United States Bankcruptcy Court Northern	.:al Form 10)		
Notificial District of Cacaly PROOF OF CLAIM	United States Bankruntey Court	Claim #	30 Date Filed: 12/28/2021
In the (Planne of Debast) Case Number C		PROOF OF CLAIM	M. R. S.
NOTE: This tom touch rote used on make a claim to an administrative expense striaing after the commencement of the claim. A frequent of an administrative expense striaing date the commencement of the claim. A frequent of the claim in the claim in administrative expense trainy to the first power of the claim. The claim is administrative expense many to filed possuant for I U.S.C. \$ 503. Name of Creditor (Typenson) of other intelligence with the claim in the claim in the claim in the claim. The claim is administrative expense many to filed possuant to I U.S.C. \$ 503. Name of Creditor (Typenson) of other intelligence with claim in the claim. The claim is administrative expense many to filed the claim. The claim is administrative to the filed and provided claim in this case. Cline to the filed and intelligence that the claim in this case. Check to first the address on this case and the envelopes sent to you below? Control to the filed and intelligence that the claim in this case. Check to first the address on the envelopes sent to you below? Control to the filed and the envelopes sent to you below? Control to the filed and the envelopes sent to you below? Control to the filed and the envelopes sent to you below? Control to the filed and intelligence that the claim in the case. Check to the filed and intelligence to the filed and intelligence that the claim in the case. Check to the filed and intelligence to the filed and intelligen	1	Case Number	
Martine and Address Where Notices Spould be Sent CITY OF CARKSVILLE P.O. 60X 299 CARKSVILLE P.	RHCSC Gravesnile ALHoldings UC	<u> </u>	ERKYS UPTO WA DIS EORG EORG
Martine and Address Where Notices Spould be Sent CITY OF CARKSVILLE P.O. 60X 299 CARKSVILLE P.			M 3
CITY OF CAINS WILLE P.O. BCX 2499 CAMINS WILLE P		one else has filed a proof of claim relating to your claim. Attach copy of	FIGURE 1
CITY OF GAMESVILLE PJ. BEX 12398 GAINESVILLE, GA 30503 GAINESVILLE	Name and Address Where Notices Should be Sent		
the address on the envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY ACCOUNT OR OTHER MUMBER BY WECK CREDITOR IDENTIFIES DEBTOR: (A) 124 - 200 - 70 - 900 - 912 - 900 - 912	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	any notices from the bankruptcy court	
Security of the court. South Time Number By welco Reports (Petrines Define)	GAINESVILLE, GA 30503		
CONTROL OTHER NUMBER BY VERDOR CREDITOR (DENTIFIES DEBTOR): Control Co	Telephone No. 770-297-5472		
Resisee benefits as defined in 11 U.S.C. § 1114(a) Services performed Wages, sataries, and compensation (Fit out below) Your social security number Wages, sataries, and compensation (Fit out below) Your social security number Your social number	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	i Check bele nilus dami = a bre	viously liled claim, dated:
Services performed Mange, sataries, and compensation (Fit out below)		<u></u>	
Money barned Your social security number Chipad compensation for services performed from to Claim Claim Claim Compensation Compensation Compensation Claim	, -	- -	• •
Taxes Gother (Describe briefly) (date) (date)	☐ Money loaned	Your social security number	·
2. DATE DEBT WAS INCURRED	· - /		
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 AT TIME CASE FILED. SECURED CLAIM \$ 11 330.90 Attach evidence of perfection of security interests 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 \$ 10.00 performs on the claim of the claim of the claim. UNSECURED NonPRIORITY CLAIM \$ 11 U.S.C. \$ 507(a)(5) UNSECURED NonPRIORITY CLAIM \$ 11 U.S.C. \$ 507(a)(7) UNSECURED PRIORITY CLAIM \$ 11 U.S.C. \$ 507(a)(7) UNSECURED PRIORITY CLAIM \$ 11 U.S.C. \$ 507(a)(7) Taxes or penalties of governmented units—11 U.S.C. \$ 507(a)(8) Other—Specify applicable paragraph of 11 U.S.C. \$ 507(a)(8) The CLAIM AT THE TIME \$ 11 U.S.C. \$ 507(a)(8) CASE FILED: (Unsecured) Secured) Secured (Priority) Geometry is less than 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. SECURED SAND SETORES: 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. SUPPORTING DOCUMENTS: Attact copies of supporting documents, such as promissory notes, purchase orders, revoces, itemed statements of running accounts, contracts, court judgments or describers of security interests. If the documents are not variable, explain, if the documents are voluminous, attach a summary. Date Support of the train of the purpose of power of attorney, if any) Date Support of the train to the priority of the claim, enclose a stamped, self	Other (Describe briefly)	(date)	(date)
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Cyl 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 FRED. SECURED CLAIM \$ 11 3 3 0 9 0 Wages, salaries, or commissions (up to \$4000), warned not more than 90 days before filing of the bankroupley petition or cessation of the debtor's business, whichever is earlier—Int U.S.C. \$ 507(a)(3) Wages, salaries, or commissions (up to \$4000), warned not more than 90 days before filing of the bankroupley petition or cessation of the debtor's business, whichever is earlier—Int U.S.C. \$ 507(a)(4) Wages, salaries, or commissions (up to \$4000), warned not more than 90 days before filing of the bankroupley petition or cessation of the debtor's business, whichever is earlier—Int U.S.C. \$ 507(a)(4) Wages, salaries, or commissions (up to \$4000), warned not more than 90 days before filing of the bankroupley petition or cessation of the debtor's business, whichever is earlier—Int 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—Int U.S.C. \$ 507(a)(6) Up to \$1.800" of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—Int U.S.C. \$ 507(a)(6) Up to \$1.800" of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—Int U.S.C. \$ 507(a)(6) Up to \$1.800" of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—Int U.S.C. \$ 507(a)(6) Up to \$1.800" or deposits toward purchase, lease, or rental of property or services for personal, family, or household use—Int U.S.C. \$ 507(a)(7) Up to \$1.800" or deposits toward purchase, lease, or rental of property or services for personal, family, or household use—Int U.S.C. \$ 507(a)(7) Up.S.C. \$ 507(a)(7) Up.S.C. \$ 507(a)(7) Up.S.C. \$ 507(a)(7) Up.S.C. \$	1-1-2020		·····
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enveloped and copy of this proof of claim. 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) Dube Stephens - Tax Mar	invoices, itemized statements of running accounts, contracts, court judgm	nents, or evidence of security interests. If the	
authorized to file this claim (attach copy of power of attorney, if any) 12-21-21 DuDu Stephens - TAX MAY		your daim, enclose a stamped, self-addressed	
12-21-21 Dee Stephens - TAX MAN	· · · · · · · · · · · · · · · · · · ·		
		TAX MAY	1122800000000001

