer by any other party. Due to the nature of the services being performed by PASSPORT, it is agreed that in no event will PASSPORT be liable for any claim, loss, liability, correction, cost, damage, or expense caused by PASSPORT's performance or failure to perform hereunder which is not reported by customer within thirty (30) days of such failure to perform. Customer acknowledges that, in connection with the services provided under this agreement, information shall be transmitted over local exchange, interexchange and internet backbone carrier lines and through routers, switches and other devices owned, maintained and serviced by third party local exchange and long distance carriers, utilities, internet service providers, and others, all of which are beyond the control and jurisdiction of PASSPORT. Accordingly, PASSPORT assumes no liability for or relating to the delay, failure, interruption or corruption of any data or other information transmitted in connection with the services provided under this agreement.

10.5 Each party shall indemnify and hold the other party harmless from any and all losses and liability for damages, including court costs and reasonable attorney fees, sustained by the other party to the extent such losses and liabilities arise out of the negligent acts or omissions of the indemnifying party.

10.6 The remedies set forth in this agreement constitute the sole and exclusive remedies for Customer at law and in equity. PASSPORT's maximum liability for the damages to Customer, from any cause whatsoever, and regardless of the form of action, whether in contract or in tort, including negligence, will be limited to the lesser of: (1) the total amount payable for the service during the twelve (12) months before the cause of actions arose or (2) the damages incurred.

10.7 In no event shall either party, its licensors, suppliers and/or subcontractors be liable to the other party for any incidental, consequential, indirect or special damages, including, without limitation, damages for loss of revenue or profits, cost of capital, claims of customers for service interruptions or failure of supply, and costs and expenses incurred in connection with labor, overhead, transportation, installation, or removal of equipment or programming or substitute facilities or supply resources, even if PASSPORT has been advised of the possibility of such damages.

10.8 The obligations under this section shall survive termination of this Agreement.

. INTELLECTUAL PROPERTY INDEMNIFICATION. Passport will indemnify defend and hold harmless Customer from any action or other proceeding brought against Customer to the extent that it is based on a claim that the use of the Products or Services delivered under this Agreement infringes any U.S. copyright or U.S. patent of a third party, provided that Customer gives Passport immediate notice in writing of a complaint, gives Passport sole authority to defend the same and gives Passport all available information assistance and authority (at Customer's expense) in connection therewith. Passport will have control of the defense of such proceeding including appeals and of all negotiations for, including the right to effect the settlement or compromise thereof. In the event of such a complaint or if in Passport's reasonable opinion such a complaint is likely to be successfully made, Passport shall, at its option and expense, to the extent necessary to provide substantially equivalent and compatible Product and/or Service, procure for Customer the right to continue using the Product and/or Service, replace the same with non-infringing Product and/or Service, or modify the same so that it becomes non-infringing and conforms in all material respects. In the event that the Infringing Product and/or Service cannot be replaced or modified as set forth herein in a commercially reasonable manner, Passport may discontinue the Product and/or Service, or that portion of the Product and/or Service, and the access granted hereunder will terminate. Passport will not have any liability to Customer if any such infringement, or complaint thereof, is based upon or arises out of (a) non-compliance with the design, plans or specifications furnished by or on behalf of Passport or the Documentation or this Agreement; (b) the use of the Product and/or Service in a manner for which the same was neither designated nor contemplated; (c) modifications made to the Products or Services by or on behalf of Customer; or (d) the claimed infringement of any patent in which Customer or any subsidiary or affiliate of Customer has any direct or indirect interest, by license or otherwise. THE FOREGOING ARE PASSPORT'S SOLE AND EXCLUSIVE OBLIGATIONS, AND CUSTOMER'S SOLE AND EXCLUSIVE REMEDIES, WITH RESPECT TO INTELLECTUAL PROPERTY INFRINGEMENT.

XII. INSURANCE. During the term of this Agreement, Customer shall maintain at its own expense, commercial liability insurance for bodily injury, death and property loss and damage (including, without limitation, coverages for product liability, completed operations, contractual liability and personal injury liability) covering Passport for damages arising out of its performance under this Agreement. Upon Passport's request, Customer shall provide Passport with a copy of all such policies and certificates of insurance satisfactory to Passport evidencing Customer's insurance coverage.

XIII. BINDING EFFECT; NO ASSIGNMENT. This Agreement shall be binding upon and inure to the benefit of the parties and their respective successors, assigns and legal representatives, whether by merger, consolidation or otherwise. This Agreement may not be assigned by any party hereto without the prior written consent of the other parties hereto, however, Passport may collaterally assign its rights under this Agreement to one or more lenders providing debt financing to Passport and Passport may assign this Agreement to a successor entity in the event of a sale of all or substantially all of its assets without notice to or consent of Customer

XIV. FORCE MAJEURE. Passport shall not be liable for delays in performance under this Agreement or for failure to perform hereunder by reason of any third-party's failure to provide Passport with the data necessary for complete and proper transmission of the Services. Passport will not be liable to Customer for any failure or delay caused by any cause beyond the reasonable control of Passport, including but not limited to acts of God, acts of war, terrorism, riots, embargoes, acts of civil or military authorities, denial of or delays in processing of export license applications, fire, floods, earthquakes, internet outages, accidents, or strikes, whether or not such matters were foreseeable, and such failure or delay will not constitute a material breach of this Agreement.

XV. NOTICES. Any notices or communications required by this Agreement must be provided in writing and signed by an authorized representative of the notifying party and delivered by United States mail or courier service, telefacsimile or electronic mail to such Party's address as set forth below. Notice shall be deemed effective when delivered.

To Passport:	Contracting & Setup PASSPORT Health Communications, Inc. 720 Cool Springs Blvd, Suite 200 Franklin, Tennessee 37067 Fax: 877-442-2150 Email: contract&setup@passporthealth.com
To Customer:	Sound Shore Medical Center of Westchester 16 Guion Pl New Rochelle,NY 10801 Robin Tenleyck

XVI. COMPLIANCE WITH LAWS.

16.1 Applicable Laws. Customer represents and warrants that it shall comply with all applicable local and national laws and regulations pertaining to its performance and obligations under the Agreement. Customer's failure to comply with any applicable law or regulations shall constitute a material breach of this Agreement

16.2 Participation in Federally Funded Healthcare Programs. Passport warrants that neither it nor any of its employees assigned to perform material Services under this Agreement have been convicted of a criminal offense related to health care or been listed as debarred, excluded, or otherwise ineligible for participation in a federal health care program. Passport will notify Customer if Passport becomes aware that it or any of its employees assigned to perform material Services under this Agreement have been excluded or is otherwise ineligible for participation in a federal health care program.

16.3 Affirmative Action and Nondiscrimination. Passport warrants that it will not discriminate against any employee because of race, color, religion, sex, national origin, ancestry, age, marital status, handicap, unfavorable discharge from the military, or status as a disabled veteran as required for compliance with federal and state law.

16.4 Book Record. Passport shall allow the Secretary of the Department of Health and Human Services and the Comptroller General, or their duly authorized representatives, access upon request to this Agreement and to the books, documents and records of Passport that are necessary to verify the nature and extent of costs of Services furnished under this Agreement. Passport also agrees that if either carry out any duties of this Agreement through a subcontract, with a value or cost of Ten Thousand Dollars ($10,000.00) or more over a twelve (12) month period with a related organization, the subcontract must contain a clause to the effect that the related organization must make available, upon written request, to the Secretary, or upon request to the Comptroller General, or their duly authorized representatives, the subcontract and the books, documents and records of the related organization that are necessary to verify the nature and extent of the costs. Such access shall be until the expiration of four (4) years after the Services are furnished under this Agreement

16.5 Business Associate Agreement. The Parties shall enter into a Business Associate Agreement

XVII. RELATIONSHIP OF PARTIES. Passport and Customer are separate and independent entities. Both parties are acting as independent contractors and none of the provisions of this Agreement is intended to create any partnership or joint venture.

XVII. COUNTERPARTS. This Agreement may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument

XIX. TITLES AND CAPTIONS. All section titles or captions contained in this Agreement are for convenience only and shall not be deemed part of the context nor effect the interpretation of this Agreement

XX. TRADE SECRETS. Nothing contained in this Agreement shall be construed as conferring by implication, estoppel or otherwise upon Customer, any rights under any trade secrets, or know how of Passport and no such rights shall arise from this Agreement or from any acts, statements or dealings resulting in the execution of this Agreement.

XXI. PRESUMPTION This Agreement or any section thereof shall not be construed against any party due to the fact that this Agreement or any section thereof was drafted by said party.

XII. **SEVERABILITY.** If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction, the remaining provisions shall continue to be of full force and effect.

XIII. **FURTHER ACTION** The parties hereto shall execute and deliver all documents, provide all information and take or forbear from all such action as may be necessary or appropriate to achieve the purposes of the Agreement and Amendments and Addendums, as applicable.

XIV. **PARTIES IN INTEREST.** Nothing herein shall be construed to be to the benefit of any third party, nor is it intended that any provision shall be for the benefit of any third party.

XV. **CHOICE OF LAW.** This Agreement and all disputes will be governed by and construed in accordance with the laws of the state of New York without regard to its conflict of laws provisions. Exclusive venue and jurisdiction for any litigation arising out of this Agreement shall be subject to the local, state or federal courts in Westchester County, New York.

XVI. **DISPUTE RESOLUTION.** No action regardless of form, arising out of this Agreement, may be brought by either party hereto more than twelve (12) months after the event giving rise to the cause of action.

XVII. **ARBITRATION OF INTERPRETATION OF CONFLICTS.**
In lieu of litigation, the parties agree that any dispute that cannot be resolved between the parties shall be submitted to binding arbitration with the American Arbitration Association ("AAA") in New Rochelle, New York, before a panel of three (3) arbitrators, whose legal practice consists at least 50% of healthcare clients, selected pursuant to AAA rules within thirty (30) days following submission of the matter for arbitration. In the event that an arbitration, suit or action is brought by any party under this Agreement to enforce any of its terms, it is agreed that the prevailing party shall be entitled to reasonable attorney fees to be fixed by the arbitrator or the trial and appellate courts. The award of the arbitrators shall be final and may be entered in, and enforced through, any court of competent jurisdiction. Demand for arbitration shall be filed in writing with the other party and with the AAA within one-hundred and twenty (120) days after the dispute in question has arisen. In no event shall the demand for arbitration be made after the date when institution of legal or equitable proceedings based on such dispute would be barred by any applicable statutes of limitations. The foregoing agreement to arbitrate shall be specifically enforceable in accordance with applicable law in any court having jurisdiction thereof.

XVIII. **ENTIRE AGREEMENT; AMENDMENTS.** The Agreement and the Terms and Conditions together with any attachments, exhibits and other information, whether physically attached, incorporated by reference or referenced to a website contain the complete and exclusive understanding between the Parties regarding the subject matter herein and supersede any prior or contemporaneous agreements, oral or written. No provision of the Agreement shall be modified or amended except in a writing signed by the Parties.

XIX. **WAIVER.** Failure to exercise or enforce any right under this Agreement will not act as a waiver of such rights.

SCHEDULE A

BUSINESS ASSOCIATE AGREEMENT

WHEREAS, Customer and Passport have entered into agreement(s) (collectively, the "Agreement"), pursuant to which Passport provides certain Products and Services to Customer;

WHEREAS, Customer will provide patient health and financial information to Passport under the Agreement;

WHEREAS, Customer and Passport wish to amend the Agreement to comply with the requirements of the HIPAA Rules (as defined herein),

NOW, THEREFORE, in consideration of the mutual promises contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follow:

1. **DEFINITIONS.** Customer and Passport understand that unless otherwise provided in this Agreement, capitalized terms have the same meanings as set forth in the HIPAA Rules, and all references to Protected Health Information herein shall be construed to include Electronic Protected Health Information.

   The following terms shall have the meaning indicated when capitalized and used in the Addendum:

   1.1 **Breach** shall have the meaning as the term "breach" in the HITECH Act, 42 U.S.C. § 17921.

   1.2 **Data Aggregation Services** shall have the meaning given to such term under 45 CFR 164.501.

   1.3 **Designated Record Set** shall mean "designated record set" as such terms is defined in 45 CFR 164.501, which is stored on the system operated and maintained by Passport under the Agreement or otherwise in the possession of Passport or its subcontractors.

   1.4 **De-Identified Data** means information that has been de-identified in accordance with 45 CFR 164.514.

   1.5 **Electronic Protected Health Information** or "ePHI" shall mean Protected Health Information that is maintained or transmitted by Electronic Media.

   1.6 **Electronic Media** shall mean "electronic media" as such terms is defined in 45 CFR 160.103, as amended.

   1.7 **Heath Care Operations** shall have the meaning given to such term under 45 CFR 164.501.

   1.8 **HIPAA** means the administrative simplification section of the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. §1320d through 42 U.S.C. §1320d-8.

   1.9 **HITECH Act** means the Health Information Technology for Economic and Clinical Health Act (Title XIII, Subtitle D) and any applicable regulations promulgated there under.

   1.10 **HIPAA Rules** mean the Privacy Rule, Security Rule, Transaction Rule and applicable amendments by the HITECH Act.

   1.11 **Individual** shall have the same meaning as the term "individual" in 45 CFR § 164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).

   1.12 **Privacy Rule** shall mean the Standards of Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and 164, Subparts A and E, as amended by the HITECH Act and as may otherwise be amended from time to time.

   1.13 **Protected Health Information** or "PHI" shall have the same meaning as the term "Protected Health Information" in 45 CFR § 164.103, limited to the information created or received by Passport from or on behalf of Customer.

   1.14 **Secretary** shall mean the Secretary of the U.S. Department of Health and Human Services or his designee.

   1.15 **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information contained in 45 CFR 160, 162 and 164, as amended.

   1.16 **Transaction Rule** means the regulations contained in 45 CFR 160 and 162, as amended.

   1.17 **Unsecured PHI** means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in guidance or as otherwise defined in § 13402(h) of the HITECH Act.

   1.18 **Unsuccessful Security Incident** means activities such as pings and other broadcast attacks on firewalls, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in unauthorized access, use or disclosure of electronic PHI.

   1.19 **Successful Security Incident** means a Security Incident that results in unauthorized access, use, disclosure, modification or destruction of Electronic Protected Health Information.

2. **HIPAA COMPLIANCE.** Passport agrees to comply with the following:

   2.1 **Use of Protected Health Information:** Passport shall not use any Protected Health Information other than as permitted by this Addendum and as required: (i) to perform Passport's obligations under the Agreement, (ii) for Passport's proper management and administration or (iii) as Required by Law including without limitation the requirements of the HIPAA Rules.

   2.2 **Obligations and Activities:**

   2.2.1 **Appropriate Safeguards.** Passport shall use appropriate safeguards to prevent the use or disclosure of PHI, other than as permitted by the Agreement or this Addendum.

   2.2.2 **PASSPORT's Agents.** Passport agrees to ensure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by PASSPORT on behalf of Customer, agrees to the same restrictions and conditions that apply through this Agreement to PASSPORT with respect to such information.

   2.2.3 Passport may use PHI to provide Data Aggregation Services for the Customer.

   2.2.4 Passport may use De-Identified Data for any purpose.

2.2.5 Passport shall report to the Customer any use or disclosure of the PHI not provided for by the Addendum of which it becomes aware

2.3 **Disclosures of Protected Health Information:**

2.3.1 **Disclosure to Workforce:** Passport may disclose Protected Health Information to members of its "workforce" (as such terms is defined under HIPAA at 45 CFR 160.103, as amended), solely for the purposes of performing its obligations under the Agreement, this Addendum and as necessary for Passport's proper management and administration.

2.3.2 **Disclosure to Subcontractors:** If Passport, carries out any of its duties under the Agreement through a subcontractor which duties, by their nature, involve use of, custody of, disclosure of, creation of, or afford access to Protected Heath Information, there shall be a written contract for such work and the contract shall contain the same restrictions and conditions that apply to Passport as a business associate under the HIPAA Rules.

2.3.3 **Disclosure to Third Parties:** Passport shall not disclose Protected Health Information to any other person or entity (except as provided herein), or except as permitted by the Agreement, Required by Law or as approved by Customer.

2.4 **Access to Protected Health Information and Designated Record Sets:** To the extent that Customer does not already have in its possession a patient's Protected Health Information in a Designated Record Set, Passport shall provide copies to Customer of all or a portion of the Protected Health Information in the Designated Record Set then-currently in Passport's possession within 20 days after Customer's request in order for Customer to: (a) make the Protected Health Information in the Designated Record Set available in accordance with 45 CFR Part 164 524 and (b) amend the Protected Health Information in the Designated Record Set in accordance with 45 CFR Part 164.526. In the event an individual requests access to, or an amendment of, the Protected Health Information in a Designated Record Set such request shall be the responsibility of Customer. Passport may charge Customer additional fees for any requests made under Section 2.4 of this Agreement.

2.5 **Accounting of Disclosures:** Upon notice by Customer to Passport that it has received a request for an accounting of disclosures of Protected Health Information regarding an Individual during the six (6) years prior to the date on which the accounting was requested, Passport shall make available, within 30 days, to Customer such information then-currently in Passport's possession, custody or control (including such information, if any in the possession, custody or control of Passport's subcontractors) that is required for Customer to make the accounting required by 45 CFR Section 164.528. Passport may charge Customer additional fees for any requests made under Section 2.5 of this Agreement.

2.6 **Security Rule:** Passport shall implement Administrative, Physical and Technical Safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of Customer's electronic Protected Health Information that Passport creates, receives, maintains, or transmits on behalf of Customer as more fully set forth in the Passport OneSource Security Guide and policies published on Passport's website. Passport shall report to Customer any security incident involving Customer's electronic Protected Health Information of which it becomes aware to the extent required by HIPAA Rules. To the extent required by the HITECH Act, Passport shall implement the safeguards, policies, procedures and documentation required by 45 CFR 164.308, 164.310, 164.312 and 164.316.

2.7 **Disclosure to U.S. Department of Health and Human Services:** To the extent required by the Privacy Rule, Passport shall make its internal practices, books, and services relating to the use and disclosure of the Protected Health Information available to the Secretary to the extent required for determining Customer's compliance with the Privacy Rule. Notwithstanding the foregoing, no attorney-client, accountant-client or other legal privilege shall be deemed waived by Passport by virtue of this Section

2.8 **Retention of Protected Health Information; Return/Destruction of Protected Health Information:** Upon termination or expiration of the Agreement, Passport and its subcontractors shall return or certify as destroyed all of the Customer's Protected Health Information (excluding any archival copies) that Passport has in its possession, if any. If such return or destruction is not commercially feasible as determined by Passport, the parties agree that the requirements of this Addendum shall survive termination of the Agreement and that Passport shall limit all further uses and disclosures of the Protected Health Information to those purposes that make the return of destruction of such information infeasible. Section 2.8 of this Agreement shall survive the termination or expiration of the Agreement.

2.9 **Transaction Rule:** Passport and Customer acknowledge that nothing in the Agreement or this Addendum is intended to modify or violate the requirements contained in 45 CFR Part 162.915, as amended from time to time.

2.10 **Security Incidents:** If Passport becomes aware of any Successful Security Incidents, PASSPORT shall report the same in writing to Customer within fifteen (15) business days of such Successful Security Incident. To avoid unnecessary burden on either party, Passport shall report to Customer any Unsuccessful Security Incidents of which it becomes aware of only upon request of the Customer. The frequency, content and the format of the report of Unsuccessful Security Incidents shall be mutually agreed upon by the parties. If the definition of "Security Incident" is amended under the Security Rule to remove the requirement for reporting " unsuccessful" attempts to use, disclose, modify or destroy Electronic Protected Health Information, than this Section shall be amended so that the provisions relating to "Unsuccessful Security Incidents" no longer apply as of the effective date of such change to the law.

2.11 **Duty to Mitigate:** Passport and Customer agree to use commercially reasonable efforts to mitigate, to the extent practicable, any harmful effects that become known to either party related to the use or disclosure of Protected Health Information not provided for in this Addendum.

2.12 **Data Breach.** In the event that Passport discovers, as determined in accordance with 45 C.F.R. § 164.410, that a Breach of Unsecured Protected Health Information of Customer has occurred or may have occurred, Passport shall notify Customer of the identification of each individual who has been or is reasonably believed to have been affected by the Breach, along with any other information that Customer as a Covered Entity will be required to include its notification of the individual under the HITECH Act and its implementing regulations.

3. **PROHIBITED USES AND DISCLOSUREES.**

3.1 **Fundraising & Marketing:** Passport shall not use or disclose PHI for fundraising or marketing purposes unless permitted by the HIPAA Rules.

3.2 **Restrictions:** Customer shall not request nor shall Passport disclose PHI to a health plan for payment or Health Care Operations purposes if the individual has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates, as required by 42 U.S.C. § 17935(a).

3.3 **Remuneration.** Passport shall not directly or indirectly receive remuneration in exchange for PHI, unless Passport obtains a valid authorization from the Individual including specifications of whether the PHI can be further exchanged for remuneration by the receiving entity or as permitted by the HITECH Act, described in 42 U.S.C. § 17935(d)(2). Passport shall not directly or indirectly received payment exchange for making certain communications to individuals about a non-healthcare related or third party product or service that encourages the recipient to purchase or use the product or service unless (i) the communication describes only a drug or biologic that is currently being prescribed for the recipient of the communication; or (ii) Customer obtained a valid authorization from the Individual. However, Passport can make such a communication on behalf of Customer, within the scope of the Passport contract. This prohibition shall not affect payment by Passport to Customer for Services or Products provided pursuant to the Agreement.

4. **CUSTOMER OBLIGATIONS.** Customer agrees to obtain and maintain consent(s) and/or authorization(s), if required under applicable law, to permit Customer to disclose Protected Health Information to Passport as provided in the Agreement, including without limitation relating to prescription drugs. Customer shall provide Passport with a current list of designated representatives who shall be the only Customer representatives with authority to access Protected Health Information. Customer shall notify Passport in writing within 48 hours in the event any designated representatives are no longer employed by Customer or no longer should be allowed access to the Protected Health Information. Customer shall notify Passport of any limitations in its notice of privacy practices in accordance with Section 164.520 of the Privacy Rule, to the extent that such limitation may affect Passport's use or disclosure of Protected Health Information. Customer shall notify Passport of any changes in, or revocation of, permission by individual to use or disclose Protected Health Information, to the extent that such changes may affect Passport's use or disclosure of Protected Health Information. Customer shall notify Passport of any restriction to the use of or disclosure of Protected Health Information that Customer has agreed to in accordance with Section 164.522 of the Privacy Rule or under the HITECH ACT, to the extent that such restriction may affect Passport's use of disclosure of Protected Health Information. Customer shall only use and/or disclose the Minimum Necessary PHI needed for Passport to provide the Service or Product in accordance with the HITECH Act and the Privacy Rule.

5. **TERMINATION.** If Passport materially defaults in the performance of any of its duties or obligations under this Addendum and such default is not cured within ten (10) days after written notice is given to Customer specifying the default, Customer may at its option terminate the Addendum as of a date specified in the notice of termination the ("Termination Date") such Termination Date being subsequent to the date of the notice of termination. If there are subsequent changes or clarifications to the HIPAA Rules, the parties will negotiate in good faith to amend this Addendum to comply with such changes. Notwithstanding the foregoing, if such changes or clarifications materially affect Passport, Passport may terminate the Agreement and this Addendum by giving Customer at least 30 days prior written notice. Upon Passport's knowledge of a material violation of the HIPAA Rules by Customer, Passport shall provide notice and an opportunity for the Customer to end the violation and terminate this Agreement if the Customer does end the violation within fifteen (15) days from receipt of notice from Passport.

6. **CONFLICT WITH AGREEMENT.** In the event of any conflict between the terms of this Agreement and the terms of the underlying Agreement, the terms of this Agreement shall control. All of the other terms and conditions contained in the Agreement and not specifically amended hereby remain in full force and effect. In the event of an inconsistency between the provisions of this Agreement and the HIPAA Rules, the HIPAA Rules shall control. Where provisions of this Agreement are different than those mandated in the HIPAA Rules but are permitted by the HIPAA Rules, the provisions of the Agreement shall control.

7. **NO THIRD PARTY BENEFICIARIES.** Nothing express or implied in this Agreement is intended to confer, nor shall anything herein confer, upon any person other than the parties and the respective successors and assigns of the parties any rights, remedies, obligations, or liabilities whatsoever.

8. **DISCLAIMERS.** IN NO EVENT SHALL EITHER PARTY BE LIABLE FOR ANY INDIRECT, SPECIAL, EXEMPLARY, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES ARISING OUT OF OR RELATING TO THIS ADDENDUM OR THE BREACH OF THIS ADDENDUM, INCLUDING, WITHOUT LIMITATION, LOST PROFITS, LOST DATA, BUSINESS INTERRUPTIONS OR OTHER ECONOMIC LOSS ARISING OUT OF OR RELATED TO THIS ADDENDUM. THE DISCLAIMERS SET FORTH IN THIS SECTION SHALL APPLY EVEN IF THE PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES.

9. **LIABILITIES.** Passport's maximum liability for the damages to Customer, from any cause whatsoever, and regardless of the form of action, whether in contract or in tort, including negligence, will be limited to the lesser of: (1) the total amount payable for the service during the twelve (12) months before the cause of actions arose or (2) the damages incurred.

EXHIBIT A – FACILITY LIST AND ADMINISTRATION

PRIMARY FACILITY INFORMATION

Name: Sound Shore Medical Center

Address: 16 Guion Place New Rochelle, New York, 10801

NPI #: 1104847888

Tax ID#: 131740117

Tax Exempt: Yes ☒ No ☐ *(If yes, please attach a copy of your certificate of exemption.)*

CONTACT INFORMATION

Product Admin./Superuser Contact:

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Enrollment/Implementation Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Billing Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

Training Contact: Robin Teneyck

Phone: (914) 365-3745 Email: rteneyck@sshsw.org

ADDRESS VERIFICATION ADMINISTRATOR INFORMATION

In order to provide address verification services for a user or allow a user to view unmasked Social Security numbers, PASSPORT must receive approval from at least one Address Verification Administrator as designated below. Also, please provide a secure IP address for each user, which includes external/public IP address(es) used to access the web for the enrolling facility.

Contact: Robin Teneyck

Phone: (914) 365-3745 Starting IP Address:

Email: rteneyck@sshsw.org Ending IP Address:

Customer acknowledges and agrees as follows:

- the facility must respond to audit requests within 72 hours of notification by Passport requiring identification of a specific end user(s);
- the use of this data is for reference and verification in connection with Customer's business processes, and shall be limited to required institutional risk control, insurance purposes, or the detection and prevention of fraud. Appropriate steps shall be taken to prevent the misuse of this data;
- all right, title and interest in and to the data under contractual, copyright, and related laws is retained by Passport and any applicable third-party vendors. This data shall not be reproduced, retransmitted, republished, or otherwise transferred for any commercial purpose;
- this data or results of this data shall not be distributed to the patient or any party acting on behalf of the patient;
- the data shall be used in accordance with the Fair Credit Reporting Act (15 U.S.C. Sec. 1681 et seq.; the Federal Graham-Leach-Bliley Act, 15 U.S.C.A, Sec. 6801 et seq.; and the Federal Drivers Privacy Protection Act, 18 U.S.C. Sec. 2721 et seq.; and such state and local requirements or any legislation, rules, or regulations as may be enacted or adopted after the date of this Agreement/Amendment by any federal, state, or local government body; and
- this data is being provided "AS IS"; is collected from various sources, including third parties and may or may not be completely thorough and accurate.

ACKNOWLEDGEMENT: INITIAL HERE: RT

Additional Facility Information

2. Name & Address: Mount Vernon Hospital 12 N. 7th Ave. Mt. Vernon
   NPI #: HOSP – 153817337 Tax ID#: 131740115
3. Name & Address:
   NPI #: Tax ID#:
4. Name & Address:
   NPI #: Tax ID#:
5. Name & Address:
   NPI #: Tax ID#:
6. Name & Address:
   NPI #: Tax ID#:
7. Name & Address:
   NPI #: Tax ID#:
8. Name & Address:
   NPI #: Tax ID#:
9. Name & Address:
   NPI #: Tax ID#:
10. Name & Address:
    NPI #: Tax ID#:

COLLECTIVE EXHIBIT B

Sound Shore Medical Center of Westcheste

115625 10/31/2013 1

Sound Shore Medical Center of Westcheste
Attn: Accounts Payable
16 Guion Pl
New Rochelle, NY 10801

4/30/2011	INV000285001	4/30/2011	Invoice	$7,300.00	
1/19/2012	INV000298175	1/19/2012	Invoice	$6,575.00	
11/30/2012	INV000361049	11/30/2012	Invoice	$1,232.34	
12/31/2012	INV000366126	12/31/2012	Invoice	$1,525.00	
1/31/2013	INV000371091	1/31/2013	Invoice	$1,525.00	
2/28/2013	INV000376118	2/28/2013	Invoice	$1,525.00	
3/31/2013	INV000380023	3/31/2013	Invoice	$1,525.00	
4/30/2013	INV000386023	4/30/2013	Invoice	$1,525.00	
5/31/2013	INV000391556	5/31/2013	Invoice	$1,525.00	
6/30/2013	INV000396256	6/30/2013	Invoice	$1,525.00	
7/31/2013	INV000399939	7/31/2013	Invoice	$1,525.00	
8/31/2013	INV000405135	8/31/2013	Invoice	$1,525.00	
9/30/2013	INV000409226	9/30/2013	Invoice	$1,525.00	
10/31/2013	INV000413840	10/31/2013	Invoice	$1,525.00	
				Sub Total:	$31,882.34

115625 10/31/2013 1

$31,882.34

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Medical Center of Westcheste Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	**115625**
Invoice Date:	4/30/2011
Invoice #:	INV000265001
Terms:	Due on Receipt
Due Date:	4/30/2011

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
eCare Patient Access Suite Implementation Fee		1	$7,300.00	$7,300.00
Total 115625: Sound Shore Medical Center of Westchest		1		$7,300.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000265001

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$7,300.00
Amount Tax:	$0.00
Invoice Total:	**$7,300.00**
Amount Paid/Credit Applied:	
Amount Due:	**$7,300.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Medical Center of Westcheste Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	1/19/2012
Invoice #:	INV000298175
Terms:	Due on Receipt
Due Date:	1/19/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Intellisource Eligibility Subscription - December		1	$1,525.00	$1,525.00
Intellisource Eligibility Subscription - November		1	$1,525.00	$1,525.00
Intellisource Eligibility Subscription - October		1	$1,525.00	$1,525.00
Other Fees-Training		1	$2,000.00	$2,000.00
Total 115625: Sound Shore Medical Center of Westcheste		4		$6,575.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000298175

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$6,575.00
Amount Tax:	$0.00
Invoice Total:	**$6,575.00**
Amount Paid/Credit Applied:	
Amount Due:	**$6,575.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	11/30/2012
Invoice #:	INV000361049
Terms:	Due on Receipt
Due Date:	11/30/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		6,494		$1,232.34
Total 115625: Sound Shore Medical Center of Westcheste		6,494		$1,232.34

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000361049

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,232.34
Amount Tax:	$0.00
Invoice Total:	**$1,232.34**
Amount Paid/Credit Applied:	
Amount Due:	**$1,232.34**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	12/31/2012
Invoice #:	INV000366126
Terms:	Due on Receipt
Due Date:	12/31/2012

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000366126

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	1/31/2013
Invoice #:	INV000371091
Terms:	Due on Receipt
Due Date:	1/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westchester				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westchester		1		$1,525.00

Thank you for your continued business.

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P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000371091

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Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	**115625**
Invoice Date:	2/28/2013
Invoice #:	INV000376118
Terms:	Due on Receipt
Due Date:	2/28/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625 : Sound Shore Medical Center of Westchester				
Monthly Subscription Fee		1		$1,525.00
Total 115625 : Sound Shore Medical Center of Westchester		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000376118

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	3/31/2013
Invoice #:	INV000380023
Terms:	Due on Receipt
Due Date:	3/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000380023

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	4/30/2013
Invoice #:	INV000386023
Terms:	Due on Receipt
Due Date:	4/30/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westchester		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000386023

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	5/31/2013
Invoice #:	INV000391556
Terms:	Due on Receipt
Due Date:	5/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
T15625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total: T15625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000391556

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	6/30/2013
Invoice #:	INV000396256
Terms:	Due on Receipt
Due Date:	6/30/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000396256

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	115625
Invoice Date:	7/31/2013
Invoice #:	INV000399939
Terms:	Due on Receipt
Due Date:	7/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000399939

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	**115625**
Invoice Date:	8/31/2013
Invoice #:	INV000405135
Terms:	Due on Receipt
Due Date:	8/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625 : Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625 : Sound Shore Medical Center of Westcheste				$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000405135

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	**115625**
Invoice Date:	9/30/2013
Invoice #:	INV000409228
Terms:	Due on Receipt
Due Date:	9/30/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000409228

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

PASSPORT

PASSPORT HEALTH COMMUNICATIONS INC.

Invoice

BILL TO
Sound Shore Med Center of Westchester Attn: Accounts Payable 16 Guion Pl New Rochelle, NY 10801

CUSTOMER #:	**115625**
Invoice Date:	10/31/2013
Invoice #:	INV000413840
Terms:	Due on Receipt
Due Date:	10/31/2013

Service Provided	PO / Contract	Qty	Unit Price	Extended Price
115625: Sound Shore Medical Center of Westcheste				
Monthly Subscription Fee		1		$1,525.00
Total 115625: Sound Shore Medical Center of Westcheste		1		$1,525.00

Thank you for your continued business.

For Paper Checks:
Passport Health Communications, Inc.
P.O. Box 635527
Cincinnati, OH 45263-5527
Phone: 615-261-5614
Email: accounting@passporthealth.com

Customer #: 115625
Invoice #: INV000413840

We now offer online bill pay at:
www.passporthealth.com

Subtotal:	$1,525.00
Amount Tax:	$0.00
Invoice Total:	**$1,525.00**
Amount Paid/Credit Applied:	
Amount Due:	**$1,525.00**

UPS CampusShip: View/Print Label

1. **Ensure there are no other shipping or tracking labels attached to your package.** Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.

2. **Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label.** Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.

3. **GETTING YOUR SHIPMENT TO UPS**
   UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.
   Schedule a same day or future day Pickup to have a UPS driver pickup all your CampusShip packages.
   Hand the package to any UPS driver in your area.
   Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the Resources area of CampusShip and select UPS Locations.

   Customers with a Daily Pickup
   Your driver will pickup your shipment(s) as usual.

FOLD HERE

DEBORAH A. LILES
615-850-8678
WALLER LANSDEN DORTCH & DAVIS,
511 UNION STREET, SUITE 2700
NASHVILLE TN 37219

0.0 LBS LTR 1 OF 1

SHIP TO:
SOUND SHORE MEDICAL CENTER OF WESTC
GCG
5151 BLAZER PARKWAY, SUITE A
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR 1
TRACKING #: 1Z 3X7 355 01 9927 2815

BILLING: P/P

Reference: 009134
Client-Matter #: 010314-38495 CS 15.6.12. WS7TE90 45.0A 10/2013

GCG
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P: MBKM3 S: MBL I: 318
42C - 1022
1030
1Z9X7855010927 2815
WNL3M2 DHTP0211 DEC 17 08:18:40 2013
US 4324 / HIP 13.1.1 ZEBRAZSHP

01002650
SSM0202578390

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 17 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): ILISSE PERLMUTTER

☐ 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:

ILISSE PERLMUTTER
178 E. 80 STREET PH-F
NEW YORK, NY 10021

Telephone number:
Email Address:

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 2000

FILED - 00858
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.

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: Continuing medical education reimbursement
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: -8 4 9 0

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: $ 2000

**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: Lisse Pearlmutter, MD (Signature) 9/12/13 (Date)

Title: Attending Physician

Company: Mt Vernon Hospital

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

Telephone number: 917 846-9805 email: lissepearlmutter@aol.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. 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.

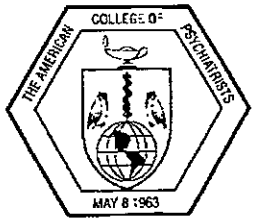
Acknowledgment of Filing of Claim
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim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

01002650
SSM0202578390

ILISSE PERLMUTTER
178 E. 80 STREET PH-F
NEW YORK, NY 10021



The American College of Psychiatrists

Certifies that the following individual:

Ilene R. Feldmann, MD

Participated in its Annual Meeting Program:

Culture and Neuroscience in Psychiatry

Held in Kaua'i, Hawai'i, February 20-24, 2013

The American College of Psychiatrists is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Psychiatrists designates this live educational activity for a maximum of 12 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Attested to by officials of the College and of this Program

Nateen N. Andrade, M.D.
President

David Baron, MSEd. DO
David A. Baron, D.O., M.S.Ed.
Chair, Committee on Education

Edmond H. Pi, MD
Edmond H. Pi, M.D.
Chair, Committee on Scientific Programs

Participant's Signature

I participated in this CME activity for 12 hours

Register Online at www.ACPsych.org

THE AMERICAN COLLEGE OF PSYCHIATRISTS

50th Annual Meeting Registration Form

Annual Meeting Dates: February 20 - 24, 2013
Grand Hyatt Kaua'i Resort & Spa, Kaua'i, Hawai'i

Contact Information:

Name *(as it should appear on badge)* LISSE PERLMUTTER Degree(s) M.D.

Address 178 E 50th St

Address Apt PH

City NYC State/Prov. NY Zip/Postal Code 10076

Country USA E-mail lisseperlmutter@aol.com

Phone Number 212-744-1019 Fax Number Cell Phone 917-846-9805

O New Contact Information (Please list this as my primary address in the Membership Directory)

Registrant Status:

● Member/Fellow O Non-Member Faculty Presenter O Honorary Fellow O Non-Member Guest
O Current Laughlin/PRITE Fellow O Former Laughlin/PRITE Fellow O Corporate Rep. O Awardee

Guest(s) Information:

Please use the following space to list any guests (i.e., spouse/partner or children) who will be attending Annual Meeting social or educational activities *(note there are extra registration fees associated with guests).*

Spouse/Partner

Child Child's Age

Child Child's Age

Registration Fees: *(Enter USD amounts below.) (Only refunds requested in writing by February 1, 2013, will be granted, less an $80 service fee.)*

Annual Meeting

$600	$600	Member or Fellow of The College
	$250	Spouse/ Partner
	$250	Child 18+ years-of-age
	$75	Child 6-18 years-of-age
	$600	Former Laughlin/PRITE Fellow (5+ years ago), Former Honorary Fellow
	$400	Former Laughlin/PRITE Fellows (1-5 years ago)
	$700	Non-Member Guest (includes invitees and industry representatives)
	$0	Non-Member Faculty Presenters, Awardees, and Current Laughlin/PRITE Fellows
	$100	LATE FEE Must be paid if registering after January 9, 2013.
$600	TOTAL	

Please complete page two of this form

Please complete page two of this form

Payment Information: ○ Please bill my credit card ● Check enclosed

Name (as it appears on credit card)

Address (if diff. than mailing address)

City State/Prov. Zip/Postal Code

V/MC No. Exp. mm/yy Validation No.*

(Amex not accepted) **three-digit number on back of card*

Social Functions: These functions are included in your registration fees. Please check each event you will attend, indicating how many are in your party.

- ● **Buffet Dinner:** Wednesday, February 20, 5:00 to 8:00 p.m. Number Attending 1
- ● **Luau:** Friday, February 22, 6:00 to 9:00 p.m. Number Attending 1
- ● **Annual Banquet and Dance:** Saturday, February 23, 6:00 to 10:00 p.m. Number Attending 1

Breakout Sessions: To help us select appropriately sized meeting rooms, please indicate which courses or interest groups you plan to attend by selecting one topic per time slot *(see program for complete descriptions of courses/interest groups)*. You may change your selections at a later date.

Thursday, February 21, 11:00 a.m. - 12:15 p.m. (choose one breakout session per day).

- ● Course I, Part I: DSM-5: An Update
- ○ Course II, Part I: Treating the LGBT Population
- ○ Course III, Part I: GME, the Next Accreditation System (NAS): Milestones of Competency
- ○ Interest Group 1: Cross-Cultural Psychiatry: Hispanic and Native American Populations
- ○ Interest Group 2: Psychiatric Care and Cross-Cultural Perspectives
- ○ Interest Group 3: Cultural Aspects in the Neurobiology of Stress and Trauma
- ○ Interest Group 4: Neurocognitive Function and Geriatrics
- ○ Interest Group 5: Cross-Cultural Aspects of Psychotherapy
- ○ Interest Group 6: Personality Disorders and Culture

Friday, February 22, 11:00 a.m. - 12:15 p.m. (choose one breakout session per day)

- ● Course I, Part II: DSM-5: An Update
- ○ Course II, Part II: Treating the LGBT Population
- ○ Course III, Part II: GME, the Next Accreditation System (NAS): Milestones of Competency
- ○ Interest Group 1: Cultural Issues and Diagnosis and Treatment of Autism Spectrum Disorders
- ○ Interest Group 2: Education and Career Development in Psychiatry
- ○ Interest Group 3: Cross-Cultural Psychiatry: Asian and African American Populations
- ○ Interest Group 4: Cross-Cultural Psychiatry: Women's Issues
- ○ Interest Group 5: Psychoneuroimmunology and HIV/AIDS
- ○ Interest Group 6: Psychopharmacology: Current Capability and Future Promise

ILISSE R. PERLMUTTER, M.D.
178 E. 80th ST., APT. PH-F
NEW YORK, NY 10021-0450

1-32/210 6090

EZShield™ Check Fraud Protection

10/5 2012

PAY TO THE ORDER OF The American College of Psychiatrists $ 600.00

Six hundred and 00/100 DOLLARS

Bank of America
1143 Lexington Ave.
New York City, NY 10021

FOR meeting Ilisse Perlmutter, MD

⑆021000322⑆ 007165404868⑈6090

122 S. Michigan Ave., Suite 1360 • Chicago, IL 60603
fax: 312.662.1025
fax: 312.662.1025

GRAND HYATT

Conference 2/20/13 - 2/24/13

$357.12 / night x 5 nights

$1785.60

Grand Hyatt Kauai Resort & Spa
1571 Poipu Road
Koloa, Hawaii, USA 96756
Tel: 808-742-1234
Fax: 808-742-1557
grandhyattkauai.com

INFORMATION INVOICE

Payee Dr Ilisse Perlmutter
178 E 80th St
New York NY 10021
United States

Room No.	1014
Arrival	02-15-13
Departure	02-24-13
Page No.	1 of 2
Folio Window	1
Folio No.	291784

Confirmation No. 1102622001
Group Name

Date		Description		Charges	Credits
02-15-13	*	# Deposit Transferred at C/I			678.24
02-16-13		- Seaview Espresso Breakfast Food	CHECK# 2799	4.00	
02-16-13	*	- Seaview Espresso Breakfast Gratuity	CHECK# 2799	0.50	
02-16-13	*	- Seaview Espresso Breakfast Tax	CHECK# 2799	0.17	
02-16-13	*	- Lamont's Gift Shop	CHECK# 8630	2.03	
02-16-13	*	Na Hoku	544455	150.00	
02-16-13		- In Room Dining Dinner Food	CHECK# 5161	24.00	
02-16-13	*	- IRD Dinner Delivery Charge	CHECK# 5161	4.00	
02-16-13	*	- IRD Dinner Service Charge	CHECK# 5161	4.56	
02-16-13	*	- In Room Dining Dinner Tax	CHECK# 5161	1.36	
02-17-13	*	- Lamont's Gift Shop	CHECK# 8751	8.75	
02-17-13	*	- Lamont's Gift Shop	CHECK# 8769	23.43	
02-18-13		- In Room Dining Dinner Food	CHECK# 5356	28.00	
02-18-13	*	- IRD Dinner Delivery Charge	CHECK# 5356	4.00	
02-18-13	*	- IRD Dinner Service Charge	CHECK# 5356	5.32	
02-18-13	*	- In Room Dining Dinner Tax	CHECK# 5356	1.55	
02-18-13	*	# Group Room		299.00	
02-18-13	*	# Accommodation Tax		27.66	
02-18-13	*	# Room General Excise Tax		12.46	
02-18-13	*	Resort Fee		18.00	
02-19-13	*	- Lamont's Gift Shop	CHECK# 8515	13.52	
02-19-13		- Tidepools Dinner Food	CHECK# 2124	40.00	
02-19-13	*	# - Tidepools Dinner Beverage	CHECK# 2124	14.00	
02-19-13	*	# - Tidepools Dinner Beverage	CHECK# 2124	12.00	
02-19-13	*	- Tidepools Dinner Gratuity	CHECK# 2124	12.00	
02-19-13		- Tidepools Dinner Tax	CHECK# 2124	2.75	
02-19-13	*	# Group Room		299.00	
02-19-13	*	# Accommodation Tax		27.66	
02-19-13	*	# Room General Excise Tax		12.46	
02-19-13	*	Resort Fee		18.00	
02-20-13		- Seaview Espresso Breakfast Food	CHECK# 3060	8.00	
02-20-13	*	- Seaview Espresso Breakfast Gratuity	CHECK# 3060	1.00	
02-20-13	*	- Seaview Espresso Breakfast Tax	CHECK# 3060	0.33	
02-20-13	*	# Group Room		299.00	
02-20-13	*	# Accommodation Tax		27.66	
02-20-13	*	# Room General Excise Tax		12.46	
02-20-13	*	Resort Fee		18.00	
02-21-13	*	# Group Room		299.00	
02-21-13	*	# Accommodation Tax		27.66	
02-21-13	*	# Room General Excise Tax		12.46	
02-21-13	*	Resort Fee		18.00	
02-22-13	*	# Group Room		299.00	
02-22-13	*	# Accommodation Tax		27.66	
02-22-13	*	# Room General Excise Tax		12.46	
02-22-13	*	Resort Fee		18.00	

GRAND HYATT

Grand Hyatt Kauai Resort & Spa
1571 Poipu Road
Koloa, Hawaii, USA 96756
Tel: 808-742-1234
Fax: 808-742-1557
grandhyattkauai.com

INFORMATION INVOICE

Payee Dr Ilisse Perlmutter
178 E 80th St
New York NY 10021
United States

Room No. 1014
Arrival 02-15-13
Departure 02-24-13
Page No. 2 of 2
Folio Window 1
Folio No. 291784

Confirmation No. 1102622001
Group Name

Date		Description		Charges	Credits
02-23-13	*	Na Hoku	544417	-150.00	
02-23-13	*	# Group Room		299.00	
02-23-13	*	# Accommodation Tax		27.66	
02-23-13	*	# Room General Excise Tax		12.46	
02-23-13	*	Resort Fee		18.00	
02-24-13	*	# American Express	XXXXXXXXXXXX2007 XX/XX		1,679.75
02-24-13	*	- Expedia	CHECK# 654	15.00	
02-24-13	*	Guest Credit - RO	111	-30.00	
02-24-13	*	# American Express	XXXXXXXXXXXX2007 XX/XX		-15.00
		Total		2,342.99	2,342.99
		Balance		0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

Membership Number G30585282R
Bonus Code(s)
Qualifying Night(s) 0
Eligible Spend 104.00
Redemption Eligible 297.27

* Not Point Earning Eligible
\# Not Point Redemption Eligible
^ May Contain Ineligible Inclusions

Mahalo for staying with us at the Grand Hyatt Kauai Resort & Spa

We hope you had a memorable stay and will return to visit us again soon. We appreciate any feedback on the resort. Please email me at qualitykauai@hyatt.com and I will respond as quick as possible.

Warmest Aloha, Doug Sears - General Manager

If you are interested in our Anara Spa product line, please visit us online at www.anaraspa.com

For inquiries concerning your bill please call 888-472-2870
Or email NA.CustomerService@Hyatt.com

Please remit payment to:
Grand Hyatt Kauai Resort and Spa
MC 61226
PO Box 1300
Honolulu, HI 96807

Member Since 2010 Card numbers ending in: 9640 and 83827
Billing Period:

www.citicards.com
1-888-766-2484
BOX 6062 SIOUX FALLS, SD 57117

Account Summary

Previous balance	$4,178.42
Payments	-$600.00
Credits	-$0.00
Purchases	+$1,304.14
Cash advances	+$0.00
Fees	+$0.00
Interest	+$58.93
New balance	**$4,941.49**

Credit Limit

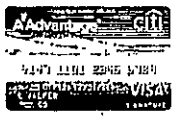
Revolving Credit limit	$12,000
Includes $3,600 cash advance limit	
Available Revolving credit	$7,058
Includes $3,600 available for cash advance	

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to $35 and your APRs may be increased up to the variable Penalty APR of 29.99%.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on the statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 year(s)	$10,511
$171	3 year(s)	$6,187 (Savings=$4,324)

For information about credit counseling services, call 1-877-337-8187.
New York residents may contact the New York State Banking Department to obtain a comparative listing of credit card rates, fees and grace periods by calling 1-877-226-5697.



AAdvantage® Miles Reported to American Airlines:

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Pay by phone 1-888-766-2484

Pay by mail Use this coupon

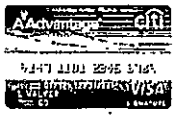
- Enclose a valid check or money order payable to CITI CARDS. No cash or foreign currency.
- Write the last four digits of your account number on your check.

Card numbers ending in 9640 and 83827

MISSER PERLMUTTER
178 E 80TH ST
PHE
NEW YORK NY 10075-0453

CITI CARDS
PO Box 183113
Columbus OH 43218-3113

1-888-766-2484



Account Summary

Trans. Date	Post Date	Description	Amount
	10/12	CLICK-TO-PAY PAYMENT, THANK YOU	-$600.00

Fees charged

Total fees charged in this billing period	**$0.00**

Interest charged

Date	Description	Amount
10/18	INTEREST CHARGED TO STANDARD PURCH	$58.93
Total interest charged in this billing period		**$58.93**

2012 totals year-to-date

Total fees charged in 2012	**$0.00**
Total interest charged in 2012	**$414.74**

Transactions for Card ending in 9640

Trans. Date	Post. Date	Description	Amount
09/27	09/27	AMERICAN COLLEGE OF PS 312-662-1020 IL	$420.00
09/28	09/28	WP PARKING DEPARTMENT 9144221232 NY	$2.25
10/03	10/03	AMERICAN AI 0012314353374DALLAS ,TX	$878.89
10/09	10/09	NYC DOT METERED PARKIN LONG ISLAND CNY	$3.00

Interest charge calculation

Days in billing cycle:**29**

Your **Annual Percentage Rate (APR)** is the annual interest rate on your account.

Balance type	Annual percentage rate (APR)	Balance subject to interest rate	Interest charge
PURCHASES			
Standard Purch	15.24%(V)	$4,867.05 (D)	$58.93
ADVANCES			
Standard Adv	25.24%(V)	$0.00 (D)	$0.00

Your Annual Percentage Rate (APR) is the annual interest rate on your account. APRs followed by (V) vary with the market based on the Prime Rate. Balances followed by (D) are determined by the daily balance method (including current transactions).

Account Messages

Remember, you MUST PAY IN FULL any charges over your revolving credit limit by your statement's Payment Due Date.

You may pay all or part of your account balance at any time. However, you must pay, by the payment due date, at least the minimum payment due.

For customers who qualify for benefits for the same transaction under Citi Price Rewind, Internet Price Protection and Price Protection coverages, or any combination of those coverages, the Company will only pay under the coverage providing the highest benefit and no benefits will be due under the other coverages.

AAdvantage® Miles Reported to American Airlines:

Purchase Miles	1,304
Bonus Miles	+ 879
Accumulated This Month	**2,183**

American Airlines reserves the right to change the AAdvantage® program and its terms and conditions at any time without notice, and to end the AAdvantage® program with six months notice. Any such changes may affect your ability to use the awards or mileage credits that you have accumulated. Unless specified, AAdvantage miles earned through this promotion/offer do not count toward elite-status qualification or Million Miler SM status. American Airlines is not responsible for products or services offered by other participating companies. For complete details about the AAdvantage program, visit www.aa.com/aadvantage

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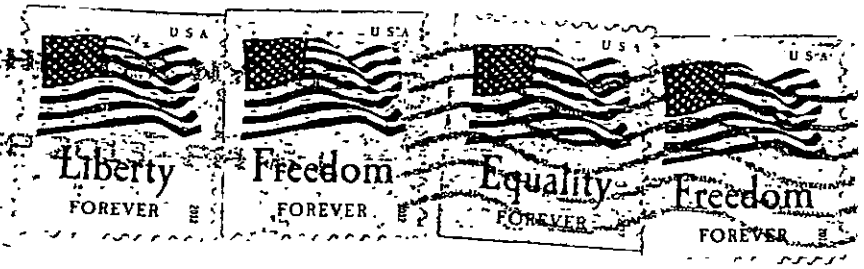
Ilisse R. Perlmutter, M.D.
178 East 80th St., Apt. PH-F
New York, N.Y. 10075

WESTCH
13 SEP



SOUND SHORE MEDICAL OF WESTCHESTER, et al.
c/o GCG, Inc.
P.O. Box 9982
DUBLIN, OHIO
43017-5982

43017 35982

U.S. Bankruptcy Court Southern District of NY	PROOF OF CLAIM
In re (Name of Debtor) Sound Shore Medical Center of Westchester	Case Number 13-22840-RDD Chapter 11

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503.

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor
(The Person or other entity to whom the debtor owes money or property)
Pitney Bowes Global Financial Services LLC

Name and Address Where Notices Should be Sent
Pitney Bowes Inc.
Attn: Recovery Dept.
27 Waterview Drive
Shelton, CT 06484-4361

□ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
□ Check box if you have never received any notices from the bankruptcy court in this case.
□ Check box if the address differs from the address on the envelope sent to you by the court.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
4515672-006

Check here if this claim □replaces a previously filed claim
□ amends claim dated

1. BASIS FOR CLAIM
- □ Goods sold
- □ Services performed
- □ Money loaned
- □ Personal injury/wrongful death
- □ Taxes
- ■ Other (Describe briefly)

Lease(s)

- □ Retiree benefits as defined in 11 U.S.C. § 1114(a)
- □ Wages, salaries, and compensation (Fill out below)
  Your social security number _____
  Unpaid compensation for services performed
  From _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED
10/10/2009

3. IF COURT JUDGMENT, DATE OBTAINED

3. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

4. □ SECURED CLAIM $
Attach evidence of perfection of security interest
Brief Description of Collateral:
□ Real Estate □ Motor Vehicle □ Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any

■ UNSECURED NONPRIORITY CLAIM $1,443.58
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

□ UNSECURED PRIORITY CLAIM $
□ Arrears

Specify the priority of the claim.
- □ Wages, salaries, or commissions (up to $4000),*earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. § 507 (a)(3)
- □ Contributions to an employee benefit plan–11 U.S.C. §507 (a)(4)
- □ Up to $1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507 (a)(6)
- □ Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. §507 (a)(7)
- □ Taxes or penalties of 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:	Secured Claim	Unsecured Non Priority	Unsecured Priority	
		$1,443.58		$1,443.58 (Total)

□ Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS. The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING 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. If the documents are not available, explain. If the documents are voluminous, attach a summary..
8. TIME STAMPED COPY. To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

THE GARDEN CITY GROUP, INC.
DEC 16 2013

Date	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
12/11/13	Eva Milanowski, Bankruptcy Adminstrator

***If legal or collection fees are incurred, they may be added to this total.**

FILED - 01061
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Pitney Bowes

Bankruptcy Department

REJECTION DAMAGES CLAIM

DATE December 11, 2013

STATEMENT OF ACCOUNT

LEASE NO. 4515672

SCHEDULE NO. 006

CUSTOMER NAME NRHMC Services Corp

*PAYMENT NOT RECEIVED	1	PAYMENTS @	$370.64
	2		$171.00

PLUS ESTIMATED RESALE VALUE OF EQUIPMENT AFTER EXPENSES TO COVER RECOVERING, REFURBISHING AND REMARKETING $730.94

(INCLUDES SALES TAX WHERE APPLICABLE)

LATE CHARGE – 0 –

TOTAL CLAIM $1,443.58

INVOICE DATE	AMOUNT	PERIOD COVERING
9/23/13	$370.64	10/10/13 – 1/10/14
12/23/13 – 3/23/14	$342.00	1/10/14 – 7/10/14

PREPARED BY: Eva Milanowski

Eva Milanowski, Bankruptcy Administrator

Pitney Bowes

Pitney Bowes Inc
27 Waterview Drive
Shelton, CT 06484
1-800-243-9506 x4582
Fax: (203) 617-6307
E-mail: Eva.Milanowski@pb.com

December 11, 2013

Burton S Weston, Esq
Garfunkel Wild PC
111 Great Neck Rd
Great Neck, NY 11021

RE: Sound Shore Medical Center of Westchester
Pitney Bowes Global Financial Services LLC Lease #4515672-006

Dear Burton S Weston, Esq:

Pitney Bowes Global Financial Services LLC is a creditor with an unsecured claim of Lease payments in the above referenced bankruptcy proceeding.

