

United States Bankruptcy Court VIRGINIA EASTERN BANKRUPTCY COURT RICHMOND OFFICE		PROOF OF CLAIM	
In re (Name of Debtor) Health Diagnostic Laboratory Inc		Case Number 15-32919	
<p>Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filled pursuant to 11 U.S.C. 503.</p>			
Name of Creditor: Toyota Tsusho America, Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Addresses Where Notices Should be Sent Euler Hermes North America Insurance Company AGENT OF Toyota Tsusho America, Inc. 800 Red Brook Boulevard OWINGS MILLS, MD 21117			
Telephone No. 1-800-413-2913			
Account or other number by which creditor identifies debtor: 000394835		<input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input checked="" type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date)			
2. DATE DEBT WAS INCURRED: _____		3. IF COURT JUDGMENT, DATE OBTAINED: _____	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED PRIORITY CLAIM Specify the priority of the claim. <input type="checkbox"/> Wages Salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use-11 U.S.C. 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units 11 U.S.C. 507(a)(7) <input type="checkbox"/> Other 11 U.S.C. 507(a)(2), (a)(5) (Describe briefly) _____	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIMS 167,311.20 US\$ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: 167,311.20 US\$ (Unsecured) (Secured) (Priority)		167,311.20 US\$ (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition of 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.		THIS SPACE IS FOR COURT USE ONLY RECEIVED JUL 07 2015 American Legal Claims	
7. SUPPORTING DOCUMENTS: Attach copies of support 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 acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 6/30/2015	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) AI Stokes - Claims Svc Representative		

In re: **HEALTH DIAGNOSTIC
LABORATORY - HDL INC**
 Case No: **15-32919**
COURT FILED CLAIM 1011

6/8/15 Statement.

<u>Inv #</u>	<u>Inv Date</u>	<u>Due Date</u>	<u>Amt</u>
266674	4/15/2015	5/15/2015	27,885.20
266685	4/22/2015	5/22/2015	27,885.20
266697	4/29/2015	5/29/2015	27,885.20
266714	5/11/2015	6/10/2015	27,885.20
266746	5/27/2015	6/26/2015	27,885.20
266760	6/3/2015	7/3/2015	27,885.20
Total			167,311.20



June 30, 2015

Virginia Eastern Bankruptcy Court Richmond Office
701 East Broad Street
Richmond, VA 23219

Attention: Clerk

Bankruptcy Case No: 15-32919
Re: Toyota Tsusho America, Inc.
Claim No: 000394835
Debtor: Health Diagnostic Laboratory Inc.
Balance Due: 167,311.20 US\$

Dear Clerk :

Enclosed for filing in the above proceedings is the proof of claim of Toyota Tsusho America, Inc. in the amount of 167,311.20 US\$ and supported by an itemized statement of account.

Pursuant to rule 2002G and 3009, we request that all notices and dividend checks be mailed to the address indicated on the proof of claim form.

Please acknowledge receipt of this filing on the attached copy of the proof of claim. A business reply envelope is also attached.

Thank you for your assistance.

Sincerely,
A handwritten signature in black ink, appearing to read 'Al Stokes'.

Al Stokes
Claims Svc Representative
Euler Hermes North America Insurance Company
410-753-0785
Encls.

Allianz Group