

FILED IN CLERK'S OFFICE
 U.S. BANKRUPTCY COURT
 NORTHERN DISTRICT
 OF GEORGIA
 2021 SEP 24 PM 1:31
 M. REGINA THOMAS
 CLERK
 BY _____
 DEPUTY CLERK

Fill in this information to identify the case:

Debtor 1 RHCSC Social Circle Health Holdings LLC

Debtor 2 _____
 (Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 21-41048-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

1. **Who is the current creditor?** City of Social Circle
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor _____

2. **Has this claim been acquired from someone else?**
 No
 Yes. From whom? _____

3. **Where should notices and payments to the creditor be sent?**
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>City of Social Circle</u>	_____
Name _____	Name _____
<u>P O Box 310</u>	_____
Number _____ Street _____	Number _____ Street _____
<u>Social Circle GA 30025</u>	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____
Contact phone <u>770-464-6902</u>	Contact phone _____
Contact email <u>sroper@socialcirclega.gov</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. **Does this claim amend one already filed?**
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on _____
 MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**
 No
 Yes. Who made the earlier filing? _____



214104821092400000000001