Would you please advise us at your earliest convenience, of intended treatment of our claim? If treatment is unknown at this time, could you advise us of expected time frame in which this should be determined?

Your prompt response would be greatly appreciated.

Very truly yours,

Eva Milanowski
Bankruptcy Administrator

Pitney Bowes

Pitney Bowes Inc
27 Waterview Drive
Shelton, CT 06484
1-800-243-9506 x4582
Fax: (203) 617-6307
E-mail: Eva.Milanowski@pb.com

December 11, 2013

NRHMC Services Corp
16 Guion Pl
New Rochelle, NY 10801

RE: Sound Shore Medical Center of Westchester 13-22840-RDD
Pitney Bowes Global Financial Services LLC Lease# 4515672-006

Dear NRHMC Services Corp:

Pitney Bowes Global Financial Services LLC is a creditor with an unsecured claim of Lease payments in the above referenced bankruptcy proceeding.

Would you please advise us at your earliest convenience, of intended treatment of our claim? If treatment is unknown at this time, could you advise us of expected time frame in which this should be determined?

Your prompt response would be greatly appreciated.

Very truly yours,

Eva Milanowski

Eva Milanowski
Bankruptcy Administrator

FIRST•CLASS FIRST•CLASS FIRST•CLASS FIRST•CLASS FIRST•CLASS

Pitney Bowes

27 Waterview Dr.
Shelton, CT 06484

UNITED STATES POSTAGE PITNEY BOWES
02 1M $ 01.12⁰
0004254664 DEC 11 2013
MAILED FROM ZIP CODE 06926

First Class Mail

Sound Shore Medical Center of Westchester
c/o GRG Inc.
PO Box 9982
Dublin, OH 43017 – 3982

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. SEP 21 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): HARVEY LANE PORCELAIN

Name and address where notices should be sent:
PO Box 630279
Little Neck NY 11363

Telephone number: 718 224 1099
Email Address: HARVEY LANE@YAHOO.COM

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

Court Claim Number: _____ *(If known)*

Filed on: _____

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

Telephone number:
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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $1440.00

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 - 08886
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. **Basis for Claim:** SERVICES RENDERED & BOUNCED CHECKS @ Insufficient funds as an interchange
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** ~~8 0 4 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.**

☐ 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: $ 1440.00

**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: HARVEY LANE PORCELAIN _____ 9/10/13

Title: _____ (Signature) (Date)

Company: _____

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.

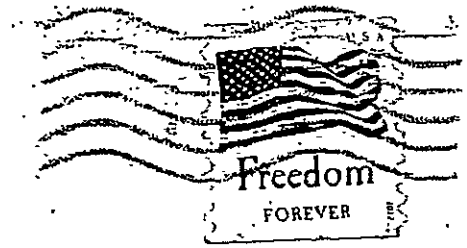
Acknowledgment of Filing of Claim
To receive a date-stamped copy of your proof of claim form, please provide a self-addressed stamped envelope and a copy of your proof of claim form when you submit the original to GCG. You will also receive an acknowledgment letter from GCG after your proof of claim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

Harvey Lane Porcelain
PO Box 630279
Little Neck, NY 11363

NEW YORK NY 100
16 SEP 2013 PM 10 L



Sound Shore Medical Center of Westchester
% GCG, Inc.
PO BOx 9982
Dublin, OH 43017-5982

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H Corporation	13-22843
☐ Sound Shore Health System, Inc	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. JAN 27 2014

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): Preferred Business

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

Name and address where notices should be sent:
Preferred Business
Dennis Kiernan
530 Saw Mill River Road
Elmsford NY 10523
Telephone number 914.332.7600
Email Address: DennisK@preferredbusiness.net

Court Claim Number: _____ *(If known)*

Filed on: _____

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

FILED - 61237
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

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** 2718.25

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:** M T V H

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 (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: Dennis Kiernan

Title: President

Company: Preferred Business

(Signature) (Date) 1/24/14

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

530 Saw Mill River Rd
Elmsford NY 10523

Telephone number: 914.332.7600 email: DennisK@preferredbusiness.net

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.

Modified B10 (GCG) (04/13)

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(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.

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
01/24/14	3

BILL TO: The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84336	05/20/13	MV25864	74595	710.50	0.00	710.50	06/03/13*
ACCUMULATED FINANCE CHARGE				88.46		88.46	
84352	05/22/13	MV25827	74486	305.17	0.00	305.17	06/05/13*
ACCUMULATED FINANCE CHARGE				37.69		37.69	
84353	05/22/13	MV25840	74499	88.44	0.00	88.44	06/05/13*
ACCUMULATED FINANCE CHARGE				10.92		10.92	
84371	05/24/13	MV25762	74323	803.61	0.00	803.61	06/07/13*
ACCUMULATED FINANCE CHARGE				98.44		98.44	
85921	10/03/13	MV27347	75917	341.24	0.00	341.24	10/17/13*
ACCUMULATED FINANCE CHARGE				19.28		19.28	
85930	10/04/13	MV26353	75928	195.06	0.00	195.06	10/18/13*
ACCUMULATED FINANCE CHARGE				10.92		10.92	
86065	10/18/13	MV26362	75956	361.69	0.00	361.69	11/01/13*
ACCUMULATED FINANCE CHARGE				17.72		17.72	
86104	10/24/13	MV26481	76231	185.00	0.00	185.00	11/07/13*
ACCUMULATED FINANCE CHARGE				8.51		8.51	
86134	10/31/13	MV26393	75994	81.87	0.00	81.87	11/14/13*
ACCUMULATED FINANCE CHARGE				3.48		3.48	
86135	10/31/13	MV26439	76128	100.56	0.00	100.56	11/14/13*
ACCUMULATED FINANCE CHARGE				4.27		4.27	

TOTALS:

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STATEMENT

Date	Page
01/24/14	4

BILL TO: The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
86136	10/31/13	MV26437	76124 ✓	40.10	0.00	40.10	11/14/13*
ACCUMULATED FINANCE CHARGE				1.70		1.70	
86142	11/01/13	MV26414	76066 ✓	92.62	0.00	92.62	11/15/13*
ACCUMULATED FINANCE CHARGE				3.89		3.89	
86144	11/01/13	MV26413	76044 ✓	259.01	0.00	259.01	11/15/13*
ACCUMULATED FINANCE CHARGE				10.88		10.88	
86302	11/15/13	MV26090	75425 ✓	831.60	0.00	831.60	11/29/13*
ACCUMULATED FINANCE CHARGE				29.11		29.11	
86797	10/23/13	MV26478	76218 ✓	114.42	0.00	114.42	11/06/13*
ACCUMULATED FINANCE CHARGE				5.32		5.32	

Total w/Interest 2718.25

TOTALS: ~~9541.22~~ ~~0.00~~ ~~9541.22~~

INTEREST

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STATEMENT

Date	Page
01/24/14	3

BILL TO: The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84336	05/20/13	MV25864	74595	710.50	0.00	710.50	06/03/13*
ACCUMULATED FINANCE CHARGE				88.46		88.46	
84352	05/22/13	MV25827	74486	305.17	0.00	305.17	06/05/13*
ACCUMULATED FINANCE CHARGE				37.69		37.69	
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84371	05/24/13	MV25762	74323	803.61	0.00	803.61	06/07/13*
ACCUMULATED FINANCE CHARGE				98.44		98.44	
85921	10/03/13	MV27347	75917	341.24	0.00	341.24	10/17/13*
ACCUMULATED FINANCE CHARGE				19.28		19.28	
85930	10/04/13	MV26353	75928	195.06	0.00	195.06	10/18/13*
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ACCUMULATED FINANCE CHARGE				17.72		17.72	
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ACCUMULATED FINANCE CHARGE				8.51		8.51	
86134	10/31/13	MV26393	75994	81.87	0.00	81.87	11/14/13*
ACCUMULATED FINANCE CHARGE				3.48		3.48	
86135	10/31/13	MV26439	76128	100.56	0.00	100.56	11/14/13*
ACCUMULATED FINANCE CHARGE				4.27		4.27	

TOTALS:

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STATEMENT

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Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
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ACCUMULATED FINANCE CHARGE				10.88		10.88	
86302	11/15/13	MV26090	75425	831.60	0.00	831.60	11/29/13*
ACCUMULATED FINANCE CHARGE				29.11		29.11	
86797	10/23/13	MV26478	76218	114.42	0.00	114.42	11/06/13*
ACCUMULATED FINANCE CHARGE				5.32		5.32	

Total Interest 115.08

TOTALS:	~~9541.22~~	0.00	~~9541.22~~

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INVOICE

Date	10/03/13
Number	85921
Your P.O.	MV27347
Ship Date	09/24/13 75917
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: The Mount Vernon Hospital
MTVH
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
24	EA	SAM17660	Top Performance DXL Locking D-Ring Binder With Label Holde Top Performance DXL Locking D-Ring Binder With Label Holder, 2" Capacity, Black	13.25	318.00

DELIVERED TO: The Mount Vernon Hospital
MTVH
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	318.00
TAX	0.00
SHIPPING	23.24
TOTAL DUE	341.24

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/04/13
Number	85930
Your P.O.	MV26353
Ship Date	09/24/13 75928
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	SS FBMC	Folder-Blank, Manila, w/clip position 5 (bonded fasterner)	0.00	0.00
1	ST	SSLA09S	Label, Ames numeric 0-9, set	181.50	181.50

DELIVERED TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	181.50
TAX	0.00
SHIPPING	13.56
TOTAL DUE	195.06

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/18/13
Number	86065
Your P.O.	MV26362
Ship Date	09/28/13 75956
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
4	RL	LBLFLU1314YBU	Label, Flu 2013-2014, Ylw/Blue	85.20	340.80

DELIVERED TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	340.80
TAX	0.00
SHIPPING	20.89
TOTAL DUE	361.69

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/24/13
Number	86104
Your P.O.	MV26481
Ship Date	10/23/13 76231
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
2	EA	TONER	Toner HP05A	92.50	185.00

DELIVERED TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	185.00
TAX	0.00
SHIPPING	0.00
TOTAL DUE	185.00

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86134
Your P.O.	MV26393
Ship Date	10/03/13 75994
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
3	EA	AAG7095020	Recycled Weekly Appointment Book, Navy, 8 1/4" x 10 7/8", Recycled Weekly Appointment Book, Navy, 8 1/4" x 10 7/8", 2014-2015	21.99	65.97

DELIVERED TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	65.97
TAX	0.00
SHIPPING	15.90
TOTAL DUE	81.87

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86135
Your P.O.	MV26439
Ship Date	10/14/13 76128
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
25	EA	ESS12911	Pressboard Report Cover, 2 Prong Fastener, Letter, 3" Cap Pressboard Report Cover, 2 Prong Fastener, Letter, 3" Capacity, Executive Red	3.56	89.00

DELIVERED TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	89.00
TAX	0.00
SHIPPING	11.56
TOTAL DUE	100.56

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86136
Your P.O.	MV26437
Ship Date	10/14/13 76124
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	AAG760605	QuickNotes Recycled Monthly Planner, Jan.-Dec., Black, 8 1 QuickNotes Recycled Monthly Planner, Jan.-Dec., Black, 8 1/4" x 10 7/8", 2014	24.69	24.69

DELIVERED TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	24.69
TAX	0.00
SHIPPING	15.41
TOTAL DUE	40.10

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	11/01/13
Number	86142
Your P.O.	MV26414
Ship Date	10/08/13 76066
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: The Mount Vernon Hospital
MTVH
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
3	BX	UNV36003	Peel Seal Strip Business Envelope, #10, White, 500/Box Peel Seal Strip Business Envelope, #10, White, 500/Box	24.99	74.97
1	BX	UNV72210BX	Paper Clips, Smooth Finish, No. 1, Silver, 100/Box Paper Clips, Smooth Finish, No. 1, Silver, 100/Box	0.40	0.40

DELIVERED TO: The Mount Vernon Hospital
MTVH
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	75.37
TAX	0.00
SHIPPING	17.25
TOTAL DUE	92.62

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	11/01/13
Number	86144
Your P.O.	MV26413
Ship Date	10/07/13 76044
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
2	CT	UNV95221	Lift-Off Lid File Storage Box, Legal, Fiberboard, White, Lift-Off Lid File Storage Box, Legal, Fiberboard, White, 12/Carton	74.99	149.98
1	CT	UNV95220	Lift-Off Lid File Storage Box, Letter, Fiberboard, White Lift-Off Lid File Storage Box, Letter, Fiberboard, White, 12/Carton	54.99	54.99

DELIVERED TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	204.97
TAX	0.00
SHIPPING	54.04
TOTAL DUE	259.01

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	11/15/13
Number	86302
Your P.O.	MV26090
Ship Date	08/15/13 75425
Carrier	FedEx
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
22	Pk	MVH RB	Req for Blood/Blood Components	37.80	831.60

DELIVERED TO: MTVH
The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	831.60
TAX	0.00
SHIPPING	0.00
TOTAL DUE	831.60

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/23/13
Number	86797
Your P.O.	MV26478
Ship Date	10/23/13 76218
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Accounts Payable
Mount Vernon NY 10550

Quantity	Unit	Item	Description	Unit Price	Extension
1	CS	SHRINK	Shrink/Stretch Wrapping	114.42	114.42

DELIVERED TO:
MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	114.42
TAX	0.00
SHIPPING	0.00
TOTAL DUE	114.42

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

CHERYL GARDINIER
914-332-7600
PREFERRED BUSINESS INC.
530 SAWMILL RIVER RD
ELMSFORD NY 10523

2.0 LBS LTR 1 OF 1

SHIP TO:
C/O GCG, INC.
SOUND SHORE MEDICAL CENTER
SUITE A
5151 BLAZER PARKWAY
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR **1**
TRACKING #: 1Z T66 5T4 01 9141 4429

BILLING: P/P

US 16.0.38. WNTIE100 48.0A 01/2014 TM

SOUND SHORE MEDICAL CENTER
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P:MBKM3 S:MBL I:318
42C-1022
1ZT665T4019141 4429 1030
SAT08485 Jan 27 04:38:14 2014
US 4324 HIPPS 13.1.1 SAT08485sL

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. JAN 27 2014

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 of Creditor (the person or other entity to whom the Debtor owes money or property): Preferred Business

☐ 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:
Dennis Kiernan
Preferred Business
530 Saw Mill River Rd
Elmsford NY 10523

Telephone number: 914.332.7600
Email Address: DennisK@preferredbusiness.net

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

FILED - 01236
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): $ 21897.46

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: O U N D

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. (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: Dennis Kiernan
Title: President
Company: Preferred Business

(Signature) Dennis Kiernan (Date) 1/24/14

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(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.

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
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STATEMENT

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BILL TO: Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84329	05/20/13	NR176963	74589	387.60	0.00	387.60	06/03/13*
ACCUMULATED FINANCE CHARGE				48.26		48.26	
84331	05/20/13	NR176965	74591	80.79	0.00	80.79	06/03/13*
ACCUMULATED FINANCE CHARGE				10.06		10.06	
84332	05/20/13	NR176967	74592	252.30	0.00	252.30	06/03/13*
ACCUMULATED FINANCE CHARGE				31.41		31.41	
84333	05/20/13	NR176975	74593	104.50	0.00	104.50	06/03/13*
ACCUMULATED FINANCE CHARGE				13.01		13.01	
84349	05/22/13	NR176751	74470	53.23	0.00	53.23	06/05/13*
ACCUMULATED FINANCE CHARGE				6.57		6.57	
84350	05/22/13	NR176753	74469	97.85	0.00	97.85	06/05/13*
ACCUMULATED FINANCE CHARGE				12.08		12.08	
84351	05/22/13	NR176752	74471	82.24	0.00	82.24	06/05/13*
ACCUMULATED FINANCE CHARGE				10.16		10.16	
84354	05/22/13	NR176849	74498	873.49	0.00	873.49	06/05/13*
ACCUMULATED FINANCE CHARGE				107.88		107.88	
84359	05/23/13	NR177143	74693	80.00	0.00	80.00	06/06/13*
ACCUMULATED FINANCE CHARGE				9.84		9.84	
84379	06/03/13	NR177057	74658	79.90	0.00	79.90	06/17/13*
ACCUMULATED FINANCE CHARGE				9.39		9.39	

TOTALS:

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16 Guion Place
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Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
85629	09/06/13	NR178848	75765-1	1592.00	0.00	1592.00	09/20/13*
ACCUMULATED FINANCE CHARGE				111.44		111.44	
85641	09/06/13	NR178775	75756	396.10	0.00	396.10	09/20/13*
ACCUMULATED FINANCE CHARGE				27.73		27.73	
85680	09/12/13	NR178975	75841	720.00	0.00	720.00	09/26/13*
ACCUMULATED FINANCE CHARGE				48.24		48.24	
85780	09/19/13	NR179500	75901	569.52	0.00	569.52	10/03/13*
ACCUMULATED FINANCE CHARGE				36.16		36.16	
85859	09/27/13	NR179170	75959	600.00	0.00	600.00	10/11/13*
ACCUMULATED FINANCE CHARGE				35.70		35.70	
85889	10/01/13	NR168725	75862	5070.00	0.00	5070.00	10/15/13*
ACCUMULATED FINANCE CHARGE				291.53		291.53	
85936	10/04/13	NR178386	75479BO	783.10	0.00	783.10	10/18/13*
ACCUMULATED FINANCE CHARGE				43.85		43.85	
85974	10/09/13	NR179086	75918	66.37	0.00	66.37	10/23/13*
ACCUMULATED FINANCE CHARGE				3.55		3.55	
86077	10/18/13	NR179426	76163	193.03	0.00	193.03	11/01/13*
ACCUMULATED FINANCE CHARGE				9.46		9.46	
86081	10/18/13	NR179427	76167	31.98	0.00	31.98	11/01/13*
ACCUMULATED FINANCE CHARGE				1.57		1.57	

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86083	10/18/13	NR179428	76169	20.16	0.00	20.16	11/01/13*
ACCUMULATED FINANCE CHARGE				0.99		0.99	
86085	10/18/13	NR179434	76171	23.49	0.00	23.49	11/01/13*
ACCUMULATED FINANCE CHARGE				1.15		1.15	
86086	10/18/13	NR179429	76172	68.58	0.00	68.58	11/01/13*
ACCUMULATED FINANCE CHARGE				3.36		3.36	
86109	10/25/13	NR179512	76239	68.76	0.00	68.76	11/08/13*
ACCUMULATED FINANCE CHARGE				3.13		3.13	
86110	10/25/13	NR179513	76240	106.94	0.00	106.94	11/08/13*
ACCUMULATED FINANCE CHARGE				4.87		4.87	
86111	10/25/13	NR179515	76241	72.65	0.00	72.65	11/08/13*
ACCUMULATED FINANCE CHARGE				3.31		3.31	
86112	10/25/13	NR179514	76242	58.51	0.00	58.51	11/08/13*
ACCUMULATED FINANCE CHARGE				2.66		2.66	
86114	10/25/13	NR179583	76314	23.46	0.00	23.46	11/08/13*
ACCUMULATED FINANCE CHARGE				1.07		1.07	
86115	10/25/13	NR179582	76315	23.16	0.00	23.16	11/08/13*
ACCUMULATED FINANCE CHARGE				1.05		1.05	
86116	10/25/13	NR179581	76316	39.67	0.00	39.67	11/08/13*
ACCUMULATED FINANCE CHARGE				1.80		1.80	

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86117	10/25/13	NR179580	76317	36.84	0.00	36.84	11/08/13*
ACCUMULATED FINANCE CHARGE				1.68		1.68	
86118	10/25/13	NR179579	76318	123.38	0.00	123.38	11/08/13*
ACCUMULATED FINANCE CHARGE				5.61		5.61	
86124	10/31/13	NR179642	76394	34.00	0.00	34.00	11/14/13*
ACCUMULATED FINANCE CHARGE				1.45		1.45	
86125	10/31/13	NR179282	76028	77.09	0.00	77.09	11/14/13*
ACCUMULATED FINANCE CHARGE				3.28		3.28	
86126	10/31/13	NR179269	76026	3420.46	0.00	3420.46	11/14/13*
ACCUMULATED FINANCE CHARGE				145.37		145.37	
86127	10/31/13	NR179266	76024	3320.75	0.00	3320.75	11/14/13*
ACCUMULATED FINANCE CHARGE				141.13		141.13	
86128	10/31/13	NR179264	75991	72.11	0.00	72.11	11/14/13*
ACCUMULATED FINANCE CHARGE				3.06		3.06	
86130	10/31/13	NR179268	75995	80.59	0.00	80.59	11/14/13*
ACCUMULATED FINANCE CHARGE				3.43		3.43	
86131	10/31/13	NR179263	75989	56.80	0.00	56.80	11/14/13*
ACCUMULATED FINANCE CHARGE				2.41		2.41	
86132	10/31/13	NR179262	75988-1	122.35	0.00	122.35	11/14/13*
ACCUMULATED FINANCE CHARGE				5.20		5.20	

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Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
86133	10/31/13	NR179235	75986	85.39	0.00	85.39	11/14/13*
ACCUMULATED FINANCE CHARGE				3.63		3.63	
86137	11/01/13	NR179649	76413	1340.00	0.00	1340.00	11/15/13*
ACCUMULATED FINANCE CHARGE				56.28		56.28	
86199	11/05/13	NR179349	76081	204.97	0.00	204.97	11/19/13*
ACCUMULATED FINANCE CHARGE				8.20		8.20	
86238	10/23/13	NR179551	76229	230.89	0.00	230.89	11/06/13*
ACCUMULATED FINANCE CHARGE				10.74		10.74	
86258	10/21/13	NR179498	76192	590.06	0.00	590.06	11/04/13*
ACCUMULATED FINANCE CHARGE				28.03		28.03	
86260	10/21/13	NR179499	76193	164.13	0.00	164.13	11/04/13*
ACCUMULATED FINANCE CHARGE				7.80		7.80	
86987	10/31/13	NR179639	76392	51.99	0.00	51.99	11/14/13*
ACCUMULATED FINANCE CHARGE				2.21		2.21	
87012	09/26/13	NR179089	75929	195.06	0.00	195.06	10/10/13*
ACCUMULATED FINANCE CHARGE				11.70		11.70	

TOTAL with interest $21897.46

TOTALS: ~~128965.25~~ ~~252.50~~ ~~128712.75~~

INTEREST

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Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84329	05/20/13	NR176963	74589	387.60	0.00	387.60	06/03/13*
ACCUMULATED FINANCE CHARGE				48.26		48.26	
84331	05/20/13	NR176965	74591	80.79	0.00	80.79	06/03/13*
ACCUMULATED FINANCE CHARGE				10.06		10.06	
84332	05/20/13	NR176967	74592	252.30	0.00	252.30	06/03/13*
ACCUMULATED FINANCE CHARGE				31.41		31.41	
84333	05/20/13	NR176975	74593	104.50	0.00	104.50	06/03/13*
ACCUMULATED FINANCE CHARGE				13.01		13.01	
84349	05/22/13	NR176751	74470	53.23	0.00	53.23	06/05/13*
ACCUMULATED FINANCE CHARGE				6.57		6.57	
84350	05/22/13	NR176753	74469	97.85	0.00	97.85	06/05/13*
ACCUMULATED FINANCE CHARGE				12.08		12.08	
84351	05/22/13	NR176752	74471	82.24	0.00	82.24	06/05/13*
ACCUMULATED FINANCE CHARGE				10.16		10.16	
84354	05/22/13	NR176849	74498	873.49	0.00	873.49	06/05/13*
ACCUMULATED FINANCE CHARGE				107.88		107.88	
84359	05/23/13	NR177143	74693	80.00	0.00	80.00	06/06/13*
ACCUMULATED FINANCE CHARGE				9.84		9.84	
84379	06/03/13	NR177057	74658	79.90	0.00	79.90	06/17/13*
ACCUMULATED FINANCE CHARGE				9.39		9.39	

TOTALS:

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
01/24/14	24

BILL TO: Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
85629	09/06/13	NR178848	75765-1	1592.00	0.00	1592.00	09/20/13*
ACCUMULATED FINANCE CHARGE				111.44		111.44	
85641	09/06/13	NR178775	75756	396.10	0.00	396.10	09/20/13*
ACCUMULATED FINANCE CHARGE				27.73		27.73	
85680	09/12/13	NR178975	75841	720.00	0.00	720.00	09/26/13*
ACCUMULATED FINANCE CHARGE				48.24		48.24	
85780	09/19/13	NR179500	75901	569.52	0.00	569.52	10/03/13*
ACCUMULATED FINANCE CHARGE				36.16		36.16	
85859	09/27/13	NR179170	75959	600.00	0.00	600.00	10/11/13*
ACCUMULATED FINANCE CHARGE				35.70		35.70	
85889	10/01/13	NR168725	75862	5070.00	0.00	5070.00	10/15/13*
ACCUMULATED FINANCE CHARGE				291.53		291.53	
85936	10/04/13	NR178386	75479BO	783.10	0.00	783.10	10/18/13*
ACCUMULATED FINANCE CHARGE				43.85		43.85	
85974	10/09/13	NR179086	75918	66.37	0.00	66.37	10/23/13*
ACCUMULATED FINANCE CHARGE				3.55		3.55	
86077	10/18/13	NR179426	76163	193.03	0.00	193.03	11/01/13*
ACCUMULATED FINANCE CHARGE				9.46		9.46	
86081	10/18/13	NR179427	76167	31.98	0.00	31.98	11/01/13*
ACCUMULATED FINANCE CHARGE				1.57		1.57	

TOTALS:

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
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STATEMENT

Date	Page
01/24/14	25

BILL TO: Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
86083	10/18/13	NR179428	76169	20.16	0.00	20.16	11/01/13*
ACCUMULATED FINANCE CHARGE				0.99		0.99	
86085	10/18/13	NR179434	76171	23.49	0.00	23.49	11/01/13*
ACCUMULATED FINANCE CHARGE				1.15		1.15	
86086	10/18/13	NR179429	76172	68.58	0.00	68.58	11/01/13*
ACCUMULATED FINANCE CHARGE				3.36		3.36	
86109	10/25/13	NR179512	76239	68.76	0.00	68.76	11/08/13*
ACCUMULATED FINANCE CHARGE				3.13		3.13	
86110	10/25/13	NR179513	76240	106.94	0.00	106.94	11/08/13*
ACCUMULATED FINANCE CHARGE				4.87		4.87	
86111	10/25/13	NR179515	76241	72.65	0.00	72.65	11/08/13*
ACCUMULATED FINANCE CHARGE				3.31		3.31	
86112	10/25/13	NR179514	76242	58.51	0.00	58.51	11/08/13*
ACCUMULATED FINANCE CHARGE				2.66		2.66	
86114	10/25/13	NR179583	76314	23.46	0.00	23.46	11/08/13*
ACCUMULATED FINANCE CHARGE				1.07		1.07	
86115	10/25/13	NR179582	76315	23.16	0.00	23.16	11/08/13*
ACCUMULATED FINANCE CHARGE				1.05		1.05	
86116	10/25/13	NR179581	76316	39.67	0.00	39.67	11/08/13*
ACCUMULATED FINANCE CHARGE				1.80		1.80	

TOTALS:

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
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BILL TO: Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
86117	10/25/13	NR179580	76317	36.84	0.00	36.84	11/08/13*
ACCUMULATED FINANCE CHARGE				1.68		1.68	
86118	10/25/13	NR179579	76318	123.38	0.00	123.38	11/08/13*
ACCUMULATED FINANCE CHARGE				5.61		5.61	
86124	10/31/13	NR179642	76394	34.00	0.00	34.00	11/14/13*
ACCUMULATED FINANCE CHARGE				1.45		1.45	
86125	10/31/13	NR179282	76028	77.09	0.00	77.09	11/14/13*
ACCUMULATED FINANCE CHARGE				3.28		3.28	
86126	10/31/13	NR179269	76026	3420.46	0.00	3420.46	11/14/13*
ACCUMULATED FINANCE CHARGE				145.37		145.37	
86127	10/31/13	NR179266	76024	3320.75	0.00	3320.75	11/14/13*
ACCUMULATED FINANCE CHARGE				141.13		141.13	
86128	10/31/13	NR179264	75991	72.11	0.00	72.11	11/14/13*
ACCUMULATED FINANCE CHARGE				3.06		3.06	
86130	10/31/13	NR179268	75995	80.59	0.00	80.59	11/14/13*
ACCUMULATED FINANCE CHARGE				3.43		3.43	
86131	10/31/13	NR179263	75989	56.80	0.00	56.80	11/14/13*
ACCUMULATED FINANCE CHARGE				2.41		2.41	
86132	10/31/13	NR179262	75988-1	122.35	0.00	122.35	11/14/13*
ACCUMULATED FINANCE CHARGE				5.20		5.20	

TOTALS:

PREFERRED BUSINESS.
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
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BILL TO: Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
86133	10/31/13	NR179235	75986	85.39	0.00	85.39	11/14/13*
ACCUMULATED FINANCE CHARGE				3.63		3.63	
86137	11/01/13	NR179649	76413	1340.00	0.00	1340.00	11/15/13*
ACCUMULATED FINANCE CHARGE				56.28		56.28	
86199	11/05/13	NR179349	76081	204.97	0.00	204.97	11/19/13*
ACCUMULATED FINANCE CHARGE				8.20		8.20	
86238	10/23/13	NR179551	76229	230.89	0.00	230.89	11/06/13*
ACCUMULATED FINANCE CHARGE				10.74		10.74	
86258	10/21/13	NR179498	76192	590.06	0.00	590.06	11/04/13*
ACCUMULATED FINANCE CHARGE				28.03		28.03	
86260	10/21/13	NR179499	76193	164.13	0.00	164.13	11/04/13*
ACCUMULATED FINANCE CHARGE				7.80		7.80	
86987	10/31/13	NR179639	76392	51.99	0.00	51.99	11/14/13*
ACCUMULATED FINANCE CHARGE				2.21		2.21	
87012	09/26/13	NR179089	75929	195.06	0.00	195.06	10/10/13*
ACCUMULATED FINANCE CHARGE				11.70		11.70	

Total Interest 1083.22

TOTALS: ~~128965.25~~ ~~252.50~~ ~~128712.75~~

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	06/03/13
Number	84379
Your P.O.	NR177057
Ship Date	05/24/13 74658
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
10	RM	COPY14	8-1/2 x 14 Copy Paper	5.20	52.00
5	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	12.95
5	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	0.99	4.95

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Tamisha Jarvis - Nursing ED
New Rochelle NY 10802

SUB TOTAL	69.90
TAX	0.00
SHIPPING	10.00
TOTAL DUE	79.90

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/06/13
Number	85629
Your P.O.	NR178848
Ship Date	09/06/13 75765-1
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND

Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
40	CT	COPYXG	Copy Paper, 8-1/2 x 11 Xero Graphics	37.80	1512.00

DELIVERED TO: MTVH

The Mount Vernon Hospital
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	1512.00
TAX	0.00
SHIPPING	80.00
TOTAL DUE	1592.00

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/06/13
Number	85641
Your P.O.	NR178775
Ship Date	09/04/13 75756
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
5	PK	SS LR	Lab Requisition LAB184	0.00	0.00
20	RL	SSDTPS13	Direct Therm Label,PScript,1x3 900700	12.48	249.60
3	PK	SSMVPR	Purchase Requisition PUR49 PUR49 9388	30.00	90.00
2	DZ	SS MMM6549YW	Post It Note Pads Self Adhesive Note Pads	5.75	11.50

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Alan Jones - Lab
New Rochelle NY 10802

SUB TOTAL	351.10
TAX	0.00
SHIPPING	45.00
TOTAL DUE	396.10

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/12/13
Number	85680
Your P.O.	NR178975
Ship Date	09/12/13 75841
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
15	PK	SSMRC	Med. Reconciliation, Clinic	48.00	720.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	720.00
TAX	0.00
SHIPPING	0.00
TOTAL DUE	720.00

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/19/13
Number	85780
Your P.O.	NR179500
Ship Date	09/19/13 75901
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
3	RL	SSLBLFDA42	Label - Dir Thrm Pharm FDA/ylw Yellow, 4x2 Last cost center 5330	189.84	569.52

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	569.52
TAX	0.00
SHIPPING	0.00
TOTAL DUE	569.52

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/27/13
Number	85859
Your P.O.	NR179170
Ship Date	09/27/13 75959
Carrier	
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
20	PK	SS PCW	Phys. Commun. Wrksht last cost center 5420	30.00	600.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	600.00
TAX	0.00
SHIPPING	0.00
TOTAL DUE	600.00

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/01/13
Number	85889
Your P.O.	NR168725
Ship Date	09/30/13 75862
Carrier	
Rep	Jen Rokicki
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
150	EA	BOOK	Books - Knee Replacement	24.85	3727.50
50	bk	BOOK	Hip Replacement	24.85	1242.50

DELIVERED TO: SOUND
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	4970.00
TAX	0.00
SHIPPING	100.00
TOTAL DUE	5070.00

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/04/13
Number	85936
Your P.O.	NR178386
Ship Date	09/11/13 75479BO
Carrier	FedEx
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
11	M	SS VPL	Visitor Pass Label/Tamper Evid order complete	67.10	738.10

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Robert Deleno, Security
New Rochelle NY 10802

SUB TOTAL	738.10
TAX	0.00
SHIPPING	45.00
TOTAL DUE	783.10

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/09/13
Number	85974
Your P.O.	NR179086
Ship Date	09/24/13 75918
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	HEWCD971AN140	CD971AN (HP 920) Ink Cartridge, 420 Page-Yield, Bla CD971AN (HP 920) Ink Cartridge, 420 Page-Yield, Black	20.99	20.99
1	EA	HEWCH636AN140	CH636AN (HP-920) Ink Cartridge, 300 Page-Yield, Yel CH636AN (HP-920) Ink Cartridge, 300 Page-Yield, Yellow	9.99	9.99
1	EA	HEWCH635AN140	CH635AN (HP-920) Ink Cartridge, 300 Page-Yield, Mag CH635AN (HP-920) Ink Cartridge, 300 Page-Yield, Magenta	9.99	9.99
1	EA	HEWCH634AN140	CH634AN (HP-920) Ink Cartridge, 300 Page-Yield, Cya CH634AN (HP-920) Ink Cartridge, 300 Page-Yield, Cyan	9.99	9.99

DELIVERED TO: The Mount Vernon Hospital
MTVH
12 North Seventh Avenue
Attn: Receiving
Mount Vernon NY 10550

SUB TOTAL	50.96
TAX	0.00
SHIPPING	15.41
TOTAL DUE	66.37

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86077
Your P.O.	NR179426
Ship Date	10/18/13 76163
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	2.78
2	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	5.18
2	BX	SS QUA37893	Env. Clasp, 9.5x12.5 9525 QUA37893	34.99	69.98
1	BX	SS QUA63562	Env., Interoffice 10x13 9529 QUA63562	64.99	64.99
2	BX	SS UNV12110	Folder, Manila, Straight Cut 9533 UNV12110	13.49	26.98
2	PK	SS ESS31	Index Cards, 3x5, White	1.19	2.38
2	PK	SS UNV47250	Index Cards, 5x8, White	2.49	4.98
2	BX	SS UNV79000	Staples 95871 UNV79000	1.19	2.38

DELIVERED TO: SOUND
Sound Shore Medical Center
16 Guion Place
Tisha Williams - Dept. of Med
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86077
Your P.O.	NR179426
Ship Date	10/18/13 76163
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	3.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Tisha Williams - Dept. of Med
New Rochelle NY 10802

SUB TOTAL	183.03
TAX	0.00
SHIPPING	10.00
TOTAL DUE	193.03

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/18/13
Number	86081
Your P.O.	NR179427
Ship Date	10/18/13 76167
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	BX	SS UNV12110	Folder, Manila, Straight Cut 9533 UNV12110	13.49	13.49
1	BX	SS UNV12113	Folder, Manila, 1/3 Ltr 9533 UNV12113	6.49	6.49
2	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	2.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
HEIDI SWEAT - FINANCE
New Rochelle NY 10802

SUB TOTAL	21.98
TAX	0.00
SHIPPING	10.00
TOTAL DUE	31.98

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86083
Your P.O.	NR179428
Ship Date	10/16/13 76169
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	RL	SSDTPS13	Direct Therm Label,PScript,1x3 900700	0.00	0.00
1	DZ	SS BICGSM11BE	Blue Pens, Medium BICGSM11BE	1.39	1.39
1	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	1.39
2	EA	SS SAN30001EA	Marker, Sharpie, Black	1.00	2.00
2	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	2.00
2	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	3.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Kathy Anderson
New Rochelle NY 10802

SUB TOTAL	10.16
TAX	0.00
SHIPPING	10.00
TOTAL DUE	20.16

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86085
Your P.O.	NR179434
Ship Date	10/18/13 76171
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	BX	SS UNV12110	Folder, Manila, Straight Cut 9533 UNV12110	13.49	13.49

DELIVERED TO: SOUNDLAR
Sound Shore Medical Center
2365 Boston Post Road
Bridget Berran - Cardiac Rehab
Larchmont NY 10538

SUB TOTAL	13.49
TAX	0.00
SHIPPING	10.00
TOTAL DUE	23.49

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86086
Your P.O.	NR179429
Ship Date	10/18/13 76172
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	1.39
1	DZ	SS MMM654BYW	Post It Note Pads Self Adhesive Note Pads	4.79	4.79
1	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	2.59
1	EA	SS SWI74701	Stapler	20.49	20.49
1	DZ	SS UNV10630	Note Pads, 8.5X11, Canary 9565 UNV10630	7.79	7.79
1	BX	SS UNV35264	Envelope, Clasp, 9x12	8.49	8.49
1	PK	SS ESS31	Index Cards, 3x5, White	1.19	1.19
1	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	1.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Neville Sampson/5th Floor Nurs
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86086
Your P.O.	NR179429
Ship Date	10/18/13 76172
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	Ea	SS BICWOC12DZ	Correction Fluid, White	1.29	2.58
2	EA	SS WLJ36814NB	Binder, Loose Leaf 1" Black 95051 WLJ36814NB	3.29	6.58
1	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	1.69

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Neville Sampson/5th Floor Nurs
New Rochelle NY 10802

SUB TOTAL	58.58
TAX	0.00
SHIPPING	10.00
TOTAL DUE	68.58

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/25/13
Number	86109
Your P.O.	NR179512
Ship Date	10/25/13 76239
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	DZ	SS BICGSM11BE	Blue Pens, Medium BICGSM11BE	1.39	1.39
1	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	1.39
1	DZ	SS MMM6549YW	Post It Note Pads Self Adhesive Note Pads	4.79	4.79
1	DZ	SS TOP74630	Note Pads, 5x8, White, Legal	14.49	14.49
1	BX	SS UNV15113	Folder Manila 1/3 Legal	10.99	10.99
1	BX	SS UNV21128	Sheet Protectors,Top-Load Poly	12.99	12.99
2	PK	SS ESS31	Index Cards, 3x5, White	1.19	2.38
2	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	2.00
2	Ea	SS BICWOC12DZ	Correction Fluid, White	1.29	2.58

DELIVERED TO: SOUND
Sound Shore Medical Center
16 Guion Place
Judy Gallicano - Bariatrics
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86109
Your P.O.	NR179512
Ship Date	10/25/13 76239
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	SS UNV79000	Staples 95871 UNV79000	1.19	2.38
2	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	3.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Judy Gallicano - Bariatrics
New Rochelle NY 10802

SUB TOTAL	58.76
TAX	0.00
SHIPPING	10.00
TOTAL DUE	68.76

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86110
Your P.O.	NR179513
Ship Date	10/25/13 76240
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	SS QUA37875	Env. Clasp, 7.5x10.5, 100/box 9524 QUA37875	23.99	47.98
2	BX	SS UNV35264	Envelope, Clasp, 9x12	8.49	16.98
2	BX	SS UNV35267	Env. Clasp, 10x13, 100/BX	15.99	31.98

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Sally Haskins - Mailroom
New Rochelle NY 10802

SUB TOTAL	96.94
TAX	0.00
SHIPPING	10.00
TOTAL DUE	106.94

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86111
Your P.O.	NR179515
Ship Date	10/25/13 76241
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	DZ	SS BICGSM11BE	Blue Pens, Medium BICGSM11BE	1.39	1.39
1	ea	SS MEA09910	Composition Book	2.49	2.49
1	BX	SS QUA37893	Env. Clasp, 9.5x12.5 9525 QUA37893	34.99	34.99
1	DZ	SS UNV10630	Note Pads, 8.5X11, Canary 9565 UNV10630	7.79	7.79
1	BX	SS UNV35267	Env. Clasp, 10x13, 100/BX	15.99	15.99

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Lynn Rafter - Med Rcds, 4th Fl
New Rochelle NY 10802

SUB TOTAL	62.65
TAX	0.00
SHIPPING	10.00
TOTAL DUE	72.65

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86112
Your P.O.	NR179514
Ship Date	10/23/13 76242
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	PD	SS PRO	Progress Record NS55 9195	0.00	0.00
1	PK	SS WBA	Wristband-Adult-9325-00-PDR 9008 250 per pack/4 packs per carton	0.00	0.00
2	PK	BL BIOS	Bio Hazard Plastic Bags 6 x 9	9.00	18.00
1	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	1.39
2	PK	SS ESS7321BLU	Index Cards, 3x5, Blue	2.39	4.78
1	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	2.59
1	BX	SS UNV35267	Env. Clasp, 10x13, 100/BX	15.99	15.99
2	PK	SS ESS31	Index Cards, 3x5, White	1.19	2.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Monique Derry - ICU
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86112
Your P.O.	NR179514
Ship Date	10/23/13 76242
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
0	PK	SSBPTG	Blood Prod.Transfu.Guidelines* LAB16	14.00	0.00
2	RL	6SMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	3.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Monique Derry - ICU
New Rochelle NY 10802

SUB TOTAL	48.51
TAX	0.00
SHIPPING	10.00
TOTAL DUE	58.51

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86114
Your P.O.	NR179583
Ship Date	10/25/13 76314
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	RL	SSDTPS13	Direct Therm Label,PScript,1x3 900700	0.00	0.00
1	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	2.59
2	EA	SS SAN30001EA	Marker, Sharpie, Black	1.00	2.00
1	BX	SS UNV12113	Folder, Manila, 1/3 Ltr 9533 UNV12113	6.49	6.49
2	BX	SS UNV79000	Staples 95871 UNV79000	1.19	2.38

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Claudia Velez - Clinc Reg
New Rochelle NY 10802

SUB TOTAL	13.46
TAX	0.00
SHIPPING	10.00
TOTAL DUE	23.46

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86115
Your P.O.	NR179582
Ship Date	10/25/13 76315
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
4	EA	SS WLJ36814NB	Binder, Loose Leaf 1" Black 95051 WLJ36814NB	3.29	13.16

DELIVERED TO: SOUND
Sound Shore Medical Center
16 Guion Place
Sharon Trandiak - GI
New Rochelle NY 10802

SUB TOTAL	13.16
TAX	0.00
SHIPPING	10.00
TOTAL DUE	23.16

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86116
Your P.O.	NR179581
Ship Date	10/25/13 76316
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	SS UNV12110	Folder, Manila, Straight Cut 9533 UNV12110	13.49	26.98
1	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	1.00
1	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	1.69

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Willetta London-Woods, OBGYN
New Rochelle NY 10802

SUB TOTAL	29.67
TAX	0.00
SHIPPING	10.00
TOTAL DUE	39.67

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86117
Your P.O.	NR179580
Ship Date	10/25/13 76317
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	PD	SS PRO	Progress Record NS55 9195	0.00	0.00
1	DZ	SS BICGSM11BK	Black Pens, Medium 9570 BICGSM11BK	1.39	1.39
1	ea	SS MEA09910	Composition Book	2.49	2.49
1	DZ	SS PAP2097	Pencils #2 9573 PAP2097	2.59	2.59
1	PK	SS UNV00433	Rubber Band 95031 UNV00433	2.89	2.89
1	EA	SS UNV08861	Hi-Liters, Yellow 9554 UNV08861	0.65	0.65
1	BX	SS UNV12113	Folder, Manila, 1/3 Ltr 9533 UNV12113	6.49	6.49

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Patricia Anaya Outpatient Clin
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS.
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86117
Your P.O.	NR179580
Ship Date	10/25/13 76317
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND
Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	SS UNV72240BX	Jumbo, Nonskid Paper Clips 9520 UNV72240BX	1.00	2.00
2	Ea	SS BICWOC12DZ	Correction Fluid, White	1.29	2.58
2	BX	SS UNV79000	Staples 95871 UNV79000	1.19	2.38
2	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	3.38

DELIVERED TO: SOUND
Sound Shore Medical Center
16 Guion Place
Patricia Anaya Outpatient Clin
New Rochelle NY 10802

SUB TOTAL	26.84
TAX	0.00
SHIPPING	10.00
TOTAL DUE	36.84

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/25/13
Number	86118
Your P.O.	NR179579
Ship Date	10/25/13 76318
Carrier	Best Way
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
5	PK	SSIONR	Intra Operative Nursing Record 2Pt Blue 15# BD 8 1/2"x11 5/8"	0.00	0.00
4	RM	8511BLU	Color Copy Paper 20# Blue*	15.24	60.96
2	EA	SS SWI74701	Stapler	20.49	40.98
2	EA	SS UNV08861	Hi-Liters, Yellow 9554 UNV08861	0.65	1.30
6	RL	SSMMM6200341296	Tape, Scotch, 3/4 X 1296 96011 MMM6200341296	1.69	10.14

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
Teresa Bonvino
New Rochelle NY 10802

SUB TOTAL	113.38
TAX	0.00
SHIPPING	10.00
TOTAL DUE	123.38

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86124
Your P.O.	NR179642
Ship Date	10/31/13 76394
Carrier	DKTRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
25	BX	SS FBMC	Folder-Blank, Manila, w/clip position 5 (bonded fasterner)	0.00	0.00
24	EA	SS SAN30001EA	Marker, Sharpie, Black	1.00	24.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	24.00
TAX	0.00
SHIPPING	10.00
TOTAL DUE	34.00

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86125
Your P.O.	NR179282
Ship Date	10/04/13 76028
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	ESS6718300R	Record/Account Book, Record Rule, Green/Red, 300 Pages, 12 Record/Account Book, Record Rule, Green/Red, 300 Pages, 12 1/2 x 7 5/8	61.19	61.19

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	61.19
TAX	0.00
SHIPPING	15.90
TOTAL DUE	77.09

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86126
Your P.O.	NR179269
Ship Date	10/04/13 76026
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND 16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
24	EA	UNV40303	Brushed Aluminum Plastic Clipboard, 1/2" Capacity, Hold Brushed Aluminum Plastic Clipboard, 1/2" Capacity, Holds 8-1/2w x 11h, Silver	9.78	234.72
36	EA	AAGSK1616	Recycled Monthly Academic Desk/Wall Calendar, 11" x 8", Recycled Monthly Academic Desk/Wall Calendar, 11" x 8", 2013-2014	10.70	385.20
12	PK	REARR3522	OfficeDuster Plus All Purpose Duster, 2 10oz Cans/Pack OfficeDuster Plus All Purpose Duster, 2 10oz Cans/Pack	35.69	428.28
6	BX	ESS415215RED	Reinforced Hanging Folders, 1/5 Tab, Letter, Red, 25/Box Reinforced Hanging Folders, 1/5 Tab, Letter, Red, 25/Box	21.49	128.94

DELIVERED TO: Sound Shore Medical Center
SOUND 16 Guion Place
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86126
Your P.O.	NR179269
Ship Date	10/04/13 76026
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
6	PK	FEL52454	Clear Laminating Pouches, 3 mil, 9 x 11 1/2, 100/Pack Clear Laminating Pouches, 3 mil, 9 x 11 1/2, 100/Pack	40.49	242.94
24	EA	UNV30721	Comfort Grip Deluxe Plus D-Ring View Binder, 1-1/2" Cap Comfort Grip Deluxe Plus D-Ring View Binder, 1-1/2" Capacity, 8-1/2 x 11, Black	7.44	178.56
24	EA	UNV30751	Comfort Grip Deluxe Plus D-Ring View Binder, 3" Capacit Comfort Grip Deluxe Plus D-Ring View Binder, 3" Capacity, 8-1/2 x 11, Black	12.99	311.76
24	EA	UNV30754	Comfort Grip Deluxe Plus D-Ring View Binder, 4" Capacit Comfort Grip Deluxe Plus D-Ring View Binder, 4" Capacity, 8-1/2 x 11, White	13.99	335.76

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86126
Your P.O.	NR179269
Ship Date	10/04/13 76026
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
9	BX	ESS415215BLU	Reinforced Hanging Folders, 1/5 Tab, Letter, Blue, 25/Box Reinforced Hanging Folders, 1/5 Tab, Letter, Blue, 25/Box	21.49	193.41
9	BX	ESS415215YEL	Reinforced Hanging Folders, 1/5 Tab, Letter, Yellow, 25/Bo Reinforced Hanging Folders, 1/5 Tab, Letter, Yellow, 25/Box	21.49	193.41
20	BX	SMD10300	File Folders, Straight Cut, One-Ply Top Tab, Letter, Manil File Folders, Straight Cut, One-Ply Top Tab, Letter, Manila, 100/Box	14.49	289.80
2	CT	JAGRH4048H	Heavy Grade Liners, 45 gal, 13 mic, 40 x 48, 10 Roll of 25 Heavy Grade Liners, 45 gal, 13 mic, 40 x 48, 10 Roll of 25 Bags, 250/Carton	61.99	123.98

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86126
Your P.O.	NR179269
Ship Date	10/04/13 76026
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
4	CT	JAGRH4048H	Heavy Grade Liners, 45 gal, 13 mic, 40 x 48, 10 Roll of 25 Heavy Grade Liners, 45 gal, 13 mic, 40 x 48, 10 Roll of 25 Bags, 250/Carton	61.99	247.96

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	3294.72
TAX	0.00
SHIPPING	125.74
TOTAL DUE	3420.46

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86127
Your P.O.	NR179266
Ship Date	10/04/13 76024
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND

Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
24	PK	UNV73000	Quiet Carton Sealing Tape, 2" x 110 yards, 3" Core, Clear, 6 Quiet Carton Sealing Tape, 2" x 110 yards, 3" Core, Clear, 6/Pack	25.99	623.76
2	EA	CNM5936A028AA	LS100TS Portable Desktop Business Calculator, 10-Digit LS100TS Portable Desktop Business Calculator, 10-Digit LCD	10.49	20.98
120	PK	RTG60435	Arrow Page Flags in Dispenser, "Notarize", Yellow, Arrow Page Flags in Dispenser, "Notarize", Yellow, 120 Flags/Dispenser	4.68	561.60
120	PK	RTG81124	Arrow Page Flags in Dispenser, "Please Sign and Da Arrow Page Flags in Dispenser, "Please Sign and Date", Yellow, 120 Flags	5.59	670.80

DELIVERED TO: SOUNDWIC

Sound Shore Medical Center WIC Program
1600 East 233rd Street
Bronx NY 10466

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86127
Your P.O.	NR179266
Ship Date	10/04/13 76024
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
120	PK	RTG81034	Arrow Message Page Flags in Dispenser, "Sign Here", Blue, Arrow Message Page Flags in Dispenser, "Sign Here", Blue, 120 Flags/Dispenser	5.59	670.80
2	EA	MAT3020B	30-Sheet Ergonomic Two- or Three-Hole Punch, 9/32" Holes, 30-Sheet Ergonomic Two- or Three-Hole Punch, 9/32" Holes, Black	61.19	122.38
3	EA	SWI64601	Durable Full Strip Desk Stapler, 20-Sheet Capacity, Bl Durable Full Strip Desk Stapler, 20-Sheet Capacity, Black	12.99	38.97
4	BX	AVE47975	Paper Two-Pocket Report Cover, Tang Clip, Letter, 1/2" Paper Two-Pocket Report Cover, Tang Clip, Letter, 1/2" Capacity, Blue, 25/Box	22.43	89.72

DELIVERED TO: Sound Shore Medical Center WIC Program
SOUNDWIC
1600 East 233rd Street
Bronx NY 10466

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86127
Your P.O.	NR179266
Ship Date	10/04/13 76024
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND

Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
4	EA	CRD14022	SuperLife EasyOpen Locking Slant-D Ring Binder, 2", Black SuperLife EasyOpen Locking Slant-D Ring Binder, 2", Black	16.82	67.28
4	EA	UNV30405	Round Ring Mini Reference Binder With Label Holder, 2" C Round Ring Mini Reference Binder With Label Holder, 2" Capacity, Black	7.95	31.80
5	BX	AVE5160	Easy Peel Laser Address Labels, 1 x 2-5/8, White, 3000 Easy Peel Laser Address Labels, 1 x 2-5/8, White, 3000/Box	28.99	144.95
5	BX	UNV20861	Extended Insert Indexes, Clear 5-Tab, Letter, Buff, 24 Extended Insert Indexes, Clear 5-Tab, Letter, Buff, 24 Sets/Box	23.99	119.95

DELIVERED TO: SOUNDWIC

Sound Shore Medical Center WIC Program
1600 East 233rd Street
Bronx NY 10466

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86127
Your P.O.	NR179266
Ship Date	10/04/13 76024
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: SOUND

Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	PK	PAP6137406	DryLine Correction Tape, Non-Refillable, 1/6" x 472", 1 DryLine Correction Tape, Non-Refillable, 1/6" x 472", 10/Pack	22.99	22.99
2	PK	BICWOMTP21	Wite-Out Mini Twist Correction Tape, Non-Refillabl Wite-Out Mini Twist Correction Tape, Non-Refillable, 1/5" x 314", 2/Pack	4.79	9.58
2	PK	BICWOELP21	Wite-Out Exact Liner Correction Tape Pen, 1/5" x 23 Wite-Out Exact Liner Correction Tape Pen, 1/5" x 236", 2/Pack	6.29	12.58

DELIVERED TO: SOUNDWIC

Sound Shore Medical Center WIC Program
1600 East 233rd Street
Bronx NY 10466

SUB TOTAL	3208.14
TAX	0.00
SHIPPING	112.61
TOTAL DUE	3320.75

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86128
Your P.O.	NR179264
Ship Date	10/03/13 75991
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	ST	AAG7021274	Eight-Person Group Practice Daily Appointment Book, 8-1/2 Eight-Person Group Practice Daily Appointment Book, 8-1/2 x 11, Black, 2014	56.09	56.09

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	56.09
TAX	0.00
SHIPPING	16.02
TOTAL DUE	72.11

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86130
Your P.O.	NR179268
Ship Date	10/03/13 75995
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	BDY562032	Recycled Steel Suggestion Box with Locking Top, 8 1/2 x 8 x Recycled Steel Suggestion Box with Locking Top, 8 1/2 x 8 x 9 3/4, Platinum	66.29	66.29

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	66.29
TAX	0.00
SHIPPING	14.30
TOTAL DUE	80.59

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86131
Your P.O.	NR179263
Ship Date	10/03/13 75989
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	EA	AAGG10000	Recycled Daily Appointment Book, Black, 4 7/8" x 8", 2014 Recycled Daily Appointment Book, Black, 4 7/8" x 8", 2014	20.49	40.98

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	40.98
TAX	0.00
SHIPPING	15.82
TOTAL DUE	56.80

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86132
Your P.O.	NR179262
Ship Date	10/03/13 75988-1
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
6	EA	BRTTZE231	TZe Standard Adhesive Laminated Labeling Tape, 1/2w, TZe Standard Adhesive Laminated Labeling Tape, 1/2w, Black on White	18.99	113.94

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	113.94
TAX	0.00
SHIPPING	8.41
TOTAL DUE	122.35

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/31/13
Number	86133
Your P.O.	NR179235
Ship Date	10/03/13 75986
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	PK	BRTTZE2312PK	TZe Standard Adhesive Laminated Labeling Tapes, 1/2w TZe Standard Adhesive Laminated Labeling Tapes, 1/2w, Black on White, 2/Pack	34.99	69.98

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	69.98
TAX	0.00
SHIPPING	15.41
TOTAL DUE	85.39

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	11/01/13
Number	86137
Your P.O.	NR179649
Ship Date	11/01/13 76413
Carrier	TRUCK
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
40	CT	COPYXG	Copy Paper, 8-1/2 x 11 Xero Graphics	31.50	1260.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	1260.00
TAX	0.00
SHIPPING	80.00
TOTAL DUE	1340.00

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	11/05/13
Number	86199
Your P.O.	NR179349
Ship Date	10/09/13 76081
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	CT	UNV95221	Lift-Off Lid File Storage Box, Legal, Fiberboard, White, Lift-Off Lid File Storage Box, Legal, Fiberboard, White, 12/Carton	74.99	149.98
1	CT	UNV95220	Lift-Off Lid File Storage Box, Letter, Fiberboard, White Lift-Off Lid File Storage Box, Letter, Fiberboard, White, 12/Carton	54.99	54.99

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	204.97
TAX	0.00
SHIPPING	0.00
TOTAL DUE	204.97

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/23/13
Number	86238
Your P.O.	NR179551
Ship Date	10/23/13 76229
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
SOUND

Sound Shore Medical Center
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	M	LBL	Label Rectangular-Service Desk	105.00	210.00

DELIVERED TO:
SOUND

Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	210.00
TAX	0.00
SHIPPING	20.89
TOTAL DUE	230.89

1-1/2% per month late charge on balances 30 days past due

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530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/21/13
Number	86258
Your P.O.	NR179498
Ship Date	10/21/13 76192
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
7	CT	UNV95221	Lift-Off Lid File Storage Box, Legal, Fiberboard, White, Lift-Off Lid File Storage Box, Legal, Fiberboard, White, 12/Carton	74.99	524.93

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	524.93
TAX	0.00
SHIPPING	65.13
TOTAL DUE	590.06

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/21/13
Number	86260
Your P.O.	NR179499
Ship Date	10/21/13 76193
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	EA	AAG7022205	Recycled Two-Person Daily Appointment Book, 8 x 10-7/8, Recycled Two-Person Daily Appointment Book, 8 x 10-7/8, Black, 2014	49.99	99.98
1	EA	AAGG56000	Recycled Four-Person Group Daily Appointment Book, Black, Recycled Four-Person Group Daily Appointment Book, Black, 7 7/8" x 11", 2014	51.99	51.99

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	151.97
TAX	0.00
SHIPPING	12.16
TOTAL DUE	164.13

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	10/31/13
Number	86987
Your P.O.	NR179639
Ship Date	10/30/13 76392
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	AAGG56000	Recycled Four-Person Group Daily Appointment Book, Black, Recycled Four-Person Group Daily Appointment Book, Black, 7 7/8" x 11", 2014	51.99	51.99
1	Lt	MISC	Processing/Small Order Charge	0	0.00

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	51.99
TAX	0.00
SHIPPING	0.00
TOTAL DUE	51.99

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	09/26/13
Number	87012
Your P.O.	NR179089
Ship Date	09/26/13 75929
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO: Sound Shore Medical Center
SOUND
16 Guion Place
Attn: Accounts Payable
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	ST	SSLA09S	Label, Ames numeric 0-9, set	181.50	181.50

DELIVERED TO: Sound Shore Medical Center
SOUND
16 Guion Place
New Rochelle NY 10802

SUB TOTAL	181.50
TAX	0.00
SHIPPING	13.56
TOTAL DUE	195.06

1-1/2% per month late charge on balances 30 days past due

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CHERYL GARDINIER
914-332-7600
PREFERRED BUSINESS INC.
530 SAWMILL RIVER RD
ELMSFORD NY 10523

2.0 LBS LTR 1 OF 1

SHIP TO:
C/O GCG, INC.
SOUND SHORE MEDICAL CENTER
SUITE A
5151 BLAZER PARKWAY
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR 1

TRACKING #: 1Z T66 5T4 01 9141 4429

BILLING: P/P

UIS 16.0.35. WNTIE100 48.0A 01/2014

SOUND SHORE MEDICAL CENTER
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P:MBKM3 S:MBL I:318

42C-1022

1ZT665T4019141 4429 1030

SAT08485 Jan 27 04:38:14 2014
US 4324 HIPPS 13.1.1 SAT08485sL

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☒ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP, INC. JAN 27 2014

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 of Creditor (the person or other entity to whom the Debtor owes money or property): Preferred Business

☐ 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:
Dennis Kiernan
Preferred Business
530 Saw Mill River Rd
Elmsford NY 10523

Telephone number: 914.332.7600
Email Address: DennisK@Preferredbusiness.net

Name and address where payment should be sent (if different from above):
FILED - 01238
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): $ 259.42

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: N D H A

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. (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: Dennis Kiernan

Title: President

Company: Preferred Business

(Signature) (Date) 1/24/14

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.

