

\*FOR CHAPTER 13 ONLY: FILE IN DUPLICATE WITH CLERK, IN TRIPLICATE FOR DATE-STAMPED COPY, SEE #9 BELOW

<b>United States Bankruptcy Court</b>		Ch 7 Ch 13 <input checked="" type="checkbox"/> Ch 11
Eastern District of Virginia, Richmond Division		PLEASE CHECK CHAPTER
Name of Debtor HEALTH DIAGNOSTIC LABORATORY		Case Number 15-32919(KRH)
		<b>PROOF OF CLAIM</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<div style="font-size: 2em; color: blue; font-weight: bold;">RECEIVED</div> <div style="color: red; font-weight: bold; margin-top: 10px;">JUN 25 2015</div> <div style="color: blue; font-weight: bold; font-size: 1.5em; margin-top: 10px;">ALCS</div> <div style="margin-top: 10px;">Creditor</div> <div style="border: 1px solid blue; padding: 5px; color: blue; font-weight: bold; margin-top: 10px;">THIS SPACE IS FOR COURT USE ONLY</div>
Name of Creditor (The person or other entity to whom the debtor owes money or property) Suffolk City Treasurer		
Name and Address Where Notices Should be Sent 442 W Washington Street Suffolk, Virginia 23434		
Telephone No. 757-514-4275		
Account or other number by which creditor identifies debtor: 0198890		Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____
<b>1. BASIS FOR CLAIM</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Money loaned  <input checked="" type="checkbox"/> Taxes  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a)                         </div> <div style="width: 45%;"> <input type="checkbox"/> Services performed  <input type="checkbox"/> Personal injury/wrongful death  <input type="checkbox"/> Other _____  <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)                              Your social security number _____                              Unpaid compensation for services performed                              from _____ (date) to _____ (date)                         </div> </div>		
<b>2. DATE DEBT WAS INCURRED:</b> 12/05		<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 167.03 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> 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.		
<b>5. Secured claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <div style="margin-left: 20px;"> <input type="checkbox"/> Real Estate  <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other _____                 </div> Value of collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____		<b>6. Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ 167.03 Specify the priority of the claim: <div style="margin-left: 20px;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650)*, 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)  <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. §507(a)(4)  <input type="checkbox"/> Up to \$2100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6)  <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. §507(a)(7)  <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units-11 U.S.C. §507(a)(8)  <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____                 </div> <p style="font-size: 0.8em; margin-top: 5px;">*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.</p>
<b>7. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. SUPPORTING DOCUMENTS:</b> 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. ANY ATTACHMENT MUST BE 8-1/2" BY 11" <b>9. DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and an additional copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY  In re: HEALTH DIAGNOSTIC LABORATORY - HDL INC Case No: 15-32919 <div style="background-color: #e0f0ff; padding: 5px; font-weight: bold;">COURT FILED CLAIM 1008</div>
Date: 06/25/2015 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) /s/ Andrew R. Tasch, III, Compliance Manager to the Treasurer, City of Suffolk, Treasurers Office		
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.		

Class*	BP	Status*	A	Seq. Number:	0001	Batch #:	15175LS	MODE:	UPDATE
Misc Code	1			PPTR		DMV Veh Use		DMV Sts 1/2	/
Year	2015	Make	EQUIPMENT	Model				Body	
Ident#				Acqd/Sold	0 /			Orig Cost	19651
Mileage	0	MileFlag		MH Wdth/Lngth	/			MrktValue	
								Dmv Price	
	Value	Disc.		Penalty		Tax Amt		Taxed Period	Sup# / Yr.
Cur.	3930					167.03			/ 0000
Prev.									/ 0000

Dcl Match	VehUse	Decal #	0000000	Decal Sld Dt		Prorate C/Dates	
DMV Match		Exp Dat		DMV Dwnld Date		In	9222014
NADAMatch		Init.	LCS	Asm# 000 FeeExc*		Out	
License #		Title #		PltTyp*			RfdSts
Gross Wt.		EmptyWt		File Sts/Dt		Dcl Snt Flg	
Comments	RECVD BP FILING/LS			Ticket#-Seq1/2		/	
				Tax/Penalty		/	

F2=Prompt	F3=Exit	F9=PrtDcl	F10=Suppl	F11=AC	F13=Hst	F14=PrtOCRDcl
F17=DMV INF	F16=Lessee	F19=Abtmt	F21=CmdLn	F22=CertSrc	F23=Delete	