Fill in this information to identify the case:							
Debtor 1	RHCSC COLUMBUS AL HOLDINGS LLC						
Debtor 2 (Spouse, if filing)	AKA THE LANDINGS AT COLUMBUS						
United States Bankruptcy Court for the: NORTHERN District of GEORGIA							
Case number	21-41035-PWB						

Official Form 410

Proof of Claim 04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: **Identify the Claim** Who is the current Department of Treasury - Internal Revenue Service creditor? Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Has this claim been **X** No acquired from Yes. From whom? someone else? Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if different) and payments to the creditor be sent? Internal Revenue Service Internal Revenue Service Federal Rule of Name Bankruptcy Procedure P.O. Box 7346 401 W PEACHTREE ST, NW, M/S 334-D (FRBP) 2002(g) Number Street Number Street ATLANTA Philadelphia 19101-7346 GΑ 30308-3539 City State ZIP Code City State 7IP Code 1-800-973-0424 470-639-2955 Contact phone Contact phone Contact email _Lisa.Johnson@irs.gov Contact email Creditor Number: 23586311 Uniform claim identifier for electronic payments in chapter 13 (if you use one): X No 4. Does this claim amend Filed on MM / DD one already filed? Yes. Claim number on court claims registry (if known) ___ X No 5. Do you know if anyone else has filed a proof Yes. Who made the earlier filing? of claim for this claim?

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Official Form 410

3.	Do you have any number you use to identify the debtor?	No X Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: See Attachment ———————————————————————————————————					
7.	How much is the claim?	\$ No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. Taxes					
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property. Nature of property: Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim. Motor vehicle					
10	. Is this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition. \$					
11	. Is this claim subject to a right of setoff?	No Yes. Identify the property: See Attachment					

Official Form 410 Proof of Claim page 2

12. Is all or part of the claim	No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	one:				Amount entitled to priority	
A claim may be partly priority and partly		ic support obligations (includi C. § 507(a)(1)(A) or (a)(1)(B)		upport) under	r	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.		3,025* of deposits toward pur II, family, or household use. 1		of property o	r services for	\$	
challed to phony.	bankrup	salaries, or commissions (up toy petition is filed or the deb C. § 507(a)(4).				\$	
	X Taxes o	r penalties owed to governm	ental units. 11 U.S.C. §	507(a)(8).		\$64,238.17	
	Contribu	utions to an employee benefit	plan. 11 U.S.C. § 507(a)(5).		\$	
	Other. S	Specify subsection of 11 U.S.	C. § 507(a)() that app	olies.		\$	
	* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.						
Part 3: Sign Below							
<u> </u>							
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Check the appropriate box: I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this <i>Proof of Claim</i> 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. I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 09/20/2021 MM / DD / YYYY						
	Signature				_		
	Print the name of the person who is completing and signing this claim:						
	Name	LISA			JOHNSON		
		First name	Middle name		Last name		
	Title	Bankruptcy Specialist					
	Company	Internal Revenue Service					
		Identify the corporate servicer	as the company if the auth	orized agent is	s a servicer.		
	Address	401 W PEACHTREE ST,	NW, M/S 334-D				
		Number Street ATLANTA		GA	30308-353	39	
		City		State	ZIP Code		
	Contact phone	470-639-2955		Email	Lisa.Johns	on@irs.gov	