Modified B10 (GCG) (04/13)

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(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.

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
01/23/14	2

BILL TO: Helen & Michael Schaffer Extended Care
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84197	05/03/13	HA06552	74432	188.40	0.00	188.40	05/17/13*
ACCUMULATED FINANCE CHARGE				24.96		24.96	
84203	05/03/13	HA06553	74438	417.92	0.00	417.92	05/17/13*
ACCUMULATED FINANCE CHARGE				55.37		55.37	
84214	05/03/13	HA06556	74448	144.61	0.00	144.61	05/17/13*
ACCUMULATED FINANCE CHARGE				19.16		19.16	
86249	10/18/13	HA06625	76179	114.12	0.00	114.12	11/01/13*
ACCUMULATED FINANCE CHARGE				5.53		5.53	
86259	10/21/13	HA06627	76191	133.50	0.00	133.50	11/04/13*
ACCUMULATED FINANCE CHARGE				6.27		6.27	

Total w/Interest 259.42

TOTALS: ~~3686.80~~ 0.00 ~~3686.80~~

Interest

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STATEMENT

Date	Page
01/24/14	2

BILL TO: Helen & Michael Schaffer Extended Care
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
84197	05/03/13	HA06552	74432	188.40	0.00	188.40	05/17/13*
ACCUMULATED FINANCE CHARGE				25.06		25.06	
84203	05/03/13	HA06553	74438	417.92	0.00	417.92	05/17/13*
ACCUMULATED FINANCE CHARGE				55.58		55.58	
84214	05/03/13	HA06556	74448	144.61	0.00	144.61	05/17/13*
ACCUMULATED FINANCE CHARGE				19.23		19.23	
86249	10/18/13	HA06625	76179	114.12	0.00	114.12	11/01/13*
ACCUMULATED FINANCE CHARGE				5.59		5.59	
86259	10/21/13	HA06627	76191	133.50	0.00	133.50	11/04/13*
ACCUMULATED FINANCE CHARGE				6.34		6.34	

Total Interest 11.93

TOTALS:	~~3688.43~~	0.00	~~3688.43~~

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/18/13
Number	86249
Your P.O.	HA06625
Ship Date	10/18/13 76179
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
SOUNDHA

Helen & Michael Schaffer Extended Care
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

Quantity	Unit	Item	Description	Unit Price	Extension
4	EA	SAM17692	Top Performance DXL Locking D-Ring Binder With Label Holde Top Performance DXL Locking D-Ring Binder With Label Holder, 4" Cap, Dark Blue	22.94	91.76
2	ST	AVE11350	Gold Reinforced Leather Tab Dividers, 25-Tab, A-Z, Letter, Gold Reinforced Leather Tab Dividers, 25-Tab, A-Z, Letter, Black, 25/Set	4.79	9.58

DELIVERED TO:
SOUNDHA

Schaffer Extended Care Center
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

SUB TOTAL	101.34
TAX	0.00
SHIPPING	12.78
TOTAL DUE	114.12

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/21/13
Number	86259
Your P.O.	HA06627
Ship Date	10/21/13 76191
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 14 days

SOLD TO:
SOUNDHA

Helen & Michael Schaffer Extended Care
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	AAG7080005	Recycled Daily Appointment Book, Black, 4 7/8" x 8", 2014 Recycled Daily Appointment Book, Black, 4 7/8" x 8", 2014	21.99	21.99
4	EA	AAGDMD13532	Recycled Antique Floral Desk Pad, 22" x 17", 2014 Recycled Antique Floral Desk Pad, 22" x 17", 2014	19.99	79.96
1	EA	AAG7026005	Recycled Monthly Planner, Black, 9" x 11", 2014-2015 Recycled Monthly Planner, Black, 9" x 11", 2014-2015	18.99	18.99

DELIVERED TO:
SOUNDHA

Schaffer Extended Care Center
Sound Shore Medical Center
16 Guion Place
New Rochelle NY 10801

SUB TOTAL	120.94
TAX	0.00
SHIPPING	12.56
TOTAL DUE	133.50

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

CHERYL GARDINIER
914-332-7600
PREFERRED BUSINESS INC.
530 SAWMILL RIVER RD
ELMSFORD NY 10523

2.0 LBS LTR 1 OF 1

SHIP TO:
C/O GCG, INC.
SOUND SHORE MEDICAL CENTER
SUITE A
5151 BLAZER PARKWAY
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR **1**

TRACKING #: 1Z T66 5T4 01 9141 4429

BILLING: P/P

US 16.0.36. WNTIE100 48.0A 01/2014

SOUND SHORE MEDICAL CENTER
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P:MBKM3 S:MBL I:318

42C-1022

1ZT665T4019141 **4429** 1030

SAT08485 Jan 27 04:38:14 2014
US 4324 HIPPS 13.1.1 SAT08485sL

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H Corporation	13-22843
☐ Sound Shore Health System, Inc	13-22844
☒ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): Preferred Business

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

Name and address where notices should be sent:
Preferred Business
Dennis Kiernan
530 Saw Mill River Rd
Elmsford NY 10523

Telephone number: 914.332.7600
Email Address: DennisK@Preferredbusiness.net

Court Claim Number: _____ *(If known)*

Filed on: _____

Name and address where payment should be sent (if different from above):
FILED - 01239
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.

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. JAN 27 2014

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** 18316.23

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:** R H M C

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. (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: Dennis Kiernan

Title: President

Company: Preferred Business

(Signature) (Date) 1/24/14

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

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THE GENERAL BAR DATE IN THESE CHAPTER 11 CASES IS SEPTEMBER 16, 2013 AT 4:00 P.M. (PREVAILING EASTERN TIME)
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Items to be completed in Proof of Claim Form

Court, Name of Debtor, and Case Number:
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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

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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):
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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(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.

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
01/24/14	1

BILL TO: NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
85738	09/18/13		75711	223.11	0.00	223.11	10/18/13*
ACCUMULATED FINANCE CHARGE				14.28		14.28	
85750	09/19/13	Claudia Novello	75893	697.86	0.00	697.86	10/19/13*
ACCUMULATED FINANCE CHARGE				44.31		44.31	
85797	09/20/13	Loretta	75907	167.90	0.00	167.90	10/20/13*
ACCUMULATED FINANCE CHARGE				10.58		10.58	
85950	10/07/13	Loretta	75907-1	329.24	0.00	329.24	11/06/13*
ACCUMULATED FINANCE CHARGE				17.94		17.94	
85996	10/10/13	Kamica Fuller	76083	95.97	0.00	95.97	11/09/13*
ACCUMULATED FINANCE CHARGE				5.09		5.09	
86039	10/15/13	Kamica	76083-1	72.42	0.00	72.42	11/14/13*
ACCUMULATED FINANCE CHARGE				3.66		3.66	
86045	08/09/13	Don Carniato	75511A	107.36	0.00	107.36	09/08/13*
ACCUMULATED FINANCE CHARGE				9.02		9.02	
86180	11/05/13	Kamica	76107	36.05	0.00	36.05	12/05/13*
ACCUMULATED FINANCE CHARGE				1.44		1.44	
86614	12/10/13	Claudia	100064	950.95	0.00	950.95	01/09/14*
ACCUMULATED FINANCE CHARGE				21.40		21.40	

Total w/ Interest 1836.23

TOTALS: ~~2808.58~~ ~~0.00~~ ~~2808.58~~

INTEREST

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

STATEMENT

Date	Page
01/24/14	1

BILL TO: NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Invoice	Date	Your P.O.	Job	Amount	Credits	Balance	Due
85738	09/18/13		75711	223.11	0.00	223.11	10/18/13*
ACCUMULATED FINANCE CHARGE				14.28		14.28	
85750	09/19/13	Claudia Novello	75893	697.86	0.00	697.86	10/19/13*
ACCUMULATED FINANCE CHARGE				44.31		44.31	
85797	09/20/13	Loretta	75907	167.90	0.00	167.90	10/20/13*
ACCUMULATED FINANCE CHARGE				10.58		10.58	
85950	10/07/13	Loretta	75907-1	329.24	0.00	329.24	11/06/13*
ACCUMULATED FINANCE CHARGE				17.94		17.94	
85996	10/10/13	Kamica Fuller	76083	95.97	0.00	95.97	11/09/13*
ACCUMULATED FINANCE CHARGE				5.09		5.09	
86039	10/15/13	Kamica	76083-1	72.42	0.00	72.42	11/14/13*
ACCUMULATED FINANCE CHARGE				3.66		3.66	
86045	08/09/13	Don Carniato	75511A	107.36	0.00	107.36	09/08/13*
ACCUMULATED FINANCE CHARGE				9.02		9.02	
86180	11/05/13	Kamica	76107	36.05	0.00	36.05	12/05/13*
ACCUMULATED FINANCE CHARGE				1.44		1.44	
86614	12/10/13	Claudia	100064	950.95	0.00	950.95	01/09/14*
ACCUMULATED FINANCE CHARGE				21.40		21.40	

TOTAL INT. 106.32

TOTALS: ~~2808.58~~ ~~0.00~~ ~~2808.58~~

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/18/13
Number	85738
Your P.O.	
Ship Date	09/04/13 75711
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 30 days

SOLD TO: SSNRHMC
NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
4	EA	UNV48002	Wirebound Message Books, 2 3/4 x 5, Two-Part Carbonless, Wirebound Message Books, 2 3/4 x 5, Two-Part Carbonless, 200 Sets/Book	6.99	27.96
4	EA	ABFSC1152	Two-Part Rent Receipt Book, 2 3/4 x 4 3/4, Two-Part Carbonle Two-Part Rent Receipt Book, 2 3/4 x 4 3/4, Two-Part Carbonless, 200 Forms	8.79	35.16
2	CT	UNV11289	Copy Paper Convenience Carton, 92 Brightness, 20lb, 8 Copy Paper Convenience Carton, 92 Brightness, 20lb, 8-1/2 x 11, White, 2500/Ctn	29.99	59.98
1	PK	MMM810C40BK	Scotch Magic Tape, 1" Core, Black, 6 Rolls Scotch Magic Tape, 1" Core, Black, 6 Rolls	18.49	18.49

DELIVERED TO: SSLOCK150
NRHMC Services
150 Lockwood Avenue
Suite 18

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

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Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/18/13
Number	85738
Your P.O.	
Ship Date	09/04/13 75711
Carrier	UPS
Rep	Dennis Kiernan
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	BX	PCTE82849	The Gripper Tall Kitchen Bags, Drawstring, 13 gal, .9mi The Gripper Tall Kitchen Bags, Drawstring, 13 gal, .9mil, White, 40/Box	14.29	14.29
1	BX	HERH6644TK(C)	Can Liners, 32 gal, .90 mil, Black, 33" x 44", 50/Box Can Liners, 32 gal, .90 mil, Black, 33" x 44", 50/Box	14.99	14.99
1	PK	TOM68722	MONO Mini Correction Tape, 1/6" x 236", Non-Refillable, 1 MONO Mini Correction Tape, 1/6" x 236", Non-Refillable, 10/Pack	16.99	16.99

DELIVERED TO:
SSLOCK150

NRHMC Services
150 Lockwood Avenue
Suite 18

SUB TOTAL	187.86
TAX	0.00
SHIPPING	35.25
TOTAL DUE	223.11

1-1/2% per month late charge on balances 30 days past due

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INVOICE

Date	09/19/13
Number	85750
Your P.O.	Claudia Novello
Ship Date	09/19/13 75893
Carrier	ups/truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	BX	UNV81012	Prong Base for Paper File Fasteners, Two Inch Capacity, Prong Base for Paper File Fasteners, Two Inch Capacity, 100/Box	5.79	11.58
4	BX	UNV13120	End Tab Folders, Two Fasteners, Letter, Manila, 50/ End Tab Folders, Two Fasteners, Letter, Manila, 50/Box	25.99	103.96
1	EA	BRTTN430	TN430 Toner, 3000 Page-Yield, Black TN430 Toner, 3000 Page-Yield, Black	68.99	68.99
2	PK	SMD35600	Stackable End Tab Folder Dividers with Fastener, Letter Stackable End Tab Folder Dividers with Fastener, Letter, 1/2" Cap, 10 Sets/Pack	30.49	60.98
1	EA	BRTDR400	DR400 Drum Cartridge, Black DR400 Drum Cartridge, Black	219.00	219.00

DELIVERED TO:
SSLOCK110

MNR New Rochelle Medical Services
110 Lockwood Avenue
Suite 300
New Rochelle NY 10802

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/19/13
Number	85750
Your P.O.	Claudia Novello
Ship Date	09/19/13 75893
Carrier	ups/truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
2	PK	SMD67001	BCCS Bar Color-Coded Labels, Letter A, 1 x 1-1/4, Red, 120 BCCS Bar Color-Coded Labels, Letter A, 1 x 1-1/4, Red, 120 Labels/Pack	4.23	8.46
2	BX	UNV35210	Business Envelope, V-Flap, #10, White, 500/Box Business Envelope, V-Flap, #10, White, 500/Box	9.79	19.58
2	BX	SMD10300	File Folders, Straight Cut, One-Ply Top Tab, Letter, Manil File Folders, Straight Cut, One-Ply Top Tab, Letter, Manila, 100/Box	14.99	29.98
2	CT	COPYXG	Copy Paper, 8-1/2 x 11 Xero Graphics	31.50	63.00
2	RL	N65	ALLERGIC SELF STICK LABEL	9.70	19.40

DELIVERED TO:
SSLOCK110

MNR New Rochelle Medical Services
110 Lockwood Avenue
Suite 300
New Rochelle NY 10802

SUB TOTAL	604.93
TAX	47.93
SHIPPING	45.00
TOTAL DUE	697.86

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/20/13
Number	85797
Your P.O.	Loretta
Ship Date	09/23/13 75907
Carrier	truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	USS3727	Double-Sided Open/Closed Sign w/Plastic Push Characters, 14 Double-Sided Open/Closed Sign w/Plastic Push Characters, 14 3/8 x 12 3/8	38.99	38.99
1	EA	USS9382	Double-Sided Open/Will Return Sign w/Clock Hands, Plastic, 7 Double-Sided Open/Will Return Sign w/Clock Hands, Plastic, 7 1/2 x 9	4.99	4.99
1	EA	MATMP40	30-Sheet Three-Hole Punch, Padded Handle, 9/32" Holes, Bl 30-Sheet Three-Hole Punch, Padded Handle, 9/32" Holes, Black	42.99	42.99
2	PK	SLT60010	Incandescent Bulbs, 60 Watts, 4/Pack Incandescent Bulbs, 60 Watts, 4/Pack	3.99	7.98

DELIVERED TO:
SS4773

MNR New Rochelle Medical Services
4773 Boston Post Road
Attn: Loretta Karabel
Pelham Manor NY 10803

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	09/20/13
Number	85797
Your P.O.	Loretta
Ship Date	09/23/13 75907
Carrier	truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	ST	AVE11323	Clear Reinforced Preprinted Leather Tab Divider, 25-Tab, A Clear Reinforced Preprinted Leather Tab Divider, 25-Tab, A-Z, Red, 25/Set	4.49	4.49
1	EA	AVE79693	Nonstick Heavy-Duty EZD Reference View Binder, 3" Capa Nonstick Heavy-Duty EZD Reference View Binder, 3" Capacity, Black	13.99	13.99
1	EA	EPI16750	Compact Desktop Battery-Operated Pencil Sharpe Compact Desktop Battery-Operated Pencil Sharpener, Black	8.49	8.49
1	PK	SLOTP10	Plastic Party Cold Cups, 10 oz., Clear, 50/Pack Plastic Party Cold Cups, 10 oz., Clear, 50/Pack	7.29	7.29

DELIVERED TO:
SS4773

MNR New Rochelle Medical Services
4773 Boston Post Road
Attn: Loretta Karabel
Pelham Manor NY 10803

SUB TOTAL	129.21
TAX	13.69
SHIPPING	25.00
TOTAL DUE	167.90

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/07/13
Number	85950
Your P.O.	Loretta
Ship Date	10/08/13 75907-1
Carrier	truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
3	EA	AVE79693	Heavy Duty Nonstick View Binder w/Locking One Touch EZD Heavy Duty Nonstick View Binder w/Locking One Touch EZD Rings, 3" Cap., Black	13.99	41.97
1	CT	KIM17713	KLEENEX COTTONELLE Two-Ply Bathroom Tissue, 506 Sheets/Ro KLEENEX COTTONELLE Two-Ply Bathroom Tissue, 506 Sheets/Roll, 60 Rolls/Carton	59.99	59.99
1	EA	BRTTN350	TN350 Toner, 2500 Page-Yield, Black TN350 Toner, 2500 Page-Yield, Black	72.99	72.99
1	PK	EVEE92FP12	MAX Alkaline Batteries, AAA, 12 Batteries/Pack MAX Alkaline Batteries, AAA, 12 Batteries/Pack	12.19	12.19
3	EA	OFX40059	Bottled Spring Water, 4-Gallon Bottle Bottled Spring Water, 4-Gallon Bottle	10.99	32.97

DELIVERED TO:
SS4773

MNR New Rochelle Medical Services
4773 Boston Post Road
Attn: Loretta Karabel
Pelham Manor NY 10803

SUB TOTAL	
TAX	
SHIPPING	
TOTAL DUE	

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/07/13
Number	85950
Your P.O.	Loretta
Ship Date	10/08/13 75907-1
Carrier	truck
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	PK	SLOTP10	Plastic Party Cold Cups, 10 oz., Clear, 50/Pack Plastic Party Cold Cups, 10 oz., Clear, 50/Pack	7.29	7.29

DELIVERED TO:
SS4773

MNR New Rochelle Medical Services
4773 Boston Post Road
Attn: Loretta Karabel
Pelham Manor NY 10803

SUB TOTAL	227.40
TAX	26.84
SHIPPING	75.00
TOTAL DUE	329.24

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/10/13
Number	85996
Your P.O.	Kamica Fuller
Ship Date	10/10/13 76083
Carrier	TRUCK
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
3	CT	COPYXG	Copy Paper, 8-1/2 x 11 Xero Graphics	29.99	89.97

DELIVERED TO:
SSLOCK150

NRHMC Services
150 Lockwood Avenue
Suite 18

SUB TOTAL	89.97
TAX	0.00
SHIPPING	6.00
TOTAL DUE	95.97

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	10/15/13
Number	86039
Your P.O.	Kamica
Ship Date	10/15/13 76083-1
Carrier	UPS
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	BX	PCTE82849	The Gripper Tall Kitchen Bags, Drawstring, 13 gal, .9mi The Gripper Tall Kitchen Bags, Drawstring, 13 gal, .9mil, White, 40/Box	29.97	29.97
1	BX	HERH6644TKRC1	Can Liners, 32 gal, .90 mil, Black, 33" x 44", 50/Box Can Liners, 32 gal, .90 mil, Black, 33" x 44", 50/Box	18.95	18.95

DELIVERED TO:
SSLOCK150

NRHMC Services
150 Lockwood Avenue
Suite 18

SUB TOTAL	48.92
TAX	0.00
SHIPPING	23.50
TOTAL DUE	72.42

1-1/2% per month late charge on balances 30 days past due

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PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	08/09/13
Number	86045
Your P.O.	Don Carniato
Ship Date	08/09/13 75511A
Carrier	TRUCK
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	EA	BRTTN460	TN460 High-Yield Toner, 6000 Page-Yield, Black TN460 High-Yield Toner, 6000 Page-Yield, Black	99.99	99.99

DELIVERED TO:
SSLOCK110

MNR New Rochelle Medical Services
110 Lockwood Avenue
Suite 300
New Rochelle NY 10802

SUB TOTAL	99.99
TAX	7.37
SHIPPING	0.00
TOTAL DUE	107.36

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

PREFERRED BUSINESS®
530 Saw Mill River Road • Elmsford, NY 10523
Tel: 914-332-7600 • Fax: 914-332-5930

INVOICE

Date	11/05/13
Number	86180
Your P.O.	Kamica
Ship Date	10/16/13 76107
Carrier	ups
Rep	Jen Rokicki
Terms	Net 30 days

SOLD TO:
SSNRHMC

NRHMC Services Corp
16 Guion Place
Attn: Don Carniato
New Rochelle NY 10802

Quantity	Unit	Item	Description	Unit Price	Extension
1	m	BC	Business Cards	26.00	26.00

DELIVERED TO:
SSLOCK150

NRHMC Services
150 Lockwood Avenue
Suite 18

SUB TOTAL	26.00
TAX	0.00
SHIPPING	10.05
TOTAL DUE	36.05

1-1/2% per month late charge on balances 30 days past due

Thank You For Doing Business With Us!

CHERYL GARDINIER
914-332-7600
PREFERRED BUSINESS INC.
530 SAWMILL RIVER RD
ELMSFORD NY 10523

2.0 LBS LTR 1 OF 1

SHIP TO:
C/O GCG, INC.
SOUND SHORE MEDICAL CENTER
SUITE A
5151 BLAZER PARKWAY
DUBLIN OH 43017-9306

OH 432 9-30

UPS NEXT DAY AIR **1**

TRACKING #: 1Z T66 5T4 01 9141 4429

BILLING: P/P

UIS 16.0.38. WNTIE:60 48.0A 01/2014

SOUND SHORE MEDICAL CENTER
5151 BLAZER PKWY
STE A
DUBLIN OH 43017-3327

P:MBKM3 S:MBL I:318

42C-1022

1ZT665T4019141 **4429** 1030

SAT08486 Jan 27 04:38:14 2014
US 4324 HIPPS 13.1.1 SAT08485sL

the applicable weight.

01004164
SSM0202931082

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY

☐ 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:

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY
ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER
C/O RICE & RICE, ESQS.
207 NORTH AVENUE SUITE 202
NEW ROCHELLE, NY 10801

Telephone number: 914-633-9200
Email Address: ricelaw@aol.com

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

FILED - 00869
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.

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. SEP 18 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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013): $** undetermined (See attached summons and complaint and other litigation documents)

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:** Medical Malpractice Negligent Care and Treatment and Conscious Pain and Suffering
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** ___ ___ ___ ___

3a. **Debtor may have scheduled account as:** contingent, unliquidated, disputed
(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. (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: J. Roger Rice

Title: Partner

Company: Rice & Rice Attorneys at Law

(Signature) 9/17/13 (Date)

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

Telephone number: 914-633-9200 email: ricelaw@aol.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. 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(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.

01004164
SSM0202931082

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY
ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER
C/O RICE & RICE, ESQS.
207 NORTH AVENUE SUITE 202
NEW ROCHELLE, NY 10801

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

----------X Index No.: 59576/2012

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER,

Plaintiff,

-against-

GLEN ISLAND NURSING AND REHABILITATION CENTER and SOUND SHORE MEDICAL CENTER,

Defendants.

----------X

VERIFIED COMPLAINT

Plaintiff, complaining of the Defendants herein, by their attorneys RICE & RICE, ESQS., as and for his Verified Complaint, states and alleges as follows:

FIRST: That at all times hereinafter mentioned, the Plaintiff Public Administrator of Westchester County, is a Public entity duly existing in the County of Westchester, and State of New York.

SECOND: That at all times hereinafter mentioned, the Defendant GLEN ISLAND CENTER FOR NURSING AND REHABILITATION CENTER, is and at all times hereinafter mentioned a company, duly existing in the State of New York, and transacts and conducts business at 490 Pelham Road, New Rochelle, New York 10804.

THIRD: That at all times hereinafter mentioned, the Defendant SOUND SHORE MEDICAL CENTER, is and at all times hereinafter mentioned a company, duly existing in the State of New York, and transacts and conducts business at 16 Guion Place, New Rochelle, New York 10802, the site of the subject incident.

FOURTH: That the Public Administrator was duly appointed Administrator of the Estate of Perry Tucker on June 14, 2012.

FIFTH: That the above referenced letters of administration are active and have never

been revoked.

FIRST CAUSE OF ACTION:

WRONGFUL DEATH AGAINST DEFENDANT GLEN ISLAND NURSING CENTER AND REHABILITATION CENTTER

SIXTH: That on or about May 2010, the Plaintiff, PERRY TUCKER, was admitted to Defendant facility for rehabilitation after hip surgery.

SEVENTH: That upon information and belief, while in the care of Defendant's staff Perry Tucker developed several infections, which upon information and belief were not properly treated by Defendant Glen Island Nursing and Rehabilitation Center, staff.

EIGHTH: By reason of all the foregoing, Plaintiff PERRY TUCKER was caused conscious pain and suffering and subsequently died on June 17, 2010.

SECOND CAUSE OF ACTION:
NEGILIGENT CARE AND TREATMENT AND CONCIOUS PAIN AND SUFFERING BY THE STAFF OF DEFENDANT GLEN ISLAND NURSING AND REHABILIATION CENTER

TENTH: Plaintiff repeats, reiterates, and realleges paragraphs "ONE" through "EIGHTH" inclusive, with the same force and effect as if more fully and specifically set forth herein at length.

ELEVENTH: That on or about May 2010, the Plaintiff PERRY TUCKER was under the professional care of Defendant Glen Island Nursing and Rehabilitation Center and its staff.

TWELFTH: Upon information and belief the staff of Defendant Glen Island Nursing and Rehabilitation Center waivered from the usual and customary care, ultimately causing the Plaintiff PERRY TUCKER'S death on June 17, 2010.

THIRTEENTH: Upon information and belief, the Plaintiff PERRY TUCKER was not properly given the proper medical treatment necessary to sustain his life by the staff of Glen Island Nursing and Rehabilitation Center.

FOURTEENTH: That prior to his death, Plaintiff PERRY TUCKER was a physically healthy man.

FIFTEENTH: That at the time of his death, Plaintiff's intestate left his surviving family, kin and heirs at law for whose benefit this action is commenced.

SIXTEENTH: By reason of the foregoing, Plaintiff suffered damages in an amount in excess of the jurisdictional limits of all lower courts and in an amount to be determined at trial, together with costs and disbursements of this action and with such other and further relief as the Court may deem just and proper.

THIRD CAUSE OF ACTION:
NEGLIGENT CARE AND TREATEMENT AND CONCIOUS PAIN AND SUFFERING BY THE STAFF OF DEFENDANT SOUND SHORE MEDICAL CENTER

SEVENTEENTH: Plaintiff repeats, reiterates, and realleges paragraphs "ONE" through "SIXTEENTH" inclusive, with the same force and effect as if more fully and specifically set forth herein at length.

EIGHTEENTH: That on or about May 2010, the Defendant SOUND SHORE's employees undertook and endeavored to, and did, advise and treat the deceased Perry Tucker plaintiff, as physicians and nurses.

NINETEENTH: That on or about May, 2010, the staff of Defendant SOUND SHORE MEDICAL CENTER negligently released the Plaintiff, PERRY TUCKER, from their care with an untreated infection. Said action was foreseeable and in furtherance of Defendant SOUND SHORE's purpose as such act was within reasonable contemplation of Defendant SOUND SHORE.

TWNETIETH: That Defendant SOUND SHORE had the ability to control and direct there staff on or about May 2010.

TWENTYFIRST: That Defendant SOUND SHORE's employees were acting within the scope of their employment and in furtherance of Defendant SOUND SHORE's purpose and that Defendant SOUND SHORE had some degree of control over the physicians and nurses, and other staff's actions.

TWENTYTHIRD: Plaintiff demands judgment for negligence and wrongful death against the Defendants GLEN ISLAND NURSING AND REHABILIATION CENTER and SOUND SHORE MEDICAL CENTER in a sum exceeding the jurisdictional limits of all the lower courts.

TWENTYFOURTH: By reason of the foregoing, the next of kin of the Decedent have been damaged in an amount in excess of the jurisdictional limits of all lower courts and in an amount to be determined at trial together with costs and disbursements of this action and with such other and further relief as the Court may deem just and proper.

WHEREFORE, the Plaintiff demands judgment against the Defendants in an amount to be determined upon the trial of this action, together with the costs and disbursements of this action.

Dated: January 2, 2013
New Rochelle, New York

Yours, etc.
RICE & RICE, ESQS.

J. Roger Rice, Esq.
Attorneys for Plaintiff
270 North Ave., Suite 202
New Rochelle, NY 10801
(914) 633-9200

To: PHELAN, PHELAN & DANEK, LLP.
302 WASHINGTON AVENUE EXT.
Suite 3
Albany, New York 12203
Attorneys for Glen Island Nursing and Rehabilitation Center

Santangelo, Benevento & Slattery, Esq
1800 Northern Blvd
Roslyn, New York 11576
Attorney for Defendants Sound Shore Medical Center

VERIFICATION

I, Marguerite Holmes Public Administrator of Westchester County, being duly sworn deposes and says: I am the Plaintiff in the within action, have read the foregoing Verified Complaint, know the contents thereof, the same is true to my own knowledge, except to those matters said to be upon information and belief and as to those matters I believe them to be true.

Marguerite Holmes

PUBLIC ADMINISTRATOR
COUNTY OF WESTCHESTER

Sworn to me this 9th day of January, 2013

Janice A. Dengler
Notary Public

JANICE A. DENGLER
Notary Public, State of New York
No. 01DE6145312
Qualified in Westchester County
Commission Expires May 1, 2014

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

----------X **Index No.:** 59576/2012

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER,

Plaintiff,

-against-

GLEN ISLAND NURSING AND REHABILITATION CENTER and SOUND SHORE MEDICAL CENTER,

Defendants.

----------X

VERIFIED COMPLAINT

ATTORNEYS FOR:
PLANTIFF

Pursuant to 22 NYCRR 130-1.1, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, the contentions contained in the annexed document are not frivolous.

Dated: New Rochelle, N.Y.
January 9, 2013

*Signature*_____

J.ROGER RICE, ESQ.

RICE & RICE ATTORNEYS AT LAW
Attorney(s) for Plaintiff
270 North Avenue-Suite 202
New Rochelle, New York 10801
Tel. (914) 633-9200/Fax 914-633-9291

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

----------X Index No.: 58576/2012

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER,

Plaintiff(s),

SUBPOENA DUCES TECUM

-against-

GLEN ISLAND NURSING AND REHABILITATION CENTER and SOUND SHORE MEDICAL CENTER,

Defendant(s).

----------X

THE PEOPLE OF THE STATE OF NEW YORK

TO: **Glen Island Nursing and Rehabilitation Center**
490 Pelham Road
New Rochelle, NY 10804

GREETING:

WE COMMAND YOU, that all business and excuses being laid aside, you and each of you appear and attend before a Notary Public of the State of New York duly authorized to administer oaths, at the Law Office of Rice & Rice located at 270 North Avenue-Suite 202, New Rochelle, N.Y.10801 on the 30th day of July 2012 at 10:00 a.m. o'clock in the forenoon, and at any recessed or adjourned date to give testimony in this action on the part of the Plaintiff and bring with you the following documents:

1. Copies of all medical records for the deceased PERRY TUCKER.

Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed fifty dollars and all damages sustained by reason of your failure to comply.

PERSONAL APPEARANCE IS NOT REQUIRED UPON PRODUCTION OF CERTIFIED RECORDS in hand on or before July 30, 2012 to the Law Office of Rice & Rice 270 North Avenue-Suite 208, New Rochelle, NY 10801

In witness thereof, Honorable Judge presiding, one of the justices of the said Court, at White Plains, New York, the 30th day of July 2012.

Dated: New Rochelle, NY
June 29, 2012

Law Office of Rice & Rice

By: _____

J. Roger Rice, Esq. Esq.
Attorneys for Plaintiff
The Public Administrtor of Westchester
270 North Avenue-Suite 202
New Rochelle, NY 10801
Tel. (914) 633-9200

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF WESTCHESTER

----------X Index No.: 58576/2012

PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER,

Plaintiff(s),

SUBPOENA DUCES TECUM

-against-

GLEN ISLAND NURSING AND REHABILITATION CENTER and SOUND SHORE MEDICAL CENTER,

Defendant(s).

----------X

THE PEOPLE OF THE STATE OF NEW YORK

TO: **Sound Shore Medical Center**
16 Guion Place
New Rochelle, NY 10801

GREETING:

WE COMMAND YOU, that all business and excuses being laid aside, you and each of you appear and attend before a Notary Public of the State of New York duly authorized to administer oaths, at the Law Office of Rice & Rice located at 270 North Avenue-Suite 202, New Rochelle, N.Y.10801 on the 30th day of July 2012 at 10:00 a.m. o'clock in the forenoon, and at any recessed or adjourned date to give testimony in this action on the part of the Plaintiff and bring with you the following documents:

1. Copies of all medical records for the deceased PERRY TUCKER.

Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the person on whose behalf this subpoena was issued for a penalty not to exceed fifty dollars and all damages sustained by reason of your failure to comply.

PERSONAL APPEARANCE IS NOT REQUIRED UPON PRODUCTION OF CERTIFIED RECORDS in hand on or before July 30, 2012 to the Law Office of Rice & Rice 270 North Avenue-Suite 208, New Rochelle, NY 10801

In witness thereof, Honorable Judge presiding, one of the justices of the said Court, at White Plains, New York, the 30th day of July 2012.

Dated: New Rochelle, NY
June 29, 2012

Law Office of Rice & Rice

By: _____

J. Roger Rice, Esq. Esq.
Attorneys for Plaintiff
The Public Administrtor of Westchester
270 North Avenue-Suite 202
New Rochelle, NY 10801
Tel. (914) 633-9200

Sent from my iPhone. Please excuse any typos.

Begin forwarded message:

From: "9wesef@courts.state.ny.us" <9wesef@courts.state.ny.us>
Date: January 7, 2013, 2:21:10 PM EST
To: "sbs-law@sbs-law.com" <sbs-law@sbs-law.com>, "stanley@ppdlawfirm.com" <stanley@ppdlawfirm.com>, Jordan Rice <jordan@nyricelaw.com>, "robin@ppdlawfirm.com" <robin@ppdlawfirm.com>
Subject: NYSCEF: Westchester Confirmation - NOTICE OF MOTION 59576/2012 PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Westchester County Supreme Court

Notification - 01/07/2013

This is an AUTOMATED response for Supreme Court / Court of Claims cases.
The NYSCEF web site has received document(s) from the filing user, **THOMAS J BENVENUTO**, for case/claim number

59576/2012

E-mail Notifications Sent to:

BENVENUTO, THOMAS J - sbs-law@sbs-law.com
PHELAN, ROBIN B - robin@ppdlawfirm.com
RICE, JORDAN - jordan@NYRicelaw.com
TARTAGLIA, STANLEY JOSEPH - stanley@ppdlawfirm.com

Please retain this notification for your records.

Case Caption: PUBLIC ADMINISTRATOR OF WESTCHESTER

COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Judge: NOT ASSIGNED

Doc #	Document Type	Description	Motion #	Received date/time
4	NOTICE OF MOTION	Motion		01/07/2013 02:21 PM
5	EXHIBIT(S)	Exhibit A		01/07/2013 02:21 PM
6	EXHIBIT(S)	Exhibit B		01/07/2013 02:21 PM
7	RJI -RE: NOTICE OF MOTION	RJI		01/07/2013 02:21 PM

Filing User Information

Filing User Name	THOMAS J BENVENUTO	**Work Address**	1800 northern blvd, roslyn, NY 11576
Phone Number	516-775-2236		
Fax Number	516-684-2321		
E-mail Service Address	sbs-law@sbs-law.com		

Sent from my iPhone. Please excuse any typos.

Begin forwarded message:

From: "9wesef@courts.state.ny.us" <9wesef@courts.state.ny.us>
Date: January 14, 2013, 4:32:40 PM EST
To: "sbs-law@sbs-law.com" <sbs-law@sbs-law.com>, "stanley@ppdlawfirm.com" <stanley@ppdlawfirm.com>, Jordan Rice <jordan@nyricelaw.com>, "robin@ppdlawfirm.com" <robin@ppdlawfirm.com>
Subject: NYSCEF: Westchester Confirmation - AFFIDAVIT OR AFFIRMATION IN OPPOSITION TO MOTION 59576/2012 PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Westchester County Supreme Court

Notification - 01/14/2013

This is an AUTOMATED response for Supreme Court / Court of Claims cases.
The NYSCEF web site has received document(s) from the filing user, **JORDAN RICE**, for case/claim number

59576/2012

E-mail Notifications Sent to:

BENVENUTO, THOMAS J - sbs-law@sbs-law.com
PHELAN, ROBIN B - robin@ppdlawfirm.com
RICE, JORDAN - jordan@NYRicelaw.com
TARTAGLIA, STANLEY JOSEPH - stanley@ppdlawfirm.com

Please retain this notification for your records.

Case Caption: PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Judge: James W. Hubert

Doc #	Document Type	Description	Motion #	Received date/time
17	AFFIDAVIT OR AFFIRMATION IN OPPOSITION TO MOTION	Affirmation In Opposition	001	01/14/2013 04:32 PM
18	EXHIBIT(S)			01/14/2013 04:32 PM
19	AFFIRMATION/AFFIDAVIT OF SERVICE			01/14/2013 04:32 PM

Filing User Information

Filing User Name	JORDAN RICE	**Work Address**	270 NORTH AVE STE 202, NEW ROCHELLE, NY 10801-5135
Phone Number	(914) 633-9200		
Fax Number			
E-mail Service Address	jordan@NYRicelaw.com		

Sent from my iPhone. Please excuse any typos.

Begin forwarded message:

From: "9wesef@courts.state.ny.us" <9wesef@courts.state.ny.us>
Date: January 23, 2013, 2:43:05 PM EST
To: "sbs-law@sbs-law.com" <sbs-law@sbs-law.com>, "stanley@ppdlawfirm.com" <stanley@ppdlawfirm.com>, Jordan Rice <jordan@nyricelaw.com>, "robin@ppdlawfirm.com" <robin@ppdlawfirm.com>
Subject: NYSCEF: Westchester Confirmation - AFFIDAVIT OR AFFIRMATION IN REPLY 59576/2012 PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Westchester County Supreme Court

Notification - 01/23/2013

This is an AUTOMATED response for Supreme Court / Court of Claims cases. The NYSCEF web site has received document(s) from the filing user, **STANLEY JOSEPH TARTAGLIA**, for case/claim number

59576/2012

E-mail Notifications Sent to:

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PHELAN, ROBIN B - robin@ppdlawfirm.com
RICE, JORDAN - jordan@NYRicelaw.com
TARTAGLIA, STANLEY JOSEPH - stanley@ppdlawfirm.com

Please retain this notification for your records.

Case Caption: PUBLIC ADMINISTRATOR OF WESTCHESTER

COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

Judge: James W. Hubert

Doc #	Document Type	Description	Motion #	Received date/time
20	AFFIDAVIT OR AFFIRMATION IN REPLY	Glen Island's Reply Affidavit	002	01/23/2013 02:43 PM
21	EXHIBIT(S)	Exhibit D		01/23/2013 02:43 PM
22	AFFIRMATION/AFFIDAVIT OF SERVICE	Affidavit of Service		01/23/2013 02:43 PM

Filing User Information

Filing User Name	STANLEY JOSEPH TARTAGLIA	**Work Address**	302 WASHINGTON AVENUE EXT, ALBANY, NY 12203
Phone Number			
Fax Number			
E-mail Service Address	stanley@ppdlawfirm.com		

NYSCEF - Westchester County Supreme Court

Confirmation Notice

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PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

59576/2012

Documents Received

Doc #	Document Type	Motion #	Date Received
10	COMPLAINT		01/09/2013 03:13 PM

Filing User

Name:	**JORDAN RICE**		
Phone	**(914) 633-9200**	E-mail Address:	**jordan@NYRicelaw.com**
Fax #:		Work Address:	**270 NORTH AVE STE 202 NEW ROCHELLE, NY 10801-5135**

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TARTAGLIA, STANLEY JOSEPH - stanley@ppdlawfirm.com

NOTE: If submitting a working copy of this filing to the court, you must include as a notification page firmly affixed thereto a copy of this Confirmation Notice.

NYSCEF - Westchester County Supreme Court

Confirmation Notice

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PUBLIC ADMINISTRATOR OF WESTCHESTER COUNTY AS ADMINISTRATOR OF THE ESTATE OF PERRY TUCKER - v. - GLEN ISLAND NURSING AND REHABILITATION CENTER et al

59576/2012

Documents Received

Doc #	Document Type	Motion #	Date Received
10	COMPLAINT		01/09/2013 03:13 PM

Filing User

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TARTAGLIA, STANLEY JOSEPH - stanley@ppdlawfirm.com

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Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

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PO ZIP Code	Day of Delivery	Postage
10801	☐ Next ☐ 2nd ☐ 2nd Del. Day	$ 19.95
Date Accepted Mo. Day Year 9/17/13	Scheduled Date of Delivery Month 9 Day 18	Return Receipt Fee $
Time Accepted 1:54 ☐ AM ☐ PM	Scheduled Time of Delivery ☐ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight 5 lbs. ozs.	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $ 19.95
	Int'l Alpha Country Code	Acceptance Emp. Initials

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Federal Agency Acct. No. or Postal Service Acct. No.

☐ WAIVER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend Holiday ☐ Mailer Signature

FROM: (PLEASE PRINT) PHONE 914 633-9200
Rice & Rice Attorneys at Law
270 North Avenue Suite 202
New Rochelle New York 10801

TO: (PLEASE PRINT) PHONE ( )
Sound Shore Medical of Westchester, et al., c/o GCG, 5151 Blazer Parkway, Suite A, Dublin, OH 43017

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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01008463
SSM0202781120

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 20 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): BEPOITE, SANDRA

☐ 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:
Anastacio Rodriguez
140 Pelham RD APT 7j
New Rochelle N.Y 10805
Telephone number: 914-819-2557
Email Address: Ponce54@live.com

Name and address where payment should be sent (if different from above):
Anastacio Rodriguez
140 Pelham RD APT 7j New Rochelle N.Y 10805
Telephone number: 914-819-2557
Email Address: Ponce54@live.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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____

FILED - 00875
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.

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 instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 3 6 5 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.

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). 2,184.75

☐ 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). 19,213.98

☐ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__). Bank time 728.25

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. (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: Anastacio Rodriguez (Signature) 9/17/13 (Date)

Title: Supervisor (Food Services)

Company: Sound Shore Medical Center

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

Telephone number: 914-819-2557 email: Ronce54@hotmail.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. 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(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.

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FedEx Tracking Number 8029 2314 3326

Form ID No. 0215

Recipient's Copy

1 From

Date 9/19/13

Sender's Name ACCOUNT PAYABLE DEPT Phone 914 632-5000

Company SOUND SHORE MEDICAL CENTER

Address 16 GUION PL

Dept./Floor/Suite/Room

City NEW ROCHELLE State NY ZIP 10801-5502

2 Your Internal Billing Reference

3 To

Recipient's Name Sound Shore Medical Center of Westchester et. al. c/o GCG Phone

Company

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Dept./Floor/Suite/Room

Address

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City Dublin State OH ZIP 43017

HOLD Weekday FedEx location address REQUIRED. NOT available for FedEx First Overnight.

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2 or 3 Business Days

- [ ] FedEx 2Day A.M. — Second business morning.* Saturday Delivery NOT available.
- [ ] FedEx 2Day — Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.
- [ ] FedEx Express Saver — Third business day.* Saturday Delivery NOT available

5 Packaging * Declared value limit $500.

[ ] FedEx Envelope* [ ] FedEx Pak* [ ] FedEx Box [ ] FedEx Tube [ ] Other

6 Special Handling and Delivery Signature Options

- [ ] SATURDAY Delivery — NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver
- [ ] No Signature Required — Package may be left without obtaining a signature for delivery
- [ ] Direct Signature — Someone at recipient's address may sign for delivery. Fee applies.
- [ ] Indirect Signature — If no one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. Fee applies.

Does this shipment contain dangerous goods?

One box must be checked.

- [ ] No
- [ ] Yes — As per attached Shipper's Declaration.
- [ ] Yes — Shipper's Declaration not required
- [ ] Dry Ice — Dry ice, 9, UN 1845 ____ x ____ kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

[ ] Cargo Aircraft Only

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Obtain recip. Acct. No. [ ]

- [ ] Sender — Acct. No. in Section 1 will be billed.
- [X] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

Total Packages ____ Total Weight ____ lbs.

Credit Card Auth.

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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):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP INC. SEP 28 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.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): ROTARY CLUB of NEW ROCHELLE

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

Name and address where notices should be sent:
ROTARY CLUB OF NEW Rochelle
271 North Avenue Suite 816
New Rochelle, NY 10801
Telephone number:
Email Address:

Court Claim Number: 1002946 (If known)

Filed on: 5/29/13

Name and address where payment should be sent (if different from above):
ROTARY CLUB OF NEW ROCHELLE
271 North Avenue Ste 816
New Rochelle, NY 10801
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): $** 1873.00

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:** OUTSTANDING DUES & EVENT PAYMENTS
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 13-6162965

3a. **Debtor may have scheduled account as:** # 1873 (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. (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: ANGELA C TURCO
Title: Director of Development / Rotary member
Company: SSMC
(Signature) 9/24/2013 (Date)

Address and telephone number (if different from notice address above):
SSMC
16 Guion Place
New, NY 11802

ACTING on behalf of NR Rotary as Member of Club

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(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.

Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10802

Accounts Payable Check Request

5/31/2012 Vendor Number _____

ROTARY CLUB OF NEW ROCHELLE

3 TABLES

Invoice Number	Invoice Date	Cost Center	Distribution Amt.
GW-NRROTARYDINNERANGELA	5/31/2012	6600-949	$1,423
			$
		Total	$1,423.00

REQUESTED RELEASE DATE:
ASAP

Return check to:
Foundation Office Ext 3755
Foundation Office Ext 3755

Amy Cassidy/Date
Sr. VP for Advancement

Administrative Approval/Date

Finance Approval Date

Rotary Club of New Rochelle cordially invites
you to our Annual 93rd Installation Dinner

Wednesday June 27, 2012

Cocktails, Hors D'oeuvres
6:00pm- 7:00pm

Dinner to follow
Open Bar All Evening

The Davenport Club
400 Davenport Avenue
New Rochelle, NY

Please come and join us as
Raymond Beninato
Becomes President

Honoring The Paul Harris Fellow and
Service Above Self Inductees
Edythe Bobrow
Angela C. Turco
Thomas J. Geoffino

3 tickets

Cost: $45.00 per person
R.S.V.P. with enclosed card by
June 20, 2012

Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10802

Accounts Payable Check Request

Date 12/4/2012

Vendor Number _____

Check to be made payable to:

ROTARY CLUB OF NEW ROCHELLE
P.O. BOX 785
NEW ROCHELLE,NY 10802

Reason For Request

TABLE OF TEN FOR 2012 AUCTION

Invoice Number	Invoice Date	Cost Center	Distribution Amt.
gw-NRROTARYAUCTION	12/4/2012	6600-949	$450.00
			$
			$

Total $450.00

REQUESTED RELEASE DATE:
ASAP

Return check to:
Foundation Office Ext 3755
Foundation Office Ext 3755

Amy Cassidy/Date
Sr. VP for Advancement

Administrative Approval/Date

Finance Approval Date

Rotary Club of New Rochelle cordially invites
You to our Annual Holiday Auction Dinner Party

Proceeds to Benefit Various Community Organizations

Wednesday, December 12, 2012
Cocktails and Hors D'oeuvres
6:00pm - 7:00pm

Dinner and Auction to follow
Open Bar All Evening

The Davenport Club
400 Davenport Avenue
New Rochelle, NY

Cost: $50.00 per. person
R.S.V.P. with enclosed card by
December 5, 2012

For additional information contact
Kathleen V. Fanese
At: (914) 672-9823

Foundation

Lutheran Church of New Rochelle
271 North Ave, Suite 816
New Rochelle, NY 10801

WESTCHESTER NY 105
25 SEP 2013
Hasler
$00.660
09/25/2013
Mailed From 10801
US POSTAGE

Sound Shore Medical Center
c/o GCG, Inc.
P.O. Box 9982
Dublin, Ohio 43017

43017598282

01013964
SSM0202424063

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

Sound Shore Medical Center of Westchester

Priority: Unknown

Unsecured: Unknown

Contingent / Unliquidated

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.

THE GARDEN CITY GROUP, INC. SEP 17 2013

Name of Creditor (the person or other entity to whom the Debtor owes money or property): SANTORO ROSEANN

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

Court Claim Number: 13-22840 (If known)

Filed on:

Name and address where notices should be sent:

SANTORO ROSEANN
106 COUNTRY RIDGE RD
SCARSDALE, NY 10583-6626

Telephone number: 914-723-5735

Email Address: RCSANTORO@YAHOO.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): $** 162.8 HOURS

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 - 00863
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. **Basis for Claim:** BANK VACATION TIME
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** 9 4 7 6

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. (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: RoseAnn Santoro (Signature) 9/10/2013 (Date)

Title: _____

Company: _____

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

_____

Telephone number: 914-723-5735 email: RCSANTORO@Yahoo.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. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

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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.

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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.

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01013964
SSM0202424063

SANTORO ROSEANN
106 COUNTRY RIDGE RD
SCARSDALE, NY 10583-6626

			JUNE 2013	VACATION BANK EFFECTIVE 12/31/97				VAC 2013				BONUS 7/1/2005		15yrs +	
TITLE	DATE OF HIRE	FTE	PR3	BEGINNING BALANCE	MONTHLY USAGE	ENDING BALANCE	BEGINNING BALANCE	MONTHLY USAGE	YEAR-TO-DATE	ENDING BALANCE	BEGINNING BALANCE	MONTHLY USAGE	YEAR-TO-DATE	ENDING BALANCE	BEGINNING BALANCE
			GI CENTER												
			5195												
RN-2	[illegible]	1.00	BENAVENTE [illegible]	[illegible]		[illegible]	106.00	[illegible]	44.00	106.00					792.50
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	112.50	[illegible]	37.50	112.50	7.50		0.00	7.50	727.88
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	22.50	127.50					900.00
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	[illegible]	37.50	46.50	103.50					312.50
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	30.00	120.00					102.10
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	[illegible]	37.50	37.50	112.50					252.52
[illegible]	[illegible]	0.60	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	16.00	74.00					271.00
[illegible]	[illegible]	1.00	[illegible]	[illegible]		[illegible]	[illegible]	[illegible]	37.50	112.50	7.50		0.00	7.50	880.00
RN (15.00)	07/01/1979	0.40	SANTORO,R	162.80		162.80	37.50	3.00	25.50	34.50	3.00		0.00	3.00	338.05
[illegible]	[illegible]	1.00	[illegible]	0.00		0.00	117.00	30.00	63.00	87.00	7.50		0.00	7.50	248.64
[illegible]	[illegible]	1.00	[illegible]	0.00		0.00	135.00	15.00	30.00	120.00					332.00
[illegible]	[illegible]	1.00	[illegible]	0.00		0.00	63.50	5.00	91.50	58.50					416.70

~~7/5/2013~~ 6/29/13

Mr. & Mrs. Joseph Santoro
106 Country Ridge Rd.
Scarsdale, NY 10583

U.S. POSTAGE
10017
FOREVER
09 '13
08339900
FE0044300105725
062S
APC

Sound Shore Medical Center of Westchester
c/o GCG, INC
P.O. Box 9982
Dublin, OH 43017-5982

01013940
SSM0203463030

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. OCT - 2 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): SCHUETTENBERG SUSAN OD

☐ 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:

SCHUETTENBERG SUSAN OD
725 PELHAMDALE AVE
PELHAM, NY 10803-1013

Telephone number: 914-217-6410
Email Address: sps9eyes@aol.com

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 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): $ 400.00

FILED - 01815
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.

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: services performed, eye clinic, out patient department
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 5 5 0 3

3a. Debtor may have scheduled account as: Sound Shore Medical Center of Westchester
(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: $ _____

FILED
U.S. BANKRUPTCY COURT
S.D. N.Y.
2013 OCT 23 P 2:18

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: $ 400.00

**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) 0

CRT

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: SUSAN P. SCHUETTENBERG

Title: OPTOMETRIST (Signature) Susan P. Schuettenberg (Date) 9/19/13

Company: self

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.

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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.

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SSM0203463030

SCHUETTENBERG SUSAN OD
725 PELHAMDALE AVE
PELHAM, NY 10803-1013

From: Browne, Kailash <kbrowne@sshsw.org>
To: sps9eyes <sps9eyes@aol.com>
Subject: SSHS Salaried Physicians
Date: Thu, Aug 16, 2012 8:45 am

Memorandum

sps9eyes@aol.com

To: SSHS Salaried Physicians

From: John R. Spicer

Date: 8/16/2012

Re: Payroll Change

As you are aware, these are very difficult times for all healthcare organizations. In an effort to streamline cash flow, we are changing the pay date schedule for Managers and Physicians; this will not change your pay period. Your check will be delayed one week as we roll out the new schedule. This will have no impact on your annual salary. You will still be required to submit your time card as you currently do. This decision was agreed upon with much thought and we feel that in order to avoid undue reductions in salary, this change will help mitigate the situation.

The pay period we are in now ends 8/25/2012. Normally the pay day for this work period would be 8/30/2012. Instead the payday will be one week later on 09/06/2012. After that the pay days will return to every two weeks.

Human resource staff will be able to answer any questions you have with regard to this change and will be visiting each department to clarify any questions for you and your staff. In the meantime they can be reached at 365-4802.

CO	FILE	DEPT	CLOCK	VOUCHER
2HA	001092	005503	0000360045	1

Earnings Statement

Period Ending: 08/25/2012
Pay Date: 09/06/2012

LAG begins

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PLACE, NEW ROCHELLE, NEW YORK 10802 914-632-5000

00000000045
SUSAN SCHUETTENBERG
725 PELHAMDALE AVE
PELHAM, NY 10803

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
NY: 0

Social Security Number: XXX-XX-XXXX

Earnings	rate	hours	this period	year to date
Regular	100.0000	8.00	800.00	12,400.00
Sick Pay				400.00
Gross Pay			$800.00	12,800.00

Deductions		
Statutory		
Federal Income Tax	48.85	719.30
Social Security Tax	33.60	537.60
Medicare Tax	11.60	185.60
NY State Income Tax	22.28	329.92
NY SUI/SDI Tax	1.20	21.60
Other		
Checking	682.47	
Net Pay	$0.00	

Your federal taxable wages this period are $800.00

Other Benefits and Information	this period	total to date
Sick Hours Paid		4.00

TEAR HERE

VERIFY DOCUMENT AUTHENTICITY: COLORED AREA MUST CHANGE IN TONE GRADUALLY AND EVENLY FROM DARK AT TOP TO LIGHTER AT BOTTOM

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PLACE, NEW ROCHELLE, NEW YORK 10802 914-632-5000

Advice number: 00000360045
Pay date: 09/06/2012

Deposited to the account of	account number	transit-ABA	amount
SUSAN SCHUETTENBERG	xxxxxx2684	xxxx xxxx	$682.47

NON-NEGOTIABLE

From. (631) 470-5000
Attn: Arturo D Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J131113021203 26

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
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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.

01001662
SSM0202926620

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 17 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): SUSY SKARIAH

☐ 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:

SUSY SKARIAH
368 PINEBROOK BLVD
NEW ROCHELLE, NY 10804-3926

Telephone number:
Email Address:

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $_____

FILED - 00859
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.

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 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)

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: _____

Title: _____ (Signature) (Date)

Company: _____

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(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.

01001662
SSM0202926620

SUSY SKARIAH
368 PINEBROOK BLVD
NEW ROCHELLE, NY 10804-3926

12004202

Robert R. Snashall
Chairman

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD
PO BOX 29017
BROOKLYN, NY 11202-9017

(914) 788-5775

State of New York - Workers' Compensation Board

In regard to Susy Skariah, WCB Case #3990 1866

NOTICE OF DECISION

keep for your records

At the Workers' Compensation hearing held on 05/30/2001 involving the claim of Susy Skariah at the Yonkers hearing location, Judge Oberman made the following decision, findings and directions:

AWARD : The employer or insurance carrier is directed to pay the following awards, less payments already made by the employer or carrier, for the periods indicated below, unless employer or carrier files an appeal within 30 days after the date on which the decision was duly filed and served.

for disability over a period of			at rate	
weeks	from	to	per week	the sum of
6.0	10/19/1998	5/31/2001	$400.00	$2,400.00

- Partial disability.
- Intermittent lost time 30 days intermittent lost time.
- Reimburse employer.

FEES:

As lien on above award payable by separate check by carrier TO CLAIMANT'S REPRESENTATIVE OR ATTORNEY:

Sum of	To
$160.00	Joseph A. Romano, Esq.

Lien on reimbursement.

DECISION: At this time, the Workers' Compensation Board finds no evidence or insufficient evidence that the claimant has a permanent restriction or loss of use as a result of this injury. If the claimant believes that he/she has a permanent disability as a result of this injury, the claimant should contact his/her doctor to obtain a written opinion as to permanency. The doctor's opinion of permanency should be in accordance with the New York State Workers' Compensation Board guidelines and include the degree of disability, the percentage loss of use, if any,

*** *Continued on next page* ***

Claimant -	Susy Skariah	Employer -	Sound Shore Medical Center
Social Security No. -	076-66-7844	Carrier -	State Insurance Fund
WCB Case No. -	3990 1866	Carrier ID No. -	W204002
Date of Accident -	10/18/1998	Carrier Case No. -	44940492-161
District Office -	Peekskill	Date of Filing of this Decision– 06/07/2001	

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso)

ANSWER ALL QUESTIONS FULLY

ALL COMMUNICATIONS SHOULD REFER TO THESE NUMBERS

1. W.C.B. Case Number	2. Carrier Case Number	3. Carrier Code	4. Date of Injury	5. Claimant's Soc. Sec. No.
39901866	44940492-161	W 204002	10/18/1998	076-66-7844

Name and Address to which notices should be sent (Give Number and Street, City, State, Zip Code and Apt. No.)

6. Claimant
SKARIAH SUSY
368 PINEBROOK BLVD
NEW ROCHELLE NY 10804

7. Employer
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUIN PLACE-ATT:THOMAS M DALY-CFO
NEW ROCHELLE NY 10802

8. Carrier: THE STATE INSURANCE FUND
Address: 701 WESTCHESTER AV,WHITE PLAINS NY 10604

9. County Where Injury Occurred	10. Date Disability Began	11. Average Weekly Wage	12. Date First Payment Mailed	13. Date Most Recent Payment Mailed
WESTCHESTER	10/19/1998	1257.79	6/20/2001	6/20/2001

14. Description (Diagnosis) of Injury
NECK, LEFT SHOULDER

NOTICE THAT PAYMENT OF COMPENSATION FOR DISABILITY HAS BEEN STOPPED OR MODIFIED

CHECK TYPE OF CASE: [X] WORKERS' COMPENSATION [ ] VOLUNTEER FIREFIGHTER [ ] VOLUNTEER AMBULANCE WORKER

OFF DAYS: SUN, SAT

* In volunteer firefighters' and volunteer ambulance workers' benefit cases, the liable political subdivision (or unaffiliated ambulance service as defined in Sec. 30 VAWBL) is deemed to be the "EMPLOYER."

15. SUMMARY OF BENEFIT PAYMENTS FOR DISABILITY, EXCLUDING MEDICAL

Type of Disability	T/P *	Period(s) of Payment From	To	Less Days Worked	Number of Weeks	Weekly Rate	Amount
Partial	T	10/19/1998	5/31/2001	653	6.00	400.00	2400.00
DISFIGUREMENT							

* Indicate: "T" for temporary disability "P" for permanent disability

TOTAL AWARD $ 2400.00

Less: a. Fees to representative 160.00
b. Reimbursement to EMPLOYER 2240.00
c. Other (specify) .....

TOTAL DEDUCTIONS 2400.00

BALANCE TO CLAIMANT $

16. Have benefits been paid in full in accordance with an award of the WCB? [X] Yes [ ] No If "No", check and complete items below as appropriate

Claimant returned to work. Date of return: 5/31/2001 [X] At pre-injury wages [ ] At reduced wages

Payments stopped or modified for other reason. (Explain below and/or attach explanation/documentation.)
5/31/2001 Payments suspended per award.
5/31/2001 Payments suspended. Claimant returned to work at full pay.

17. [ ] NOTICE OF TERMINATION OF TEMPORARY PAYMENTS OF COMPENSATION (Sec 21-a WCL). Employer or carrier is ceasing payment of temporary compensation. See special information box on reverse. Last payment was made on . Reason for termination of payments:

Dated	Prepared by	Official Title
6/21/2001	U. PATEL	COMP. CLAIMS EXAMINER
Tel. No. & Ext. (914)997-~~4800~~X 4937		

C-8/8.6 (C-8, 1-97) Prescribed by Chair Workers' Compensation Board State of New York

GROUP #1361

SEE IMPORTANT INFORMATION TO CLAIMANT AND CARRIER ON REVERSE. 12/19/1997

(428)12040144-3

Copies To:

Claimant:	Susy Skariah
Carrier:	State Insurance Fund
Employer:	Sound Shore Medical Center
Attorney/Representative:	Joseph A. Romano, Esq. Laurence Shaw, Esq.

State Insurance Fund
701 Westchester Avenue
White Plains, NY 10604

Susy Skariah
368 Pinebrook Blvd
New Rochelle, NY 10804

Sound Shore Medical Center
att: Frank J Hagan
16 Guion Pl
New Rochelle, NY 10801

State Insurance Fund
701 Westchester Avenue
White Plains, NY 10604

Joseph A. Romano, Esq.
20 South Broadway
Yonkers, NY 10701-3702

Laurence Shaw, Esq.
34 South Broadway
White Plains, NY 10601

and the basis for such finding. The claimant and/or claimant's doctor should mail this opinion on permanency to the Workers' Compensation Board along with a letter requesting further Board action. No further action is planned by the Board at this time.

Claimant -	Susy Skariah	Employer -	Sound Shore Medical Center
Social Security No. -	076-66-7844	Carrier -	State Insurance Fund
WCB Case No. -	3990 1866	Carrier ID No. -	W204002
Date of Accident -	10/18/1998	Carrier Case No. -	44940492-161
District Office -	Peekskill	Date of Filing of this Decision– 06/07/2001	

ATENCION:

Puede llamar a la oficina de la Junta de Compensacion Obrera, en su area correspondiente, cuyo numero de telefono aparece al principio de la pagina y pida informacion acerca de su reclamacion(caso).

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Susy Skariah
368 Pinebrook Blvd.
New Rochelle, NY 10804-3926

WESTCHESTER
12 SEP 2013 PM

Freedom
FOREVER
JUSTICE
FOREVER

To,
Sound shore Medical Center of Westchester, et al.

c/o GCG, INC
P.O. Box. 9982
Dublin, OH. 43017-5982

43017598282

01000923
SSM0202558117

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☑ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

FILED
U.S. BANKRUPTCY COURT
2013 SEP 27 A 11:05
S.D. OF N.Y.

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): SHEILA SKINNER

☐ 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:

SHEILA SKINNER
2569 SEVENTH AVE, APT 26 C
NEW YORK, NY 10039

THE GARDEN CITY GROUP INC
OCT - 2 2013

Telephone number: 718 757-2946
Email Address: SSKi706420@AOL.COM

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 52,375.60

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.

FILED - 01020
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: PENSION NOT PAID, SICK TIME NOT PAID, SERVICES PERFORMED
(See instruction #2) & NOT PAID.

3. Last four digits of any number by which creditor identifies Debtor: 0 1 1 5

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)(__). SICK TIME

Amount entitled to priority: $52,375.60

**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)

CRT

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: SHEILA SKINNER Sheila Skinner 9/15/2013

Title: RN (Signature) (Date)

Company: _____

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

_____

_____

_____

Telephone number: 718 757-2946 email: SSKI706420@aol.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. 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(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.

01000923
SSM0202558117

SHEILA SKINNER
2569 SEVENTH AVE, APT 26 C
NEW YORK, NY 10039

Sheila Skinner
2569 7th Avenue Apt 26C
New York, New York 10039

In August of 2012, received notification that our payday would be delayed by one week, but we would still be getting paid for only two weeks pay, causing a loss of one week's pay from 8/12/12 to 8/18/12 in the amount of $1,927.50.

SSkinner

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm /ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J131111302120326

Ship Date: 19JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
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.

THE GARDEN CITY GROUP INC. DEC 24 2014

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

RECEIVED NOV 10 2014 U.S. BANKRUPTCY COURT SO DIST OF NEW YORK

Name of Debtor: SOUND SHORE MEDICAL CENTER

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): SMITH & NEPHEW, INC.

COURT USE ONLY

Name and address where notices should be sent:
HANK QUAGENTI
200 MINUTEMAN ROAD
ANDOVER, MA 01810

Telephone number: (978) 749-1497 email: HANK.QUAGENTI@SMITH-NEPHEW.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): SAME

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: $ 36,584.31

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.

FILED - 01530
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YOR
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: GOODS SOLD
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 3 7 2 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)

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: HANK QUAGENTI
Title: SENIOR CREDIT ANALYST
Company: SMITH & NEPHEW, INC.
Address and telephone number (if different from notice address above):
SAME

(Signature) 11-6-14 (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 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.

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90609868	1 of 1	03-18-13

Customer #
143723
Sales order # 8328120
Order date 03-18-13
P.O. # NR175914
Delivery # 17754871
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 700.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
4	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	700.00
		Batch No.:		(50434948)			
						Items total	700.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 700.00

Please see Terms & Conditions on back of invoice

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90609869	1 of 1	03-18-13

Customer #
143723
Sales order # 8328120
Order date 03-18-13
P.O. # NR175914
Delivery # 17755036
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 1,004.98

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	7205334	SYNOVATOR,4.5 CONCAVE (BX/6)	502.49	502.49
		Batch No.:		(50710467)			
1	BX	0	Q	7209075	INCISOR PLUS,4.5MM,CONCAVE CRV /6	502.49	502.49
		Batch No.:		(50695516)			
						Items total	1,004.98

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 1,004.98

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90623967	1 of 1	03-25-13

Customer #
143723
Sales order # 8351358
Order date 03-25-13
P.O. # nr176041
Delivery # 17786396
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 875.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
5	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	875.00
		Batch No.:		(50435328)			
						Items total	875.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE USD 875.00

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Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90624420	1 of 1	03-25-13

Customer #
143723
Sales order # 8351358
Order date 03-25-13
P.O. # nr176041
Delivery # 17786385
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 2,597.89

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
2	BX	0	Q	7205334	SYNOVATOR,4.5 CONCAVE (BX/6)	502.49	1,004.98
		Batch No.:		(50713617)			
1	BX	0	Q	7206011	BOXED F/R,BL,4.5MM,SERIES 3000 /6	580.00	580.00
		Batch No.:		(50708640)			
1	BX	0	Q	7210976	INCISOR PLUS ELITE BL,4.5MM,DSPL,DYO PW	510.42	510.42
		Batch No.:		(50701237)			
1	BX	0	Q	7209075	INCISOR PLUS,4.5MM,CONCAVE CRV /6	502.49	502.49
		Batch No.:		(50707473)			
						Items total	2,597.89

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 2,597.89

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90644880	1 of 1	04-04-13

Customer #
143723
Sales order # 8381765
Order date 04-04-13
P.O. # NR176243
Delivery # 17829959
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx First Overnight (8AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 5,034.39

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	7205334	SYNOVATOR,4.5 CONCAVE (BX/6)	502.49	502.49
		Batch No.:		(50713617)			
1	BX	0	Q	7206011	BOXED F/R,BL,4.5MM,SERIES 3000 /6	580.00	580.00
		Batch No.:		(50708640)			
2	BX	0	Q	72200731	DYONICS 5.5MM ELITE ACROMIOBLASTER BURR	505.95	1,011.90
		Batch No.:		(50708958)			
8	EA	0	Q	72202139	DYONICS RF-S WHIRLWIND 90 DEG	210.00	1,680.00
		Batch No.:		(1031950)			
6	EA	0	Q	72202140	DYONICS RF-S CROSS 50 DEG	210.00	1,260.00
		Batch No.:		(0415320-A)			
						Items total	5,034.39

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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TOTAL AMOUNT DUE
USD 5,034.39

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150 Minuteman Road
Andover, MA 01810-1031 USA

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Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90644881	1 of 1	04-04-13

Customer #
143723

Sales order # 8381765
Order date 04-04-13

P.O. #
NR176243

Delivery # 17829991
Shipment #

Distributor
GardenState - Batten

Terms of payment
Net 30 Days

Ship via
FedEx First Overnight (8AM)

Terms of delivery
Bill customers account

PLEASE PAY USD 1,050.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
6	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	1,050.00
	Batch No.:			(50435353)			
						Items total	1,050.00

Product prices are net of discounts. Per 42 C.F.R.'1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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TOTAL AMOUNT DUE
USD 1,050.00

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150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90652781	1 of 1	04-09-13

Customer #
143723
Sales order # 8395622
Order date 04-09-13
P.O. # NR176348
Delivery # 17848097
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 700.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
4	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	700.00
		Batch No.:		(50435574)			
						Items total	700.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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TOTAL AMOUNT DUE
USD 700.00

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150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90653237	1 of 1	04-09-13

Customer #
143723
Sales order # 8395622
Order date 04-09-13
P.O. # NR176348
Delivery # 17848058
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 1,680.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
8	EA	0	Q	72202139	DYONICS RF-S WHIRLWIND 90 DEG	210.00	1,680.00
		Batch No.:		(1031764)			
						Items total	1,680.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE USD 1,680.00

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150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90655002	1 of 1	04-10-13

Customer #
143723
Sales order # 8399590
Order date 04-10-13
P.O. # NR176357
Delivery # 17852990
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx First Overnight (8AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 7,518.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
12	EA	0	A	72202467	FAST-FIX 360 STRAIGHT NDL DELIVERY SY	499.00	5,988.00
		Batch No.:		(50454684)			
10	EA	0	Q	72202674	FAST-FIX 360 KPSC AND SLOTTED CANNULA	153.00	1,530.00
		Batch No.:		(50454746)			
						Items total	7,518.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE USD 7,518.00

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90655003	1 of 1	04-10-13

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #
143723
Sales order #
8399590
Order date
04-10-13
P.O. #
NR176357
Delivery #
17853004
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx First Overnight (8AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 923.32

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
6	EA	0	G	7210533	PAPER,HP PREM GLOSSY, 50 SHEETS Q1785A	88.68	532.08
2	EA	0	G	72200204	CARTRIDGE, INK, BLACK, HP 99	86.94	173.88
2	EA	0	G	72200205	CARTRIDGE, INK, TRI-COLOR, HP 97	108.68	217.36
						Items total	923.32

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 923.32

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90673886	1 of 1	04-19-13

Customer #
143723
Sales order # 8205655
Order date 02-07-13
P.O. # NR175209
Delivery # 17893658
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 450.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	72201509	FULL RADIUS, 2.9, MAG-MINI, DISP. BLA	450.00	450.00
		Batch No.:		(50728280)			
						Items total	450.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 450.00

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150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90679047	1 of 1	04-23-13

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Customer #
143723
Sales order # 8440155
Order date 04-23-13
P.O. # 176549
Delivery # 17905615
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 1,400.00

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
8	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	1,400.00
	Batch No.:			(50436420)			
						Items total	1,400.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

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CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE USD 1,400.00

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Smith & Nephew, Inc.
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Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90679048	1 of 1	04-23-13

Customer #
143723
Sales order # 8440155
Order date 04-23-13
P.O. # 176549
Delivery # 17905625
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 2,686.79

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	72200731	DYONICS 5.5MM ELITE ACROMIOBLASTER BURR	505.95	505.95
		Batch No.:		(50708958)			
2	BX	0	Q	7210486	BLADE,3.5 BONE CUTTER FULL RADIUS,DISP	580.00	1,160.00
		Batch No.:		(50724048)			
2	BX	0	Q	7210976	INCISOR PLUS ELITE BL,4.5MM,DSPL,DYO PW	510.42	1,020.84
		Batch No.:		(50708745)			
						Items total	2,686.79

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 2,686.79

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90697136	1 of 1	05-02-13

Customer #
143723

Sales order # 8469984
Order date 05-02-13

P.O. #
NR176784

Delivery # 17944418
Shipment #

Distributor
GardenState - Batten

Terms of payment
Net 30 Days

Ship via
FedEx 2 Day

Terms of delivery
Bill customers account

PLEASE PAY USD 1,050.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
6	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	1,050.00
		Batch No.:		(50436654)			
						Items total	1,050.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 1,050.00

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Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90697137	1 of 1	05-02-13

Customer #
143723
Sales order # 8469984
Order date 05-02-13
P.O. # NR176784
Delivery # 17944441
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx 2 Day
Terms of delivery
Bill customers account

PLEASE PAY USD 2,321.42

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	7210486	BLADE,3.5 BONE CUTTER FULL RADIUS,DISP	580.00	580.00
		Batch No.:		(50724048)			
1	BX	0	Q	7210976	INCISOR PLUS ELITE BL,4.5MM,DSPL,DYO PW	510.42	510.42
		Batch No.:		(50708745)			
1	BX	0	Q	72200727	DYONICS 5.5MM ELITE NOTCHBLSTR ABRD BURR	440.00	440.00
		Batch No.:		(50533746)			
1	BX	0	Q	72201518	ABRADER, 2.9, MAG-MINI, DISP. BLADE	791.00	791.00
		Batch No.:		(50715670)			
						Items total	2,321.42

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 2,321.42

Please see Terms & Conditions on back of invoice

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90700659	1 of 1	05-03-13

Customer #
143723
Sales order # 8473906
Order date 05-03-13
P.O. #
nr176808
Delivery # 17950969
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx 2 Day
Terms of delivery
Bill customers account

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PLEASE PAY USD 1,232.61

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	7209075	INCISOR PLUS,4.5MM,CONCAVE CRV /6	502.49	502.49
		Batch No.:		(50707473)			
4	EA	0	Q	7209641	ABLATOR-S,MICRO,VULCAN,2MM,60 DEG	182.53	730.12
		Batch No.:		(B10956)			
						Items total	1,232.61

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 1,232.61

Please see Terms & Conditions on back of Invoice

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90710696	1 of 1	05-09-13

Customer #
143723
Sales order # 8489779
Order date 05-09-13
P.O. #
nr176928
Delivery # 17971265
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx First Overnight (8AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 2,542.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
4	EA	0	A	72202896	TWINFIX ULTRA 5.5MM W/2 UB (BLK & BLUE)	334.00	1,336.00
		Batch No.:		(50452217)			
3	EA	0	A	72203379	HEALICOIL SA PK 5.5mm W/2 UB-BL,.CBRD BL	402.00	1,206.00
		Batch No.:		(50454298)			
						Items total	2,542.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 2,542.00

Please see Terms & Conditions on back of invoice

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90725779	1 of 1	05-17-13

Customer #
143723
Sales order # 8516083
Order date 05-17-13
P.O. #
NR177053
Delivery # 18005554
Shipment #
Distributor
GardenState - Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 1,225.00

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF
WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
7	BX	0	Q	7211004	DYONICS 25 INFLOW ONLY TUBE SET (3)	175.00	1,225.00
		Batch No.:		(50438342)			
						Items total	1,225.00

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE
USD 1,225.00

Please see Terms & Conditions on back of Invoice

smith&nephew

Smith & Nephew, Inc.
150 Minuteman Road
Andover, MA 01810-1031 USA

General Information: 1-978-749-1000
Fax: 978-749-1292

Invoice

Invoice#	Page	Date
90726194	1 of 1	05-17-13

Customer #
143723
Sales order # 8516083
Order date 05-17-13
P.O. # NR177053
Delivery # 18005559
Shipment #
Distributor
GardenState.- Batten
Terms of payment
Net 30 Days
Ship via
FedEx Priority Overnight (10:30AM)
Terms of delivery
Bill customers account

PLEASE PAY USD 1,592.91

Ship to
SOUND SHORE MEDICAL CENTER
ATTN: RECEIVING DEPARTMENT
16 GUION PL
NEW ROCHELLE NY 10801-5502

SOUND SHORE MEDICAL CENTER OF WESTCHESTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

Quantity Shipped	UM	BO	Tax	Item #	Product Description	Package Price	Ext Amount
1	BX	0	Q	7205334	SYNOVATOR,4.5 CONCAVE (BX/6)	502.49	502.49
		Batch No.:		(50724025)			
1	BX	0	Q	7206011	BOXED F/R,BL,4.5MM,SERIES 3000 /6	580.00	580.00
		Batch No.:		(50712732)			
1	BX	0	Q	7210976	INCISOR PLUS ELITE BL,4.5MM,DSPL,DYO PW	510.42	510.42
		Batch No.:		(50719230)			
						Items total	1,592.91

Product prices are net of discounts. Per 42 C.F.R. 1001.952(h)(1), buyer may be obligated to report the discounts and upon request, provide information to the federal or state government regarding the discounts. Product prices may be subject to further reduction due to application of rebates earned (if any) per buyer's agreement with Smith & Nephew.

REMIT TO: P.O. Box 60333
CHARLOTTE, NC 28260-0333

TOTAL AMOUNT DUE USD 1,592.91

Please see Terms & Conditions on back of invoice

HANK QUAGENTI
SMITH & NEPHEW, INC.
200 MINUTEMAN RD.
ANDOVER, MA 01810

neopost
11/03/2014
US POSTAGE
FIRST-CLASS MAIL
$01.82
ZIP 01810
041L11240657

USM. SDNY

RECEIVED
NOV 10

U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
ONE BOWLING GREEN
NEW YORK NY 10004-1408

CASE NO. 13-22840 (RDD)

From: (631) 470-5000 Origin ID: SXYA
Attn Emmanuel Tanopo, Deputy Clerk
United States Bankruptcy Court
Southern District of New York
One Bowling Green
New York, NY 10004

FedEx. Express

J12101112190225

Ship Date: 01MAY12
ActWgt: 10.0 LB
CAD: 100098347/INET3250

Delivery Address Bar Code

Ref # AAM

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL SENDER

Attn Bankruptcy Dept.
The Garden City Group, Inc.
5151 Blazer Parkway,
SUITE A
Dublin, OH 43017

TRK# 0221 7935 1707 4660

RETURNS MON-FRI
STANDARD OVERNIGHT
RES
43017
OH-US

512G3/61A4/A278

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.

FedEx.
TRK# 0221 7935 1707 4660

WED - 24 DEC AA
STANDARD OVERNIGHT

XX OSUA

43017
OH-US
LCK

R1 0
F2 0

4660
12.24

FID 976127 23DEC14 WTCA 522C2/DC75/66DD

FILED - 01520

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

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):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Garden City Group, Inc. AUG 29 2014

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): SOLANGEL DIAZ and JUAN ORTIZ

☐ 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:
WORBY GRONER EDELMAN LLP
Attorneys for Claimants
11 Martine Avenue - PH
White Plains, NY 10606

Telephone number: 914 686 3700

Email Address: sam@rosmarinlaw.com

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

Same as 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):** $ undetermined

If all or part of the claim is secured, complete item 4. Date of medical malpractice: 03/05/13

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:** medical malpractice claims against Molham M. Solomon, M.D. alleged to be an employee under written employment agreement with SSMC (see attached)
(See instruction #2)

3. **Last four digits of any number by which creditor identifies Debtor:** n/a ___ ___ ___

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: CPLR § 3017(c) $undetermined

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: $ n/a

**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: Sam Rosmarin, Esq.
Title: Attorney for Claimants
Company: WORBY GRONER EDELMAN LLP

(Signature) August 28, 2014 (Date)

Address and telephone number (if different from notice address above):
11 Martine Avenue - PH
White Plains, New York 10606

Telephone number: 914 686 3700 email: sam@rosmarinlaw.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. 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.

WORBY GRONER EDELMAN LLP
ATTORNEYS AT LAW

11 MARTINE AVENUE, PENTHOUSE • WHITE PLAINS, NEW YORK 10606
TELEPHONE: 914-686-3700 • FACSIMILE: 914-686-8080
WWW.WGELAW.COM

DAVID E. WORBY
WILLIAM H. GRONER*
MICHAEL R. EDELMAN

RICHARD S. VECCHIO
MICHAEL L. TAUB

PAUL J. CAMPSON*
PADRAIC DONALL LEE
SAM ROSMARIN
JOEL B. SAVIT
OF COUNSEL

ADMITTED
*NY & NJ
*NY, NJ & DC

IRENE VARGAS
SENIOR PARALEGAL

115 BROADWAY, 12TH FLOOR
NEW YORK, NY 10006
212-732-3410

18 FAIR STREET
CARMEL, NY 10512
800-469-5291

August 28, 2014
FEDEX AIRBILL NO. 7709 7914 8972

Sound Shore Medical Center
c/o GCG, Inc.
Suite A
5151 Blazer Parkway
DUBLIN OH 43017

Re: Claimant SOLANGEL DIAZ and JUAN ORTIZ
Debtor: **Sound Shore Medical Center of Westchester** USBC SDNY Case No. 13-22840

Dear Sir or Madam:

Our office represents Solangel Diaz ("the Claimant"), who underwent a removal of an ovarian cyst by Molham M. Solomon, M.D. at St. Joseph's Medical Center, Yonkers, New York on March 5, 2013 *(Exhibit A: Operative Report 03/05/13)*. At the time of the cyst removal, Dr. Solomon avulsed the left ureter and the Claimant was caused to undergo subsequent repair and stenting of the ureter including an initial repair operation on March 12, 2013 *(Exhibit B: Operative Report 03/12/13)* as well as subsequent operative interventions.

An action was commenced by Solangel Diaz against Dr. Solomon and St. Joseph's Medical Center on June 25, 2014 in Supreme Court, Westchester County for medical malpractice as well as a derivative action on behalf of her husband, Juan Ortiz, and was assigned Index No. 22922/2014E. *(Exhibit C)*. The Summons and Verified Complaint was sent out for process service.

In response to the attempted service of process on Defendant Solomon, our office received written communication from Weiss Zarett Brofman & Sonnenklar, P.C., attorneys representing Defendant Solomon, which stated that Dr. Solomon was a member of a group of physicians formerly employed by **Sound Shore Medical Center of Westchester** under contract with Defendant St. Joseph's Medical Center. *(Exhibit D: Correspondence dated August 1, 2014 with copy of Defendant Solomon's employment agreement with **Sound Shore Medical Center of Westchester** ("the Contract")*. It was not until August 1, 2014 that our office was made aware of any underlying agreement between the Defendants in our action and **Sound Shore Medical Center of Westchester.**

WORBY GRONER EDELMAN LLP

ATTORNEYS AT LAW

Sound Shore Medical Center
c/o GCG, Inc.
Suite A
5151 Blazer Parkway
DUBLIN OH 43017

Re: Claimant SOLANGEL DIAZ and JUAN ORTIZ
Debtor: Sound Shore Medical Center USBC SDNY Case No. 13-22840

Page Two

While this matter is under investigation as to the terms of the Contract as it applies to the services Defendant Solomon rendered to the Claimant on March 5, 2013 at St. Joseph's Hospital, we hereby file a B10 Claim with the USBC – SDNY against Debtor **Sound Shore Medical Center of Westchester.**

Please stamp and return the enclosed copy of the B10 to our office in the self addressed, stamped envelope.

Kindly contact the undersigned to discuss this matter.

Very truly yours,

By: Sam Rosmarin

SR/CSR/bm

Encs:

B10 USBC – SDNY Claim
Exhibit A: Operative Report St. Joseph's Medical Center 03/05/13
Exhibit B: Operative Report St. Joseph's Medical Center 03/12/13, Consultation Report, Discharge
Exhibit C: Summons, Verified Complaint, Certificate of Merit, NYSCEF Electronic Filing Notice
Exhibit D: Correspondence Weiss Zarett Brofman & Sonnenklar, P.C. with employment agreement

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One):	**Case No.**	**Your Claim is Scheduled As Follows:**
☒ Sound Shore Medical Center of Westchester	13-22840	
☐ The Mount Vernon Hospital, Inc.	13-22841	
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	
☐ The M.V.H. Corporation	13-22843	
☐ Sound Shore Health System, Inc.	13-22844	
☐ NRHMC Services Corporation	13-22845	
☐ New Rochelle Sound Shore Housing, LLC	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): SOLANGEL DIAZ and JUAN ORTIZ	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: WORBY GRONER EDELMAN LLP Attorneys for Claimants 11 Martine Avenue - PH White Plains, NY 10606 Telephone number: 914 686 3700 Email Address: sam@rosmarinlaw.com	**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 payment should be sent (if different from above): Same as 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.	

EXHIBIT A

St. Joseph's Medical Center
Yonkers, New York 10701

OPERATIVE REPORT

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275
DATE OF OPERATION: 03/05/2013 ROOM: 510

ANESTHESIA: GENERAL.

OPERATION: EXPLORATORY LAPAROTOMY, LEFT OVARIAN CYSTECTOMY, AND SEVERAL AREAS OF LYSIS OF ADHESIONS.

SURGEON: MOLHAM M. SOLOMON, M.D.
ASSISTANT: Wan M.D. PGY1 FP

PREOPERATIVE DIAGNOSIS: 34 YEAR-OLD PARA 2 WITH LEFT OVARIAN CYST, RULE OUT TORSION. Pelvic pain

POSTOPERATIVE DIAGNOSIS: 34 YEAR-OLD PARA 2 WITH LEFT OVARIAN CYST, RULE OUT TORSION.

COMPLICATIONS: NONE.

ESTIMATED BLOOD LOSS: 200 ML.

INDICATIONS: The patient is a 34 year-old para 2 who presented to the emergency room with severe abdominal pain and a sonogram showing a left ovarian cyst, 12 x 7 x 6 cm, rule out torsion. The patient was taken to the operating room, after obtaining consent, for surgical exploration.

FINDINGS: Left ovarian cyst, with mucinous color, about 10 x 8 cm, with several areas of adhesions of the cyst to the left ovary , Left Pelvic wall , which looked dark brownish in color, and also cyst with adhesion to the small and large bowel and to the uterus and Bladder. Also, there was some area of adhesion with the left tube. The left tube was distorted and enlarged, with no evidence of infection, and it was wrapped around the left ovary and the cyst. The uterus size was normal. The right ovary and right tube were normal. There were several areas of adhesion of the small and large bowel to the uterine wall and to the anterior abdominal wall.

PROCEDURE: The patient was taken to the operating room under general anesthesia after receiving Ancef as prophylactic antibiotic. The patient was prepped in a normal dorsal fashion.

St. Joseph's Medical Center
Yonkers, New York 10701

OPERATIVE REPORT

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275
DATE OF OPERATION: 03/05/2013

Page 2

A Pfannenstiel skin incision was made with a scalpel and was carried to the underlying layer of fascia. The fascia was nicked in the midline and extended bilaterally using a Mayo. The superior aspect of the fascia was separated from the underlying muscle using a Mayo. In the same manner, the inferior aspect of the fascia was separated from the underlying muscle. The muscle was separated in the midline.

The peritoneum was entered bluntly. It was noted that the small and large bowel was adherent to the uterus and abdominal wall and this was dissected bluntly and without any complications. An inspection of the pelvis showed a left adnexal cyst, about 10 x 8 cm, with mucinous fluid that was ruptured. The fluid was suctioned and sent for pathologic evaluation. The cyst was also wrapped around the left ovary and the left tube. and left pelvic side wall.

The left ovary looked normal in size, but dark brownish in color. The left tube was distorted, enlarged and unusually elongated, but no evidence of infection was noted. The tube was adherent to the left adnexal cyst and the left adnexal cyst was separated from the tube and the left ovary bluntly and using en masse sharply too for some areas. Some areas of bleeding were controlled with a few sutures and also controlled using 2-0 Vicryl and also controlled using coagulation. No active bleeding was noted at this time. The wall of the cyst was dissected and removed and sent for pathologic evaluation.

The cyst was also adherent to the small and large bowel and the posterior cul-de-sac was separated, and also it was adherent to the left border of the uterus and left pelvic side wall. and was separated bluntly and using Metzenbaum scissors also in some areas. This was sent for pathologic evaluation. No active bleeding was noted after that using several pieces of Surgicel and in several areas we used Interceed, with no active bleeding noted. We did several irrigations and suctions and this also revealed no active bleeding.

The fascial layer was closed using 0 Vicryl continuous, and the subcutaneous tissue was closed using 2-0 plain interrupted, and the skin was closed using 3-0 Vicryl subcuticular.

The patient tolerated the procedure well and was transferred to the recovery room in a stable condition.

St. Joseph's Medical Center
Yonkers, New York 10701

OPERATIVE REPORT

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275
DATE OF OPERATION: 03/05/2013

Page 3

Electronically Signed by
MOLHAM M. SOLOMON, M.D.
Signed: 3/12/2013 12:18:36 PM

MMS/jx
DD: 3/5/2013
DR: 3/5/2013
DT: 3/5/2013
Job#: 76390418

cc: MOLHAM M. SOLOMON, M.D.(Autofax)

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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): SOLANGEL DIAZ and JUAN ORTIZ

☐ 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:
WORBY GRONER EDELMAN LLP
Attorneys for Claimants
11 Martine Avenue - PH
White Plains, NY 10606

Telephone number: 914 686 3700
Email Address: sam@rosmarinlaw.com

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

Same as 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.

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.

EXHIBIT B

St. Joseph's Medical Center
Yonkers, New York 10701

OPERATIVE REPORT

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275
DATE OF OPERATION: 03/12/2013 ROOM: 508

ANESTHESIA: GENERAL

OPERATION: CYSTOURETHROSCOPY, LEFT RETROGRADE PYELOGRAM, LEFT DOUBLE-J STENT PLACEMENT.

SURGEON: NEIL SAYEGH, M.D.
ASSISTANT:

PREOPERATIVE DIAGNOSIS: LEFT URINARY EXTRAVASATION, LEFT URETERAL INJURY.

POSTOPERATIVE DIAGNOSIS: LEFT URINARY EXTRAVASATION, LEFT URETERAL INJURY.

PROCEDURE: Under general anesthesia, the patient was prepped and draped in the usual sterile manner. She was placed in the dorsal lithotomy position.

Calibration of the meatus revealed it to be stenotic at 20 French. This was dilated with sounds to 24 French without difficulty or bleeding. The cystoscope was introduced and 140 ml of urine were drained. This was sent for culture and sensitivity.

Inspection of the bladder revealed squamous metaplasia of the trigone. The interureteric ridge was within normal limits. The ureteral orifices were within normal limits. Efflux of clear urine was seen from the right; none was seen from the left. No lesions or calculi were seen in the bladder.

A Flexi-Tip catheter was placed at the level of the left ureteral orifice and approximately 5 ml of contrast material were injected. The lower ureter was visualized and there was extravasation of contrast. The upper ureter was unable to be visualized.

Therefore, a Glidewire was passed up the left renal unit. The cystoscope was removed. The short semirigid ureteroscope was introduced and a ureteroscopy on the left side was performed. The ureteroscope revealed a normal lower ureter. Inspection of the midportion of the ureter revealed the proximal edges of the ureter within 3 cm from the scope.

Therefore, a Glidewire was passed into the upper ureter and in the renal pelvis. The ureteroscope followed to the level of the renal pelvis. X-rays confirmed the presence of the renal pelvis. The wire was then advanced into the renal pelvis. The ureteroscope was withdrawn. A cystoscope was introduced. The wire was back-loaded into the cystoscope and a 24 cm 6 French double-J

St. Joseph's Medical Center
Yonkers, New York 10701

OPERATIVE REPORT

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275
DATE OF OPERATION: 03/12/2013

Page 2

catheter was passed up the left renal unit. X-rays confirmed good position of the stents.

The bladder was emptied. The scope was removed. The patient tolerated the procedure well. She returned to the recovery room in good condition.

NEIL SAYEGH, M.D.

NS/jx
DD: 3/12/2013
DR: 3/12/2013
DT: 3/12/2013
Job#: 76636972

cc: NEIL SAYEGH, M.D.(Autofax)

St. Joseph's Medical Center
Yonkers, New York 10701

CONSULTATION REPORT

31903

PATIENT NAME: DIAZ, SOLANGEL
DATE OF BIRTH: 6/29/1978
CONSULT DATE: 3/12/2013

MR#: 295275
ROOM: 508

HISTORY OF PRESENT ILLNESS: The patient is a 34 year-old female who recently was discharged from the hospital after undergoing an open left ovarian cystectomy on March 4th. The pathology came back with a segment of ureteral tissue.

Therefore, the patient was called back to the emergency room and a CT scan was performed. The CT scan revealed the kidneys are normal in size, configuration and density. There is homogenous renal cortical enhancement, with preservation of the normal cortical medullary differentiation. There is symmetrical excretion into the collecting system and the proximal ureters. There is no evidence of calculus, solid mass or hydronephrosis.

On the delayed excretory phase images, the proximal ureters fill bilaterally and appear of normal course and caliber. However, beginning at the level of S1 on the left ureter, there is increase in caliber and its margins are then lost in a pool of extravasated contrast arising from the ureter. This represents a urinoma located in the left groin lesion. This measures 5.1 x 3.1 x 6 cm.

IMPRESSION: The impression was extravasation of left ureteral contrast forming a urinoma in the left adnexal region. The estimated volume is 50 ml. The largest fluid loculation in the left hemipelvis is estimated to have a volume of 330 ml. This is part of the urinoma, as well, since a small volume of contrast was seen layering within it during this study. The uterus and the right ovary appear normal. The kidneys and proximal ureters demonstrated normal morphology. There is no evidence of pneumoperitoneum or bowel obstruction.

PLAN: The patient, therefore, underwent a percutaneous pelvic drain placement by Interventional Radiology. She will undergo a cystoscopy and left retrograde pyelogram, possible left stenting by Urology, after the Interventional Radiologic procedure is completed.

Will follow with you closely.

Thank you.

Electronically Signed by
NEIL SAYEGH, M.D.
Signed: 3/19/2013 10:26:02 AM

NS/jx
DD: 3/12/2013
DR: 3/12/2013
DT: 3/12/2013
Job#: 76636733

cc: NEIL SAYEGH, M.D.(Autofax)

St. Joseph's Medical Center
Yonkers, New York 10701

DISCHARGE SUMMARY

PATIENT NAME: DIAZ, SOLANGEL MR#: 295275

DATE OF ADMISSION: 3/11/2013 ROOM:
DATE OF DISCHARGE: 03/13/2013

DISCHARGE DIAGNOSIS:

HISTORY OF PRESENT ILLNESS: The patient is a 34-year-old female who underwent left ovarian mass removal on 3/4/13. A CT scan interpreted after discharge revealed left urinary extravasation. There was left perirenal and left pelvic urine collection. Pathological report revealed segment of ureter was present.

Therefore, the patient was called into the hospital to undergo a cystourethroscopy, left retrograde pyelogram and possible placement of a double-J stent.

The patient is G2, P2, both cesarean sections. She denies any ethanol use or tobacco.

LABORATORY DATA: BUN and creatinine were 15 and 1 on admission. White count was 9.9, hemoglobin/hematocrit were 9.6/32, platelets were 420.

HOSPITAL COURSE: On 3/12/13, the patient was taken to the Operating Room, and under general anesthesia underwent a cystourethroscopy, a left retrograde pyelogram, a left ureteroscopy with cannulation of the proximal renal unit and placement of a JJ stent. The patient had a benign and uneventful postoperative course, and on 3/13, she was discharged home to be followed in our office.

Electronically Signed by
NEIL SAYEGH, M.D.
Signed: 7/12/2013 12:59:12 PM

NS/nll
DD: 6/28/2013
DR: 6/28/2013
DT: 7/1/2013
Job#: 80965978

cc: NEIL SAYEGH, M.D.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One):	**Case No.**	**Your Claim is Scheduled As Follows:**
☒ Sound Shore Medical Center of Westchester	13-22840	
☐ The Mount Vernon Hospital, Inc.	13-22841	
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	
☐ The M.V.H. Corporation	13-22843	
☐ Sound Shore Health System, Inc.	13-22844	
☐ NRHMC Services Corporation	13-22845	
☐ New Rochelle Sound Shore Housing, LLC	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). SOLANGEL DIAZ and JUAN ORTIZ	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: WORBY GRONER EDELMAN LLP Attorneys for Claimants 11 Martine Avenue - PH White Plains, NY 10606 Telephone number: 914 686 3700 Email Address: sam@rosmarinlaw.com	**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 payment should be sent (if different from above): Same as 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.	

EXHIBIT C

SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX
----------X

SOLANGEL DIAZ and JUAN ORTIZ,

Plaintiffs,

-against-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. and ST. JOSEPHS HOSPITAL, YONKERS,

Defendants.

----------X

Index No. 22922 /2014E
Purchased: 06/25 /14

Plaintiff(s) designate(s) **BRONX COUNTY** as the place of trial

The basis of venue is Plaintiffs' residence

SUMMONS

Plaintiffs reside at:

2800 Heath Avenue
Bronx, New York 10463

County of Bronx

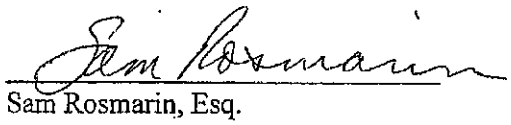
TO THE ABOVE-NAMED DEFENDANTS:

You are hereby summoned to answer the complaint in this action, and to serve a copy of your answer, or if the complaint is not served with this summons, to serve a notice of appearance on the plaintiff's attorney(s) within twenty days after the service of this summons exclusive of the day of service, where service is made by delivery upon you personally within the state, or within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: White Plains, New York
June 2, 2014

Yours, Etc.

WORBY GRONER EDELMAN LLP



Sam Rosmarin, Esq.
Attorneys for Plaintiffs
11 Martine Avenue – PH
White Plains, New York 10606

(914) 686-3700 Dial
(914) 686-0567 Fax
sam@rosmarinlaw.com

Defendant's address:

MOLHAM M. SOLOMON, M.D.
521 Oakhurst Rd
Mamaroneck NY 10543-4004

84 South Broadway
Yonkers, NY 10701

ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701
(914) 378-7000

ANDREW WAN, M.D.
c/o ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701

701 Ridge Hill Boulevard
Unit 6L
Yonkers, New York 10710-7720

14601 Fruitvale Avenue
Saratoga, CA 95070-6135

RIVERDALE FAMILY MEDICAL PRACTICE, P.C.
3050 Corlear Avenue
Bronx, New York 10463-5180

c/o NYS Division of Corporations
Albany, New York

Frank J. Maselli, CEO
590 Polly Park Road
Rye, New York 10580-1929

ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701
(914) 378-7000

SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX

----------X Index No: 22922 /2014E

SOLANGEL DIAZ and JUAN ORTIZ,

PLAINTIFFS, **VERIFIED COMPLAINT**

-AGAINST-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. and ST. JOSEPHS HOSPITAL, YONKERS,

DEFENDANTS.

----------X

Plaintiffs, through their attorneys WORBY GRONER EDELMAN LLP., complaining of the Defendants herein, allege and set forth, upon information and belief, as follows:

JURISDICTION AND PARTIES

1. Plaintiffs reside at 2800 Heath Avenue, Bronx, County of Bronx, State of New York.

2. Defendant MOLHAM M. SOLOMON, M.D., hereinafter referred to as Defendant SOLOMON, resides within the State of New York.

3. Defendant SOLOMON resides at 521 Oakhurst Road, Mamaroneck, County of Westchester, State of New York.

4. At all times mentioned herein, Defendant SOLOMON maintained an office for the practice of medicine at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

5. At all times mentioned herein, Defendant SOLOMON maintained an office for the practice of medicine at 3050 Corlear Avenue, Bronx, State of New York.

6. At all times mentioned herein, Defendant SOLOMON was a physician

licensed to practice medicine within the State of New York.

7. At all times mentioned herein, Defendant SOLOMON was a specialist in obstetrics and gynecology.

8. At all times mentioned herein, Defendant SOLOMON was board certified with the American Board of Obstetrics and Gynecology.

9. At all times mentioned herein, and in particular on and subsequent to March 5, 2013, Defendant SOLOMON had privileges at ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York.

10. At all times mentioned herein, Defendant SOLOMON was an employee of RIVERDALE FAMILY MEDICAL PRACTICE, P.C.

11. At all times mentioned herein, Defendant SOLOMON was an independent contractor for RIVERDALE FAMILY MEDICAL PRACTICE, P.C

12. At all times mentioned herein, Defendant SOLOMON was under contract to provide services as an obstetrical consultant to RIVERDALE FAMILY MEDICAL PRACTICE, P.C.

13. At all times mentioned herein, Defendant SOLOMON was an employee of ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York.

14. At all times mentioned herein, Defendant SOLOMON was a private physician with active privileges at ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York.

15. Defendant SOLOMON was a staff physician at ST. JOSEPHS HOSPITAL, YONKERS on March 5, 2013.

16. At all times mentioned herein, Defendant SOLOMON provided services to the Plaintiff SOLANGEL DIAZ prior to, on and subsequent to March 5, 2013.

17. Defendant SOLOMON performed a surgical procedure upon SOLANGEL DIAZ on March 5, 2013.

18. At all times mentioned herein, Defendant SOLOMON provided his services to the Plaintiff SOLANGEL DIAZ on behalf of a third-party individual(s), entity and/or professional corporation not named herein.

19. At all times mentioned herein, Defendant SOLOMON provided assessment, medical and surgical services, intervention, care, advice and treatment and

performed examination(s), testing, studies, procedure(s) and/or surgery upon the Plaintiff SOLANGEL DIAZ thereby creating a doctor/patient relationship between the parties.

20. Defendant ANDREW WAN, M.D. hereinafter referred to as Defendant WAN, resides within the State of New York.

21. Defendant WAN resides at 701 Ridge Hill Boulevard, City of Yonkers, County of Westchester, State of New York.

22. Defendant WAN resides at 14601 Fruitvale Avenue, Saratoga, County of Santa Clara, State of California.

23. At all times mentioned herein, Defendant WAN maintained an office for the practice of medicine at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

24. At of the times hereinafter mentioned, Defendant WAN was a physician licensed to practice medicine within the State of New York.

25. At all times mentioned herein, Defendant WAN was a specialist in obstetrics and gynecology.

26. At all times mentioned herein, Defendant WAN was board certified with the American Board of Obstetrics and Gynecology.

27. At all times mentioned herein, Defendant WAN was in a residency program at ST. JOSEPHS HOSPITAL, YONKERS with a specialty in family practice.

28. Defendant WAN had privileges at ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York on March 5, 2013.

29. Defendant WAN was an employee of ST. JOSEPHS HOSPITAL, YONKERS on March 5, 2013.

30. Defendant WAN was an employee of RIVERDALE FAMILY MEDICINE PRACTICE, INC on March 5, 2013.

31. Defendant WAN was a PGY1 under contract with ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York on March 5, 2013.

32. Defendant WAN was a private physician with active privileges at ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York on March 5, 2013.

33. Defendant WAN was a staff physician at ST. JOSEPHS HOSPITAL, YONKERS, 127 South Broadway, Yonkers, New York on March 5, 2013.

34. Defendant WAN provided services to Plaintiff SOLANGEL DIAZ prior to, on and/or subsequent to March 5, 2013.

35. Defendant WAN participated in a surgical procedure performed on SOLANGEL DIAZ on March 5, 2013.

36. At all times mentioned herein, Defendant WAN provided medical services to Plaintiff SOLANGEL DIAZ on behalf of a third-party individual(s), entity and/or professional corporation not named herein.

37. At all times mentioned herein, Defendant WAN provided assessment, medical and surgical services, intervention, care, advice and treatment and performed examination(s), testing, studies, procedure(s) and/or surgery upon the Plaintiff SOLANGEL DIAZ thereby creating a doctor/patient relationship between the parties.

38. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS was a domestic not-for-profit corporation organized and existing under and by virtue of the laws of the State of New York.

39. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS did business under the name of SAINT JOSEPH'S MEDICAL CENTER.

40. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS owned a hospital facility located at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

41. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS operated a hospital facility located at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

42. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS controlled a hospital facility located at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

43. At all times mentioned herein, Defendant ST. JOSEPHS HOSPITAL, YONKERS staffed a hospital facility located at 127 South Broadway, City of Yonkers, County of Westchester, State of New York.

44. Plaintiff SOLANGEL DIAZ received medical services from agent(s), servant(s), employee(s), third party designee(s) and/or independent contractor(s) of Defendant ST. JOSEPHS HOSPITAL, YONKERS on or about February 28, 2013 and subsequent thereto.

45. That at certain times hereinafter mentioned, and more specifically on or about March 5, 2013, Defendant ST. JOSEPHS HOSPITAL, YONKERS, through its agent(s), servant(s), employee(s), third party designee(s) and/or independent contractor(s), participated in the performance of a surgical procedure upon Plaintiff SOLANGEL DIAZ.

46. That as a consequence of said consultation(s), examination(s) diagnostic testing, interpretation of radiological studies and performance of surgical procedure(s), a patient relationship existed between the Plaintiff SOLANGEL DIAZ and the agent(s), servant(s), employee(s), third party designee(s) and/or independent contractor(s) of Defendant ST. JOSEPHS HOSPITAL, YONKERS.

AS AND FOR A FIRST CAUSE OF ACTION ON BEHALF OF SOLANGEL DIAZ

47. Plaintiffs repeat, reiterate and reallege each and every allegation set forth hereinabove as though specifically set forth within.

48. At all times mentioned herein, the Defendant(s) had a duty to exercise that degree of care and caution commonly exercised by other physicians, urologists, surgeons, specialty medical personnel and/or medical facilities in the community.

49. At all times mentioned herein, the Defendant(s) held themselves out to the public as providing services where patients, such as the Plaintiff SOLANGEL DIAZ herein, could be skillfully and competently examined, advised and treated.

50. That prior to and/or on or about March 5, 2013 and/or subsequent thereto, Plaintiff SOLANGEL DIAZ came under the care of the Defendant(s) herein.

51. At that time and various times thereafter, Defendant(s), individually and/or, through their agents, servants and/or employees, examined, advised and treated the Plaintiff SOLANGEL DIAZ regarding certain medical and/or gynecological conditions.

52. Neither prior to, on March 5, 2013 nor at any times subsequent thereto, did the Defendant(s) refer the Plaintiff SOLANGEL DIAZ to any specialty gynecologists, surgeons, interventional radiologists or other specialists for consultation and/or second opinion.

53. On March 5, 2013 and/or subsequent thereto, Defendant(s), individually and/or through its/their agent(s), servant(s), independent contractor(s), physician(s), surgeon(s), internist(s), resident(s), intern(s) and/or employee(s) examined, assessed, diagnosed, rendered medical advice and/or performed surgical procedures and diagnostic testing upon the Plaintiff SOLANGEL DIAZ.

54. That as a result of negligent examination(s), assessment(s), diagnosis(es), testing(s), renderings of medical advice and/or performance of surgical procedure(s) upon the Plaintiff SOLANGEL DIAZ, and/or omissions thereof, Plaintiff sustained serious and permanent injuries, conditions and disabilities including, but not limited to, a torn ureter and subsequent damage to her left kidney.

55. The examination(s), assessment(s), diagnosis(es), testing(s), renderings of medical advice and/or performance of surgical procedure(s) upon the Plaintiff SOLANGEL DIAZ by the Defendant(s) was/were done in a careless and negligent manner and were contrary to the standard accepted practices and procedures in diagnosing, treating and prescribing for the conditions from which the Plaintiff suffered in that Defendant(s) was/were negligent in failing to perform adequate examinations to fully assess the Plaintiff's medical, gynecological and/or urological conditions; in failing to properly perform operative procedures in whole and/or in part; in failing to adequately identify the true nature of the Plaintiff's conditions and recommend immediate and proper specialty intervention, interventional radiology and/or specialty assessment; in negligently tearing the Plaintiff's ureter; in failing to fully and properly inform the Plaintiff as to the true condition(s) from which she was suffering; in failing to advise the Plaintiff of any conditions that required specialty intervention so as to permit Plaintiff to make timely and informed decisions regarding further medical treatment and/or surgical intervention; in failing to request and provide for timely and proper consultations and/or referrals; in failing to properly advise and inform the Plaintiff as to any possible complications and/or other alternative methods available for examination, assessment, diagnosis and/or treatment under the circumstances and the Defendants was otherwise careless and negligent. Plaintiff will also rely upon the theories of ***Respondeat Superior*** and ***Res Ipsa Loquitur***.

56. That by reason of the foregoing, the Plaintiff SOLANGEL DIAZ sustained serious and severe permanent personal injuries; necessarily underwent further medical attention, diagnostic procedures, surgeries, hospitalizations, rehabilitation and expense; suffered

from and continues to suffer from multiple urological conditions including damage to her left kidney, has suffered and continues to suffer from extensive pain and suffering, extensive mental anguish and anxiety and the Plaintiff has been permanently rendered injured, disfigured, and disabled for the balance of her life; has been compelled to undergo extensive medical and surgical treatment in an endeavor to cure herself of the conditions from which she suffers all of which are the result of the negligence of the Defendant(s).

57. That the limited liability provisions of the C.P.L.R. §1601 do not apply pursuant to one or more of the exceptions of C.P.L.R. §1602.

58. The amount of damages sought herein exceeds the jurisdictional limits of all lower Courts and lies within the jurisdictional limits of this Court.

AS AND FOR A SECOND CAUSE OF ACTION ON BEHALF OF SOLANGEL DIAZ

59. Plaintiffs repeat, reiterate and reallege each and every paragraph heretofore alleged as though specifically set forth herein.

60. Plaintiff relied upon the advice of the Defendant(s) herein in the medical and surgical care, evaluation and treatment advised and provided to her by the Defendant(s).

61. The Defendant(s) failed to disclose to Plaintiff adequate details and advice regarding the need for additional medical, diagnostic and/or surgical intervention that would minimize and/or eliminate risk of injury to her ureter and the subsequent kidney damage that she sustained; failed to discuss alternatives that would or could minimize or eliminate any alteration of Plaintiff's overall level of function; failed to advise as to such alternatives, medical treatment, diagnostic measures and/or surgical or noninvasive methods for treatment and failed to advise as to the reasonably foreseeable risks involved with the procedures that were ultimately performed by the Defendant(s) as reasonable medical practitioners under similar circumstances would have disclosed so as to permit the Plaintiff to make a timely and knowledgeable evaluation and decision.

62. Had the Defendant(s) advised the Plaintiff that there were other methods of non-invasive, medical and/or surgical intervention available and appropriate for the conditions from which she suffered, that certain non-invasive and/or alternative medical and/or surgical

intervention could minimize or eliminate the risk of damage to a ureter and/or damage of her kidney, Plaintiff would have consented to an alternative that was available and warranted under the circumstances then and there prevailing but the same was not disclosed to her at that time.

63. The lack of proper and detailed informed consent is the proximate cause of the injuries and conditions for which recovery is sought.

64. That by reason of the foregoing, the Plaintiff sustained serious and severe permanent personal injuries; was required to undergo further medical attention and diagnostic procedures and expense; suffered from and continues to suffer from disability, extensive pain and suffering and the Plaintiff has been permanently injured, disfigured and disabled for the balance of her life and has been compelled to undergo extensive medical and surgical treatment and intervention as stated hereinabove in an endeavor to cure herself of the conditions from which she suffers all of which is the result of the Defendant's (s') negligence.

65. That the limited liability provisions of the C.P.L.R. §1601 do not apply pursuant to one or more of the exceptions of C.P.L.R. §1602.

66. The amount of damages sought herein exceeds the jurisdictional limits of all lower Courts and lies within the jurisdictional limits of this Court.

AS AND FOR A THIRD CAUSE OF ACTION ON BEHALF OF JUAN ORTIZ

67. Plaintiffs repeat, reiterate and reallege each and every allegation contained within the paragraphs hereinabove and hereinbelow inclusive with the same force and effect as if set forth and at length herein.

68. Plaintiff JUAN ORTIZ is the lawful wedded husband of Plaintiff SOLANGEL DIAZ and at all times herein mentioned resided in the marital residence.

69. As a result of the negligence of the Defendant(s), Plaintiff JUAN ORTIZ has been caused the loss of the co-Plaintiff's companionship, services, society and emotional support, love and consortium as well as any services in and about the household as a spouse.

70. As a result of the negligence of the Defendants, Plaintiff JUAN ORTIZ has sustained a loss of enjoyment of life due to the injuries sustained by the Co-Plaintiff.

71. As a result of the negligence of the Defendants, Plaintiff JUAN ORTIZ has sustained economic and non-economic damages.

72. That the limited liability provisions of the C.P.L.R. §1601 do not apply pursuant to one or more of the exceptions of C.P.L.R. §1602.

73. The amount of damages sought herein exceeds the jurisdictional limits of all lower Courts and lies within the jurisdictional limits of this Court.

W H E R E F O R E, Plaintiffs demand judgment against the Defendant(s) as follows:

(A) In the First Cause of Action in an amount within the jurisdictional limits of this Court in accordance with C.P.L.R. §3017(c);

(B) In the Second Cause of Action in an amount within the jurisdictional limits of this Court in accordance with C.P.L.R. §3017(c);

(C) In the Third Cause of Action in an amount within the jurisdictional limits of this Court in accordance with C.P.L.R. §3017(c);

together with the reasonable costs, disbursements, interest accrued and attorneys fees incurred as a result of this action.

CERTIFICATION PURSUANT TO PART 130

Pursuant to 22 NYCRR § 130-1.1-a: the undersigned, an attorney admitted to practice in the Courts of New York State, certifies that, upon information and belief and reasonable inquiry and reasonable inquiry (1) the contentions contained within the annexed document(s) is/are not frivolous, and that (2) if the annexed document is an initiating pleading,(i) the matter was not obtained through illegal conduct, or that if it was, the attorney or other persons responsible for the illegal conduct are not participating in the matter or sharing in any fee

earned therefrom and that (ii) if the matter involves potential claims for personal injury or wrongful death, the matter was not obtained in violation of 22 NYCRR.41-a).

Dated: White Plains, New York
June 2, 2014

Yours, Etc.

WORBY GRONER EDELMAN LLP

Sam Rosmarin, Esq.
Attorneys for Plaintiffs
11 Martine Avenue – PH
White Plains, New York 10606

(914) 686-3700 Dial
(914) 686-0567 Fax
sam@rosmarinlaw.com

SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX
----------X Index No: 22922 /2014E

SOLANGEL DIAZ and JUAN ORTIZ,

PLAINTIFFS,

-AGAINST-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. AND ST. JOSEPHS HOSPITAL, YONKERS,

DEFENDANTS.

----------X

ATTORNEY VERIFICATION

The undersigned states:

That your affirmant is counsel for the Plaintiffs in the within action; that he has read the foregoing Complaint; that the same is true to his own knowledge, except as to those matters therein stated to be alleged upon information and belief, and that as to those matters he believes same to be true.

That the sources of your affirmant's information are meetings with the Plaintiffs, investigations made and information presently contained in the file and his discussions with an expert. The reason this verification is made by your affirmant and not by the plaintiffs is that the Plaintiffs reside outside of the county where your affirmant's firm has its office.

The undersigned affirms that the foregoing statement is true under the penalties of perjury.

Dated: White Plains, New York
June 2, 2014

SAM ROSMARIN, ESQ.

SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX

----------X Index No: 22922 /2014E

SOLANGEL DIAZ and JUAN ORTIZ,

PLAINTIFFS,

CERTIFICATE OF MERIT

-AGAINST-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. AND ST. JOSEPHS HOSPITAL, YONKERS,

DEFENDANTS.

----------X

The undersigned, attorney for Plaintiffs, declares that:

[redacted] I have reviewed the facts of the case and have consulted with at least one physician who is licensed to practice in this state or any other state and who I reasonably believe is knowledgeable in the relevant issues involved in this action and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.

☐ I was unable to obtain the consultation required by CPLR Section 3012-a(a)(1) because of a limitation of time established by CPLR Article 2 would bar the action and the certificate required by CPLR Section 3012-a(a)(1) could not be reasonably be obtained before such time expired. The certificate required shall be filed within ninety days after the service of the complaint.

☐ I was unable to obtain the consultation required by CPLR 3012-a(a)(1) because I have made three separate good faith attempts with three separate physicians or dentists to obtain such consultation and none of those contacted would agree to such a consultation.

☐ I intend to rely solely on the doctrine of "res ipsa loquitur" and for that reason am not filing the certificate required by CPLR Section 3012-a(a).

Dated: White Plains, New York
June 2, 2014

Sam Rosmarin, Esq

SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX

----------X Index No: 22922 /2014E

SOLANGEL DIAZ and JUAN ORTIZ,

PLAINTIFFS,

-AGAINST-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. AND ST. JOSEPHS HOSPITAL, YONKERS,

DEFENDANTS.

----------X

NOTICE OF COMMENCEMENT OF ACTION SUBJECT TO MANDATORY ELECTRONIC FILING

1. PLEASE TAKE NOTICE that the matter captioned above, which has been commenced by filing of the accompanying documents with the County Clerk, is subject to mandatory electronic filing pursuant to Section 202.5-bb of the Uniform Rules for the Trial Courts. This notice is being served as required by Subdivision (b) (3) of that Section.

2. The New York State Courts Electronic Filing System ("NYSCEF") is designed for the electronic filing of documents with the County Clerk and the court and for the electronic service of those documents, court documents, and court notices upon counsel and self-represented parties. Counsel and/or parties who do not notify the court of a claimed exemption (see below) as required by Section 202.5-bb(e) must immediately record their representation within the e-filed matter on the Consent page in NYSCEF. Failure to do so may result in an inability to receive electronic notice of document filings.

3. Exemptions from mandatory e-filing are limited to: 1) attorneys who certify in good faith that they lack the computer equipment and (along with all employees) the requisite knowledge to comply; and 2) self-represented parties who choose not to participate in e-filing.

4. For additional information about NYSCEF, see the User's Manual and Frequently Asked Questions on the Website, or contact the court in question or the NYSCEF Resource Center (at 646-386-3033 or efile@courts.state.ny.us).

Dated: White Plains, New York
June 2, 2014

Yours, Etc.

WORBY GRONER EDELMAN LLP

Sam Rosmarin, Esq.
Attorneys for Plaintiffs
11 Martine Avenue – PH
White Plains, New York 10606

(914) 686-3700 Dial
(914) 686-0567 Fax
sam@rosmarinlaw.com

Defendant's address:

MOLHAM M. SOLOMON, M.D.
521 Oakhurst Rd
Mamaroneck NY 10543-4004

84 South Broadway
Yonkers, NY 10701

ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701
(914) 378-7000

ANDREW WAN, M.D.
c/o ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701

701 Ridge Hill Boulevard
Unit 6L
Yonkers, New York 10710-7720

14601 Fruitvale Avenue
Saratoga, CA 95070-6135

RIVERDALE FAMILY MEDICAL PRACTICE, P.C.
3050 Corlear Avenue
Bronx, New York 10463-5180

c/o NYS Division of Corporations
Albany, New York

Frank J. Maselli, CEO
590 Polly Park Road
Rye, New York 10580-1929

ST. JOSEPHS HOSPITAL, YONKERS
d/b/a St. Joseph's Medical Center
127 South Broadway
Yonkers, NY 10701

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SUPREME COURT OF THE STATE OF NEW YORK
IN AND FOR THE COUNTY OF BRONX

SOLANGEL DIAZ and JUAN ORTIZ PLAINTIFFS

-AGAINST-

MOLHAM M. SOLOMON, M.D., ANDREW WAN, M.D., RIVERDALE FAMILY MEDICAL PRACTICE, P.C. and ST. JOSEPHS HOSPITAL, YONKERS,

DEFENDANTS

SUMMONS, VERIFIED COMPLAINT, CERTIFICATE OF MERIT NYSCEF NOTICE OF ELECTRONIC FILING

Attorneys for WORBY GRONER EDELMAN LLP
COUNSELLORS AT LAW
Plaintiff
11 MARTINE AVENUE
WHITE PLAINS, NEW YORK 10606
(914) 686-3700

Pursuant to 22 NYCRR 130-1.1-a, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, upon information and belief and reasonable inquiry, (1) the contentions contained in the annexed document are not frivolous and that (2) if the annexed document is an initiating pleading, (i) the matter was not obtained through illegal conduct, or that if it was, the attorney or other persons responsible for the illegal conduct are not participating in the matter or sharing in any fee earned therefrom and that (ii) if the matter involves potential claims for personal injury or wrongful death, the matter was not obtained in violation of 22 NYCRR 1200.41-a.

Dated: ..... Signature .....

Print Signer's Name.....

Service of a copy of the within *is hereby admitted.*

Dated:

Attorney(s) for

PLEASE TAKE NOTICE

Check Applicable Box

☐ NOTICE OF ENTRY *that the within is a (certified) true copy of a entered in the office of the clerk of the within-named Court on* *20*

☐ NOTICE OF SETTLEMENT *that an Order of which the within is a true copy will be presented for settlement to the Hon.* *, one of the judges of the within-named Court, at on* *. 20* *, at* *M.*

Dated:

WORBY GRONER EDELMAN LLP
COUNSELLORS AT LAW

Attorneys for

To:

11 MARTINE AVENUE
WHITE PLAINS, NEW YORK 10606

Attorney(s) for

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
Name of Debtor (Check Only One):	**Case No.**	**Your Claim is Scheduled As Follows:**
☒ Sound Shore Medical Center of Westchester	13-22840	
☐ The Mount Vernon Hospital, Inc.	13-22841	
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	
☐ The M.V.H. Corporation	13-22843	
☐ Sound Shore Health System, Inc.	13-22844	
☐ NRHMC Services Corporation	13-22845	
☐ New Rochelle Sound Shore Housing, LLC	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): SOLANGEL DIAZ and JUAN ORTIZ	☐ Check this box to indicate that this claim amends a previously filed claim.	
Name and address where notices should be sent: WORBY GRONER EDELMAN LLP Attorneys for Claimants 11 Martine Avenue - PH White Plains, NY 10606 Telephone number: 914 686 3700 Email Address: sam@rosmarinlaw.com	**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 payment should be sent (if different from above): Same as 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.	

EXHIBIT D

WEISS, ZARETT, BROFMAN & SONNENKLAR, P.C.
ATTORNEYS AT LAW

3333 NEW HYDE PARK ROAD
SUITE 211
NEW HYDE PARK, NY 11042
PH: (516) 627-7000
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WWW.WEISSZARETT.COM

MICHAEL D. BROFMAN, ESQ.
MBROFMAN@WEISSZARETT.COM

August 1, 2014

Via Federal Express
Worby Groner Edelman LLP
11 Martine Avenue, Penthouse
White Plains, NY 10606
Attention: Sam Rosmarin, Esq.

Re: Diaz v. Solomon, et al., Supreme Court Bronx County Index No. 22922/2014E

Dear Mr. Rosmarin:

My firm is counsel to the group of physicians formerly employed by Sound Shore Medical Center and Mount Vernon Hospital concerning the chapter 11 bankruptcy case of Sound Shore Medical Center of Westchester et al., Chapter 11 case number 13-22840 (RDD). One of the physicians who is a member of our client group is Dr. Molham M. Solomon, who was employed under a written employment agreement with Sound Shore Medical Center.

Pursuant to the employment agreement with Sound Shore Medical Center, Dr. Solomon, among other duties, was required to perform professional services on behalf of Sound Shore Medical Center for St. Joseph's Medical Center and its various clinics. A copy of Dr. Solomon's employment agreement with Sound Shore Medical Center is enclosed for your review.

Sound Shore Medical Center and its affiliated entities filed a petition under chapter 11 of the United States Bankruptcy Code on May 29, 2013, subsequent to the date of the allegations of malpractice contained in the Complaint in the above referenced action against Dr. Solomon and others. On October 25, 2013, Sound Shore Medical Center obtained an order of the United States Bankruptcy Court Southern District of New York, a copy which is also enclosed herewith for your reference, which, among other things, in the last decretal paragraph on page 9 of that Order provides that "Ordered, that all Medical Malpractice Claimants are hereby enjoined from commencing or continuing any action relating to their Medical Malpractice Claims against the Medical Professionals until confirmation of a plan, subject to further order of this Court...". The intent of that Order, clearly gleaned from its opening paragraphs, was to preclude any litigation against physicians or other medical professionals arising from allegations of medical malpractice against such professionals, such as Dr. Solomon, who were employed by Sound Shore Medical Center and its affiliated entities, during the pending of the bankruptcy case. Accordingly, any action on your part to continue the litigation as against Dr. Solomon, including serving him with the Complaint in the action, would be a violation of the Bankruptcy Court's injunction.

Please feel free to confirm this information and discuss the matter further with counsel for the Debtor, Garfunkel Wild, P.C., by communicating with either Burton S. Weston, Esq. or Adam T. Berkowitz, Esq. at (516) 393-2200. Of course, I will be happy to speak with you upon my return from a short vacation on August 11, 2014.

I trust that until I return, you will take no action to violate the injunction provided by the Bankruptcy Court's Order of October 25, 2013.

Very truly yours,

Michael D. Brofman

MDB:bt
Enclosures
cc: Burton S. Weston, Esq. *(via email, w/o encs.)*
Adam T. Berkowitz, Esq. *(via email, w/o encs.)*
Molham M. Solmon, M.D. *(via email, w/o encs.)*
G:\S\Sound Shore Medical\Correspondence\Worby Groner Ltr 08.01.14.docx

EMPLOYMENT AGREEMENT

MOLHAM M. SOLOMON, M.D.

AGREEMENT made on the 26th day of June 2011 (the "Effective Date") between **SOUND SHORE MEDICAL CENTER**, with an address at 16 Guion Place, New Rochelle, New York 10802 (the "Hospital") and **MOLHAM M. SOLOMON, M.D.** with an address at _____ (the "Physician").

WHEREAS, the Hospital is the operator of an acute care hospital facility in New Rochelle, New York; and

WHEREAS, the Physician is duly licensed to practice medicine in the State of New York; and

WHEREAS, the Hospital desires to secure the Physician's employment by the Hospital and the Physician desires to commit himself to serve as an employee of the Hospital on the terms set forth herein.

NOW, THEREFORE, in consideration of the premises and mutual covenants and conditions contained herein, the Hospital and the Physician agree as follows:

I. APPOINTMENT

1. The Hospital shall employ the Physician to render clinical, teaching, supervisory, and administrative services in the Department of Obstetrics and Gynecology ("OB/GYN") (the "Department") upon the terms and conditions set forth herein.

2. The Physician shall maintain such standards and meet such requirements as will, at all times, enable the Hospital to maintain full accreditation by The Joint Commission; continuation of the Hospital's licensure and operating certificate; compliance with the standards of the American Medical Association and the American Hospital Association all as they apply to the Department; and approval, accreditation and certification by applicable reviewing or certifying boards and/or agencies in connection with such post-graduate training programs as are or may be adopted by the Hospital.

3. The Physician shall directly report to the Co-Directors of the Department.

4. The Physician may conduct a private medical practice ("Private Practice") for up to ten (10) hours per week so long as Physician's duties and responsibilities with the Private Practice do not interfere with his duties and responsibilities to the Hospital as specifically set forth herein. Physician is required to report to the Senior Vice President, Operations, in writing, if Private Practice hours exceed ten (10) hours per week, on average, over any four-week period. Subject to the Hospital's Conflict of Interest Policy, a copy of which is annexed as **Exhibit A**, Physician shall be permitted to participate in outside activities which do not compete, directly or indirectly, with the Hospital or interfere with Physician's duties hereunder. The Hospital agrees that all income earned by Physician from such outside activities shall be collected and retained by Physician.

II. DUTIES AND RESPONSIBILITIES

1. Within the framework of the objectives, policies, and programs as are established from time to time by the Hospital, the Physician's duties and responsibilities shall include those set forth on **Exhibit B** ("Position Description") which is made a part of this Agreement. The Physician shall spend 37 ½ hours per week in fulfilling his duties and responsibilities as set forth in the Position Description.

2. The Physician shall complete the **Physician Time Log**, in the form annexed as **Exhibit C** and incorporated herein by reference, on a monthly basis and submit such Physician Time Logs to the Co-Directors of the Department by the 10th day of the month documenting time spent on specific activities the previous month. In the event that the Senior Vice President, Operations has questions regarding the Physician Time Log, a meeting shall be held with the Physician to resolve such questions within ten (10) days of receipt of the Physician Time Log.

3. The Physician shall complete and submit the **Physician Time Card**, in the form annexed as **Exhibit D** and incorporated herein by reference, on a biweekly basis, on Fridays, to the Co-Directors of the Department documenting time spent the previous two weeks.

4. The Hospital shall exclusively provide billing and collection functions for all professional services provided by the Physician for Hospital Patients at Hospital. All fees and collection policies shall be determined by the Hospital. Any fee collected by the Physician for professional services rendered to Hospital Patients at Hospital shall be immediately turned over to the Hospital. The Physician authorizes the Hospital to accept, or refuse to accept, on behalf of the Physician, any assignment of insurance benefits from any Hospital Patient receiving professional services from the Physician at Hospital pursuant to this Agreement. This Agreement shall constitute an assignment by the Physician to the Hospital of all funds owing or collected for professional services rendered by Physician to Hospital Patients at Hospital pursuant to the Agreement, and the Physician shall take all additional steps reasonably requested by the Hospital to assist in the billing and collection of funds due for such services. All funds collected with respect to such services shall be the exclusive property of the Hospital.

5. The Hospital shall exclusively provide billing and collection functions for all professional services provided by the Physician for St. Joseph's Medical Center Clinic patients who are admitted as inpatients to St. Joseph's Medical Center; for inpatient consults at St. Joseph's Medical Center; and when the Physicians are taking call at St. Joseph's (the "SJMC professional services"). All fees and collection policies shall be determined by the Hospital. Any fee collected by the Physician for SJMC professional services shall be immediately turned over to the Hospital. The Physician authorizes the Hospital to accept, or refuse to accept, on behalf of the Physician, any assignment of insurance benefits from any patient receiving SJMC professional services from the Physician pursuant to this Agreement. This Agreement shall constitute an assignment by the Physician to the Hospital of all funds owing or collected for SJMC professional services rendered by Physician pursuant to the Agreement, and the Physician shall take all additional steps reasonably requested by the Hospital to assist in the billing and collection of funds due for such

services. All funds collected with respect to such services shall be the exclusive property of the Hospital.

6. Notwithstanding anything set forth herein to the contrary, the parties acknowledge and agree that the Physician is permitted to provide professional services to Private Practice patients subject to Section I.4, above. The billing and collection and all other matters relating to Private Practice patients shall be provided by the Physician.

7. The Physician agrees to notify the Hospital's Compliance Officer immediately if (i) the Physician becomes aware that he is under investigation by any government enforcement agency in connection with any alleged or suspected fraud or illegal billing practices arising out of any activity whatsoever, or any services provided under Medicare, Medicaid, any other government payment programs for medical services, or any other third party payment program for health care services; or (ii) the Physician becomes aware that he is subject to any New York State disciplinary actions.

8. In fulfilling the duties and responsibilities as set forth in the Position Description, the Physician shall maintain active medical staff privileges at Sound Shore Medical Center and at St. Joseph's Medical Center and comply with the Bylaws of the medical staff and the rules and regulations promulgated pursuant thereto.

III. FACILITIES AND STAFF

The Hospital shall provide such administrative/clerical personnel, technical personnel, facilities, office and conference space, equipment, supplies, public relations and marketing support as is reasonably necessary and appropriate for the Physician to fulfill his duties and responsibilities hereunder.

IV. COMPENSATION, BENEFITS AND EXPENSES

1. In consideration of the duties and responsibilities being provided by the Physician to the Hospital pursuant to this Agreement and contingent upon the Physician fulfilling the time requirements set forth in Article II, Section 3:

The Hospital shall pay the Physician an annual salary of Three Hundred Twenty Five Thousand Dollars ($325,000.00) ("Salary"), pro-rated for any part of the year that this Agreement is in effect. Such amount shall be payable in equal bi-weekly installments, subject to required withholdings and deductions, in accordance with the Hospital's payroll policies.

As a precondition to payment of the Salary, the Co-Directors of the Department must be in receipt of the biweekly Physician Time Card and the most recently completed monthly Physician Time Log. In the event that the Physician does not comply with the time requirements (as evidenced by the Physician Time Logs and Time Cards) his compensation shall be adjusted for the actual time worked.

2. The Physician shall also receive the following "fringe" benefits, which may be amended or revised from time to time by the Hospital in its sole discretion: (a) upon prior written approval of the Hospital, the Hospital shall reimburse the Physician for costs associated with

continuing education and travel up to $2,000 annually upon Physician's submission of documentation substantiating that such expenses were incurred; (b) Twenty (20) paid vacation days per calendar year on a "use it or lose it" basis; (c) Four (4) free days per calendar year on a "use it or lose it" basis; (d) Eight (8) scheduled holidays to be taken when the holiday occurs on a "use it or lose it" basis; (e) One (1) sick day per month to a maximum of 120 days; (f) Five (5) CME days on a "use it or lose it" basis; (g) free parking. Unused Paid Time Off shall not carry over to subsequent years. In the event that this Agreement is terminated pursuant to Section VII below, all unused Paid Time Off shall be forfeited. Physician shall ensure appropriate coverage for all duties and responsibilities hereunder for all paid time off.

V. INVENTIONS AND PATENTS

Inventions, discoveries, improvements or patents which are legally protected and substantially developed by the Physician during his employment by the Hospital (i) primarily using Hospital facilities, staff or resources; or (ii) pursuant to a Hospital venture or a Hospital sponsored research program shall inure to the mutual benefit of the Physician and the Hospital on a 50/50 basis. The Hospital shall have no right or interest in any inventions, discoveries, improvements or patents which are legally protected and were substantially developed by the Physician prior to or after the date of the Physician's employment or which do not meet the conditions contained in (i) and (ii) above.

VI. PROFESSIONAL LIABILITY COVERAGE

The Hospital shall obtain and maintain on behalf of the Physician professional liability insurance for all periods of time pertinent to this Agreement in the minimum amount of $1,300,000 single limit, $3,900,000 general aggregate. Such insurance shall cover the Physician for his Hospital-related duties, including those duties outside of the Hospital described in Exhibit B, attached herein, as well as his Private Practice activities in accordance with Section I.4, above. If such coverage is on a claims-made basis and if such coverage is cancelled or not renewed, the Hospital shall be responsible for obtaining tail coverage. So long as the New York State law is in effect that continues to provide excess professional liability insurance for physicians affiliated with the Hospital at no cost to the Physician, the Physician must apply for and maintain this layer of excess professional liability insurance which is in the amount of $1,300,000 single limit/$3,900,000 general aggregate.

VII. TERM AND TERMINATION

1. This Agreement shall commence on the Effective Date and shall continue in effect until June 30, 2012 (the "Initial Term") unless sooner terminated as provided herein. Thereafter, this Agreement shall be automatically renewed for one year periods (July 1 - June 30) by the parties unless a party provides the other party written notice of its intent not to renew at least sixty (60) days prior to the end of the then current term.

2. This Agreement may be terminated at any time upon the mutual agreement of the parties.

3. This Agreement may be terminated at any time by either party without cause upon ninety (90) days written notice to the other party. If such termination takes place in the Initial

Term, no agreement for similar services may be entered into between these parties for a period of at least one (1) year from the Effective Date of this Agreement.

4. This Agreement may be terminated by the Hospital upon notice, at any time for Good Cause; and the Physician's compensation shall cease thereupon. "Good Cause" shall mean:

a) Termination, curtailment, suspension or non-renewal of the Physician's Medical Staff appointment or privileges at the Hospital in accordance with the uniformly enforced rules of the Hospital;

b) Suspension or revocation of the Physician's license to practice medicine or prescribe medications in the State of New York;

c) Death of the Physician; or the permanent disability of the Physician causing him to cease practicing medicine as a result of such disability;

d) The Physician's material failure or breach to comply with any term or provision of this Agreement (other than by reason of disability or Physician's inability to perform by virtue of the Hospital's failure under this Agreement), and such failure continues for thirty (30) days after written notice thereof by the Hospital stating the specific failure or breach. If the nature of the failure or breach is such that greater than thirty (30) days is required to cure such failure or breach, then the Physician will be allowed a reasonable period of time to cure such failure so long as the Physician commences performance within said thirty (30) day period and diligently pursues said cure to completion provided said cure is completed within sixty (60) days;

e) Imposition on Physician of sanctions by any governmental agency resulting in an exclusion of Physician from participation in Medicare, Medicaid or any governmental reimbursement program;

f) The Physician's failure to qualify for malpractice insurance coverage;

g) The Physician becomes addicted to or habitually abuses illegal drugs or alcohol and/or such addiction or habitual abuse materially affects the performance of his duties hereunder; or

h) The Physician is convicted of a felony related to the practice of medicine.

i) The Physician fails to fulfill the requirements of the Hospital's compliance program (including, but not limited to, complying with the Hospital's annual compliance training requirements).

j) Other conduct which in the fair and reasonable opinion of the Chief Executive Officer of the Hospital creates a threat to the health, safety, or welfare of patients, demonstrates a failure to cooperate with medical staff or others, disrupts the operations of the Hospital, demonstrates a failure to carry out the Physician's professional responsibilities hereunder, or is otherwise contrary to the best interest and welfare of the Hospital or its patients.

5. This Agreement may be terminated by Physician, upon notice, at any time for Good Cause. "Good Cause" shall mean:

a) The loss by the Hospital of its operating certificate; or

b) The Hospital's material failure to comply with any term or provision of this Agreement, and such failure or breach continues for thirty (30) days after written notice thereof by the Physician stating the specific failure or breach. If the nature of the failure or breach is such that greater than thirty (30) days is required to cure such failure or breach, then the Hospital will be allowed a reasonable period of time to cure such failure or breach so long as the Hospital commences performance within said thirty (30) day period and diligently pursues said cure to completion provided said cure is completed within sixty (60) days.

VIII. CONFIDENTIALITY

During the term of this Agreement, the Physician shall not disclose to any person (other than to an employee of the Hospital or other professional performing services for the Hospital or any other person to whom disclosure is reasonably necessary or appropriate in connection with the performance by the Physician of his duties or is otherwise required by law) any confidential information obtained by him while in the employ of the Hospital with respect to any of the Hospital finances, contractual arrangements, product designs, inventions, processes, patents, provision of services, or marketing techniques; provided, however, that confidential information shall not include any information known generally to the public or any information of the type not otherwise considered confidential by persons engaged in the same business or a business similar to that conducted by the Hospital or any information disclosed by a third party not bound by a confidentiality agreement with the Hospital or duty of confidentiality to the Hospital. The terms of this Article VIII shall survive the termination or expiration of this Agreement.

IX. REPRESENTATIONS

1. The Hospital warrants and represents that (i) it is a not-for-profit corporation duly organized and validly existing pursuant to the laws of the State of New York; (ii) it is licensed as a general hospital pursuant to Article 28 of the Public Health Law; and (iii) it shall comply with all applicable federal, state, and local statutes, rules and regulations.

2. The Physician warrants and represents that (i) he shall maintain membership in good standing on the Hospital's Medical Staff with appropriate and requisite privileges in accordance with Hospital policies and procedures; (ii) he shall perform satisfactorily and to the best of his ability the functions and duties of his position and comply with the Bylaws, Rules and Regulations, policies and procedures of the Hospital and its Medical Staff including the Hospital's Compliance Program; (iii) he shall comply with all applicable federal, state, and local statutes, rules and regulations; (iv) he is licensed and registered to practice medicine in the State of New York and is board certified in obstetrics and gynecology and family medicine; (v) he has never been sanctioned under Medicare/Medicaid or any other federal health program; and (v) he shall maintain professional liability insurance coverage in accordance with Article VI of this Agreement.

3. Notwithstanding any other provision in this Agreement, the Hospital remains responsible for ensuring that any service provided pursuant to this Agreement complies with all pertinent provisions of federal, state, and local statutes, rules and regulations.

X. PATIENT MEDICAL RECORDS

1. The Physician shall maintain and file accurate and complete medical records in form and content consistent with Hospital policies and procedures as established from time to time. The medical records shall at all times remain the property of the Hospital. The Physician shall have access consistent with Hospital policies and procedures established from time to time, but in no event will the Hospital deny reasonable access for the purposes of patient care, billing, collection, malpractice cases or other services consistent with the Physician fulfilling his duties hereunder. The parties agree to maintain the medical records consistent with Hospital policies and federal, state and local laws, rules and regulations.

2. While performing duties at St. Joseph's Medical Center, Physician shall make appropriate medical and related records relating to the provision of professional services, in such form and containing such information as required by applicable law and as generally required by St. Joseph's of its physicians. The medical and related records relating to the provision of the professional services to St. Joseph's patients shall at all times remain the property of St. Joseph's.

3. The Physician agrees that he shall comply with the statutory requirements concerning the privacy and security of identifiable health information as governed under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any regulations promulgated thereunder, and the Health Information Technology for Economic and Clinical Health Act, found in Title XIII of the American Recovery and Reinvestment Act of 2009, effective February 17, 2009 ("HITECH" Act), and the Physician agrees to execute any and all further documents and/or agreements in furtherance of such requirements. The Physician's obligations under this Article X shall survive any termination of this Agreement for any reason whatsoever.

XI. NOTICES

All notices, consents or communications required or permitted hereunder, or otherwise given by one party to the other, shall be in writing and shall be deemed given when received by personal delivery, certified or registered mail, postage prepaid, return receipt requested, or sent by express courier to the parties as follows:

To the Hospital:
Sound Shore Medical Center
16 Guion Place, New Rochelle, New York 10802

Attn: John R. Spicer, President & Chief Executive Officer & John Mamangakis, Sr. Vice President, Operations

To the Physician:
Molham Solomon, M.D.

_____

_____

A party may change the persons and addresses to which notices or other communications are to be sent by the methods stated above, provided that notice or such changes shall be effective only upon receipt.

XII. MISCELLANEOUS

1. This Agreement shall not be changed, modified, or amended except by a writing signed by the parties, and shall not be discharged except by performance in accordance with its terms or by a writing signed by the parties.

2. This Agreement and any Exhibits hereto set forth the entire Agreement and understanding between the parties as to the matters contained herein, and merges and supersedes all prior discussions, agreements and understandings of every kind and nature among them. No party shall be bound by any condition, definition, warranty, or representation other than as expressly provided for in this Agreement.

3. If any provision of this Agreement or the application of any provision hereof to any person or circumstances is held invalid, the remainder of this Agreement and the application of such provision to other persons or circumstances shall not be affected unless the invalid provision substantially impairs the benefits of the remaining portions of this Agreement.

4. This Agreement shall be governed by and construed in accordance with the laws of the State of New York.

5. The headings of the Articles and Sections contained in this Agreement are inserted for convenience only and in no way define, limit or prescribe the intent of this Agreement.

6. Neither party may assign this Agreement without the prior written consent of the other party. This Agreement and all documents executed pursuant thereto are binding upon and shall inure to the benefit of the parties, their respective successors, and permitted assigns.

7. The parties agree to execute such other documents as may be required to implement the terms and provisions and fulfill the intent of the Agreement.

8. No waiver by either party of any condition or of a breach by the other party of any term or covenant contained in this Agreement, whether by conduct or otherwise, at any time or in any one or more instances shall be deemed or construed as a further or continuing waiver of any such condition or breach of any similar or dissimilar term or covenant set forth in this Agreement. Moreover, the failure of either party to exercise any right hereunder shall not bar the later exercise thereof.

9. Both parties shall comply with all applicable state and federal nondiscrimination laws

and not discriminate against any patient in the manner or quality of services provided on the basis of age, race, national or ethnic origin, color, gender, sexual orientation, creed, disability, source of payment or type of illness or condition.

10. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

11. The use of the masculine, feminine or neuter gender and the use of the singular and plural shall not be given the effect of any exclusion or limitation in the Agreement.

12. Nothing set forth herein constitutes remuneration for the referral of patients between the parties. Neither party is obligated by anything stated in this Agreement to refer patients to the other party.

14. The Physician agrees that any employee who provides patient care items or services at the Hospital or performs billing or coding functions for the Hospital will comply with the Hospital's Compliance Program, including the training related to the Anti-Kickback Statute, 42 U.S.C. § 1320a-7(b) and the Stark Law, 42 U.S.C. § 1395nn. The Physician acknowledges receipt of the Hospital's Code of Conduct and its Stark Law and Anti-kickback Policies and Procedures. Physician and Hospital both certify that in the performance of this Agreement, neither party shall violate the Stark law or the Anti-kickback Statute.

IN WITNESS WHEREOF, the parties have signed this Agreement on the dates set forth below.

SOUND SHORE MEDICAL CENTER

Date: _____ By: _____

Date: 05/11/2011 _____
Molham Solomon, M.D.

EXHIBIT A

Conflict of Interest Policy

POLICY:

Sound Shore Medical Center ("SSMC") has a Conflict of Interest Policy which applies to all management personnel. This document will be signed on the date of hire.

This policy imposes requirements on employees of Sound Shore Medical Center that are often more stringent than those mandated by law, reflecting our goal of conducting ourselves with the highest level of integrity. SSMC expects that all employees will cooperate in implementing and complying with this policy. Ultimately, the responsibility for ethical behavior rests with each of us in the exercise of our independent judgment.

SSMC also expects each employee to recognize and avoid activities and relationships that involve or might appear to involve conflicts of interest and behavior that may cause embarrassment to SSMC or compromise its integrity.

Principles:

The following principles are intended to guide employees in maintaining compliance with this policy:

- SSMC and its employees will abide by the letter and spirit of all applicable laws and regulations. Infractions, including theft or any type of personal dishonesty, will not be tolerated. The willingness of each of us to raise ethical and legal concerns is essential.
- SSMC and its employees will act in such a manner that the full disclosure of all facts related to any activity will reflect favorably upon SSMC.
- SSMC will deal fairly and honestly with those who are affected by our actions and treat them as we would expect them to treat us if the situation were reversed.
- SSMC will undertake only those activities that will withstand public scrutiny and not pursue any course of action that involves a violation of the law or these principles.
- Employees will disclose to the Chief Financial Officer any real or potential conflicts of interest for administrative review.
- SSMC will promote relationships based upon mutual trust and respect and will provide an environment in which individuals may question a practice without fear of adverse consequences.

Employee Loyalty:

SSMC expects its employees to serve SSMC with undivided loyalty. Each employee is expected to devote his or her full time and ability to SSMC's interest during employment hours and during

whatever additional time may be properly required in connection with an employee's job duties. SSMC further expects that employees will use assets of SSMC only for Medical Center business.

SSMC requires every employee to put the interests of SSMC ahead of any other business or commercial interest that the employee may have as an individual.

Employment or personal business commitments outside regular hours of employment are prohibited if these would tend to impair an individual's ability to meet his or her regular job responsibilities to SSMC.

Conflict of Interest:

It is contrary to SSMC policy for an employee, or any member of his or her immediate family, to hold a financial or management interest in, or maintain a relationship with a vendor, supplier, customer of SSMC or any enterprise that extends financing accommodations to, or receives such accommodations from, SSMC or any other entity that does business with SSMC unless such interest is fully disclosed to the Chief Financial Officer and the employee is able to remove himself or herself from any position capable of influencing or affecting the business relationship between SSMC and the entity in which or with whom the employee has the interest or relationship. An employee shall **not** be deemed to have an interest in or relationship with any corporation, firm, association, or other entity whose securities are publicly traded solely because he owns less than 5 percent of such company's shares.

It is contrary to SSMC policy for an employee to do business with or hire a relative (or a company with which a relative is associated) on behalf of SSMC unless the facts are disclosed and written approval is received in advance from the Chief Financial Officer.

No employee of SSMC shall accept any valuable gift, whether in the form of a service, loan, thing, or promise from any person, firm, entity or business where such gifts is intended to influence business dealings with SSMC.

All Employees should avoid situations in which a conflict of interest, or the appearance of a conflict could arise.

EXHIBIT B

Position Description

The Physician's duties and responsibilities shall include the following:

1. Perform deliveries for St. Joseph's Medical Center OB Clinic patients at Sound Shore Medical Center.
2. Supervise residents training in the St. Joseph's Medical Center Family Practice residency training program (the "Program") in all aspects of OB/GYN care, including deliveries, while rotating at Sound Shore Medical Center pursuant to a Program Letter of Agreement between Sound Shore Medical Center and St. Joseph's Medical Center (PLOA) and in accordance with Program Goals and Objectives for resident education. Resident participation in vaginal deliveries and C-sections for St. Joseph's Medical Center Clinic patients shall be directly supervised in-person by Dr. Solomon or Dr. Hassan.
3. Establish and ensure maintenance of standards of performance to meet Accreditation Council of Graduate Medical Education (ACGME) and Residency Review Committee (RRC) expectations for resident participation in deliveries at Sound Shore Medical Center.
4. Monitor and evaluate performance of Program residents and report regularly to Program Director.
5. Coordinate services provided by Program residents with physicians, nurses, and ancillary staff to ensure optimal patient care at Hospital.
6. Integrate the teaching of Program residents with other Hospital services to ensure seamless patient care and participation in quality improvement activities and reporting.
7. Participate in and report regularly to the Hospital's Graduate Medical Education Committee on teaching activities at Hospital with respect to the Program.
8. Physician shall provide the following duties and responsibilities at St. Joseph's Medical Center pursuant to a Teaching and Professional Services Agreement between Sound Shore Medical Center and St. Joseph's Medical Center duly agreed to by Physician:
    a. Conduct one (1) four (4)-hour GYN clinic per week at St. Joseph's Medical Center.
    b. Conduct one (1) four (4)-hour OB clinic per week at St. Joseph's Medical Center.
    c. Conduct one (1) four (4)-hour Colposcopy session per week at St. Joseph's Medical Center.
    d. Provide telephone consultation back-up to St. Joseph's Medical Center Family Medical Center ("FMC") providers during FMC operations.
    e. Provide Program resident education and appropriate supervision of Program residents in patient care activities during OB, GYN, and Colposcopy Clinics.
    f. Provide resident education through participation in FMC conference schedule.
    g. Participate in Program faculty meetings as requested.
    h. Provide call coverage for emergency room at St. Joseph's Medical Center 182.5

days per year.

i. Provide OB/GYN consults on St. Joseph's Medical Center inpatients as necessary in accordance with hospital policy.

EXHIBIT C

Physician Time Log

Please insert number of hours spent on each activity.

Month:	**Date**	**Hours**
Perform deliveries		
Supervise residents		
Monitor and evaluate performance of Program residents		
Coordinate services provided by Program residents		
Participate in and report regularly to the Hospital's Graduate Medical Education Committee		
Conduct one (1) four (4)-hour GYN clinic per week		
Conduct one (1) four (4)-hour OB clinic per week		
Conduct one (1) four (4)-hour Colposcopy session per week		
Provide telephone consultation back-up		
Provide Program resident education and supervision of Program residents		
Participate in Program faculty meetings		
Provide call coverage for emergency room at St. Joseph's Medical Center		
Provide OB/GYN consults on St. Joseph's Medical Center inpatients		
TOTAL HOURS		

I certify to the best of my knowledge that the activities described above are directly related to the Employment Agreement that I have in place with the Hospital and that I have not billed Medicare or any third party payor or patient separately for any of the duties and responsibilities described above.

_____ _____
Physician Signature Date

_____ _____
Hospital Representative Signature Date

EXHIBIT D

Physician Time Card

	IN	OUT	Reg. Hrs. / O.T. Hrs.	SUMMARY HOURS	
Su				Regular	
M				O.T. Reg.	
T				O.T. Prem	
W				Sick	
T				Vacation	
F				Hol. Reg.	
S				Hol. Prem.	
Su				Other	
M				TOTAL HOURS	
T				Comments:	
W					
T					
F					
S					
TOTAL PAID HOURS					

Employee Signature

Supervisor Signature

From: (914) 686-3700
Ms. Charley Rogers
WORBY GRONER EDELMAN
11 MARTINE AVENUE
PH
WHITE PLAINS, NY 10606

Origin ID: NESA

FedEx Express

J142014061903uv

Ship Date: 28AUG14
ActWgt: 1.0 LB
CAD: 2374234/INET3550

Delivery Address Bar Code

SHIP TO: (614) 289-5400 BILL SENDER

GCG, INC (DEBTOR SSMC)
5151 BLAZER PARKWAY
SUITE 1
DUBLIN, OH 43017

Ref # DIAZ V SSMC (B10 FILING)
Invoice #
PO #
Dept #

FRI - 29 AUG AA
STANDARD OVERNIGHT

TRK# 7709 7914 8972
0201

ASR
43017
OH-US
LCK

XX OSUA

522G1/ECF2/8AC9

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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 ServiceGuide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

From: (914) 686-3700
Ms. Charley Rogers
WORBY GRONER EDELMAN
11 MARTINE AVENUE
PH
WHITE PLAINS, NY 10606

Origin ID: NESA

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GCG, INC (DEBTOR SSMC)
5151 BLAZER PARKWAY
SUITE 1
DUBLIN, OH 43017

FRI - 29 AUG AA
STANDARD OVERNIGHT

TRK# 0201 7709 7914 8972

ASR
43017
OH-US
LCK

XX OSUA

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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 w ith 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 w ill not be responsible for any claim in excess of $100 per package, w hether 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 w hether 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. jew elry, precious metals, negotiable instruments and other items listed in our ServiceGuide. Written claims must be filed w ithin strict time limits, see current FedEx Service Guide.

01004824
SSM0202998303

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

1) Grand Father Pension 69,509.15 ± interest
2) Bank vac. hrs 179.6
3) Accured Sick hrs 892.1
4) 57% Annual Salary From 2005 – 20012
Total $141,475.25 ± Interest

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 of Creditor (the person or other entity to whom the Debtor owes money or property): SUMNER, RUBY

☐ 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:

SUMNER, RUBY
~~NRHMC LAB~~
85 WILSON DR
NEW ROCHELLE, NY 10801-4601

Telephone number:
Email Address:

THE GARDEN CITY GROUP, INC. SEP 17 2013

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

Telephone number:
Email Address:

FILED - 00952
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 (May 29, 2013): $ _____

1) Grand Father pension = 69,509.15
2) Bank Vac hours = 179 x 33.02 = 5,926.80
3) Accured sick hrs = 892 x 33.02 = 29,438.30
4) 7% Annual Salary = 60,000 = 36,600.00

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 instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 2 8 4 0

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: $ 141,475.25 ± Int

**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: Ruby Sumner

Title: Supervisor

Company: Sound Shore Med. Ctr

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

(Signature) Ruby Sumner (Date) 9/13/13

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(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.

01004824
SSM0202998303

SUMNER, RUBY
NRHMC-LAB
85 WILSON DR
NEW ROCHELLE, NY 10801-4601

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

Sound Shore Medical ctr. of Westchester
c/o GCG Inc.
~~515~~ 515 Blazer Parkway, Suite A
Dublin, OH 43017

PRIORITY MAIL

UNITED STATES POSTAL SERVICE

1 LB
UNITED STATES POSTAL SERVICE
1006

43017

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PAID
MAMARONECK.NY
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SEP 13. 13
AMOUNT

$5.60

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UNITED STATES POSTAL SERVICE®

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9114 9011 2308 6231 6333 59

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7690-16-000-7948

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SSM0202490993

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

The Mount Vernon Hospital, Inc.

Priority: Unknown

Unsecured: Unknown

Contingent / Unliquidated

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 of Creditor (the person or other entity to whom the Debtor owes money or property): TARANTINO MARIA

☐ 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:

TARANTINO MARIA
30 EHRBAR AVE
MT VERNON, NY 10552

Telephone number: 914-665-0910

Email Address: MONGUMIA@AOL.COM

THE GARDEN CITY GROUP INC. OCT - 2 2013

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.

FILED U.S. BANKRUPTCY COURT S.D.N.Y. 2013 SEP 26 A 10:

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 22110.00

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.

FILED - 81817
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 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: LOSS OF PENSION; LOSS OF SICK DAYS
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 0 1 1 5

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)(__). SICK TIME

Amount entitled to priority: $ 22,110.00

**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)

CRT

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: MARIA TARANTINO Maria Tarantino 9-15-13

Title: Executive Secretary (Signature) (Date)

Company: Mount 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.

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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:
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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.

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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:
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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.

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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.

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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.

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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(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.

01014804
SSM0202490993

TARANTINO MARIA
30 EHRBAR AVE
MT VERNON, NY 10552

From: (631) 470-5000
Attn: Artúro D Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J1311302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM- .

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
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.

01007811
SSM0203197541

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One): | **Case No.**

- ☒ Sound Shore Medical Center of Westchester — 13-22840
- ☐ The Mount Vernon Hospital, Inc. — 13-22841
- ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- ☐ The M.V.H. Corporation — 13-22843
- ☐ Sound Shore Health System, Inc. — 13-22844
- ☐ NRHMC Services Corporation — 13-22845
- ☐ New Rochelle Sound Shore Housing, LLC — 13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 24 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): TOBY ORTHOPAEDICS

☐ 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:

TOBY ORTHOPAEDICS
1805 PONCE DE LEON BLVD STE 501
CORAL GABLES, FL 33134-4456

Telephone number:
Email Address:

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 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): $ 525.00

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 - 01309
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: Goods Sold - PO# NR175692 / INV. # 78000750
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 0 1 0 0

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. (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: _____ _____

Title: _____ (Signature) (Date)

Company: _____

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
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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
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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.

01007811
SSM0203197541

TOBY ORTHOPAEDICS
1805 PONCE DE LEON BLVD STE 501
CORAL GABLES, FL 33134-4456

Invoice

Toby Orthopaedics, LLC

1805 Ponce de Leon Blvd
Suite 501
Coral Gables, FL 33134

Date	Invoice #
3/6/2013	78000750

Bill To
Sound Shore Medical Center of Westchester Accounts Payable 16 Guion Place New Rochelle, NY 10802 USA

Ship To
Sound Shore Medical Center of Westchester 16 Guion Place New Rochelle, NY 10802 USA

P.O. Number	Terms	Ship	Via
NR175692	Net 30	3/6/2013	FedEx

Quantity	Description	Price Each	Amount
4	TO-FTRT - Flexor Tendon Sheath Retractor and Suture Retriever/Sheath Dilator	125.00	500.00T
1	Handling (UOM = Each)	25.00	25.00T

Sales Tax (0.0%)	USD 0.00
Total	USD 525.00
Payments/Credits	USD 0.00
Balance Due	USD 525.00

Phone # 305.665.8699 Fax # 305.768.0269 sales@TobyOrtho.com www.TobyOrtho.com

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "**Schedules**"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("**PACER**") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

ORIGIN ID:JDMA (305) 665-8699
VIVIANA JACOBS
TOBY ORTHOPAEDICS
1805 PONCE DE LEON BLVD
SUITE 501
CORAL GABLES, FL 33134
UNITED STATES US

SHIP DATE: 21SEP13
ACTWGT: 1.0 LB
CAD: 102360654/INET3430

BILL SENDER

TO C/O CGG, INC.
SOUND SHORE MEDICAL OF WESTCHESTER
5151 BLAZER PKWY
STE A
DUBLIN OH 43017

(305) 665-8699 REF:
INV:
PO: DEPT:

FedEx Express

J13201306280126

MON - 23 SEP AA
STANDARD OVERNIGHT

TRK# 0201 7967 4113 2460

XX OSUA

43017
OH-US LCK

Part # 156297-435 RIT2 05/13

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
WHITE PLAINS DIVISION

PROOF OF CLAIM
Chapter 11

Debtor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER,
AKA: SOUND SHORE MEDICAL CENTER OF WESTCHESTER

Judge: ROBERT D DRAIN
Case Number: 13-22840-RDD

THE GARDEN CITY GROUP, INC. MAY 20 2014 COURT USE ONLY

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):
Toyota Motor Credit Corporation

Name and address where notices should be sent:
Becket and Lee LLP
Attorneys/Agent for Creditor
POB 3001
Malvern, PA 19355-0701

FILED - 01492
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number: 610-644-7800 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):

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: $458.26
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: Deficiency balance related to motor vehicle lease
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: S089

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).

Amount entitled to priority: $_____

☐ 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 4/1/16 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)

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:	Thomas A. Lee III	/s/ THOMAS A. LEE III	05/16/2014
Title:	Attorney/Agent for Creditor	(Signature)	(Date)
Company:	Becket and Lee LLP		

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.

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ILNS            8089;        NOTE STATUS - LOAN RECORD  SOUND SHORE     PAGE 01
** HOLD **   ** IN RECOVERY **                                          03-14-14
LN-BAL        422.85    R-BR 0122   TYPE 3    RATE  0.02437       TERM     012
INTREST          .00    DLR 31135   MODE 6    FLOR  0.00000       MO-RUN   000
DLR1-REB         .00    OF GS089    CALC 2    CEIL 99.00000       MO-HLD   000
DLR2-REB         .00    COLL 1147   DLRP 0    PRIM                MO-YTD   000
DLR3-REB         .00    LED    80   CTP  0    REL   0.000         PC-SD 000.00
INSURNCE         .00    CLS    11   RCVY B    DLR   0.00000       CENS
INS-INT          .00    FRB         NOTC 0    HLD 1        01-29-14        .01
UNP-LT           .00    BKRT   B    LCHG 0    PRIV OUT  AFL O  DLR O  TMK O
UNP-OTH        35.41    SPCM        DISP 0    ***** INTEREST REPAYMENT *******
UNP-MSC          .00    COMP        REV  0    IBNP          .00           SCH 0
UNP-EXT          .00    CNT 123: 998 000 000  ***** PRINCIPAL REPAYMENT ******
PAY-OFF       458.26    **ACTIVITY TODAY**    PAYMENT                      .00
 GOOD THRU 03-15-14      PRN            .00   NXT-DUE                      .00
 TOT-PDM        .0000    OTH            .00   PST-DUE                      .00
INT-BEG 02-02-14  LAST-ACT 02-01-14           PART-PAY                     .00
NOTE    06-25-10  LAST-EXT                    NO-PMT 000  PD-15 000   SCHED 0
MAT     02-02-15  LAST-PRN 02-02-14           PMT-MD 000  PD-30 000   BILL 00
EST-MAT 02-02-15  LAST-TRN 01-30-14 462       PMT-PD 000  PD-60 000   ACH   0
REMARKS                            35.41      BY-OTH 000  PD-90 000   EXT 000
EXT FEE      .00   EXT FEE NOT APPLICABLE     CLCTNS 000  NSF   000   REN 000
REM 1 JTDKN3DU5A0140636 10 PRIUS        REM 2 REPO 00/00/00
ILOL-36 - CONTINUED ON NEXT PAGE
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TOYOTA FINANCIAL SERVICES

P.O. BOX 9490
CEDAR RAPIDS, IA 52409-9490

ACCOUNT NUMBER: 089
DESCRIPTION OF VEHICLE: 2010 TOYOTA PRIUS
VEHICLE IDENTIFICATION NUMBER: JTDKN3DU5A0140636

09/23/13

SOUND SHORE MEDICAL CENTE
16 GUION PL
NEW ROCHELLE NY 10801-5502

Dear SOUND SHORE MEDICAL CENTE:

Thank you for your valued business, and for returning your leased vehicle to NEW ROCHELLE TOYOTA on 9/13/2013.

Your vehicle had excess mileage and/or wear as defined by your lease agreement or you have some unpaid lease charges, or both.

Here is a list of the charges and credits associated with your account:

	Unpaid Lease Payment(s):		$
	Unpaid Late Charges:		$
	Unpaid Miscellaneous Receivables:		$
	Excessive Wear and Use:	$	
LESS	EWU Protection Plan Waiver:	$( )	
	Excessive Mileage Charge:	$ 422.85	
	Disposition Fee:	$	
	Subtotal	$ 422.85	
	Sales Tax at 8.375 %	$ 35.41	
	Total Excessive Wear, Use, Mileage and Sales Tax		$ 458.26
	Other:		$
LESS	Amount Collected When Vehicle Returned:		$( )
LESS	Security Deposit / Reconditioning Reserve:		$(0.00)
	Total Amount Due:		**$ 458.26**

Please pay the **Total Amount Due** immediately by mailing a check made payable to Toyota Financial Services at the address shown above. You may also call us so that we can discuss the options available to you and answer any questions you may have. We have enclosed a notice summarizing your rights regarding excessive wear and use charges.

If you have any questions, please call us at (800) 874-8822 between 8 a.m. and 8 p.m., Monday through Friday.

Sincerely,

Toyota Financial Services

We may report information about your account to the credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

FRQG51

MOTOR VEHICLE LEASE AGREEMENT
1 PAY LEASE – NEW YORK

TOYOTA FINANCIAL SERVICES

Lease Date 06/25/2010

Dealer	Lessee	Vehicle Garaging Address
N R AUTOMOTIVE INC DBA NEW ROC 47 CEDAR ST NEW ROCHELLE,NY 10801	SOUND SHORE MEDICAL CENTER 16 GUION PL NEW ROCHELLE NY 10801	

This is a Lease for the Vehicle described below. The words "you", "your" and "Lessee" refer to the Lessee and any Co-Lessee. The words "we", "us" and "our" refer to the Lessor, and other assignees. Toyota Motor Credit Corporation ("TMCC") and any subsequent assignee by signing this Lease you are leasing the Vehicle according to all of the terms of the Lease.

2. Description of Leased Vehicle
You are leasing from us, and received in satisfactory condition, the following Vehicle

New, Used or Demo	Year	Make	Model	Body Style	Vehicle Identification No.	Odometer Mileage
NEW	2010	TOYOTA	PRIUS	4CR	JTDKN3DU5A0140634	3

Primary Use: ☒ Personal, Family or Household ☐ Business, Agricultural or Commercial

FINANCIAL TERMS AND OTHER INFORMATION

3. Amount Due at Lease Signing or Delivery (Itemized in Section 7)	4. Total Lease Payment	5. Other Charges (not part of your Total Lease Payment)	6. Total of Payments
$ 18330.24	Your Total Lease Payment of $ 18039.44 is due on 08/25/2010	Depreciation fee if you do not purchase the Vehicle: $ N/A Total $ N/A	(The amount you will have paid by the end of the Lease) $ 18330.24

Itemization of Amounts Due at Lease Signing or Delivery

7. Amount Due at Lease Signing or Delivery		8. How the Amount Due at Lease Signing or Delivery will be Paid	
a. Capitalized Cost Reduction	$ -0-	a. Net Trade-in Allowance	$ N/A
b. Total Lease Payment	$ 18039.44	b. Rebates and Noncash Credits	$ N/A
c. Refundable Security Deposit	$ N/A	c. Amount to be Paid in Cash	$ 18330.24
d. Title Fees	$ N/A		
e. Registration Fees	$ 200.00		
f. License Fees	$ N/A		
g. Taxes	$ 1341.30		
h. Miscellaneous Breakdown Protection	$ N/A		
i. Maintenance Agreement	$ N/A		
j. Acquisition Fee	$ 850.00		
k. Documentary Fee (U)	$ 75.00		
l. Inspection Fee (U)	$ 10.00		
m.	$ N/A		
n. NY Tire Fee (U)	$ 17.50		
o. Total	$ 18330.24	e. Total	$ 18330.24

9. Your monthly payment is determined as shown below:

a. Gross Capitalized Cost. The agreed upon value of the Vehicle ($ 31553.39) and any items you pay over the Total Lease Payment (such as any outstanding prior credit or lease balance). For an itemization of this amount, see Section 13	$ 31553.39
b. Capitalized Cost Reduction. There is no Capitalized Cost Reduction in this Lease	- $ -0-
c. Adjusted Capitalized Cost. The amount used in calculating your Total Lease Payment	= $ 31553.39
d. Residual Value. The value of the Vehicle at the end of the Lease used in calculating your Total Lease Payment	- $ 15531.00
e. Depreciation and any Amortized Amounts. The amount charged for the Vehicle's use in excess of normal use and for other items paid for in the Total Lease Payment	= $ 16022.39
f. Rent Charge. The amount charged in addition to the Depreciation and any Amortized Amounts	+ $ 17.05
g. Total Lease Payment. The Depreciation and any Amortized Amounts plus the Rent Charge	= $ 16039.44
h. Lease Payments. The number of payments in your Lease	1

Early Termination. You may have to pay a substantial charge if you end this Lease early. This charge may be in an amount determined differently. The actual charge will depend on when the Lease is terminated. The earlier you end the Lease, the greater this charge is likely to be.

10. Excessive Wear and Use. You may be charged for excessive wear based on our standards for normal use and for mileage in excess of 75,000 miles over the odometer mileage disclosed above, at the rate of .15 per mile.
11. Purchase Option at End of Lease Term. You have an option to purchase the Vehicle at the end of the Lease Term for $ 15531.00.
12. Other Important Terms. See your Lease documents for additional information on early termination, purchase options and maintenance responsibilities, warranties, late and default charges, insurance and any security interest, if applicable.

Gross Capitalized Cost Itemization and Other Items

13. Itemization of Gross Capitalized Cost
You will pay for the following items over the Lease Term, as part of your Total Lease Payment:

a. Agreed Upon Value of the Vehicle	$ 31553.39
b. Outstanding Prior Credit or Lease Balance	+ $ N/A
c. Gross Capitalized Cost	= $ 31553.39

14. Lease Term and Scheduled Maturity Date
The Lease Term of this Lease is 36 months, and the Scheduled Maturity Date of the Lease is 06/25/2013.

15. Required Insurance
You must provide the following insurance during the Lease Term with the Lessee and/or Co-Lessee as an insured party. No other types of insurance are required.
a) primary automobile liability insurance with minimum limits for bodily injury or death of:
i) $ 100,000 for any one person, and
ii) $ 300,000 for any one accident and
iii) $ 50,000 for property damage and
b) physical damage insurance for the full value of the Vehicle with a maximum deductible of $1,000
See Section 20 for additional information.
You have provided us with evidence of the minimum insurance:
TRAVELERS
Insurance Carrier
By Dana Agent
Agent's Name / Address Agent's Phone No.
Physical damage and liability insurance coverage for bodily injury and property damage caused to others is not included in this Lease.

16. Estimated Official Fees and Taxes $ 1353.30
This is an estimate of the total amount you will pay over the Lease Term for official and license fees, registration, title, and sales (including personal property, license, valuation, included in the Amount Due at Lease Signing or Delivery (Section 7) or billed separately. The actual total of Official Fees and Taxes may be higher or lower than this estimate depending on the tax rates in effect or the value of the Vehicle at the time a fee or tax is assessed. This estimate is based on your stated address and may increase if you move or if tax rates change. You are responsible for paying any increase. See Section 27 for additional information.

17. Vehicle Maintenance and Damage
You are responsible for all maintenance, repair, service and operating expenses of the Vehicle. You agree to follow the owner's manual and maintenance schedule and to provide us with written proof of such maintenance. You are responsible for all damage to the Vehicle and for its loss, seizure or theft. You must tell us immediately if any of these events happen, and provide us with your insurance company.

18. Warranty
If the Vehicle is a new or a demo Vehicle, the Vehicle is subject to the applicable new warranty from the manufacturer. If the Vehicle is used, it is not covered by a warranty unless identified below:
☐ Remainder of standard new vehicle warranty from manufacturer
☐ Used vehicle warranty from manufacturer
☐ Used vehicle warranty from Lessor
OTHER THAN THE MANUFACTURER'S AND/OR LESSOR'S WARRANTY ABOVE, YOU ARE LEASING THE VEHICLE "AS IS" AND WE MAKE NO OTHER WARRANTIES AS TO THE VEHICLE'S CONDITION, MERCHANTABILITY, SUITABILITY OR FITNESS FOR A PARTICULAR PURPOSE.

19. Optional Insurance and Other Products
You are not required to buy any of the Optional Insurance or Other Products listed below in order into this Lease, and they are not a factor in our credit decision. These insurance and other products will not be provided unless the appropriate box is checked, all information is filled in, you initial below, and you are accepted by the Provider. By your initials below, you agree that you have received a notice of the terms of the insurance or product, and you want to obtain the insurance or product for the premium or charge shown. A portion of the premium or charge shown may be retained by the Lessor (Dealer).
☐ Optional Mechanical Breakdown Protection N/A, other N/A, months Coverage
Provider $ N/A Premium or Charge / Lessor / Dealer Share
☐ Optional Maintenance Agreement
N/A Provider $ N/A Premium or Charge / N/A Lessor / Dealer Share
Total Premiums and Charges $ N/A

20. Complete Agreement or Modification
By your initials you acknowledge that this Lease contains the entire agreement for the Lease of this Vehicle. There are no other agreements. Any change in this Lease must be in writing and signed by you and by us.

21. Agreement to Arbitrate
By initialing below, you agree that at the request of either you or us any controversy or claim (defined in Section 44 of this Lease) between you and us shall be determined by personal binding arbitration. See Section 44 for further terms and conditions.

New York State Motor Vehicle Retail Leasing Act Disclosures

Capitalized Cost (The sum of the Adjusted Capitalized Cost and the Capitalized Cost Reduction. The Capitalized Cost and the amount of the Total Lease Payment may be negotiable.) (Same as Gross Capitalized Cost, Section 9 a). $ 31553.39
Adjusted Capitalized Cost (The amount which is capitalized in connection with the Lease and is used in determining the amount of your Total Lease Payment. This amount will be used in determining the legal limit on your early termination liability. Although the "Adjusted Capitalized Cost" is not referred to in the early termination provisions of this Lease, the "Adjusted Capitalized Cost" may be used to determine the early termination provisions of arbitrating lessors.) (Same as Section 9 d.) $ N/A
Estimated Residual Value (Same as Residual Value Section 9 d.) $ 15531.00
(The disclosures in this section are required under the New York State Motor Vehicle Retail Leasing Act)

Lease Agreement and Notice

By signing below, you acknowledge that: (1) You have read the entire Lease, including the back side; (2) You agree to all of the provisions of this Lease; (3) This is a Lease, you have no ownership interest in the Vehicle unless and until you exercise your option to purchase as set forth in this Lease.
IN ARBITRATION: Important consumer protections may not apply if this Agreement indicates that you are leasing the Vehicle primarily for agricultural, business or commercial use.
NOTICE TO 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.
You acknowledge that you have received a completely filled in copy of this Lease.
MOTOR VEHICLE LEASE AGREEMENT
Lessee Signature Co-Lessee Signature

Notice Regarding Assignment. As part of our credit exchange program, TMCC has engaged TCI Exchange, LLC ("TCI") as a qualified intermediary. Lessee is hereby notified that TMCC has assigned to TCI its right, but not its obligations, in connection with this Lease and the Vehicle.
The Lessor hereby accepts the Lease and assigns to Toyota Motor Credit Corporation all rights, title and interest in the Lease and in the Vehicle, and Lessor's rights under any personal guaranty executed in connection with this Lease, with full powers to Toyota Motor Credit Corporation to collect and exchange all obligations related to this Lease, any guaranty, and the assignment.

Lessor N R AUTOMOTIVE INC DBA NR By Title Off Mgr. Date 06/25/2010

SEE REVERSE SIDE FOR ADDITIONAL TERMS AND CONDITIONS

PREVIOUS EDITIONS MAY NOT BE USED

TMCC COPY

YOUR OBLIGATIONS DURING THE LEASE

23. Prohibited Uses of the Vehicle. You agree that you will not, nor permit others to:
   a. use the Vehicle in any illegal manner, in violation of your insurance policy, or without the insurance coverage described in Sections 15 and 24;
   b. alter the Vehicle without our written consent. Any alterations become our property;
   c. subject the Vehicle to any lien, security or other encumbrance or transfer;
   d. use the Vehicle to transport goods or people for hire;
   e. remove the Vehicle from the state where it was first titled, for more than 30 days, without our written consent;
   f. take the Vehicle outside the United States or Alaska (except to Canada or Mexico for less than 30 days, if you have our consent and have provided us with proof of insurance); or
   g. allow anyone else to regularly use the Vehicle without our written consent.

   Assignment or subleasing by you of the Vehicle or Lease is strictly prohibited.

24. Title and Registration. Legal title to the Vehicle will be in our name and the Vehicle will be registered as we direct. You must promptly pay all title, registration and license fees.

25. Required Insurance. We have the right to change the amounts of Required Insurance shown in Section 15. The limits we require may not be sufficient for your needs. Ask your insurance provider for more information. You may obtain the required coverages through any insurance company, agent, or broker you choose. The Insurance policy must be acceptable to us, name Toyota Motor Credit Corporation as additional insured and loss payee, and give us at least 10 days written notice before any cancellation or reduction in coverage. You authorize us to endorse your name(s) on any check or draft from your insurance company for any claim. You must provide us with written proof of the insurance.

26. Payment Obligations. You may not change or stop paying your obligations under this Lease for any reason, even if the Vehicle is stolen, destroyed, seized by the government, non-operational, repossessed, any mechanical problem, or does not perform satisfactorily. If you do not return the Vehicle by the Scheduled Maturity Date, you must pay us monthly the Monthly Payment as defined in Section 30. However, acceptance by us of your payment does not mean you have our permission to keep the Vehicle.

28. Change in Address. You must notify us in writing within 10 days of any change in your address.

27. Official Fees, Taxes and Prices. You must promptly pay all official fees and taxes related to the Vehicle and this Lease, including title, license and registration fees, and taxes (use, excise and personal property taxes). You must also promptly pay any fines incurred on the Vehicle such as traffic or parking tickets.

   Some bills for official fees and taxes may be sent to you for payment. Other bills may be sent by us on your behalf and we will charge you the amount paid. You must pay all bills incurred during the Lease Term, even if they are assessed and billed after the Lease has ended. We may charge you an estimated amount for the remaining fees and taxes at the time the Lease ends. You are responsible for any shortage in this estimate and we will refund you any excess.

   We are not obligated to apply for any refund or abatement of official fees and taxes, including personal property taxes. If you make a written request that we apply for a refund of an official fee or tax that you paid to us, for which you are entitled, we will file an application for refund. We will send any refund we receive, less any amounts due under this Lease, to you.

   We may pay any title, registration, license fee, tax or fine which you fail to pay, and charge you the amount paid. You are responsible for any fines or penalties if you fail to pay the bill when due.

28. Default and Loss of the Vehicle. You will be in default if:
   a. you fail to pay any amounts due under this Lease; or
   b. you fail to keep any other agreement in this Lease; or
   c. you provided false or misleading information when applying for this Lease; or
   d. you become the subject of a bankruptcy or insolvency proceeding; or
   e. the Vehicle is lost, stolen, seized, or damaged beyond reasonable repair.

   If you are in default, we may do any of the following after giving any legally required notices and after expiration of any legally required notice periods:
   a. terminate this Lease and your right to use the Vehicle;
   b. take possession of the Vehicle from your property or elsewhere, in any manner not prohibited by law;
   c. require you to pay the amounts set forth in Section 30;
   d. pursue any other remedy allowed by law; and
   e. require you to pay all of our expenses for taking these actions, including, but not limited to, expenses for repossession, transportation, storage, collection, and legal costs, including reasonable attorneys' fees not exceeding 15% of the amount due paid to an attorney who is not our salaried employee.

ENDING YOUR LEASE

29. Early Termination by Us. We may terminate the Lease at any time if you are in default (see Section 28) and you must pay us the amounts set forth in Section 30(d) and Section 30.

30. Early Termination by You. If you are not in default, you have the option to terminate your Lease at any time if you return the Vehicle to us, at a location we specify, and pay us, upon demand, the following amounts (or if there is an excess, it will be refunded to you):
   a. an Early Termination Charge equal to the difference, if any, between the "Adjusted Lease Balance" and the "Fair Market Value" as defined below; plus
   b. any other amounts due under this Lease, except charges for Excessive Wear and Use and excess mileage (Sections 10 and 33); plus
   c. any out of pocket costs paid by us for the sale of the Vehicle, including costs for transporting, storing, preparing for sale, and auctioning the Vehicle; plus
   d. any official fees or taxes charged in connection with the Lease termination; minus
   e. any remaining Returnable Security Deposit (Section 34) and any refund we receive from Optional Insurance or Other Products (Section 36).

   The "Adjusted Lease Balance" is equal to the Residual Value (Section 9a) less the unearned portion of the Rent Charge. To determine the unearned portion of the Rent Charge, first determine the Monthly Rent Charge by dividing the Rent Charge (Section 9) by the Lease Term (Section 14). The unearned portion of the Rent Charge is the monthly Rent Charge multiplied by the number of Monthly Payments from the date of termination to the end of the Lease. To determine the number of remaining Monthly Payments from the date of termination to the end of the Lease, assume that a Monthly Payment (equal to Total Lease Payment (Section 8g) divided by the Lease Term (Section 14)) would be due on the Lease Date and on the same day of each subsequent month.

   The "Fair Market Value" is equal to the price we receive when we dispose of the Vehicle at wholesale. The Fair Market Value may also be determined by an appraiser of the wholesale value of the Vehicle which you may obtain, at your own expense, from a professional independent appraiser agreed to by us. If you obtain such an appraisal, the appraised value will be used as the Fair Market Value. The appraisal must be obtained by you within 10 days after the Vehicle is returned to us.

   If the Vehicle is subject to a total loss or theft resulting in a total loss, the Fair Market Value will equal the amount of any insurance proceeds we receive from your Required Insurance. If there are no insurance proceeds, the Fair Market Value will be zero.

31. Your Option to Purchase the Vehicle. You may buy the Vehicle at any time during the Lease or at the Scheduled Maturity Date (unless if governmental agency has seized the Vehicle and instructed us not to release the Vehicle to you). The price to exercise the Vehicle at the Scheduled Maturity Date is the Purchase Option Price shown in Section 11, plus 31a, 31b, and 31c below. The price to purchase the Vehicle during the Lease is:
   a. any amounts due under the Lease except charges for Excessive Wear and Use and excess mileage (Sections 10 and 33); plus
   b. any official fees and taxes, or documentary fees charged in connection with the purchase; plus
   c. any amounts necessary to meet any legal selling requirements; plus
   d. the Adjusted Lease Balance as defined in Section 30.

   As part of a lease-fund exchange program, TMCC has assigned TCI Exchange LLC ("TCI") as a qualified intermediary. Lessee and Lessee are hereby notified that TMCC has assigned to TCI its rights but not its obligations in any agreement for the sale of the Vehicle at lease termination.

32. Obligations If You Do Not Purchase the Vehicle at the Scheduled Maturity Date. At the Scheduled Maturity Date, you must return the Vehicle to us at the location we specify and pay us, upon demand, the following amounts:
   a. any amounts due under the Lease; plus
   b. any official fees or taxes charged in connection with the Lease termination; plus
   c. any Excessive Wear and Use charges disclosed in Section 33; plus
   d. any excess mileage charge disclosed in Section 10. You are not required to refund if you do not use all of the mileage set forth in Section 10.

33. Excessive Wear and Use Charges. At the Scheduled Maturity Date, if you do not purchase the Vehicle, you must pay us the estimated cost to repair damage to the Vehicle which is excessive wear and use. Excessive wear and use includes, but is not limited to:
   a. inoperative mechanical and electrical parts;
   b. damage (including but not limited to, damage to the engine) due to your failure to maintain the Vehicle in accordance with Section 17;
   c. damage to the body, lights, trim or paint;
   d. damaged, broken or torn glass;
   e. torn, damaged or stained interior;
   f. damaged front head, rear, hub or stand;
   g. damage from removal of equipment or signs placed on the Vehicle;
   h. missing equipment, parts and accessories, including missing keys or remote entry devices; or
   i. tires with less than 2/32 inch of tread remaining, or any tire not part of a matching set of 5 tires (4 + with an emergency spare if the Vehicle was originally equipped with one).

ADDITIONAL INFORMATION

34. Returnable Security Deposit. Your security deposit may be used by us to pay amounts that you owe under the Lease. If you elect to purchase your Vehicle, your security deposit may be applied by us to the amount you owe to purchase your Vehicle. Any unused security deposit will be returned to you at the end of the Lease Term. No interest, increase or profits will be paid to you on the security deposit except as required by law.

35. Assignment. We can assign our interest in this Lease and in the Vehicle without your consent. After you sign this Lease, we will assign it to TMCC and you agree to make all payments to TMCC.

36. Refund of Optional Insurance or Other Products. If any optional insurance or product included in the Drive Capitalized Cost is cancelled before the end of the Lease Term, or if you are not accepted by the provider for a requested additional insurance or product, we will credit any refunds to your account.

37. Indemnity. You agree to indemnify us from, and to pay on our behalf, any claim or loss (including damages, costs, expenses and legal fees) which arises from or is related to the use, maintenance or operation of the Vehicle. Any insurance we provide is secondary to the Required Insurance.

38. Credit Information. You authorize us, at any time, to investigate any information provided on your credit application in order to establish, maintain and collect on this Lease account. You authorize us to provide information concerning your account to credit reporting agencies and others who may lawfully receive such information.

39. Liability. Lessee and Co-Lessee are jointly and severally liable. If there is both a Lessee and Co-Lessee signing this Lease, we can release, waive or delay the enforcement of our rights against one of you without affecting our rights as to the other one.

40. Notices. All Lessee and Co-Lessee correspondence and notices will be sent to the Lessee's Billing Address shown on the Lease, unless you give us a different address in writing.

41. Choice of Law and Severability. You agree that the law of the state in which the Lessee is located applies to this Lease. If certain provisions of this Lease violate the law, those provisions will be void and the rest of the Lease will be enforceable.

42. No Waiver by Us. If we delay or refrain from exercising our rights under the Lease, we do not lose those rights. If we accept late or partial payments from you, we do not waive our right to receive full and timely payments.

43. Odometer Disclosure Statement. Federal law requires that you disclose the Vehicle's odometer reading to us upon termination of this Lease or transfer of ownership. Failure to complete an Odometer Disclosure Statement, failure to return it to us or making a false statement thereon, may result in fines and/or imprisonment. You will be provided an Odometer Disclosure Statement to complete prior to the termination of the Lease.

ARBITRATION

44. Arbitration Provision. You agree that any claims arising from or relating to the Lease or related agreements or relationships, including the validity, enforceability, arbitrability or scope of this Provision, at your or our election, are subject to arbitration. This includes, without limitation, claims in contract, tort, pursuant to statute, regulation, ordinance or in equity or otherwise, and claims asserted by you against us, and the following Covered Parties: Toyota Motor Credit Corporation and/or any of our or its affiliates and/or any of our or their employees, officers, successors, assigns or against any third party providing any product or service in connection with the Lease that you name as a co-defendant in any action against any of the foregoing. However, only a court (and not an arbitrator) shall determine the validity and effect of this Provision's bar on class actions, consolidated proceedings and similar proceedings (which appear in bold type below) (the "Class Action Waiver"). Any arbitration shall be administered by either of the following administrators selected by the party initiating the arbitration: National Arbitration Forum, P.O. Box 50191, Minneapolis, MN 55405, http://www.arb-forum.com or the American Arbitration Association, 335 Madison Avenue, New York, NY 10017, http://www.adr.org provided that no arbitration may be administered without the consent of all parties to the arbitration by any organization that has in place any formal or informal policy that is inconsistent with and purports to override the terms of this Provision. In all cases, the arbitrator must be a lawyer with at least 10 years of experience or a retired judge. Such claims shall be resolved in accordance with (i) the Federal Arbitration Act (the "FAA"), (ii) the administrator's rules and procedures in effect at the time the claim is filed, and (iii) this Provision. Any arbitration hearing at which you appear shall be conducted at a location that is reasonably convenient to where you live. The Arbitrator shall apply applicable substantive law consistent with the FAA (and not by any state law concerning arbitration) and that would bar claims, if any, that would be available in court if arbitration had not been elected. The Arbitrator shall follow applicable statutes of limitations and other procedural rules and privilege recognized at law and, at the request of either party, shall provide a brief written explanation of the basis for the award. If you cannot afford to pay and cannot obtain a waiver of the fees charged by the Administrator or Arbitrator or if you believe that such fees are not fair, not proportionately expensive or excessive, we and the Covered Parties will agree in good faith and reasonable written request by you for us and the Covered Parties to pay or reimburse you for all or part of such fees in any event, if applicable law requires us and the Covered Parties to pay or reimburse you for any such fees. Each party shall bear the expense of that party's attorneys, experts, and witnesses, regardless of which party prevails in the arbitration, unless applicable law and/or the Lease gives a party the right to recover any of these fees from the other party. We, the Covered Parties and you are prohibited from participating in a class action or private attorney general action in court or class-wide arbitration with respect to any claims we, the Covered Parties or you have asserted against one another or other beneficiaries of this Provision. There should also be no joinder or consolidation of parties, except for multiple parties to this Lease. In the event of a conflict or inconsistency between this Provision, on the one hand, and the applicable arbitration rules of the Administrator or the other provisions of the Lease on the other hand, this Provision shall govern. If any portion of this Provision is deemed invalid or unenforceable under any law or statute consistent with the FAA, it shall not invalidate the other provisions of this Provision or the Lease, provided however, that if the Class Action Waiver is deemed invalid, then this entire Provision shall be null and void, subject to the right of any party to appeal the determination of invalidity with respect to the Class Action Waiver. You and we retain rights to self-help remedies, such as repossession of the Vehicle, (however, the other party against whom the self-help remedy is sought may initiate an action in court only to stop the party from using a self-help remedy. No monetary relief may be sought in such a court action.) You also will not be subject to this Provision for any individual claim brought by you in small claims court or your state's equivalent court, unless such claim is transferred, removed or appealed to a different court. With respect to any claims covered by this Provision, a party who has asserted a claim or a lawsuit or in any action for repayment in court they elect arbitration, or may be required to arbitrate, with respect to any claim(s) subsequently asserted in that lawsuit by that party or any other party(ies). IF ANY PARTY ELECTS ARBITRATION WITH RESPECT TO A CLAIM, NEITHER YOU NOR WE NOR ANY COVERED PARTY WILL HAVE THE RIGHT TO LITIGATE THAT CLAIM IN COURT, TO HAVE A JURY TRIAL ON THAT CLAIM, TO DISCOVERY IN PRESENTATION DISCOVERY EXCEPT AS PROVIDED FOR BY THE RULES OF THE ADMINISTRATOR OR TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO SUCH CLAIM. THE ARBITRATOR'S DECISION WILL BE FINAL AND BINDING EXCEPT FOR A LIMITED RIGHT TO APPEAL AS PROVIDED IN THE FAA. OTHER RIGHTS THAT YOU WOULD HAVE IF YOU RIGHT TO COURT MAY NOT BE AVAILABLE IN ARBITRATION. This Provision is made pursuant to a transaction in interstate commerce, and shall be governed by the FAA. Judgment upon the award may be entered in any court having jurisdiction. This Provision will survive your full payment of the Lease, our sale or transfer of the Lease, any repossession of the Vehicle, and your (or our) bankruptcy.

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: SOUND SHORE MEDICAL CENTER OF WESTCHESTER

Case Number: 7:13-bk-22840

NOTE: *This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

Name of Creditor (the person or other entity to whom the debtor owes money or property): TRANSUNION LLC

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

Name and address where notices should be sent:
555 WEST ADAMS STREET
CHICAGO, IL 60661
ATTN: ACCOUNTS RECEIVABLE

Telephone number: (312) 985-3142

THE GARDEN CITY GROUP INC. DEC - 4 2013

Court Claim Number:_____ (*If known*)

Filed on:_____

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

FILED - 01859
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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

1. Amount of Claim as of Date Case Filed: $ 91,937.07

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: SERVICES PERFORMED
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5294

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

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property:$_____ **Annual Interest Rate**_____%

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

if any: $_____ **Basis for perfection:** _____

Amount of Secured Claim: $_____ **Amount Unsecured:** $_____

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. *(See instruction 7 and definition of "redacted" on reverse side.)*

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

If the documents are not available, please explain:

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

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

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).

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

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

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

FOR COURT USE ONLY

Date: 11/25/2013

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above Attach copy of power of attorney, if any.

VAUGHN DAY, FIN SVCS VENDOR RELATIONS MANGR

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.

Sound Shore Medical Centre

Tax Exempt

Acctg Date	Item ID	Customer	Entry Type	Entry Reason	Entry Amount	Unit	Comment
7/25/2012	7267808	1702M5425294	INV		$ 86,271.10	48000	
10/22/2012	7267808	1702M5425294	CRADJ	TAX	$ (6,665.45)	48000	Credit as Customer is Tax exempt
1/21/2013	7267808	1702M5425294	CRADJ	SURCH	$ (18.25)	48000	Write off
1/21/2013	7267808	1702M5425294	CRADJ	NBD	$ (79,587.40)	48000	Write off
7/25/2008	7878124	1702M5425294	INV		$ 80,934.58	10000	
11/20/2008	7878124	1702M5425294	CRADJ	TAX	$ (5,851.06)	10000	Pricing Adjustment submitted by Sales
11/20/2008	7878124	1702M5425294	CRADJ	UNITS	$ (69,179.71)	10000	Pricing Adjustment submitted by Sales
5/15/2009	7878124	1702M5425294	CRADJ	SURCH	$ (1.46)	10000	Write off
5/15/2009	7878124	1702M5425294	CRADJ	TAX	$ (403.14)	10000	Write off
5/15/2009	7878124	1702M5425294	CRADJ	XXFAC	$ (732.71)	10000	Write off
5/15/2009	7878124	1702M5425294	CRADJ	NBD	$ (4,766.50)	10000	Write off
8/25/2012	8268095	1702M5425294	INV		$ 7,044.38	48000	
10/22/2012	8268095	1702M5425294	CRADJ	TAX	$ (544.38)	48000	Credit as Customer is Tax exempt
1/21/2013	8268095	1702M5425294	CRADJ	NBD	$ (6,500.00)	48000	Write off

	$ 174,250.06
Pricing Adjustment/Credit for Tax	$ (82,240.60)
Total Written Off	$ 92,009.46
Total Written Off	$ 96,298.39

86,105.65
7,848.41
93,954.06
- 403.14 Tax Exempt
93,550.92
1613.85 Fees + Taxes
91 937.07 Claim Amt

HIS SALES EAST (1643)
555 W ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
MOUNT VERNON HOSP
ATTN: RHONDA RUIZ
16 GUOIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 10000
CUSTOMER ID: 1702M1022144
PARENT:
INVOICE NO.: 07870136
INVOICE DATE: 07/25/2008
PERIOD: 06/26/2008-07/25/2008
INVOICE PAGE: 1

07000	CREDIT REPORT	INFW	INDV	CPU	STDB	LOCL	2	4.700	9.40
07000	CREDIT REPORT	HIT	INDV	CPU	STDB	FRGN	12	5.400	64.80
07000	CREDIT REPORT	NHIT	INDV	CPU	STDB	FRGN	35	5.781	202.34
07000	CREDIT REPORT	HIT	INDV	CPU	STDB	FRGN	445	5.781	2,572.55
07000	CREDIT REPORT	NHIT	INDV	CPU	STDB	LOCL	1632	4.700	7,670.40
07000	CREDIT REPORT	HIT	INDV	CPU	STDB	LOCL	4729	4.700	22,226.30
07007	CREDIT SUMMARY	INDV					5186	0.200	1,037.20
06500	HIGH RISK FRAUD ALRT	3 M	INDV	CPU		NSSN	1	10.500	10.50
06500	HIGH RISK FRAUD ALRT	7-9M	INDV	CPU			1	10.500	10.50
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU		NSSN	1	10.500	10.50
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU		DSSN	2	10.500	21.00
06500	HIGH RISK FRAUD ALRT	3 M	INDV	CPU		DSSN	4	10.500	42.00
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU		NSSN	5	10.500	52.50
06500	HIGH RISK FRAUD ALRT	5-6M	INDV	CPU			9	10.500	94.50
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU		DSSN	13	10.500	136.50
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU			28	10.500	294.00
06500	HIGH RISK FRAUD ALRT	3 M	INDV	CPU			84	10.500	882.00
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU		NSSN	87	10.500	913.50
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU		DSSN	107	10.500	1,123.50
06500	HIGH RISK FRAUD ALRT	0 M	INDV	CPU			5752	0.300	1,725.60
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU			218	10.500	2,289.00
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU			543	10.500	5,701.50
06400	ID MISMATCH ALERT	INDV	3 M				10	0.150	1.50
06400	ID MISMATCH ALERT	INDV	2 M				246	0.150	36.90
06400	ID MISMATCH ALERT	INDV	1 M				1994	0.150	299.10
06400	ID MISMATCH ALERT	INDV	0 M				4605	0.150	690.75
00R59	NEW ACCT MODEL 2.0	NHIT	INDV				1175	0.750	881.25
00R59	NEW ACCT MODEL 2.0	HIT	INDV				4013	0.750	3,009.75
06530	YOIA5504	1 M	INDV	CPU			1277	0.400	510.80
06530	YOIA5504	0 M	INDV	CPU			1459	0.400	583.60
06530	YOIA5504	2 M	INDV	CPU			4119	0.400	1,647.60
	SUBTOTAL UNIT RATE ACTIVITY						37794		$ 54,751.33
00518	COLORADO SURCHARGE						1	0.000	0.73
00421	LEGISLATIVE RECOVERY								570.68
	SALES TAX						1		$ 4,632.89
	SUBTOTAL MISCELLANEOUS ACTIVITY						2		$ 5,204.30

HIS SALES EAST (1643)
555 W ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
MOUNT VERNON HOSP
ATTN: RHONDA RUIZ
16 GUOIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 10000
CUSTOMER ID: 1702M1022144
PARENT:
INVOICE NO.: 07870136
INVOICE DATE: 07/25/2008
PERIOD: 06/26/2008-07/25/2008
INVOICE PAGE: 2

TOTAL CURRENT ACTIVITY $ 59,955.63

HIS SALES EAST (1643)
555 W-ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
SOUND SHORE MEDICAL CENTE
ATTN: RHONDA RUIZ
16 GUOIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 10000
CUSTOMER ID: 1702M5425294
PARENT:
INVOICE NO.: 07878124
INVOICE DATE: 07/25/2008
PERIOD: 06/26/2008-07/25/2008
INVOICE PAGE: 1

07000	CREDIT REPORT	INFW	INDV	CPU	STDB LOCL	4	4.700	18.80
07000	CREDIT REPORT	HIT	INDV	CPU	STDB FRGN	19	5.400	102.60
07000	CREDIT REPORT	NHIT	INDV	CPU	STDB FRGN	87	5.781	502.95
07000	CREDIT REPORT	HIT	INDV	CPU	STDB FRGN	639	5.781	3,694.06
07000	CREDIT REPORT	NHIT	INDV	CPU	STDB LOCL	2785	4.700	13,089.50
07000	CREDIT REPORT	HIT	INDV	CPU	STDB LOCL	5999	4.700	28,195.30
07007	CREDIT SUMMARY	INDV				6657	0.200	1,331.40
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU	NSSN	1	10.500	10.50
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU	NSSN	2	10.500	21.00
06500	HIGH RISK FRAUD ALRT	5-6M	INDV	CPU	DSSN	3	10.500	31.50
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU	DSSN	4	10.500	42.00
06500	HIGH RISK FRAUD ALRT	5-6M	INDV	CPU		8	10.500	84.00
06500	HIGH RISK FRAUD ALRT	3 M	INDV	CPU	DSSN	13	10.500	136.50
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU	DSSN	30	10.500	315.00
06500	HIGH RISK FRAUD ALRT	4 M	INDV	CPU		33	10.500	346.50
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU	NSSN	80	10.500	840.00
06500	HIGH RISK FRAUD ALRT	3 M	INDV	CPU		84	10.500	882.00
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU	DSSN	215	10.500	2,257.50
06500	HIGH RISK FRAUD ALRT	0 M	INDV	CPU		8169	0.300	2,450.70
06500	HIGH RISK FRAUD ALRT	2 M	INDV	CPU		274	10.500	2,877.00
06500	HIGH RISK FRAUD ALRT	1 M	INDV	CPU		617	10.500	6,478.50
06400	ID MISMATCH ALERT	INDV	3 M			15	0.150	2.25
06400	ID MISMATCH ALERT	INDV	2 M			332	0.150	49.80
06400	ID MISMATCH ALERT	INDV	1 M			2381	0.150	357.15
06400	ID MISMATCH ALERT	INDV	0 M			6805	0.150	1,020.75
00R59	NEW ACCT MODEL 2.0	NHIT	INDV			1136	0.750	852.00
00R59	NEW ACCT MODEL 2.0	HIT	INDV			5525	0.750	4,143.75
06530	YOIA5504	1 M	INDV	CPU		1774	0.400	709.60
06530	YOIA5504	0 M	INDV	CPU		2558	0.400	1,023.20
06530	YOIA5504	2 M	INDV	CPU		5201	0.400	2,080.40
	SUBTOTAL UNIT RATE ACTIVITY					51450		$ 73,946.21
00518	COLORADO SURCHARGE					2	0.000	1.46
00421	LEGISLATIVE RECOVERY							732.71
	SALES TAX					1		$ 6,254.20
	SUBTOTAL MISCELLANEOUS ACTIVITY					3		$ 6,988.37

HIS SALES EAST (1643)
555 W ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
SOUND SHORE MEDICAL CENTE
ATTN: RHONDA RUIZ
16 GUOIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 10000
CUSTOMER ID: 1702M5425294
PARENT:
INVOICE NO.: 07878124
INVOICE DATE: 07/25/2008
PERIOD: 06/26/2008-07/25/2008
INVOICE PAGE: 2

TOTAL CURRENT ACTIVITY $ 80,934.58

HIS DIRECT REVENUE OTHER (1643)
555 W ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
SOUND SHORE MEDICAL CENTE
ATTN: RHONDA RUIZ
16 GUDIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 48000
CUSTOMER ID: 1702M5425294
PARENT: SOUND SHORE MC
INVOICE NO.: 07267808
INVOICE DATE: 07/25/2012
PERIOD: 06/26/2012-07/25/2012
INVOICE PAGE: 1

G0702	FINANCIAL ASSESSMENT	INFW INDV	134			
G0702	FINANCIAL ASSESSMENT	NHIT INDV	44902			
G0702	FINANCIAL ASSESSMENT	HIT INDV	90740			
	SUBTOTAL FLAT RATE THRESHOLD		135776		$	70,500.00
00518	COLORADO SURCHARGE		25	0.000		18.25
00421	LEGISLATIVE RECOVERY					9,996.14
	Format . Rebate					-908.74
	SALES TAX		1		$	6,665.45
	SUBTOTAL MISCELLANEOUS ACTIVITY		26		$	15,771.10
	TOTAL CURRENT ACTIVITY				$	86,271.10

HIS DIRECT REVENUE OTHER (1643)
555 W ADAMS
CHICAGO, IL 60661
PHONE:
ATTN:

INVOICE FOR:
SOUND SHORE MEDICAL CENTE
ATTN: RHONDA RUIZ
16 GUOIN PLACE

NEW ROCHELLE, NY 10801

BUSINESS: 48000
CUSTOMER ID: 1702M5425294
PARENT: SOUND SHORE MC
INVOICE NO.: 08268095
INVOICE DATE: 08/25/2012
PERIOD: 07/26/2012-08/25/2012
INVOICE PAGE: 1

01052	INSTALL FEE - REV MGR	1 6500.000		6,500.00
	SALES TAX	1	$	544.38
	SUBTOTAL MISCELLANEOUS ACTIVITY	2	$	7,044.38
	TOTAL CURRENT ACTIVITY		$	7,044.38

TransUnion
555 West Adams Street
Chicago, IL 60661
www.transunion.com

CONFIDENTIAL

Sound Shore Medical Center of Westchester
c/o GCG, Inc.
PO Box 9982
Dublin, OH 43017-5982

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UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code 60606	Day of Delivery ☑ Next ☐ 2nd ☐ 2nd Del. Day	Postage $ 18.11
Date Accepted 12 03 13 (Mo. Day Year)	Scheduled Date of Delivery (Month Day) 12 04	Return Receipt Fee $
Time Accepted ☑ AM ☐ PM	Scheduled Time of Delivery ☑ Noon ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☑ or Weight lbs. ozs.	Military ☐ 2nd Day ☐ 3rd Day	Total Postage & Fees $ 18.11
	Int'l Alpha Country Code	Acceptance Emp. Initials

DELIVERY (POSTAL USE ONLY)

Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo. Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo. Day	Time ☐ AM ☐ PM	Employee Signature

☐ WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY ☐ Weekend ☐ Holiday

Customer Signature

CUSTOMER USE ONLY

METHOD OF PAYMENT:
Express Mail Corporate Acct. No.
Federal Agency Acct. No. or Postal Service Acct. No.

FROM: (PLEASE PRINT) PHONE ( )

Trans Union
555 - West - Adams St.
Chicago IL - 60661

TO: (PLEASE PRINT) PHONE ( )

Sound Shore Medical Center of Westchester
P.O Box 9982
Dublin OH 43017-5982
c/o GCG, INC.

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EP13F

04/10/10 20:52 10019

B 10 (Official Form 10) (12/11)

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

THE GARDEN CITY GROUP INC. FEB - 7 2014

COURT USE ONLY

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): US Department of Labor, Employee Benefits Security Administration

Name and address where notices should be sent:
US Department of Labor, Employee Benefits Security Administration
200 Constitution Avenue, N.W., RM: N5668
Washington, DC 20210

Telephone number: (202) 693-8494 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):

Telephone number: email:

FILED - 01425
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: $45,300.00 and any unliquidated amount

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: ERISA 502(c)(2) Civil Penalty for Plan Year ended December 31, 2011 and an unliquidated amount for any other Plan Years.

3. Last four digits of any number by which creditor identifies debtor: EIN# 13-1740117 DOL-ERISA #13-0600D

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: $_____

FILED U.S. BANKRUPTCY COURT 2013 DEC 20 P 2: 38 S.D. OF N.Y.

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: $_____

**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)

CRT

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. (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: Mai K. Loi
Title: Financial Manager
Company: DOL-EBSA
Address and telephone number (if different from notice address above):
US Department of Labor, Employee Benefits Security Administration
200 Constitution Avenue, N.W. RM: N5668
Washington, DC 20210
Telephone number: (202) 693-8543 email:

Mai Loi (Signature) 11/18/13 (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. 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.

Supporting Schedule
for Calculation of Claim

Debtor Name: Sound Shore Medical Center of Westchester
Bankruptcy Case# 13-22840
Debtor EIN: 13-1740117
DOL-EBSA Case#: 13-0600N

Year End Date for Plan Annual Report	12/31/2011
Deadline for Submitting Satisfactory Plan Annual Report	7/31/2012
Expiration Date for the Deadline for Submitting Satisfactory Plan Annual Report (date claim started)	8/1/2012
Date of Bankruptcy Filing	5/29/2013
Pre-Petition or Post-Petition?	Pre-Petition Claim
Number of Days from Deadline for Submitting Satisfactory Plan Annual Report till BK Date	302
Amount of the claim arising from ERISA 502(c)(2) Civil Penalty (406 X $150.00 Per Diem)	$ 45,300.00
Government Bar Date	11/25/2013
Today's Date	11/18/2013

U.S. Department of Labor Employee Benefits Security Administration
Washington, D.C. 20210

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

17 June 2013

Plan Administrator
Sound Shore Medical Center Of Westchester Retirement Plan
Sound Shore Medical Center Of Westchester
16 Guion Place
New Rochelle, NY10802

WARNING: Read this Notice carefully. YOU must file a written response within 35-days from the date of this Notice to preserve your administrative rights. The law does not allow for extensions of time to respond to this Notice, therefore, no extensions will be granted by the Department.

RE: NOTICE OF INTENT TO ASSESS A PENALTY: ANNUAL REPORT FOR THE SOUND SHORE MEDICAL CENTER OF WESTCHESTER RETIREMENT PLAN

Case No. 13-0600D **PENALTY AMOUNT: $48,150**

EIN:	13-1740117
PN:	002
Ack ID:	20121015090436P030016474738001
Plan Year End:	December 31, 2011

Dear Plan Administrator:

The U.S. Department of Labor ("Department") notifies you by this letter of its intent to assess a civil penalty against you as Plan Administrator for the above referenced Plan's ("Plan") deficient Form 5500 annual report filing. This civil penalty would be assessed pursuant to Section 502(c)(2) of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Section 104(a)(5) of ERISA provides that the Department may assess a civil penalty when a Plan Administrator fails or refuses to make a revised filing satisfactory to the Department within 45-days of the Department's determination to reject the filing.

Pursuant to Section 104(a)(4) and (5) of ERISA, a Notice of Rejection ("NOR") dated March 18, 2013, sent to you rejecting the Plan's above referenced Form 5500 annual report. Your annual report contains the following deficiency:

> Our records indicate that you have not attached an Accountant's Opinion, audited financial statements or accompanying footnotes. Your Plan contains assets, liabilities and/or income and does not meet any of the exceptions to the requirement of attaching a report of an Independent Qualified Public

Accountant.

You have not submitted to the Department, as required, a revised, satisfactory filing within 45-days after the date of the NOR. Accordingly, the Department hereby gives notice to you of its intent to assess the following penalty pursuant to Section 502(c)(2) of ERISA:

The penalty amount accrued up to the date of this Notice is $48,150, calculated for the period of 321 days from August 1, 2012 (the day after the due date of your annual report) to the date of this Notice. The calculation for is as follows:

Missing accountant's report 321 Days x $150= per diem = **$48,150.**

Your failure to file an annual report satisfactory to the Department as well as to pay the assessed penalty when due and payable may result in further Departmental action including the assessment of further penalties. **You may be subject to additional civil penalties up to $1,100 per day until you file an amended annual report satisfactory to the Department.** No civil penalty shall be assessed for any day between the date of this Notice and the date of the Department's notice of determination on your timely remitted written statement of reasonable cause signed under penalties of perjury, if one was submitted.

Caution: **Plan Administrators are responsible for correcting the Form 5500 annual report. Failure to properly select and monitor service providers, including but not limited to qualified auditors and record keepers of employee benefit plans exposes the Plan Administrator to potential fiduciary violations and civil penalty assessments.**

ACTION TO BE TAKEN BY YOU

File a Statement of Reasonable Cause with the Department

As the Plan Administrator, you must file a written Statement of Reasonable Cause within 35-days from the date of this Notice.

Your written Statement of Reasonable Cause must:

- State that you, as Plan Administrator, complied with the requirements of Section 101(b)(1) of the Act or state the mitigating circumstances regarding the degree or willfulness of the noncompliance;
- Set forth all alleged facts as to why the penalty, as calculated, should be reduced or not be assessed based upon Section 2560.502c-2 of the Regulations;

- **Contain a declaration by the Plan Administrator that the Statement is made under the penalties of perjury, as required under Section 2560.502c-2(e);**

- Be signed by the Plan Administrator or signed by the Plan Administrator's authorized representative where the representative has been granted that specific authority pursuant to a duly executed, notarized power of attorney; and

- Within 35 days, file the Statement with Department in **one** of the following ways:

Via Email

You may email a PDF image file of your signed Statement of Reasonable Cause to: drc@dol.gov,

Via Mail

James Hollis
(Case No. 13-0600D)
U.S. Department of Labor
Office of the Chief Accountant
200 Constitution Avenue, N.W.,
Suite 400
Washington, DC 20210

Via Private Delivery Service

James Hollis
(Case No. 13-0600D)
U.S. Department of Labor
Office of the Chief Accountant
122 C Street, N.W.,
Suite 400
Washington, DC 20001-2109

Via Facsimile

You may also respond via facsimile at (202) 693-8697.

Your written response is considered filed with the Department when it is:

(i) Mailed using the U.S. Postal Service certified mail or express mail;
(ii) Received by the delivery service, if accomplished using a "designated private delivery service" within the meaning of 26 U.S.C. 7502 (f);
(iii) Transmitted via email or facsimile as instructed above; or
(iv) Received by the Department at the address provided in this Notice, if it is sent by any other method of filing (i.e. email).

If a Statement of Reasonable Cause is filed within 35-days of the date of this letter (the date as shown at the top of the first page of this letter), a penalty will not be assessed for any day from the date the Department serves this Notice on you until the day after

the date the Department serves you with its determination on reasonable cause.

Note: There are no provisions for extensions of time for filing a Statement of Reasonable Cause in response to this Notice.

Plan Administrators in Bankruptcy

If you or the plan sponsor are currently a debtor in a bankruptcy petition, then provide us with detailed information concerning the bankruptcy proceeding, including but not limited to the following information: (1) the petition filing date; (2) case number; (3) court where the petition was filed; (4) the chapter under which bankruptcy protection was sought; (5) your bankruptcy counsel's contact information, and (6) the contact information of the bankruptcy trustee, if one was appointed.

IF YOU TAKE NO ACTION

Failure To File A Statement of Reasonable Cause In Response To This Notice

If your written Statement of Reasonable Cause is not filed within 35-days from the date of this Notice, you will be deemed to have waived the right to appear and contest the facts alleged in this Notice, and such failure will be deemed an admission of the facts alleged in this Notice for purposes of any proceeding involving the assessment of a civil penalty under Section 502(c)(2) of ERISA. This Notice will then become a final order of the Secretary, and the penalty described above will become due and payable. Failure to promptly pay the penalty will result in enforcement action by the Department to collect the penalty in the amount assessed plus costs of collection.

You may be subject to additional civil penalties of up to $1,100 per day until you file an amended annual report satisfactory to the Department.

Should this Notice become a Final Order as described above, send your penalty payment **U.S. Mail only** to:

U.S. Department of Labor
ERISA - Civil Penalties
P.O. Box 71360
Philadelphia, PA 19176-1360

Make your check payable to "U.S. Department of Labor". To ensure proper crediting, write your case number (as shown above) on the check. When you pay this penalty, you must also notify the Office of the Chief Accountant at one of the addresses shown above.

Under no circumstances may the penalty be paid from Plan assets.

If you have any questions, contact James Hollis at (202) 693-8397 (this is not a toll-free number).

Sincerely,

Ian Dingwall
Chief Accountant

U.S. Departme

200 Constitution Avenue, N.W.
Washington, D.C. 20210

3401

Official Business
Penalty for Private Use, $300

UNITED STATES POSTAGE
PRIORITY MAIL
02 1M $ 01.32⁰
0004252788 NOV 19 2013
MAILED FROM ZIPCODE 20091

FILED / RECEIVED
NOV 25 2013
EPIQ SYSTEMS

EPIQ Bankruptcy Solution, LLC
757 3rd Ave, 3rd Floor
New York, NY 10017

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

ROUTING SHEET FOR CASES WITH CLAIMS AGENTS

1 of 3 packs

Date: February 5, 2014

To: KCC, 2335 Alaska Ave.,
El Segundo, CA 90245

From: Mimi Correa
Deputy Clerk

1. a. Number of claims in this transmittal: 31

b. Case name (*if applicable*): **Sound Shore Medical Center, et al.**
c. Description of claim: (Creditor name and amount of claim.)

Aetna	$16,431.65
Thomas Perez, Sec of Labor	$Unknown
NYS Dept of Labor	$2,036.13
Orange Pathology Associates	$414,706.42
Orange Pathology Associates	$414,706.42
Alice Oshins	$100,000.00
US Dept of Labor	$45,300.00 plus
NYS Dept of Labor	$68,410.13
KDM Medical Equipment	$32,259.50
United Water New Rochelle	$53,708.73
United Water New Rochelle	$6,611.53
NYS Dept of Labor	$220,415.68
Glynn Jones	$25,000,000.00
AFCO	$5,376.07
Karen J. Ferguson	$200.00
Rashene M. Day	$2,700.00
Alda McPartland	$1,700.93
Jeffrey Schanzer	$3,289.36
Maria S. Albito	$1,329.00
Rachel Chacko	$1,339.00
Yvonne E.R. Booth	$1,000.00
Jennifer R. Mitchell RNC	$1,374.00 plus
Susy Skariah	$1,000.00
Michelle Abernethy	$1,000.00
Sonia P. Salviejo	$1,000.00
Nola I. Blair-Baggs	$1,000.00
Gwendolynn R. Laguatan	$1,000.00
Veletta Collins	$1,000.00
Elizabeth Goehl	$1,000.00
Justin Cohen	$1,287.00
William A. Quigley	$91,656.77

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. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID NESA

FedEx Express

J131113021203 26

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9389 3299
0221

43017
OH-US

518G1/AA04/03AB

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.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
XX Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. FEB 1 1 2014

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): EILEEN VEGA

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

Name and address where notices should be sent:
Law Offices of Francis X. Young, PLLC
81 Main Street, Suite 118
White Plains, New York 10601

Telephone number: (914) 285-1500
Email Address: fxy@younglawny.com

Court Claim Number: WestCo. 5708/2010 (If known)

Filed on: Feb. 2010

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.

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ unspecified

FILED - 01459
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.

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:** Medical malpractice resulting in personal injuries.
(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"*)] Summons, Complaint, Bill of Particulars

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: FRANCIS X. YOUNG

Title: member (Signature) 02-04-2014 (Date)

Company: Law Offices of Francis X. Young, PLLC

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

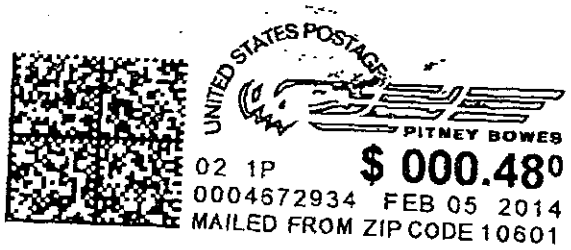
Evidence of Perfection
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

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(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.

LAW OFFICES OF
FRANCIS X. YOUNG, P.L.L.C.
81 MAIN STREET
WHITE PLAINS, NY 10601



Sound Shore Medical of Westchester et al
c/o GCG, Inc.
P. O. Box 9982
Dublin, Ohio 43017-5982

43017598282

01014762
SSM0202489150

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One): | **Case No.**

- ☐ Sound Shore Medical Center of Westchester — 13-22840
- ☒ The Mount Vernon Hospital, Inc. — 13-22841
- ☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center — 13-22842
- ☐ The M.V.H. Corporation — 13-22843
- ☐ Sound Shore Health System, Inc. — 13-22844
- ☐ NRHMC Services Corporation — 13-22845
- ☐ New Rochelle Sound Shore Housing, LLC — 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:

The Mount Vernon Hospital, Inc.

Priority: Unknown

Unsecured: Unknown

Contingent / Unliquidated

FILED
U.S. BANKRUPTCY COURT
SO. DIST. OF N.Y.
2013 SEP 27 A 11:05

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 of Creditor (the person or other entity to whom the Debtor owes money or property): VON SCHORN CLAUS P

☐ 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:

VON SCHORN CLAUS P
3 HAWTHORNE WAY
HARTSDALE, NY 10530-3004

THE GARDEN CITY GROUP INC.
OCT - 2 2013

Telephone number: 914-390-0078
Email Address: vonclaus@aol.com

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): $ 145,665.00

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 - 01021
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. Basis for Claim: pension not paid, sick time not paid, services performed + not paid
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 0 1 1 5

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)(__). sick time

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)

CRT

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: Claus P. von Schorn MD (Signature) 9/15/13 (Date)

Title: Chairman Dept of Psychiatry

Company: _____

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

_____

_____

Telephone number: 914-390-0078 email: vonclaus@aol.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. The attorneys for the Debtors and their court-appointed claims agent, GCG, are not authorized and are not providing you with any legal advice.

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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.

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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.

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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.

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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.

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DEFINITIONS

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

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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
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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).

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

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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
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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.

01014762
SSM0202489150

VON SCHORN CLAUS P
3 HAWTHORNE WAY
HARTSDALE, NY 10530-3004

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx Express

J131113021 20326

Ship Date: 10 JUL 13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA/4A3AR

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.

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):	Case No.	Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☐ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Eassaw Wade

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.

THE GARDEN CITY GROUP, INC. DEC 30 2013

Name and Addresses Where Notices Should be Sent:
Eassaw Wade
811 Reed St.
Ashville, N.C. 28803.

Check here if this claim: ☑ replaces or ☐ amends a previously filed administrative expense claim.

Claim Number (if known): _____

Dated _____

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):

FILED - 01081
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YOR
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ _____ (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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

8 **Signature:** 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: Eassaw Wade ✗ Eassaw Wade (Signature) 12/27/13 (Date)
Title: _____
Company: _____
Address and telephone number (if different from notice address above):
811 Reed St
Ashville, N.C. 28803

Telephone number: 914 563-1219 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 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.

Lassaw Wade
911 Reed St.
Asheville, NC
28803

7012 2920 0001 4827 3833

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10801
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C/O GCG, Inc
P.O. Box 9982
Dublin, OH. 43017-5982.

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PAGE 1 OF 1

INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9247880322
INVOICE DATE	09/19/2013
DUE DATE	10/19/2013
AMOUNT DUE	$266.63

SHIP TO
ATTN: PHIL DIBUONO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MV26084
CALLER	PHIL DIBUONO
CUSTOMER PHONE:	9146325000
ORDER NUMBER:	1191452676
INCO TERMS:	FOB ORIGIN

THE GARDEN CITY GROUP INC. JAN 31 2014

01-31-14 P03:58 IN

BILL TO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

FILED - 01342
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

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THANK YOU! FEI NUMBER 36-1150280
FOR QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 1-800-472-4643

PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	24T852	CORDLESS RA DRILL/DRIVER,20V,3/8 IN. MANUFACTURER # DCD740B	1	99.00	99.00
	1AUY3	RIGHT ANGLE SANDER/GRINDER, 4 1/2 IN, MANUFACTURER # D28114	1	167.63	167.63
		Delivery #:6239557309 Date Shipped: 09/19/2013 Carrier: UPS GROUND No:of Pkgs: Wt: 11.040 Trk #:1Z2X98300344361079			

INVOICE SUB TOTAL 266.63

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Reprint 01/28/2014

PAYMENT TERMS Net 30 days - PAY THIS INVOICE. NO STATEMENT SENT. PAYABLE IN U.S DOLLARS. AMOUNT DUE **$266.63**

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

BILL TO:

SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502
UNITED STATES OF AMERICA

REMIT TO:
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772924788032210000266631000000010000000100000013101923

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	09/19/2013	9247880322	$266.63

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE

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ELMSFORD, NY 10523-1009
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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9248141617
INVOICE DATE	09/19/2013
DUE DATE	10/19/2013
AMOUNT DUE	$3,991.07

SHIP TO
ATTN: PHIL DIBUONO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MV26084
CALLER	PHIL DIBUONO
CUSTOMER PHONE	9146325000
ORDER NUMBER	1191452676
INCO TERMS:	FOB ORIGIN

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THANK YOU! FEI NUMBER 36-1150280

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PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	1UG92	DRILL BIT SET MANUFACTURER # DW1956	1	25.79	25.79
	11C838	HOLE SAW KIT,ICE HARD,1-5/8 IN,10 PC MANUFACTURER # 49-22-4145	1	79.97	79.97
	4LF09	SHEAR,VARIABLE SPEED MANUFACTURER # DW890	1	214.65	214.65
	3VY50	SOCKET SET,82 PC MANUFACTURER # 9782-B	1	169.62	169.62
	1EZ15	OFFSET PIPE WRENCH,ALUMINUM,14 IN. L MANUFACTURER # 14/31120	2	71.19	142.38
	4A508	PIPE THREAD RATCHET MANUFACTURER # 12R/36475	1	670.46	670.46
	1AC02	PIPE THREAD DRIVE,1/8-2 IN MANUFACTURER # 700/41935	1	1,500.72	1,500.72
	1RWC5	MULTI-TURN STOP,ANGLE,3/8 INX3/8 IN MANUFACTURER # 1RWC5	10	7.60	76.00
	1RWC1	MULTI-TURN STOP,ANGLE,1/2 INX3/8 IN MANUFACTURER # 1RWC1	10	6.61	66.10
	4THR6	LAVATORY FAUCET,2 HANDLE,1.5 GPM,CHROME MANUFACTURER # 7400172H.002	4	175.05	700.20
	6KC72	PIPE NIPPLE ASSORTMENT,BLACK,1/2 IN MANUFACTURER # 6KC72	2	67.01	134.02
	2JYX8	RECIPROCATING SAW BLADE SET,6, 9 IN. L MANUFACTURER # 49-22-1131	4	52.79	211.16

INVOICE SUB TOTAL 3,991.07

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.
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PAYMENT TERMS Net 30 days • PAY THIS INVOICE NO STATEMENT SENT. PAYABLE IN U.S. DOLLARS AMOUNT DUE ***$3,991.07***

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

BILL TO:

SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502
UNITED STATES OF AMERICA

REMIT TO.
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772924814161710003991071000000010000000100000013101917

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	09/19/2013	9248141617	$3,991.07

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9248141617
INVOICE DATE	09/19/2013
DUE DATE	10/19/2013
AMOUNT DUE	$3,991 07

SHIP TO
ATTN: PHIL DIBUONO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

BILL TO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
		Delivery #:6239557310 Date Shipped: 09/19/2013 Carrier: UPS GROUND No:of Pkgs: Wt: 134.890 Trk #:1Z20251W0300906159 1Z20251W0300912151 1Z20251W0300913525			

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9258577684
INVOICE DATE	10/02/2013
DUE DATE	11/01/2013
AMOUNT DUE	$64.36

SHIP TO

SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MV26084
CALLER:	PHIL DIBUONO
CUSTOMER PHONE:	9146325000
ORDER NUMBER:	1192391771
INCO TERMS:	FOB ORIGIN

BILL TO
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NEW ROCHELLE NY 10801-5502

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FOR QUESTIONS ABOUT THIS INVOICE OR ACCOUNT CALL 1-800-472-4643

PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	3FDF4	MOUNTED BALL BEARING,RUBBER,3/4 IN BORE MANUFACTURER # 3FDF4 Delivery #:6240676026 Date Shipped: 10/02/2013	2	32.18	64.36

INVOICE SUB TOTAL 64.36

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls.
Reprint 01/28/2014

PAYMENT TERMS Net 30 days - PAY THIS INVOICE. NO STATEMENT SENT. PAYABLE IN U.S DOLLARS. AMOUNT DUE **$64.36**

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BILL TO.

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NEW ROCHELLE NY 10801-5502
UNITED STATES OF AMERICA

REMIT TO:
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772925857768410000064361000000010000000100000013110136

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	10/02/2013	9258577684	$64.36

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9267385145
INVOICE DATE	10/11/2013
DUE DATE	11/10/2013
AMOUNT DUE	$781.20

SHIP TO

SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MT VERNON HOSP
CALLER:	DAN DEIGHAN
CUSTOMER PHONE:	9146325000
ORDER NUMBER	1193162117
INCO TERMS:	FOB ORIGIN

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PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	4UB34	MAINTENANCE ABSORBENT,40 LB.,BAG MANUFACTURER # I060-40L50G	8	10.40	83.20
	2YKN5	HAND LAMP,LED,5W,25' CORD MANUFACTURER # 2YKN5	1	175.95	175.95
	2ATB1	TEMP/HUMDTY METER,0 TO 100% REL HUM RNGE MANUFACTURER # THWD-3	2	146.25	292.50
	1LYP4	DIGITAL SOUND LEVEL METER,40 TO 130 DB MANUFACTURER # 407730	1	110.79	110.79
	6NZG0	LM-200LED,LED LIGHT METER MANUFACTURER # LM-200LED	1	118.76	118.76
		Delivery #:6241559103 Date Shipped: 10/11/2013 Carrier: UPS CWT BREAK 5 No:of Pkgs. Wt: 325.910 Trk #:1Z20251W0303037959 1Z20251W0303055564 1Z20251W0303055573			

INVOICE SUB TOTAL 781.20

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PAYMENT TERMS Net 30 days - PAY THIS INVOICE NO STATEMENT SENT PAYABLE IN U.S. DOLLARS. AMOUNT DUE ***$781.20***

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16 GUION PL
NEW ROCHELLE NY 10801-5502
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REMIT TO:
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772926738514510000781201000000010000000100000013111037

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	10/11/2013	9267385145	$781.20

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9268345874
INVOICE DATE	10/14/2013
DUE DATE	11/13/2013
AMOUNT DUE	$162.40

SHIP TO

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16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MT VERNON HOSP
CALLER:	DAN DEIGHAN
CUSTOMER PHONE	9146325000
ORDER NUMBER:	1193162117
INCO TERMS:	FOB ORIGIN

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PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	36H169	STATIC PRESSURE KIT MANUFACTURER # SPK1 Delivery #:6241715558 Date Shipped: 10/14/2013 Carrier: UPS GROUND No:of Pkgs:1 Wt: 1.500 Trk #:1Z6Y07A40364959205	1	162.40	162.40

INVOICE SUB TOTAL 162.40

These items are sold for domestic consumption in the United States. If exported, purchaser assumes full responsibility for compliance with US export controls
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AMOUNT DUE ***$162.40***

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

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NEW ROCHELLE NY 10801-5502
UNITED STATES OF AMERICA

REMIT TO:
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PALATINE, IL 60038-0001

807166772926834587410000162401000000010000000100000013111396

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	10/14/2013	9268345874	$162.40

FOR COMMENTS OR CHANGE OF ADDRESS, ENTER INFORMATION ON REVERSE SIDE

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9269142684
INVOICE DATE	10/15/2013
DUE DATE	11/14/2013
AMOUNT DUE	$692.21

SHIP TO
ATTN: PHIL DIBUONO
SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502

PO NUMBER:	MV26804
CALLER:	PHIL DIBUONO
CUSTOMER PHONE:	9146325000
ORDER NUMBER:	1193311841
INCO TERMS:	FOB ORIGIN

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PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
	6WY18	TOUCHSCREEN THERMOSTAT,2H,1HP,2C,7 DAY MANUFACTURER # TH8321R1001	2	279.68	559.36
	1EKK7	FOLDING POCKET KNIFE,3 1/8 IN BLADE MANUFACTURER # 0285BKS	1	29.48	29.48
	3JXP4	RETAINING RING PLIER SET,INT/EXT,4 PC MANUFACTURER # 9K 00 19 53 US	1	103.37	103.37
		Delivery #:6241802425 Date Shipped: 10/15/2013 Carrier: UPS GROUND No:of Pkgs: Wt: 3.270 Trk #:1Z20251W0303231837			

INVOICE SUB TOTAL 692.21

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UNITED STATES OF AMERICA

REMIT TO:
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772926914268410000692211000000010000000100000013111494

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	10/15/2013	9269142684	$692.21

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INVOICE

GRAINGER ACCOUNT NUMBER	807166772
INVOICE NUMBER	9289217490
INVOICE DATE	11/07/2013
DUE DATE	12/07/2013
AMOUNT DUE	$1,058.40

PO NUMBER:	MV26804
CALLER.	DAN DEIGHAN
CUSTOMER PHONE.	9146325000
ORDER NUMBER:	1194226796
INCO TERMS.	FOB ORIGIN

SHIP TO
ATTN: DAN DEIGHAN
SOUND SHORE MED CENTER
DAN DEIGHAN
16 GUION PL
NEW ROCHELLE NY 10801-5502

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THANK YOU! FEI NUMBER 36-1150280
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PO LINE #	ITEM #	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
10	43238950	STEAM TRAP 1 1/2 INCH SIZE CUST PART # FT-15 Not sure which model number is correct. MANUFACTURER # 57059	2	490.00	980.00

INVOICE SUB TOTAL	980 00
SHIPPING CHARGE	78.40

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Reprint 01/28/2014

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PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT

BILL TO:

SOUND SHORE MED CENTER
16 GUION PL
NEW ROCHELLE NY 10801-5502
UNITED STATES OF AMERICA

REMIT TO:
GRAINGER
DEPT. 807166772
PALATINE, IL 60038-0001

807166772928921749010001058401000000010000000100000013120763

X

ACCOUNT NUMBER	DATE	INVOICE NUMBER	AMOUNT DUE
807166772	11/07/2013	9289217490	$1,058.40

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0001360114 JAN 29 2014

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Sound Shore Medical of Westchester
PO Box 9982
Dublin OH 43017

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):	Case No.	Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840	☐ The M.V.H. Corporation	13-22843
☐ The Mount Vernon Hospital, Inc.	13-22841	☐ SoundShore Health System, Inc.	13-22844
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	☐ NRHMC Services Corporation	13-22845
		☐ New Rochelle Sound Shore Housing LLC	13-22846

Name of Creditor
(The person or entity to whom the debtor owes money or property)
Eassaw Wade

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your administrative expense claim. Attach copy of statement giving particulars.

THE GARDEN CITY GROUP, INC. DEC 30 2013

Name and Addresses Where Notices Should be Sent:
Eassaw Wade
811 Reed St.
Ashville, N.C. 28803.

Check here if this claim: ☑ replaces or ☐ amends a previously filed administrative expense claim.

Claim Number (if known): _____

Dated _____

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):

FILED - 01081
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YOR
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: $ _____ (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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

THIS SPACE IS FOR COURT USE ONLY

8 **Signature:** 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: Eassaw Wade
Title: _____
Company: _____
Address and telephone number (if different from notice address above):
811 Reed St
Ashville, N.C. 28803
Telephone number: 914 563-1219.

Eassaw Wade (Signature) 12/27/13 (Date)

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 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.

Bassam Wade
811 Reed St.
Asheville, NC
28803

7012 2920 0001 4827 3833

27 DEC 2013

U.S. POSTAGE
PAID
ROCHELLE, NY
10801
DEC 27 '13
AMOUNT
$5.65
00065853-15

Justice
FOREVER

Sound Shore Medical Center.
C/O GCG, Inc
P.O. Box 9982
Dublin, OH. 43017-5982.

43017598282

01009427
SSM0203150108

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☒ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 20 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): WARD GREENBERG

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

Name and address where notices should be sent:

WARD GREENBERG
300 STATE STREET
ROCHESTER, NY 14614

Court Claim Number: _____ (If known)

Filed on: _____

Telephone number:
Email Address:

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 Address:

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.

1. **Amount of Claim as of Date Case Filed (May 29, 2013):** $ 15,053.46

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 - 00000
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

2. **Basis for Claim:** Pre-petition legal services (case continued post-petition-overall)
(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. (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)

general partner

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: THOMAS S. D'ANTONIO (Signature) 9/13/2013 (Date)

Title: PARTNER

Company: WARD GREENBERG HELLER + REIDY LLP

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

Telephone number: 585-454-0715 email: tdantonio@wardgreenberg.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. 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(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.

General Bar Date: September 16, 2013 at 4:00 p.m. (Eastern Time)
Governmental Bar Date: November 25, 2013 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

----------x

In re:	Chapter 11 Case
SOUND SHORE MEDICAL CENTER OF WESTCHESTER, et al.,	Case No. 13- 22840 (RDD)
Debtors.	(Jointly Administered)

----------x

NOTICE OF DEADLINE REQUIRING FILING OF PROOFS OF CLAIM
(INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE

The United States Bankruptcy Court for the Southern District of New York has entered an Order establishing (i) **September 16, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each person or entity (including individuals, partnerships, limited liability companies, corporations, joint ventures and trusts) to file a proof of claim based on prepetition claims, including claims under section 503(b)(9) of the Bankruptcy Code, and (ii) **November 25, 2013 at 4:00 p.m. (prevailing Eastern time)** as the last date for each governmental unit to file a proof of claim based on prepetition claims, as against any of the following Debtors:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in Last 5 Years
Sound Shore Health System, Inc.	13-22844	13-4011398	N/A
Sound Shore Medical Center of Westchester	13-22840	13-1740117	N/A
The Mount Vernon Hospital, Inc.	13-22841	13-1740115	N/A
Howe Avenue Nursing Home d/b/a Helen and Michael Schaffer Extended Care Center	13-22842	23-7000781	N/A
NRHMC Services Corporation	13-22845	13-3769137	N/A
The M.V.H. Corporation	13-22843	13-3281514	N/A
New Rochelle Sound Shore Housing, LLC	13-22846	13-1740117	N/A

The Bar Date and procedures set forth in the Order for filing proofs of claim apply to all claims against the Debtors that arose prior to May 29, 2013 (the "**Petition Date**"), the date on which the Debtors commenced their respective cases under chapter 11 of the Bankruptcy Code, except those holders of the certain claims listed in the Order that are specifically excluded from the Bar Date filing requirements ("**Excluded Claims**").

You MUST file a proof of claim to vote on a chapter 11 plan filed by the Debtors or to share in distributions from any of the Debtors' bankruptcy estates if you have a claim that arose prior to the Petition Date, and it is not one of the types of Excluded Claims described in the Order. Claims based on acts or omissions of the Debtors that occurred before the Petition Date (other than Excluded Claims) must be filed on or prior to the Bar Date, even if such claims are not now fixed, liquidated or certain or did not mature or become fixed, liquidated or certain before the Filing Date.

For a copy of the Order and a sample proof of claim form, you may contact the Debtor's Claims Agent: GCG, Inc., P.O. Box 9982 Dublin, Ohio 43017-5982, by phone at (866) 300-1288, by email at SoundShoreInfo@gcginc.com, or visit their website at www.gcginc.com/cases/soundshore.

Except as provided for in the Order and herein, all proofs of claim must be filed **so as to be received on or before September 16, 2013 at 4:00 p.m. (Eastern time)** at the following address to:

IF BY MAIL:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
P.O. Box 9982
Dublin, OH 43017-5982

IF BY HAND DELIVERY OR OVERNIGHT COURIER:

Sound Shore Medical Center of Westchester, *et al.*
c/o GCG, Inc.
5151 Blazer Parkway, Suite A
Dublin, OH 43017
OR

IF BY HAND DELIVERY:

United States Bankruptcy Court, SDNY
300 Quarropas Street
White Plains, New York 10601
Attention: Clerk of the Court

Proofs of claim will be deemed filed only if received by the Bankruptcy Court **on or before 4:00 p.m. (prevailing Eastern Time)** on the Bar Date. Proofs of claim may not be delivered by facsimile, telecopy or electronic mail transmission.

ANY HOLDER OF A CLAIM THAT IS NOT EXCEPTED FROM THE AFOREMENTIONED FILING REQUIREMENTS OF THE COURT ORDER, AND THAT FAILS TO TIMELY FILE A PROOF OF CLAIM IN THE APPROPRIATE FORM WILL BE BARRED FROM ASSERTING SUCH CLAIM AGAINST THE DEBTORS AND THEIR CHAPTER 11 ESTATES, FROM VOTING ON ANY PLAN OF REORGANIZATION OR LIQUIDATION FILED IN THIS CASE, AND FROM PARTICIPATING IN ANY DISTRIBUTION IN THE DEBTORS' CASES ON ACCOUNT OF SUCH CLAIM.

You may be listed as the holder of a claim against the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the "Schedules"). Copies of the Debtor's Schedules are available for inspection on the Court's Internet Website at http://www.nysb.uscourts.gov. A login and password to the Court's Public Access to Electronic Court Records ("PACER") are required to access this information and can be obtained through the PACER Service Center at http://www.pacer.gov. Copies of the Schedules may also be examined between the hours of 9:00 A.M. and 4:00 P.M., Monday through Friday at the Office of the Debtor's Claims Agent GCG, Inc., 190 S. LaSalle St., Suite 1520, Chicago, IL 60603. Copies of the Debtor's Schedules may also be obtained on the website of GCG, Inc. at http://www.gcginc.com/cases/soundshore.

A holder of a possible claim against the Debtor should consult an attorney regarding any matters not covered by this notice, such as whether the holder should file a proof of claim.

Dated: Great Neck, New York
July 31, 2013

BY ORDER OF THE COURT

GARFUNKEL WILD, P.C.
Counsel to the Debtors
111 Great Neck Road
Great Neck, New York
(516) 393-2200

2578441v.4

November 14, 2011

Thomas E. Poccia
VP of Financial Operations
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 47394

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

October 01, 2011 -THROUGH- October 31, 2011

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$4,068.00
EXPENSES	$333.11
TOTAL SERVICES AND EXPENSES	$4,401.11

DESCRIPTION OF SERVICES

			HOURS	AMOUNT
10/10/2011	TSD	Telephone conference with J. Frommer. Telephone conference with T. Poccia. Review Reserved Bed Day data. E-mail to T. Poccia, J. Frommer.	1.40	392.00
10/11/2011	TSD	Telephone conference with T. Poccia regarding WEF issues. Telephone conference with J. Frommer. Review material forwarded by T. Frechter. Revise draft appeal documents, return to J. Frommer.	1.30	364.00
10/12/2011	TSD	Telephone conference with T. Poccia. Discuss issues and timeline. E-mail exchanges with T. Poccia regarding due dates for appeal, litigation. E-mail to T. Poccia regarding Local 1199 representation.	0.40	112.00
10/13/2011	TSD	Draft and revise Petition. Circulate draft to T. Poccia, J. Frommer and T. Frechter for review and comment. E-mail to T. Poccia.	1.50	420.00
10/14/2011	TSD	Draft notice of petition. E-mail exchanges with T. Poccia.	0.30	84.00
	WRL	Edit and review Article 78 petition and exhibits in preparation for filing in Westchester Supreme Court.	0.40	72.00
10/16/2011	TSD	Revise and finalize Petition for recirculation to R. Connolly, S. Sales. E-mail to R. Connolly, S. Sales.	1.70	476.00
10/17/2011	TSD	Draft and revise Petition. Numerous telephone conferences with S. Sales' office, T. Poccia's office. Telephone conferences and e-mail exchanges with A. Farina regarding needed information. E-mail to R. Connolly. Review material provided, update Petition. Identify needed information. Draft notice of Petition.	3.40	952.00
	WRL	Edit and review Article 78 petition and exhibits in preparation for filing in Westchester Supreme Court.	0.70	126.00
10/18/2011	TSD	E-mails and telephone conferences with S. Sales, R. Connolly, T. Poccia, D. Ashley. Revise petition. Follow-up calls. Further revisions to Petition. Finalize Petition and forward for filing.	2.70	756.00
	WRL	Final edit and review of Article 78 petition and exhibits before filing with Westchester Supreme Court.	0.50	90.00
10/19/2011	TSD	Various inquiries regarding status of package to Westchester County Clerk, filing of same.	0.30	84.00
10/20/2011	TSD	Check on and confirm filing of petition in Westchester. E-mail to Sound Shore team.	0.30	84.00

Thomas E. Poccia
November 14, 2011

			HOURS	AMOUNT
10/21/2011	TSD	E-mail regarding filed Petition.	0.10	28.00
10/29/2011	TSD	Gather Petitions for service.	0.10	28.00
		TOTAL SERVICES	15.10	$4,068.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	13.50	280.00	$3,780.00
ASSOCIATE - LEINEN, WILLIAM R.	1.60	180.00	$288.00

DESCRIPTION OF EXPENSES

			AMOUNT
10/14/2011	Payment to Westchester County Clerk for filing of Article 78 Petition.		305.00
10/24/2011	Federal Express to Westchester County Clerk on 10/18/11.		28.11
	TOTAL EXPENSES		$333.11
	TOTAL SERVICES	15.10	$4,401.11
	TOTAL AMOUNT OF THIS BILL		$4,401.11

January 13, 2012

Thomas E. Poccia
VP of Financial Operations
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 47996

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

December 01, 2011 -THROUGH- December 31, 2011

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$140.00
EXPENSES	$93.35
TOTAL SERVICES AND EXPENSES	$233.35

Thomas E. Poccia
January 13, 2012

DESCRIPTION OF SERVICES

		HOURS	AMOUNT
12/5/2011 TSD	Telephone conference with AAG Anna Henderson regarding scheduling of petition. E-mail exchange with A. Hehenberger.	0.20	56.00
12/6/2011 TSD	E-mail exchange with A. Hehenberger regarding stipulation. Review stiplation.	0.10	28.00
12/7/2011 TSD	Email exchange with A. Hehenberger regarding stipulation.	0.10	28.00
12/15/2011 TSD	Email exchanges with A. Hehenberger regarding fully executed stipulation.	0.10	28.00
TOTAL SERVICES		0.50	$140.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.50	280.00	$140.00

DESCRIPTION OF EXPENSES

			AMOUNT
12/23/2011	Payment to Clerk, Appellate Division First Department for copy of Appellant's Brief and Record on Appeal in Kateri v. Novello.		46.67
	Payment to Clerk, Appellate Division First Department for copy of Appellant's Brief and Record on Appeal in Kateri v. Novello.		46.68
	TOTAL EXPENSES		$93.35
	TOTAL SERVICES	0.50	$233.35
	TOTAL AMOUNT OF THIS BILL		$233.35

July 16, 2012

Thomas E. Poccia
VP of Financial Operations
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 50456

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

May 01, 2012 -THROUGH- June 30, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$168.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$168.00

Thomas E. Poccia
July 16, 2012

DESCRIPTION OF SERVICES

		HOURS	AMOUNT
5/7/2012 TSD	Review and forward Stipulation regarding new motion date. E-mail to W. Leinen.	0.10	28.00
6/19/2012 TSD	Complete memo to client regarding First Department's Kateri decision.	0.30	84.00
6/20/2012 TSD	Finalize and forward Kateri decision and analysis. Various e-mail exchanges regarding same..	0.10	28.00
6/29/2012 TSD	Telephone conference with T. Spiegelman regarding return date for petition, dates for exchange of brief.	.0.10	28.00
TOTAL SERVICES		0.60	$168.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.60	280.00	$168.00

August 15, 2012

Thomas E. Poccia
VP of Financial Operations
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 50848

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

July 01, 2012 -THROUGH- July 31, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$2,383.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$2,383.00

Thomas E. Poccia
August 15, 2012

DESCRIPTION OF SERVICES

		HOURS	AMOUNT
7/3/2012 TSD	Telephone conference with W. Leinen. Discuss new return dates, follow-up contacts with AAG Todd Spiegelman.	0.10	28.00
7/5/2012 TSD	Discuss and review stipulation of adjournment. Email exchanges with AAG T. Spiegelman.	0.10	28.00
7/23/2012 WRL	Research case law regarding collateral estoppel and NYS health law/regulations (1.2).	1.20	228.00
7/24/2012 WRL	Research case law regarding collateral estoppel and NYS health law/regulations (2.1); draft memorandum of law in support of Howe Ave. petition (.8).	2.90	551.00
7/25/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	2.70	513.00
7/26/2012 TSD	E-mail to T. Spiegelman regarding "So-Ordered" stipulation.	0.10	28.00
7/30/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	3.10	589.00
7/31/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	2.20	418.00
TOTAL SERVICES		12.40	$2,383.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.30	280.00	$84.00
ASSOCIATE - LEINEN, WILLIAM R.	12.10	190.00	$2,299.00

September 13, 2012

Thomas E. Poccia
VP of Financial Operations
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 51353

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

August 01, 2012 -THROUGH- August 31, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$3,021.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$3,021.00

Thomas E. Poccia
September 13, 2012

DESCRIPTION OF SERVICES

		HOURS	AMOUNT
8/1/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	2.10	399.00
8/2/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	4.20	798.00
8/3/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	3.50	665.00
8/6/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	3.40	646.00
8/7/2012 WRL	Draft memorandum of law in support of Howe Ave. petition regarding WEF and reserved bed patient days.	2.70	513.00
TOTAL SERVICES		15.90	$3,021.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
ASSOCIATE - LEINEN, WILLIAM R.	15.90	190.00	$3,021.00

October 12, 2012

Robert Connelly
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 51785

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

September 01, 2012 -THROUGH- September 30, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$4,359.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$4,359.00

Robert Connelly
October 12, 2012

DESCRIPTION OF SERVICES

			HOURS	AMOUNT
9/5/2012	WRL	Draft and edit memorandum of law and Poccia affidavit in support of WEF and reserved bed patient day petition.	5.40	1,026.00
9/6/2012	WRL	Draft and edit memorandum of law and Poccia affidavit in support of WEF and reserved bed patient day petition.	5.00	950.00
9/12/2012	TSD	E-mail exchange with W. Leinen regarding date for filing of petitioner's papers. Follow-up exchange regarding due date.	0.10	28.00
	TSD	Revise Affidavit in support of petition. Add information related to 2002-09 labor cost statistics. Review draft. Telephone conference with S. Sales' office, T. Poccia's office. Leave voicemail's. E-mail to S. Sales, T. Poccia.	2.40	672.00
9/13/2012	TSD	E-mail exchanges with S. Sales. Discuss revisions to brief with W. Leinen.	0.20	56.00
	WRL	Revise and edit memorandum of law and Sales affidavit.	2.10	399.00
9/14/2012	TSD	E-mail exchange with S. Sales regarding review of Affidavit, timing issues. Discuss call to AG with W. Leinen. Confirm brief extension.	0.30	84.00
	WRL	Revise and edit memorandum of law and Sales affidavit (2.4). Telephone calls with opposing counsel regarding extension of time to submit moving papers (.2).	2.60	494.00
9/16/2012	TSD	E-mail exchange with W. Leinen regarding finalization of Affidavit from SSMC, Memorandum of Law.	0.10	28.00
9/17/2012	TSD	Revise and finalize Sales Affidavit, brief.	0.70	196.00
	WRL	Revise and edit memorandum of law and Sales affidavit.	1.80	342.00
9/18/2012	TSD	E-mail exchange with S. Sales regarding Affidavit in support of Petition, strategy in having her sign as Administrator of Home	0.20	56.00
9/19/2012	TSD	E-mail exchange with S. Sales	0.10	28.00
		TOTAL SERVICES	21.00	$4,359.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	4.10	280.00	$1,148.00
ASSOCIATE - LEINEN, WILLIAM R.	16.90	190.00	$3,211.00

December 12, 2012

Robert Connelly
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 52638

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

October 01, 2012 -THROUGH- November 30, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$198.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$198.00

Robert Connelly
December 12, 2012

DESCRIPTION OF SERVICES

			HOURS	AMOUNT
10/25/2012	TSD	E-mail to R. Connolly regarding rate appeal question involving WEF issue.	0.10	28.00
11/7/2012	WRL	Review appellate division's denial of leave to appeal to court of appeals in Kateri Residence case and determine whether all Dept. of Health has exhausted its appellate options.	0.30	57.00
11/23/2012	TSD	Revise and forward protective appeal language for WEF/RDIPAF to R. Connolly.	0.20	56.00
11/29/2012	WRL	Telephone call with opposing counsel regarding stipulation of adjournment for case; review and finalize stipulation drafted by opposing counsel.	0.30	57.00
		TOTAL SERVICES	0.90	$198.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.30	280.00	$84.00
ASSOCIATE - LEINEN, WILLIAM R.	0.60	190.00	$114.00

January 08, 2013

Robert Connelly
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 52892

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

December 01, 2012 -THROUGH- December 31, 2012

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$140.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$140.00

Robert Connelly
January 08, 2013

DESCRIPTION OF SERVICES

		HOURS	AMOUNT
12/26/2012 TSD	Review draft letter to Justice Warhit. E-mail exchanges with T. Spiegelman regarding revisions. E-mail to W. Leinen.	0.50	140.00
TOTAL SERVICES		0.50	$140.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.50	280.00	$140.00

April 26, 2013

Robert Connelly
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 54529

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

January 01, 2013 -THROUGH- March 31, 2013

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$150.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$150.00

Robert Connelly
April 26, 2013

DESCRIPTION OF SERVICES

			HOURS	AMOUNT
1/7/2013	TSD	E-mail exchanges with T. Spiegelman. Forward stipulation to S. Sales, R. Connolly.	0.20	60.00
2/12/2013	TSD	Review and execute stipulation.	0.10	30.00
3/29/2013	TSD	Email regarding status to S. Sales	0.10	30.00
3/30/2013	TSD	Email regarding delivery of email and attachment to S. Sales at Schaffer.	0.10	30.00
		TOTAL SERVICES	0.50	$150.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.50	300.00	$150.00

June 26, 2013

Robert Connelly
Sound Shore Medical Center of Westchester
16 Guion Place
New Rochelle, NY 10801

INVOICE NO. 55219

E.I.N. 16-1397860

RE: Medicaid Rate - NYS Dept. of Health and Div. of Budget

April 01, 2013 -THROUGH- May 31, 2013

FOR PROFESSIONAL SERVICES RENDERED

SERVICES	$210.00
EXPENSES	$0.00
TOTAL SERVICES AND EXPENSES	$210.00

Robert Connelly
June 26, 2013

DESCRIPTION OF SERVICES

			HOURS	AMOUNT
4/25/2013	TSD	Email exchanges to W. Leinen regarding new return date for petition.	0.10	30.00
4/29/2013	WRL	Telephone conference with opposing counsel requesting stipulation for adjournment; draft stipulation for adjournment and send to opposing counsel.	0.20	40.00
5/1/2013	WRL	Draft letter to Justice Warhit requesting adjournment of motion.	0.40	80.00
5/30/2013	TSD	Review ECF notice, e-mail exchange with W. Leinen.	0.10	30.00
5/31/2013	TSD	Review and forward opposition papers from DOH to W. Leinen.	0.10	30.00
		TOTAL SERVICES	0.90	$210.00

Timekeeper Summary

NAME	HOURS	RATE	AMOUNT
PARTNER - D'ANTONIO, THOMAS S.	0.30	300.00	$90.00
ASSOCIATE - LEINEN, WILLIAM R.	0.60	200.00	$120.00

8/19/2013
9:15 AM

WARD GREENBERG HELLER REIDY LLP
Aged WIP

Selection Criteria

Clie.Selection Include: SCHAFFER EXT CARE-1571-6039

Client	120+ Days	90 Days	60 Days	30 Days	Current	Total
MEDICAID RATE-NYS DEPT OF HEAL						
Hours	0.00	0.00	15.30	1.40	0.20	16.90
Fees	0.00	0.00	3070.00	340.00	60.00	3470.00
Costs	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	3070.00	340.00	60.00	3470.00
Grand Total						
Hours	0.00	0.00	15.30	1.40	0.20	16.90
Fees	0.00	0.00	3070.00	340.00	60.00	3470.00
Costs	0.00	0.00	0.00	0.00	0.00	0.00
Total	0.00	0.00	3070.00	340.00	60.00	3470.00

First Class Mail

WARDGREENBERG
300 STATE STREET ROCHESTER, NY 14614

Sound Shore Medical Center of
Westchester, et al.
c/o GCG
5151 Blazer Parkway
Suite A
Dublin, OH 43017

01G00835
SSM0202576450

NITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

ame of Debtor (Check Only One):	Case No.
I Sound Shore Medical Center of Westchester	13-22840
I The Mount Vernon Hospital, Inc.	13-22841
I Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
I The M.V.H. Corporation	13-22843
I Sound Shore Health System, Inc.	13-22844
I NRHMC Services Corporation	13-22845
I New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP INC. OCT - 2 2013

FILED BANKRUPTCY COURT S.D. OF N.Y. 2013 SEP 27 A 11:04

OTE: *Other than claims asserting administrative priority under 11 U.S.C. § 503(b)(9), this form should not be used to ake a claim for administrative expenses arising after the commencement of the case. You may file a request for payment 'an administrative expense pursuant to 11 U.S.C. § 503(b).*

ame of Creditor (the person or other entity to whom the Debtor owes money or operty): Janet H Way

ame and address where notices should be sent:
Janet H. Way
625 So. 5th Ave
Mt Vernon, N.Y 10550

elephone number: 914 668-6847
mail Address: janhway@yahoo.com

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

elephone number:
mail Address:

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

Court Claim Number:

(If known)

Filed on: 9/15/13

☐ 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.

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.

Amount of Claim as of Date Case Filed (May 29, 2013): $ 49,006.50

FILED - 01022
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.

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.

Basis for Claim: Monies promised but not paid out to pension, Sick Time and
(See instruction #2) reduced wages

Last four digits of any number by which creditor identifies Debtor: 0 9 0 5

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

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

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: $

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) $15,450.00 $11,927.50

☐ 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) $9,270.00

☑ Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(__). Sick Time $22,359.00

Amount entitled to priority: $ 49,006.50

**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.*

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. $

Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #7)

CRT

Modified B10 (GCG) (04/13)

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: _____

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: Janet H. Way
Title: Admin. Nurse Coordinator
Company: _____
(Signature) Janet H Way (Date) 9/15/13

Address and telephone number (if different from notice address above):
625 S. 5th Ave
Mt Vernon, N.Y.

Telephone number: 914 668-6847 email: sanhiway@yahoo.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. 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.

Janet H. Way
625 S. 5th Avenue
Mt. Vernon, NY 10550

In August of 2012, received notification that our payday would be delayed by one week, but we would still be getting paid for only two weeks pay, causing a loss of one week's pay from 8/12/12 to 8/18/12 in the amount of $1,927.50.

From: (631) 470-5000
Attn: Arturo D. Tavarez
Case Adm./ECF Trainer
US Bankruptcy Court, SDNY
300 Quarropas Street
WHITE PLAINS, NY 10601

Origin ID: NESA

FedEx. Express

J13111302120326

Ship Date: 10JUL13
ActWgt: 1.0 LB
CAD: 100098143/INET3370

Delivery Address Bar Code

Ref # -SSM-

RMA #:
Return Reason:

SHIP TO: (631) 470-5000
BILL THIRD PARTY

Attn: Bankruptcy Dept.
c/o GCG, Inc.
5151 Blazer Parkway
Suite A
DUBLIN, OH 43017

RETURNS MON-FRI
STANDARD OVERNIGHT

TRK# 7961 9382 6615
0221

43017
OH-US

518G1/AA04/83A8

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.

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☐ Sound Shore Medical Center of Westchester	13-22840
☒ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. SEP 17 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): Weitbrecht Communications 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:
Weitbrecht Communications Inc
1500 Olympic Blvd
Santa Monica, CA 90404

Telephone number: (800) 233-9130
Email Address: accounting@weitbrecht.com

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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 393.00

FILED - 00360
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.

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 - CapTel Captioned Telephone and Uniphone
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: 0 0 2 6

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. (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: TANISHA EAVES (Signature) 9-13-13 (Date)

Title: Accounting/Operations Manager

Company: Weitbrecht Communications Inc.

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

Weitbrecht Communications Inc.
1500 Olympic Blvd
Santa Monica, CA 90404

Telephone number: (800) 233-9130 email: accounting@weitbrecht.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. 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(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.

INVOICE NO: 346727

WCI
WEITBRECHT COMMUNICATIONS INCORPORATED
1500 Olympic Blvd.
Santa Monica, CA 90404
800-233-9130 (V/TTY)
310-656-4924 (V/TTY)
310-450-9918 (FAX)
E-mail: sales@weitbrecht.com

INVOICE

SOLD TO:
MTVERNON
MT VERNON HOSPITAL
ATTN: ACCOUNTS PAYABLE
12 N 7TH AVE
MT VERNON NY 10550

SHIP TO:
MTVERNON
MT VERNON HOSPITAL
9 NORTH 8TH AVE
MT VERNON NY 10550

ORDER	PURCHASE ORDER	SHIP VIA	PK PD	SHIP DATE	TERMS	INV. DATE	PG
00460026	MV25497	MSN - UPS GROU	0	02/21/13	PO-NET 30 DAYS	02/21/13	1

ORDER QTY	SHIP QTY	BACK ORDER	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXT. PRICE
1	1	0	757-000300	CAPTEL, MODEL 840 S/N's 40130200169	99.00000	99.00
1	1	0	680-001201	*SO* UNIPHONE 1140 S/N's 14030400045	279.00000	279.00
1	1	0	SHM	SHIPPING	15.00000	15.00
1	1	0	QN:	QUANTUM NOTIFY	0.00000	0.00

CJ/022013/12P/E/
914-365-3893/FRANCIS/
NY/ORG/99/SPRGEN/

SALE AMOUNT	393.00
MISC. CHARGE	0.00
SALES TAX	0.00
FREIGHT	0.00
TOTAL	393.00

ADDITIONAL TERMS OF SALE

1. ORDER ACKNOWLEDGEMENT - TERMS OF SALE. All orders are acknowledged and accepted by Seller expressly subject to and conditioned upon Seller's understanding that Buyer assents to the terms and conditions of sale stated herein and in any order acknowledgement and/or quotations or proposals supplied by Seller. All different or additional terms and conditions proposed by Buyer, including but not limited to those proposed by Buyer in any purchase order, are expressly rejected. Any other agreement between the parties whether written or verbal with respect to the subject matter hereunder shall be null and void. Seller's acceptance made by any commercially reasonable means, including return of Seller's order acknowledgement form or acceptance by Buyer or goods covered hereunder, constitutes agreement to these terms and conditions. Please contact us immediately if you have any questions. IF WE DO NOT HEAR FROM YOU WITHIN TEN (10) DAYS WE WILL PROCEED WITH PERFORMANCE AND SHIPMENT ON THE ASSUMPTION THAT YOU AGREE TO TERMS OF SALE STATED OR REFERRED TO HEREIN.

2. SPECIFICATIONS. Specifications applicable to goods sold hereunder shall be limited solely to those furnished by Seller or expressly agreed to in writing by Seller. Unless otherwise specified, tolerances are to be commercial.

3. CHANGES. Seller reserves the right to make product and design changes in goods ordered which will not adversely affect form fit or function requirements, with any change in price approved by Buyer. All changes requested by Buyer in the process or design of goods are subject to written approval by Seller and to reasonable changes in delivery or price as Seller determines is necessitated thereby. Cancellation charges will be assessed on reschedules of greater than eight weeks.

4. LIMITED WARRANTY. (a) Seller warrants that goods manufactured by Seller shall be free from defects in material and workmanship for a period of one year from delivery. Seller's liability shall be limited to repair or replacement, at Seller's option, of the goods or of any parts thereof determined by Seller to be defective under proper and normal use and wear, which are shipped prepaid to Seller's factory within the one year warranty period.

(b) All warranty claims must be made in writing during the warranty period. Prior to Buyers return of the goods, Seller may inspect at Buyer's plant any items claimed to be non-conforming, but in any event may reject claims determined not covered by warranty, and may return goods at Buyer's expense. Seller assumes no liability for results from the use of any goods including any risk or liability for damages resulting from the improper use of its products, including, but not limited to, the improper use thereof in combination with other electrical or electronic components, circuits systems, assemblies or any other materials or substances, or for damages resulting from unsuitability of any product for use in any circuit or assembly. The giving of or failure to give any advice or recommendations by the Seller shall not constitute any warranty by or impose any liability upon Seller. This Limited Warranty constitutes Seller's sole warranty.

SELLER MAKES NO OTHER WARRANTY OF ANY KIND, EXPRESS OR IMPLIED, WRITTEN OR ORAL, OR STATUTORY, AND EXPRESSLY DISCLAIMS ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, OR FREEDOM FROM PATENT INFRINGEMENT.

5. PATENTS-COPYRIGHTS-TRADEMARKS-PROPRIETARY RIGHTS. If any good ordered by Buyer is manufactured according to designs or processes specified by Buyer, Buyer agrees to indemnify and save Seller, its affiliates, officers, agents and employees, harmless from any expenses, loss, attorneys' fees, cost, damages or liability which may be incurred as a result of actual or alleged infringement of patent, copyright or trademark rights.

6. TITLE-RISK OF LOSS-TERMS-SHIPMENT. Title to goods and risk of damage or loss shall pass to Buyer FOB Seller's dock upon delivery of goods by Seller to common carrier or other means of transportation. Seller will ship best way overland if Buyers order does not specify method of shipment. Terms shall be net 30 days, FOB Sellers dock subject to credit approval. Freight charges may be added to invoice or billed separately, insurance is responsibility of Buyer, unless otherwise provided on face hereof, in which case Seller may add charges to invoice or bill separately. Each shipment hereunder shall constitute a separate sale. Failure to make one or more deliveries shall not constitute cause for cancellation hereof by Buyer.

7. SELLER'S REMEDIES. (a) If Buyer fails to fulfill the terms of payment for any shipment, or the financial ability of Buyer becomes impaired in the judgment of Seller, Seller may demand cash payment of satisfactory security with respect to all or part of the order, defer or discontinue final shipment or cancel the order pursuant to the provisions of Paragraph 11. Seller may also withhold shipments on any other order of Buyer upon failure to pay any order as due.

(b) All invoices are due and payable within 30 days and if delinquent shall become subject to a late charged of 1 1/2% per month or portion thereof from invoice date (or the legal maximum allowable in Buyer's state if lower).

(c) Buyer hereby grants to Seller a security interest in any goods purchased hereunder to secure payment of the full invoice price thereof, any late charges, and all expenditures by Seller for taxes, insurance, repairs to and maintenance of the goods purchased and all loss and expenses incurred by Seller in the collection of the foregoing sums.

(d) If Buyer fails to make any payment as due, if a receiver shall be appointed for Buyer, if Buyer shall make an assignment for the benefit of creditors, or if a petition in bankruptcy shall be filed by or against Buyer, then a default shall exist hereunder, and Seller shall be entitled to all the remedies and rights of a secured party under the Uniform Commercial Code. In addition, Seller may declare all amounts owing from Buyer immediately due and payable and may enter, without legal process, on the premises where the goods are located and repossess the same, and thereafter hold the same absolutely free from all claims of the Buyer, Buyer hereby waives all claims and rights of action for trespass or damages by reason of such entry, possession and removal. Seller may exercise all or any of the above remedies in addition to and not in lieu of any other remedy at law or equity to which Seller is otherwise entitled.

8. DELAYS. If a specific shipping date is not agreed to in writing by Seller, Seller shall not be liable for any loss or damages resulting from such delays. Whether or nor Seller agrees to a specific shipping date, Seller shall not be liable for delay or failure to deliver due to wars, civil disturbances, strikes, accidents, fires, floods, storms, Acts of God, and inability to obtain necessary labor, energy, water, raw or finished materials or facilities, government priorities or allocations, delay in transportation or other causes beyond Seller's control.

9. EXPERIMENTAL SALES. In the event the goods or any portion thereof furnished to Buyer are identified as "prototypes," "samples," "for approval," "on consignment," "for evaluation," or in similar terms Buyer agrees that such material or information is confidential and that it will be liable for any disclosure of such material or information other than to employees required for evaluation by Buyer.

10. RETURNS. Returned materials will not be accepted unless authorization has been given by Seller. Buyer's rights to repair or replacement are governed by the terms of Paragraph 4. Issuance of credit for returned items shall be made at Seller's discretion under Buyer's request. Buyer will not be entitled to return defective goods for cash refunds. Buyer must inspect goods immediately and no rejection or revocation of acceptance shall be permitted more than fifteen (15) days after delivery or upon use by Buyer of the goods, whichever occurs first.

11. CANCELLATION. No order once accepted by Seller can be cancelled by Buyer without Seller's written consent and only upon payment to Seller of all losses and expenses, including lost profits for the entire order. Seller may cancel this order if (a) Buyer's payments are in default on this or any other order, or Buyer breaches any other material provision hereunder, (b) substantial changes occur in the availability of raw materials or components provided by third party vendors, (c) events beyond Seller's reasonable control make it impossible to assure shipment, (d) Buyer becomes insolvent or is the subject of the filing of a bankruptcy petition, or makes an assignment for the benefit of creditors or fails to pay its debts as they come due, (e) Seller has reasonable belief that Buyer is insolvent or will not pay in accordance with the terms herein.

12. TAXES. All applicable state and local taxes including, but not limited to use, occupation, privilege, excise, rental and sales taxes shall be in addition to the purchase price and shall be paid by Buyer to Seller or in lieu thereof Buyer shall provide Seller with a tax exemption certificate acceptable to all applicable taxing authorities. This obligation shall survive Buyers payment.

13. WAIVER. The failure of Seller to insist in any one of more instances upon the performance of any of the terms or conditions herein, or to exercise any right hereunder, shall not be construed as a waiver of any other terms of conditions herein nor of the future performance of any term or condition or the future exercise of any such rights.

14. CLERICAL ERRORS. Clerical errors are subject to correction.

15. LIMITATION OF DAMAGES AND ACTION. EXCEPT AS OTHERWISE PROVIDED HEREIN FOR A BREACH OF WARRANTY, SELLER'S LIABILITY HEREUNDER SHALL BE LIMITED TO SELLER'S INVOICED PRICE FOR THE GOODS. IN NO EVENT SHALL SELLER BE LIABLE TO BUYER OR ANY OTHER PERSON FOR ANY INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES RESULTING FROM THE USE OF OR INABILITY TO USE THE GOODS COVERED HEREBY, WHETHER ARISING FROM BREACH OF WARRANTY, NEGLIGENCE OR STRICT LIABILITY OF SELLER, OR OTHERWISE, OR FOR ANY MACHINE WORK, LABOR CHARGES, OTHER EXPENSE, LOSS OR DAMAGES CAUSED BY DEFECTIVE MERCHANDISE. ANY ACTION HEREUNDER MUST BE COMMENCED WITHIN ONE YEAR OF ACCRUAL OF CAUSE OF ACTION.

16. GOVERNING LAW. The contract for the purchase of the goods which are the subject of this invoice shall be governed by the substantive laws of the State of Wisconsin.

17. HEADING. Headings are for convenience of reference only and shall not affect or limit the meaning of the provisions herein.

Mount Vernon Hospital
12 North Seventh Avenue
Mount Vernon, New York 10550
914-664-8000

Purchase Order

THIS NUMBER MUST APPEAR ON ALL PACKAGES, INVOICES, SHIPPING PAPERS, FOR PAYMENT TO BE MADE.

No. MV25497

TO: WEITBRECHT COMMUNICATIONS IN35830
1500 OLYMPIC BLVD
SANTA MONICA CA90404

SHIP TO: THE MT VERNON HOSPITAL
9 NORTH 6TH AVENUE
MT VERNON NY10550
914-664-8000 EX. 3197

ORDERED 2/20/2013

PAGE 1

TERMS	FREIGHT TERMS	SHIP VIA	CONFIRMED WITH	DEPARTMENT	REQUIRED DATE
	F.O.B. SHIP PT.		EMAIL	N/A	2/27/2013

LINE NO.	ORDER QUANTITY	UNIT	DESCRIPTION	INVENTORY NUMBER	UNIT PRICE	TOTAL COST	COST CENTER NO.	SUB-ACCT. NO.
1	1	EA	CAPTEL MODEL 840 HEARING DEVICE 757000300AL		99.00	99.00	6600826	
2	1	EA	UNIPHONE MODEL 1140 TTY DEVICE 680-001201		279.00	279.00	6600826	
			** TOTAL **			378.00		

FXH

ANY PRICE DIFFERENCE WILL NOT BE ACCEPTED UNLESS IT IS APPROVED BY THE *PURCHASING DEPARTMENT ONLY.*

COMMENTS:

F.V. Hall, Buyer
SIGNATURE

IMPORTANT

CONDITIONS

ABOVE ORDER NUMBER MUST APPEAR ON ALL INVOICES, DELIVERY SLIPS, PACKAGES, CORRESPONDENCE, ETC.

PLEASE SUPPLY A MATERIAL SAFETY DATA SHEET FOR CHEMICALS THAT POSE HAZARDS TO WORKERS.
NOTE P.O. # ON DATA SHEET

NOTE:

1. ALL INVOICES ARE TO BE ADDRESSED TO THE HOSPITAL – NOT TO INDIVIDUALS.
2. DELIVERIES ACCEPTED ONLY 8:00 AM TO 4:00 PM.
3. THE HOSPITAL IS EXEMPT FROM STATE SALES TAX EX. 115195.

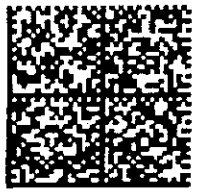
46026

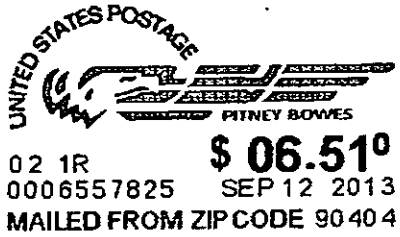
1

PRINTED ON RECYCLED PAPER

Weitbrecht Communications, Inc.
1500 Olympic Blvd.
Santa Monica, CA 90404

Priority Mail
ComBasPrice





Sound Shore Medical of Westchester
et al.,c/o GCG, Inc., P.O. Box 9982
Dublin, OH 43017-5982

43017+5982

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H Corporation	13-22843
☐ Sound Shore Health System, Inc	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

THE GARDEN CITY GROUP, INC. DEC 26 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): Werfen USA LLC / Instrumentation Laboratory

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

Name and address where notices should be sent
180 Hartwell Rd
Bedford, MA 01730

Court Claim Number: _____ (If known)

Filed on: _____

Telephone number: 800-955-9525
Email Address:

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

FILED - 81066
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):** $ 202,711.81

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:** 5 3 3 7 6

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. (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: Nancy Teves (Signature) 12/18/13 (Date)

Title Credit/Collections Supervisor

Company. _____

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.

Werfen Group
Instrumentation Laboratory
180 Hartwell Rd
Bedford, MA 01730

REMIT TO: Instrumentation Laboratory
180 Hartwell Rd
Bedford, MA 01730

Tel: (800) 955-9525 / Fax (781) 861-6235

Ship To: 8500235435
SOUND SHORE MEDICAL CENTER OF WEST

16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
Contract Balance	5/28/2013

Sales Order Number: Contract
Customer Order: NR173397
Terms:
Shipping Conditions:
Page:

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WEST

16 GUION PL
NEW ROCHELLE, NY 10801

Item	Product Number	Description	Quantity	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 UN* Remaining Contractual Billings	46	2,997.54	137,886.84
		Subtotal			137,886.84 = = = = = = = =
				USD	137,886.84

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INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101172418	11/27/2012

Sales Order Number: 7051282242
Customer Order Number: NR170607
Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026361933			
1004	00020007700	D-DIMER HS, HEMOSIL UN * LOT/SERIAL: B11705 03/31/2013	6.00	872.39	5,234.34
					. . . . .
					5,234.34
		Subtotal.....			5,234.34
					= = = = = = =
		Invoice Total.....		USD	5,234.34

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180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101179042	12/04/2012

Sales Order Number: 0004018500
Customer Order Number: NR170607
Terms: Payable within 30 days due net
Shipping Conditions: CPT
Page: 1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026375845			
1006	00009832700	Critical Care/HemosIL CLEANING UN LOT/SERIAL: N1021455 01/31/2014	3.00	14.30	42.90
4005	00009757600	DILUENT, FACTOR, 1X100ML UN LOT/SERIAL: N0620100 11/30/2014	5.00	6.64	33.20
					. . . . .
					76.10
		Subtotal.....			76.10
					= = = = = = =
		Invoice Total.....		USD	76.10

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INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101177525	12/03/2012

Sales Order Number: 0004018500
Customer Order Number: NR170607
Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026375844			
3006	00009831704	CLEANING SOLUTION, ACL, 4X500 UN LOT/SERIAL: N1021367 10/31/2014	3.00	76.77	230.31
					. . . . .
					230.31
		Delivery Number: 0026375846			
3008	00029400100	CUVETTES, ACL TOP, 6X100X4 UN LOT/SERIAL: LPD1209 12/31/9999	6.00	302.43	1,814.58
					. . . . .
					1,814.58
		Subtotal.....			2,044.89
					= = = = = = =
		Invoice Total.....		USD	2,044.89

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INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101152950	11/05/2012

Sales Order Number: 0004018500

Customer Order Number: NR170607

Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026289000			
4002	00009757600	DILUENT, FACTOR, 1X100ML UN LOT/SERIAL: N0620100 11/30/2014	5.00	6.64	33.20
5005	00020302400	HEMOSIL RINSE SOLUTION 4L UN LOT/SERIAL: N1021447 10/31/2014	25.00	39.24	981.00
					. . . . .
					1,014.20
		Subtotal.....			1,014.20
					= = = = = = = =
		Invoice Total.....		USD	1,014.20

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Werfen Group | Instrumentation Laboratory

INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101185259	12/11/2012

Sales Order Number: 0004018500
Customer Order Number: NR170607
Terms: Payable within 30 days due net

Shipping Conditions	Page
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Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026392727			
5006	00020302400	HEMOSIL RINSE SOLUTION 4L UN LOT/SERIAL: N1121784 11/30/2014	25.00	39.24	981.00
					. . . . .
					981.00
		Subtotal.....			981.00
					= = = = = = =
		Invoice Total.....		USD	981.00

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INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101197290	12/28/2012

Sales Order Number: 0071617823
Customer Order Number: NR173397
Terms: Payable within 30 days due net
Shipping Conditions: CPT
Page: 1

Item	Product Number	Description	Quantity	Unit Price	Extension
		********** THIS BILLING IS RELATED TO A LEASE/REAGENT RENTAL AGREEMENT TRANSFERRED TO IL AS OF JUNE 25, 2012 IF THE PURCHASE ORDER ASSOCIATED TO THIS CONTRACT IS NOT VALID FOR IL TO USE ON THIS CONTRACT PLEASE CALL IL CUSTOMER SERVICE 800-955-9525 SO THAT WE CAN UPDATE OUR RECORDS ********** PLEASE NOTE: INCLUDES LEASE PAYMENT $1,833.30 AND SERVICE PAYMENT $1,164.24 **********			
		Delivery Number: 0071617823			
10	000RRBILLING	CONTRACT: 5000001503 UN CONTRACT: 5000001503 Billing for month of: 11/2012	1.00	2,997.54	2,997.54
					2,997.54
		Subtotal.....			2,997.54
		Invoice Total.....		USD	2,997.54

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Werfen Group | Instrumentation Laboratory

INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101197291	12/28/2012

Sales Order Number: 0071617824
Customer Order Number: NR173397
Terms: Payable within 30 days due net
Shipping Conditions: CPT
Page: 1

Item	Product Number	Description	Quantity	Unit Price	Extension
		********** THIS BILLING IS RELATED TO A LEASE/REAGENT RENTAL AGREEMENT TRANSFERRED TO IL AS OF JUNE 25, 2012 IF THE PURCHASE ORDER ASSOCIATED TO THIS CONTRACT IS NOT VALID FOR IL TO USE ON THIS CONTRACT PLEASE CALL IL CUSTOMER SERVICE 800-955-9525 SO THAT WE CAN UPDATE OUR RECORDS ********** PLEASE NOTE: INCLUDES LEASE PAYMENT $1,833.30 AND SERVICE PAYMENT $1,164.24 **********			
		Delivery Number: 0071617824			
10	000RRBILLING	CONTRACT: 5000001503 UN * CONTRACT: 5000001503 Billing for month of: 12/2012	1.00	2,997.54	2,997.54
					2,997.54
		Subtotal.....			2,997.54
		Invoice Total.....		USD	2,997.54

Werfen Group | Instrumentation Laboratory

INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101202022	01/07/2013

Sales Order Number: 0071540500

Customer Order Number: NR173397

Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0071540500			
10	000RRBILLING	CONTRACT: 5000001503 UN *	1.00	2,997.54	2,997.54
		CONTRACT: 5000001503			
		Billing for month of: 09/2012			
					. . . . .
					2,997.54
		Subtotal.....			2,997.54
					= = = = = = =
		Invoice Total.....		USD	2,997.54

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180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101200099	01/03/2013

Sales Order Number: 0004018500

Customer Order Number: NR170607

Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026449546			
3007	00009831704	CLEANING SOLUTION, ACL, 4X500 UN LOT/SERIAL: N1121782 11/30/2014	3.00	76.77	230.31
					230.31
		Delivery Number: 0026449547			
3009	00009832700	Critical Care/HemosIL CLEANING UN LOT/SERIAL: N1021455 01/31/2014	3.00	14.30	42.90
4006	00009757600	DILUENT, FACTOR, 1X100ML UN LOT/SERIAL: N0620100 11/30/2014	5.00	6.64	33.20
					76.10
		Delivery Number: 0026449548			
4008	00029400100	CUVETTES, ACL TOP, 6X100X4 UN * LOT/SERIAL: LPI1209 12/31/9999	6.00	302.43	1,814.58
					1,814.58
		Subtotal.....			2,120.99
		Invoice Total.....		USD	2,120.99

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Werfen Group

Instrumentation Laboratory

INVOICE

180 Hartwell Rd.
Bedford, MA 01730 U.S.A.
Tel (800) 955-9525 / Fax (781) 861-6135

REMIT TO: Instrumentation Laboratory
PO Box 83189
Woburn, MA 01813-3189
TIN#020448199

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE, NY 10801

Invoice Number	Date
9101204404	01/08/2013

Sales Order Number: 0004018500

Customer Order Number: NR170607

Terms: Payable within 30 days due net

Shipping Conditions	Page
CPT	1

Item	Product Number	Description	Quantity	Unit Price	Extension
		Delivery Number: 0026459913			
5007	00020302400	HEMOSIL RINSE SOLUTION 4L UN LOT/SERIAL: N1222090 12/31/2014	25.00	39.24	981.00
					. . . . .
					981.00
		Subtotal.....			981.00
					= = = = = = =
		Invoice Total.....		USD	981.00

Subject to IL Terms and Conditions

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53377
SOUND SHORE MEDICAL CENTER OF WESTC
CHEMISTRY
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice	**9110000208**
Billing Date	01/16/2013
Terms	Payable within 30 days due net
TIN	**020448199**

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed at thdate, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 4322770	P.O. No. NR173348	Inco CPT	Carriage Paid To

Delivery: 26487683

Item	Material No.	Description		Qty	Unit Price	Extension
1001	00020006800	APTT RGT, SYNTHASIL, HEMOSIL, 5+5X10 ML Lot/Serial # N1021611 09/30/2014	PK	1.00	43.72	43.72

Subtotal: 43.72

Subtotal: 43.72

Invoice Total USD 43.72

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice	**9110000209**
Billing Date	01/16/2013
Terms	Payable within 30 days due net
TIN	**020448199**

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed at this date, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 7051282242	P.O. No. NR170607	Inco CPT	Carriage Paid To

Delivery: 26488681

Item	Material No.	Description		Qty	Unit Price	Extension
1005	00020007700	D-DIMER HS, HEMOSIL Lot/Serial # B11705 03/31/2013	UN	7.00	872.39	6,106.73

Subtotal: 6,106.73

Subtotal: 6,106.73

Invoice Total USD 6,106.73

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110003128**
Billing Date 01/25/2013
Terms Payable within 30 days due net
TIN 020448199

Sales Order No. 71634796	P.O. No. NR173397	Inco CPT Carriage Paid To

Delivery: 71634796

Item	Material No.	Description		Qty	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 Billing for month of: 01/2013	UN	1.00	2,997.54	2,997.54

Subtotal: 2,997.54

Subtotal: 2,997.54

Invoice Total USD 2,997.54

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110003584**
Billing Date 01/28/2013
Terms Payable within 30 days due net
TIN **020448199**

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed at this date, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 4127662	P.O. No. NR170607	Inco CPT Carriage Paid To

Delivery: 26519960

Item	Material No.	Description	Qty	Unit Price	Extension
1002	00020003120	CONTROL, UNASSAYED,NORMAL HEMOSIL,10X1M UN Lot/Serial # N0520018 05/31/2015	20.00	61.31	1,226.20
2002	00020003320	CONTROL,UNASSAYED,HIGH ABNORMAL HEMOS UN Lot/Serial # N0520165 05/31/2015	20.00	61.31	1,226.20
3002	00020003050	PT RGT,RECOMBIPLASTIN 2G,HEMOSIL5+5X20ML UN Lot/Serial # N0329314 03/31/2014	16.00	49.44	791.04

Subtotal: 3,243.44

Subtotal: 3,243.44

Invoice Total USD 3,243.44

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53377
SOUND SHORE MEDICAL CENTER OF WESTC
CHEMISTRY
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice	**9110012889**
Billing Date	03/06/2013
Terms	Payable within 30 days due net
TIN	020448199

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed as thdate, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 4322770	P.O. No. NR173348	Inco CPT	Carriage Paid To

Delivery: 26631122

Item	Material No.	Description		Qty	Unit Price	Extension
1006	00020006800	APTT RGT, SYNTHASIL, HEMOSIL, 5+5X10 ML Lot/Serial # N1021611 09/30/2014	PK	5.00	43.72	218.60
2001	00020007700	D-DIMER HS, HEMOSIL Lot/Serial # B22098 03/31/2014	UN	2.00	1,058.40	2,116.80

Subtotal: 2,335.40

Subtotal: 2,335.40

Invoice Total USD 2,335.40

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110015097**
Billing Date 03/15/2013
Terms Payable within 30 days due net
TIN **020448199**

Sales Order No. 71670708	P.O. No. NR173397	Inco CPT	Carriage Paid To

Delivery: 71670708

Item	Material No.	Description		Qty	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 Billing for month of: 02/2013	UN	1.00	2,997.54	2,997.54

Subtotal: 2,997.54

Subtotal: 2,997.54

Invoice Total **USD** **2,997.54**

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110015098**
Billing Date 03/15/2013
Terms Payable within 30 days due net
TIN **020448199**

Sales Order No. 71670709	P.O. No. NR173397	Inco CPT	Carriage Paid To

Delivery: 71670709

Item	Material No.	Description		Qty	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 Billing for month of: 03/2013	UN	1.00	2,997.54	2,997.54
			Subtotal:			2,997.54
			Subtotal:			2,997.54

Invoice Total **USD** **2,997.54**

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110022512**
Billing Date 04/16/2013
Terms Payable within 30 days due net
TIN **020448199**

Sales Order No. 71691048	P.O. No. NR173397	Inco CPT	Carriage Paid To

Delivery: 71691048

Item	Material No.	Description		Qty	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 Billing for month of: 04/2013	UN	1.00	2,997.54	2,997.54

Subtotal: 2,997.54

Subtotal: 2,997.54

Invoice Total **USD** **2,997.54**

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
po# NR173348
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110029723**
Billing Date 05/16/2013
Terms Payable within 30 days due net
TIN **020448199**

Sales Order No. 4422158	P.O. No. NR173348	Inco CPT	Carriage Paid To

Delivery: 26814681

Item	Material No.	Description		Qty	Unit Price	Extension
1001	00020006800	APTT RGT, SYNTHASIL, HEMOSIL, 5+5X10 ML Lot/Serial # N1021611 09/30/2014	PK	6.00	36.03	216.18
2001	00020007700	D-DIMER HS, HEMOSIL Lot/Serial # B22098 03/31/2014	UN	10.00	872.39	8,723.90

Subtotal: 8,940.08

Subtotal: 8,940.08

Invoice Total **USD** **8,940.08**

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 8500235435
MONTEFIORE NEW ROCHELLE HOSPITAL
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110030172**
Billing Date 05/20/2013
Terms Payable within 30 days due net
TIN 020448199

Sales Order No. 71713271	P.O. No. NR173397	Inco CPT Carriage Paid To

Delivery: 71713271

Item	Material No.	Description		Qty	Unit Price	Extension
10	000RRBILLING	CONTRACT: 5000001503 Billing for month of: 05/2013	UN	1.00	2,997.54	2,997.54

Subtotal: 2,997.54

Subtotal: 2,997.54

Invoice Total USD 2,997.54

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
po# NR173348
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110030495**
Billing Date 05/20/2013
Terms Payable within 30 days due net
TIN **020448199**

Sales Order No. 4422158	P.O. No. NR173348	Inco CPT Carriage Paid To

Delivery: 26818858

Item	Material No.	Description		Qty	Unit Price	Extension
1002	00020006800	APTT RGT, SYNTHASIL, HEMOSIL, 5+5X10 ML Lot/Serial # N1021611 09/30/2014	PK	11.00	36.03	396.33

Subtotal: 396.33

Subtotal: 396.33

Invoice Total USD 396.33

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice	**9110031346**
Billing Date	05/22/2013
Terms	Payable within 30 days due net
TIN	020448199

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Sales Order No. 4018500	P.O. No. NR170607	Inco CPT Carriage Paid To

Delivery: 26828458

Item	Material No.	Description		Qty	Unit Price	Extension
4010	00009757600	DILUENT, FACTOR, 1X100ML Lot/Serial # N0620100 11/30/2014	UN	5.00	6.64	33.20
5010	00020302400	HEMOSIL RINSE SOLUTION 4L Lot/Serial # N0533902 04/30/2015	UN	6.00	39.24	235.44
				Subtotal:		268.64

Delivery: 26828492

Item	Material No.	Description		Qty	Unit Price	Extension
5012	00029400100	CUVETTES, ACL TOP, 6X100X4 Lot/Serial # LPD1303 12/31/9999	UN	6.00	302.43	1,814.58
				Subtotal:		1,814.58

Subtotal: 2,083.22

Invoice Total USD 2,083.22

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110031639**
Billing Date 05/23/2013
Terms Payable within 30 days due net
TIN 020448199

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed at thdste, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 4018500	P.O. No. NR170607	Inco CPT	Carriage Paid To

Delivery: 26828489

Item	Material No.	Description		Qty	Unit Price	Extension
3011	00009831704	CLEANING SOLUTION, ACL. 4X500 ML Lot/Serial # N0433551 03/31/2015	UN	3.00	76.77	230.31
			Subtotal:			230.31

Delivery: 26828491

Item	Material No.	Description		Qty	Unit Price	Extension
3013	00009832700	Critical Care/HemosIL CLEANING AGENT80ML Lot/Serial # N0433557 07/31/2014	UN	3.00	14.30	42.90
5011	00020302400	HEMOSIL RINSE SOLUTION 4L Lot/Serial # N0533902 04/30/2015	UN	25.00	39.24	981.00
5014	00020302400	HEMOSIL RINSE SOLUTION 4L Lot/Serial # N0533902 04/30/2015	UN	19.00	39.24	745.56
			Subtotal:			1,769.46
			Subtotal:			1,999.77

Invoice Total **USD** **1,999.77**

Werfen Group | Instrumentation Laboratory

INVOICE

REMIT TO:

Werfen USA LLC
P O Box 347934
Pittsburgh PA 15251-4934

Ship To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Bill To: 53376
SOUND SHORE MEDICAL CENTER OF WESTC
16 GUION PL
NEW ROCHELLE NY 10801

Invoice **9110031961**
Billing Date 05/28/2013
Terms Payable within 30 days due net
TIN **020448199**

As 1/1/13, Werfen USA is the customer service and sales/distribution organization for Instrumentation Laboratory. Any order processed as thdate, will be invoiced by Werfen USA LLC. Please make sure you have created our new company as a vendor in your system. If this PO is valid for Werfen USA or you need any further information, please call us at the number below.

Sales Order No. 4127662	P.O. No. NR170607	Inco CPT Carriage Paid To

Delivery: 26839364

Item	Material No.	Description	Qty	Unit Price	Extension
1003	00020003120	CONTROL, UNASSAYED,NORMAL HEMOSIL,10X1M UN Lot/Serial # N0520018 05/31/2015	20.00	61.31	1,226.20
2003	00020003320	CONTROL,UNASSAYED,HIGH ABNORMAL HEMOS UN Lot/Serial # N0520165 05/31/2015	20.00	61.31	1,226.20
3003	00020003050	PT RGT,RECOMBIPLASTIN 2G,HEMOSIL5+5X20ML UN Lot/Serial # N0329314 03/31/2014	16.00	49.44	791.04

Subtotal: 3,243.44

Subtotal: 3,243.44

Invoice Total USD 3,243.44

Werfen Group
Instrumentation Laboratory
NJOVES-Finance
Instrumentation Laboratory
180 Hartwell Road, Bedford, MA 01730

UNITED STATES POSTAGE
PITNEY BOWES
02 1M $ 01.92⁰
0004285934 DEC 18 2013
MAILED FROM ZIP CODE 01730

Sound Shore Med Ctr Westchester
C/o GCG Inc
PO Box 9982
Dublin, OH 43017-5982

Our Passion.
Your Results.

Enrolling at ABC Bx xxx
Ft Bx xxx
Ft Bx xxx
Ft

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York

PROOF OF CLAIM

Name of Debtor: Mount Vernon Hospital

Case Number: 13-22841

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

RECEIVED OCT 24 U.S. BANKRUPTCY COURT SO DIST OF NEW YORK

Name of Creditor (The person or other entity to whom the debtor owes money or property): Westchester Journal News

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court in this case.

☐ Check box if the address differs from the address on the envelope sent to you by the court.

Name and address where notices should be sent:
Shelly Lucas
Gannett Co., Inc
Law Dept
7950 Jones Branch Dr
McLean, VA 22107

FILED - 01055
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

Telephone number:

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: 056258403

Check here if this claim ☐ replaces ☐ amends a previously filed claim, dated:_____

1. Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2. Date debt was incurred: 2011

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 78.20

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle
☐ Other_____

Value of Collateral: $_____

Amount of arrearage and other charges at time case filed included in secured claim, if any: $_____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim:

☐ Wages, salaries, or commissions (up to $4,650),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to $2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: *Attach copies of supporting documents,* such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-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.

THIS SPACE IS FOR COURT USE ONLY
THE GARDEN CITY GROUP, INC. NOV 18 2013

Date: 10-7-13

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):
Shelly Stout Shelly Stout CCC Supervisor

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.

CRT

From: (631) 470-5000 Origin ID: SXYA
Attn Emmanuel Tanopo, Deputy Clerk
United States Bankruptcy Court
Southern District of New York
One Bowling Green
New York, NY 10004

FedEx. Express

J12101112190225

Ship Date: 01MAY12
ActWgt: 10.0 LB
CAD: 100098347/NET3250

Delivery Address Bar Code

Ref # AAM

RMA #:
Return Reason:

SHIP TO: (631) 470-5000 BILL SENDER

Attn Bankruptcy Dept.
The Garden City Group, Inc.
5151 Blazer Parkway,
SUITE A
Dublin, OH 43017

TRK# 0221 **7983 4758 5111**

RETURNS MON-FRI
STANDARD OVERNIGHT
RES
43017
OH-US

512G3/61A4/A278

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.

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, Inc.	Case Number: 13-22844	THE GARDEN CITY GROUP, INC. SEP 17 2013
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): Wright Medical Technology, Inc.		COURT USE ONLY
Name and address where notices should be sent: Wright Medical Technology Attn: W. Dean Morgan 5677 Airline Rd, Arlington, TN 38002. Telephone number: (901) 867-4393 email: Dean.Morgan@wmt.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: $ 19,679.00

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.

FILED - 00055
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: Good Sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
9 7 1 4	(See instruction #3a)	(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 $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:
$_____

**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. (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: W. Dean Morgan
Title: VP Tax & Treasury
Company: Wright Medical Technology
Address and telephone number (if different from notice address above):

(Signature) 9/16/13 (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. 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.

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.

WRIGHT.

Remit to:
Wright Medical Technology, Inc.
P.O. Box 503482
St. Louis, MO 63150-3482 USA

(901) 867-9971

INVOICE

Invoice Number	2705080 RI
Order Date	08/30/10
Invoice Date	08/30/10
Order Number	2089610 CO
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	10/29/10

Bill To: 89714
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To: 89714
SOUND SHORE MEDICAL CENTER
16 GUION PLACE
NEW ROCHELLE NY 10802

Territory	Customer P.O.	Terms	Shipping Method
008	NR15476	Net 60 Days - Wright	SALESMAN DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	110345	86TM4X08	GRAFTJACKET® ULCER REPAIR 4X8CM	C32577	1-	EA		2890.00	2,890.00-
	110345	FREIGHT	Freight Negative		1-	EA		45.00	45.00-

COMMENTS

PO#/VS
RE INV#2492031 - OPEN UNRESOLVED OVER 60 DAYS - CREDIT DOLLARS ONLY DO NOT MAIL/VS 083010

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$2,890.00-		$45.00	$2,935.00-

2705080

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	3948539
Order Date	04/16/13
Invoice Date	04/16/13
Order Number	2998813 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	04/16/13

Bill To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Territory	Customer P.O.	Terms	Shipping Method
008	NR176445	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	220220903	INBONE® TALAR DOME SZ 3 SULCUS	1478570	1	EA		5569.00	5,569.00
	176183	200347901	INBONE® TALAR STEM 10MM LG	1476399	1	EA		1592.00	1,592.00
	176183	220252903	INBONE® TIB TRAY LEFT SZ 3 LNG	1427676	1	EA		2189.00	2,189.00
	176183	200010901	INBONE® STEM, TIBIAL, MID SIZE, 14 MM, RIGHT & LEFT	1484218	1	EA		776.00	776.00
	176183	200011901	INBONE® STEM, TIBIAL, TOP SIZE, 14 MM, RIGHT & LEFT	1465606	1	EA		776.00	776.00
	176183	200010901	INBONE® STEM, TIBIAL, MID SIZE, 14 MM, RIGHT & LEFT	1484218	1	EA		776.00	776.00
	176183	220223214E	INBONE® POLY SZ 2+ 14MM SULCUS	0801193641	1	EA		3033.00	3,033.00
	176183	200009901	INBONE® STEM, TIBIAL, BASE SIZE, 16 MM, RIGHT & LEFT	1482660	1	EA		845.00	845.00
	176183	IB200051	INBONE® SCREW BONE REMOVER STERILE	1201274844	1	EA		191.00	191.00
	176183	PNA00276	PROPHECY® CASE08102 MCWILLIAM INBONE® 3 L LNG / 3 SET/3	1496524	1	EA		1500.00	1,500.00
	176183	200072	INBONE® STEINMANN PIN, 2.4MM	INSTLOT	10	EA		34.00	340.00
	176183	200134	INBONE® DRILL, 6 MM	INSTLOT	1	EA		349.00	349.00
	176183	200138003	INBONE® SAW BLADE HALL / LINVATEC NARROW	INSTLOT	1	EA		210.00	210.00
	176183	200138004	INBONE® SAW BLADE HALL / LINVATEC WIDE	INSTLOT	1	EA		210.00	210.00
	176183	200178003	INBONE® DRILL, SIZE 3 ANTI-ROTATION NOTCH	INSTLOT	1	EA		184.00	184.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		100.00	100.00

COMMENTS
DOS 4/15/13 DR.MCWILLIAMS KP 4/16/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$18,540.00		$100.00	$18,640.00

Total Qty: 24

3948539

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4019724
Order Date	04/04/13
Invoice Date	05/20/13
Order Number	2988645 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	05/20/13

Bill To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Territory	Customer P.O.	Terms	Shipping Method
008	NR176373	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	58610005	BOW PLATE 5MM ORTHOLOC® 3DI PLATING SYSTEM	1053514	1	EA		1952.00	1,952.00
	176183	58812714	LOW PRO CORT SCREW 2.7X14MM ORTHOLOC® SYSTEM	1446373	1	EA		276.00	276.00
	176183	58812716	LOW PRO CORT SCREW 2.7X16MM ORTHOLOC® SYSTEM	1445073	1	EA		276.00	276.00
	176183	58812720	LOW PRO CORT SCREW 2 7X20MM ORTHOLOC® SYSTEM	1452305	1	EA		276.00	276.00
	176183	58812722	LOW PRO CORT SCREW 2 7X22MM ORTHOLOC® SYSTEM	1443999	1	EA		276.00	276.00
	176183	58880020	DRILL BIT 2.0MM X 30MM	1065145	1	EA		182.00	182.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
DOS 4/4/13 DR.MORELLI KP 4/4/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$3,238.00		$45.00	$3,283.00

Total Qty: 6

4019724

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE

Invoice Number	4037994
Order Date	04/29/13
Invoice Date	06/04/13
Order Number	3009799 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	06/04/13

Bill To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Ship To: 89714
SOUND SHORE MED CTR *COD*
16 GUION PLACE
NEW ROCHELLE NY 10802

Territory	Customer P.O.	Terms	Shipping Method
008	060413	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	45112712	SNAP OFF SCREW 2 7MM X 12MM CHARLOTTE® F&A SYSTEM	038521426	2	EA		323.00	646.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
DOS 4/25/13 DR.MORELLI KP 4/29/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$646.00		$45.00	$691.00

Total Qty 2

4037994

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

From: Origin ID: UCYA (901) 867 4510
Sarah Marcum
Wright Medical
11576 MEMPHIS ARLINGTON RD

Arlington, TN 38002

FedEx Express

CLB-7062C/21/23

Ship Date: 16SEP13
ActWgt: 1 LB
System#: 747248/FXRS0855
Account#: S 038004115

Delivery Address Bar Code

SHIP TO: (516) 393 2200 BILL SENDER

SOUND SHORE MED CTR OF WESTCHESTER
CO GCG, INC
5151 BLAZER PARKWAY STE A
-
DUBLIN, OH 43017

Ref # 89714
Invoice #
PO #
Dept #

TRK# 0201 5258 7396 5408

TUE - 17SEP A1
PRIORITY OVERNIGHT

LCK
OH-US
43017

XX-OSUA

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☒ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	13-22846

Your Claim is Scheduled As Follows:

The Garden City Group, Inc.
FEB - 3 2015

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): CATHERINE "CASSIE" WHITE

☐ 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:
25 GRAMERCY PLACE
NEW ROCHELLE, NY 10801

Telephone number: 914-576-9234
Email Address: codandwhitey@gmail.com

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

FILED - 01541
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.

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.

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 1000.00

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: I WAS AWARDED A $1000.00 SCHOLARSHIP FOR MY WORK AS STUDENT INTERN FOR THE SSMC ANNUAL TOY, COAT + FOOD DRIVE COMMUNITY OUTREACH PROGRAM
(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). SCHOLARSHIP

☐ 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: $ 1000.00

**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. SEE INCLUDED LETTER

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: CATHERINE "CASSIE" WHITE

Title: STUDENT

Company: _____

(Signature) (Date) 1.15.2015

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.

25 Gramercy Place
New Rochelle, NY 10801
January 15, 2015

Sound Shore Medical Center of West Chester (JC)
c/o GCG
P.O. Box 9982
Dublin, Ohio 43017-5752

Dear Sirs:

My name is Catherine "Cassie" White. I am a sophomore at Case Western Reserve University in Cleveland, Ohio. In June, 2013 I was awarded a $1000 scholarship from Sound Shore Medical Center for my work as The Sound Shore Medical Center (SSMC)/Adriana Jude Community Service Student Intern for the 2012-2013 school year.

I have volunteered with this project since 2007. As the SSMC Student Intern I worked on a three part Community Service Project called the 19th Annual SSMC Holiday Toy, Coat and Food Drive. I worked closely with the Project Founder and Co-Chair Kathy Curto along with the SSMC Holiday Toy, Coat and Food Drive Committee to launch this important project which provides coats, toys and food to over 800 needy New Rochelle children and their families throughout the Fall and Winter.

As Intern I coordinated volunteers and created schedules, worked with various corporate and charity donors, and inventoried donations. I have volunteered at the Coat and Toy Drive since 6th grade. In the fall we collect coats, sort them by size and type (male/female) and get them ready for a huge distribution day for needy children in the New Rochelle area. In December we collect new unwrapped toys, meet for two days to sort the toys by ages and then wrap the more than 800 toys for a huge Christmas Party with Santa. At the party I worked to keep the volunteer entertainment on schedule, distribute snacks, entertain the kids as they wait for their turn to meet Santa and assist with the photos with Santa. I created a Facebook page and website for organization under its new name "The Joy Project". In the 2012-2013 school year I volunteered 100+ hours for what was considered a premier part of the Sound Shore Medical Center's Community Outreach Program.

As you know shortly after my check was written SSMC filed for bankruptcy. Ms. Curto said I would be hearing from lawyers or bankers telling me what to do next. I guess somehow I missed that information. This past fall several letters from your firm arrived but my parents saved them in New York until I came home from Case at the end of the semester. At first since I was included on the list of "claimants" that was in one of your letters I thought I was included in whatever steps are necessary in this process. But my mother called your office and after your firm did some research apparently I need to fill out paperwork and I have missed the deadline. However, the person she spoke with said to submit the forms anyway as they will still consider late claims.

I know that $1000 might not seem like such a big amount in the face of the entire SSMC bankruptcy/sale/re-structure on which you are currently working but to me it is vitally important. I am one of four children in my family currently attending college. My father's commission-only salary has been floundering since the economic turn-down and especially after Hurricane Sandy. I believe that I need to help my family as much as I can to pay my tuition. I work two jobs at Case Western to help pay my tuition.

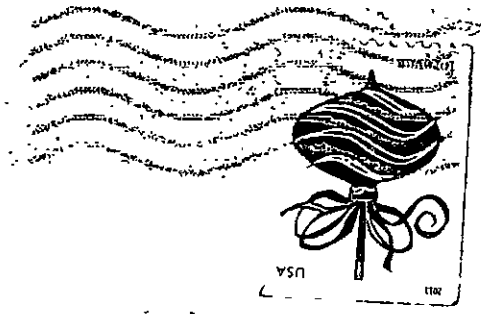
Therefore I am writing to you to ask if you will still consider my request for my scholarship re-imbursement. I worked hard to earn that scholarship and my family and I really need the money.

Thank you.

Catherine "Cassie" White

25 GRAMERCY PL
PB NR NY 10801

WESTCHESTER NY 325



SOUND SHORE MEDICAL CENTER OF WEST CHESTER (JC)
c/o GCG
PO BOX 9982
DUBLIN, OH 43017-5752

43017598282

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: The Mount Vernon Hospital, Inc.

Case Number: 13-22841

THE GARDEN CITY GROUP, INC. SEP 17 2013

COURT USE ONLY

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): Wright Medical Technology, Inc.

Name and address where notices should be sent:
Wright Medical Technology
Attn: W. Dean Morgan
5677 Airline Rd, Arlington, TN 38002

Telephone number: (901) 867-4393 email: Dean.Morgan@wmt.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: $ 20,232.00

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.

FILED - 00854
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: Good Sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 0 2 7 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.

☐ 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: $_____

**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. (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: W. Dean Morgan
Title: VP Tax & Treasury
Company: Wright Medical Technology
Address and telephone number (if different from notice address above):

(Signature) 9/16/13 (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. 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.

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.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	3852710
Order Date	12/28/12
Invoice Date	01/29/13
Order Number	2898943 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	04/29/13

Bill To: 110278
MOUNT VERNON HOSP**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110276
MOUNT VERNON HOSPITAL
9 NORTH 8TH AVENUE
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25341	Net 90 Days	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	58610003	BOW PLATE 3MM ORTHOLOC™ 3DI PLATING SYSTEM	1099382	1	EA		1895.00	1,895.00
	176183	58880020	DRILL BIT 2.0MM X 30MM	1065145	1	EA		177.00	177.00
	176183	58812720	LOW PRO CORT SCREW 2.7X20MM ORTHOLOC™ SYSTEM	1440835	1	EA		139.00	139.00
	176183	58802720	LOCKING LG HD SCREW 2.7X20MM ORTHOLOC™ 3DI PLATING SYSTEM	1445683	1	EA		266.00	266.00
	176183	58802716	LOCKING LG HD SCREW 2.7X16MM ORTHOLOC™ 3DI PLATING SYSTEM	1445385	2	EA		266.00	532.00
	176183	58802718	LOCKING LG HD SCREW 2.7X18MM ORTHOLOC™ 3DI PLATING SYSTEM	1445728	1	EA		266.00	266.00
	176183	58803516	LOCKING SCREW 3.5 X 16MM ORTHOLOC™ 3DI PLATING SYSTEM	110829299	1	EA		266.00	266.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
SALES: IANNOTTI DOS: 12-28-2012 DR DEMEO PO LME

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$3,541.00		$45.00	$3,586.00

3852710

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	3854882
Order Date	12/03/12
Invoice Date	01/30/13
Order Number	2875821 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	04/30/13

Bill To: 110278
MOUNT VERNON HOSP**NT HOLD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110276
MOUNT VERNON HOSPITAL
9 NORTH 8TH AVENUE
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25204	Net 90 Days	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101079556	1	EA		2290.00	2,290.00
	176183	5201000206	LESS MET T PLATE 6 HOLE ORTHOLOC™ PLATING SYSTEM	040736593	1	EA		770.00	770.00
	176183	5201024018	TI LOCK SCREW 2.4 X 18MM ORTHOLOC™ PLATING SYSTEM	079639292	2	EA		266.00	532.00
	176183	5201024020	TI LOCK SCREW 2.4 X 20MM ORTHOLOC™ PLATING SYSTEM	119704884	1	EA		266.00	266.00
	176183	52021160	DRILL BIT 1.6MM ORTHOLOC™ PLATING SYSTEM	011862213	1	EA		177.00	177.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$4,035.00		$45.00	$4,080.00

3854882

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE

Invoice Number	4032039
Order Date	04/29/13
Invoice Date	05/30/13
Order Number	3010815 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	05/30/13

Bill To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25815	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	DSDS1011	K-WIRE 1.1 X150MM BLUNT/TROCAR	1047402	3	EA		34.00	102.00
	176183	D1N35056S	HEADED SCREW 3.5MM X 56MM DART-FIRE® COMPRESSION SCREW	573375	1	EA		230.00	230.00
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101079482	1	EA		2300.00	2,300.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

DOS 4/26/13 DR.DE MEO KP 4/29/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$2,632.00		$45.00	$2,677.00

Total Qty: 5

4032039

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4032040
Order Date	04/29/13
Invoice Date	05/30/13
Order Number	3010817 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	05/30/13

Bill To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25814	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	45110002	SNAP OFF SCREW 2.0MM X 12MM CHARLOTTE® F&A SYSTEM	086362328	1	EA		194.00	194.00
	176183	40250028	CLAW® II 2.8MM DRILL BIT	1132264	1	EA		109.00	109.00
	176183	40233520	LOCKING CORT SCREW 3.5 X 20MM ORTHOLOC® 3DSI	1427369	1	EA		166.00	166.00
	176183	40233526	LOCKING CORT SCREW 3 5 X 26MM ORTHOLOC® 3DSI	1428148	1	EA		166.00	166.00
	176183	40233522	LOCKING CORT SCREW 3.5 X 22MM ORTHOLOC® 3DSI	1442932	1	EA		166.00	166.00
	176183	40233524	LOCKING CORT SCREW 3.5 X 24MM ORTHOLOC® 3DSI	1443509	1	EA		166.00	166.00
	176183	40241425	CLAW® II 4 HOLE T PLATE 25MM ORTHOLOC® 3DSI	1447516	1	EA		1502.00	1,502.00
	176183	40250010	CLAW® II PLATE TACK	1114846	2	EA		89.00	178.00
	176183	45110005	SNAP OFF SCREW 2.7MM X 15MM CHARLOTTE® F&A SYSTEM	0311281983	1	EA		194.00	194.00
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101075114	1	EA		1380.00	1,380.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
DOS 4/26/13 DR.RAFAT KP 4/29/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$4,221.00		$45.00	$4,266.00

Total Qty: 11

4032040

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4069780
Order Date	06/27/13
Invoice Date	06/27/13
Order Number	3065526 S1
Branch/Plent	D008
Page	1 of 1
Currency	USD
Due Date	06/27/13

Bill To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	013113	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101077141	1	EA		2300.00	2,300.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$2,300.00		$45.00	$2,345.00

Total Qty 1

4069780

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4069785
Order Date	06/27/13
Invoice Date	06/27/13
Order Number	3065544 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	06/27/13

Bill To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	032913	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	58610004	BOW PLATE 4MM ORTHOLOC® 3DI PLATING SYSTEM	1099382	1	EA		1952.00	1,952.00
	176183	58802720	LOCKING LG HD SCREW 2.7X20MM ORTHOLOC® 3DI PLATING SYSTEM	1486774	2	EA		276.00	552.00
	176183	58802712	LOCKING LG HD SCREW 2.7X12MM ORTHOLOC® 3DI PLATING SYSTEM	1102868	1	EA		276.00	276.00
	176183	58802718	LOCKING LG HD SCREW 2.7X18MM ORTHOLOC® 3DI PLATING SYSTEM	1448785	1	EA		276.00	276.00
	176183	58880020	DRILL BIT 2.0MM X 30MM	1196892	1	EA		177.00	177.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$3,233.00		$45.00	$3,278.00

Total Qty: 6

4069785

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

From: Origin ID: UCYA (901) 867 4510
Sarah Marcum
Wright Medical
11576 MEMPHIS ARLINGTON RD

Arlington, TN 38002

FedEx Express

CLB-7062C/21/23

Ship Date: 16SEP13
ActWgt: 1 LB
System#: 747248/FXRS0855
Account#: S 038004115

Delivery Address Bar Code

SHIP TO: (516) 393 2200 BILL SENDER

SOUND SHORE MED CTR OF WESTCHESTER
CO GCG, INC
5151 BLAZER PARKWAY STE A
-
DUBLIN, OH 43017

Ref # 89714
Invoice #
PO #
Dept #

TRK# 0201 5258 7396 5408

TUE - 17SEP A1
PRIORITY OVERNIGHT

LCK
OH-US
43017

XX-OSUA

B 10 (Official Form 10) (12/11)

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: The Mount Vernon Hospital, Inc.

Case Number: 13-22841

THE GARDEN CITY GROUP, INC. SEP 17 2013

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): Wright Medical Technology, Inc.

COURT USE ONLY

Name and address where notices should be sent:
Wright Medical Technology
Attn: W. Dean Morgan
5677 Airline Rd, Arlington, TN 38002

Telephone number: (901) 867-4393 email: Dean.Morgan@wmt.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: $ 20,232.00

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.

FILED - 00834
U.S. BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK
SOUND SHORE MEDICAL CENTER OF WESTCHESTER
ROBERT D. DRAIN

☐ 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: Good Sold
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 0 2 7 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.

☐ 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: $_____

☐ 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. (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: W. Dean Morgan
Title: VP Tax & Treasury
Company: Wright Medical Technology
Address and telephone number (if different from notice address above):

(Signature) 9/16/13 (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. 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.

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.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE

Invoice Number	3852710
Order Date	12/28/12
Invoice Date	01/29/13
Order Number	2898943 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	04/29/13

Bill To: 110278
MOUNT VERNON HOSP**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110276
MOUNT VERNON HOSPITAL
9 NORTH 8TH AVENUE
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25341	Net 90 Days	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	58610003	BOW PLATE 3MM ORTHOLOC™ 3DI PLATING SYSTEM	1099382	1	EA		1895.00	1,895.00
	176183	58880020	DRILL BIT 2.0MM X 30MM	1065145	1	EA		177.00	177.00
	176183	58812720	LOW PRO CORT SCREW 2.7X20MM ORTHOLOC™ SYSTEM	1440835	1	EA		139.00	139.00
	176183	58802720	LOCKING LG HD SCREW 2.7X20MM ORTHOLOC™ 3DI PLATING SYSTEM	1445683	1	EA		266.00	266.00
	176183	58802716	LOCKING LG HD SCREW 2.7X16MM ORTHOLOC™ 3DI PLATING SYSTEM	1445385	2	EA		266.00	532.00
	176183	58802718	LOCKING LG HD SCREW 2.7X18MM ORTHOLOC™ 3DI PLATING SYSTEM	1445728	1	EA		266.00	266.00
	176183	58803516	LOCKING SCREW 3.5 X 16MM ORTHOLOC™ 3DI PLATING SYSTEM	110829299	1	EA		266.00	266.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
SALES: IANNOTTI DOS: 12-28-2012 DR DEMEO PO LME

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$3,541.00		$45.00	$3,586.00

3852710

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY; INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	3854882
Order Date	12/03/12
Invoice Date	01/30/13
Order Number	2875821 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	04/30/13

Bill To: 110278

MOUNT VERNON HOSP**NT HOLD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110276

MOUNT VERNON HOSPITAL
9 NORTH 8TH AVENUE
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25204	Net 90 Days	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101079556	1	EA		2290.00	2,290.00
	176183	5201000206	LESS MET T PLATE 6 HOLE ORTHOLOC™ PLATING SYSTEM	040736593	1	EA		770.00	770.00
	176183	5201024018	TI LOCK SCREW 2.4 X 18MM ORTHOLOC™ PLATING SYSTEM	079639292	2	EA		266.00	532.00
	176183	5201024020	TI LOCK SCREW 2.4 X 20MM ORTHOLOC™ PLATING SYSTEM	119704884	1	EA		266.00	266.00
	176183	52021160	DRILL BIT 1.6MM ORTHOLOC™ PLATING SYSTEM	011862213	1	EA		177.00	177.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS	Net Sales	Tax	Shipping/Misc Charges	Invoice Total
	$4,035.00		$45.00	$4,080.00

3854882

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE

Invoice Number	4032039
Order Date	04/29/13
Invoice Date	05/30/13
Order Number	3010815 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	05/30/13

Bill To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25815	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	DSDS1011	K-WIRE 1.1 X150MM BLUNT/TROCAR	1047402	3	EA		34.00	102.00
	176183	D1N35056S	HEADED SCREW 3.5MM X 56MM DART-FIRE® COMPRESSION SCREW	573375	1	EA		230.00	230.00
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101079482	1	EA		2300.00	2,300.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

DOS 4/26/13 DR.DE MEO KP 4/29/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$2,632.00		$45.00	$2,677.00

Total Qty: 5

4032039

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:

WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4032040
Order Date	04/29/13
Invoice Date	05/30/13
Order Number	3010817 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	05/30/13

Bill To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278

MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	MV25814	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	45110002	SNAP OFF SCREW 2.0MM X 12MM CHARLOTTE® F&A SYSTEM	086362328	1	EA		194.00	194.00
	176183	40250028	CLAW® II 2.8MM DRILL BIT	1132264	1	EA		109.00	109.00
	176183	40233520	LOCKING CORT SCREW 3.5 X 20MM ORTHOLOC® 3DSI	1427369	1	EA		166.00	166.00
	176183	40233526	LOCKING CORT SCREW 3 5 X 26MM ORTHOLOC® 3DSI	1428148	1	EA		166.00	166.00
	176183	40233522	LOCKING CORT SCREW 3.5 X 22MM ORTHOLOC® 3DSI	1442932	1	EA		166.00	166.00
	176183	40233524	LOCKING CORT SCREW 3.5 X 24MM ORTHOLOC® 3DSI	1443509	1	EA		166.00	166.00
	176183	40241425	CLAW® II 4 HOLE T PLATE 25MM ORTHOLOC® 3DSI	1447516	1	EA		1502.00	1,502.00
	176183	40250010	CLAW® II PLATE TACK	1114846	2	EA		89.00	178.00
	176183	45110005	SNAP OFF SCREW 2.7MM X 15MM CHARLOTTE® F&A SYSTEM	0311281983	1	EA		194.00	194.00
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101075114	1	EA		1380.00	1,380.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS
DOS 4/26/13 DR.RAFAT KP 4/29/13

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$4,221.00		$45.00	$4,266.00

Total Qty: 11

4032040

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4069780
Order Date	06/27/13
Invoice Date	06/27/13
Order Number	3065526 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	06/27/13

Bill To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	013113	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	86660012	ALLOPURE® 12 X 38MM EVANS ALLOGRAFT BONE WEDGE	101077141	1	EA		2300.00	2,300.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$2,300.00		$45.00	$2,345.00

Total Qty 1

4069780

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WRIGHT.

Remit to:
WRIGHT MEDICAL TECHNOLOGY, INC
P O BOX 503482
ST LOUIS MO 63150-3482
United States
1-800-238-7117

INVOICE	
Invoice Number	4069785
Order Date	06/27/13
Invoice Date	06/27/13
Order Number	3065544 S1
Branch/Plant	D008
Page	1 of 1
Currency	USD
Due Date	06/27/13

Bill To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Ship To: 110278
MOUNT VERNON HOSP**COD**
12 NORTH 7TH AVENUE
ATTN ACCOUNTING
MOUNT VERNON NY 10550

Territory	Customer P.O.	Terms	Shipping Method
008	032913	Cash On Delivery - Wright	INDEPENDENT REP DELIVERY

Price Sched	Sales Person	Item Number	Description	Lot Number	Qty Shpd	UM	BO Qty	Price	Extended Price
	176183	58610004	BOW PLATE 4MM ORTHOLOC® 3DI PLATING SYSTEM	1099382	1	EA		1952.00	1,952.00
	176183	58802720	LOCKING LG HD SCREW 2.7X20MM ORTHOLOC® 3DI PLATING SYSTEM	1486774	2	EA		276.00	552.00
	176183	58802712	LOCKING LG HD SCREW 2.7X12MM ORTHOLOC® 3DI PLATING SYSTEM	1102868	1	EA		276.00	276.00
	176183	58802718	LOCKING LG HD SCREW 2.7X18MM ORTHOLOC® 3DI PLATING SYSTEM	1448785	1	EA		276.00	276.00
	176183	58880020	DRILL BIT 2.0MM X 30MM	1196892	1	EA		177.00	177.00
	176183	FREIGHT	SHIPPING / HANDLING		1	EA		45.00	45.00

COMMENTS

Net Sales	Tax	Shipping/Misc Charges	Invoice Total
$3,233.00		$45.00	$3,278.00

Total Qty: 6

4069785

The price on this invoice is net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts. You may have an obligation to report discounts and credits to Medicare, Medicaid or other state health programs.

From: Origin ID: UCYA (901) 867 4510
Sarah Marcum
Wright Medical
11576 MEMPHIS ARLINGTON RD

Arlington, TN 38002

FedEx Express

CLS-7062 C/21/23

Ship Date: 16SEP13
ActWgt: 1 LB
System#: 747248/FXRS0855
Account#: S 038004115

Delivery Address Bar Code

SHIP TO: (516) 393 2200 **BILL SENDER**

SOUND SHORE MED CTR OF WESTCHESTER
CO GCG, INC
5151 BLAZER PARKWAY STE A
-
DUBLIN, OH 43017

Ref # 89714
Invoice #
PO #
Dept #

TRK# 0201 5258 7396 5408

TUE - 17SEP **A1**
PRIORITY OVERNIGHT

LCK
OH-US
43017

XX-OSUA

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One):	Case No.
☑ Sound Shore Medical Center of Westchester	13-22840
☐ The Mount Vernon Hospital, Inc.	13-22841
☐ Howe Avenue Nursing Home, d/b/a Helen and Michael Schaffer Extended Care Center	13-22842
☐ The M.V.H. Corporation	13-22843
☐ Sound Shore Health System, Inc.	13-22844
☐ NRHMC Services Corporation	13-22845
☐ New Rochelle Sound Shore Housing, LLC	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:

THE GARDEN CITY GROUP INC. OCT 11 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.

Name of Creditor (the person or other entity to whom the Debtor owes money or property): Yonkers Union Car Service

☐ 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: ATTN: Bianca I. Rodriguez Cedano, Yonkers Union Car Service, 192 Nepperhan Ave, Yonkers, NY 10701

Telephone number:

Email Address: bianca-isabel@Hotmail.com

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

Telephone number (914) 656-6572

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.

FILED - 01028

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

SOUND SHORE MEDICAL CENTER OF WESTCHESTER

ROBERT D. DRAIN

1. Amount of Claim as of Date Case Filed (May 29, 2013): $ 42,480.00

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: Services Provided for transportation of patients TO and from hospital for the past year and a half.
(See instruction #2)

3. Last four digits of any number by which creditor identifies Debtor: S S M C

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. (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: Bianca I. Rodriguez Cedano

Title: Vice President

Company: Yonkers Union Car Service.

(Signature) 10/7 2013 (Date)

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

192 Nepperhan Ave.
Yonkers, NY 10701

Telephone number (914) 656-6572 email: bianca_isabel@hotmail.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. 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.

Yonkers Union
92 Nepperhan Ave
Yonkers, NY 10701

RETURN RECEIPT
REQUESTED

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™

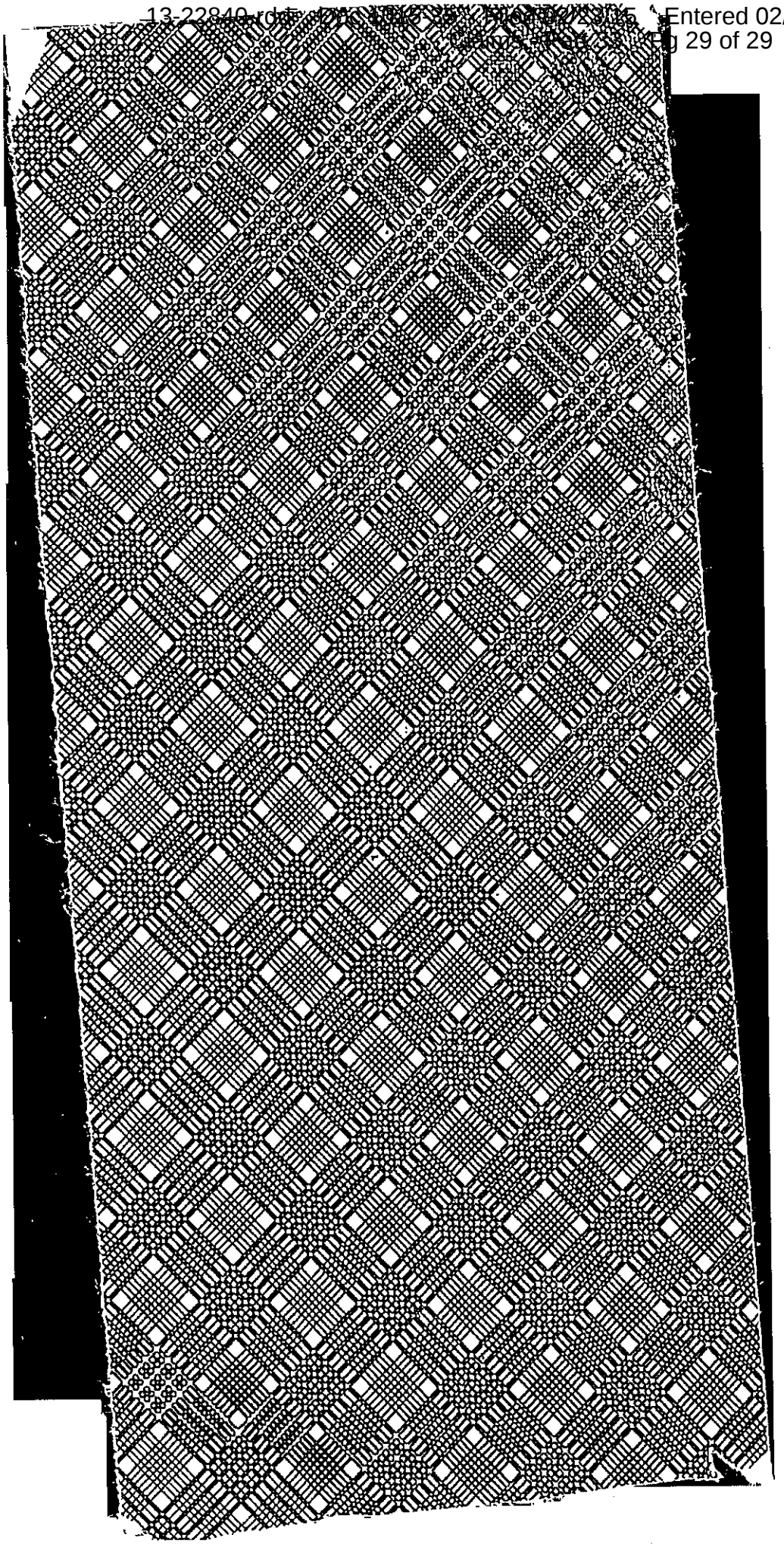
7012 2920 0001 4841 5493 4301785982

UNITED STATES POSTAL SERVICE

1000 43017

U.S. POSTAGE PAID
YONKERS, NY
10701
OCT 08, 13
AMOUNT
$6.31
00020993-07

Sound Shore Medical of Westchester
c/o GCG, Inc.
5151 Blazer Parkway, Suite A.
Dublin, OH 43017-5982



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 THIRD 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 untimely filed; the Court having reviewed the Third 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 Third Objection; and the Third 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 Third Objection is in the best interest of the Debtors' estate, creditors and other parties in interest; and it appearing that sufficient notice of the Third Objection has been given, and the Court having determined that the legal and factual basis set forth in the Third Objection establish cause for the relief granted herein; and after due

[1] Unless otherwise defined, capitalized terms used herein shall have the meanings ascribed to them in the Motion

deliberation and consideration of the Motion having been had; and it appearing that good and sufficient cause exists for granting the Third Objection, it is hereby

ORDERED that the relief request in the Third 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