Case 21-41049-pwb Claim 2-1 Filed 12/28/21 Desc Main Document Page 2 of 6

2020 Property Tax Statement

City of Gainesville Tax Office PO Box 2496 Gainesville, GA 30503 taxoffice@gainesville.org

MAKE CHECK OR MONEY ORDER PAYABLE TO:

City of Gainesville Tax Office

RHCSC GAINESVILLE HEALTH HOLDINGS, LLC 2030 WINDWARD LANE GAINESVILLE, GA 30501

Bill No.	Due Date	TOTAL DUE
2020-9030	12/01/2020	1,469.35

Map: 09124 000190

Payment good through: 12/21/2021

REAL

Printed: 12/21/2021

Last payment made on: 10/14/2020 Location: NE WINDWARD LN

If you are 62 or older you may qualify for a certain tax exemption. All tax exemptions are granted through the Hall County Assessor's Office. You must apply for these exemptions before April 1st in order to receive the exemption in future years. Per Georgia law, the owner as of January 1st is responsible for the tax.

RETURN THIS PORTION WITH PAYMENT

(Interest will be added per month if not paid by due date)

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City of Gainesville Tax Office PO Box 2496 Gainesville, GA 30503 taxoffice@gainesville.org



Tax Payer: RHCSC GAINESVILLE HEALTH HOLDI

Map Code: 09124 000190

Description: WINDWARD LANE

Location: NE WINDWARD LN

Bill No: 2020-9030

District: 004 GAINESVILLE

Phone: 770-535-5639 Fax:

Building Value	Land Value	Ac	AR REAL CASE 11 A RESERVE TAKE	ir Market Value	Due Date	Billing Date				ment Through	Exemptions
0	192,350	1.3	3200 1	192,350	12/01/2020				12/2	1/2021	
	Entity		Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gros	s Tax	Credit	Net Tax
GENERAL GOVE	ERNMENT		192,350	192,35	<u>d</u>	192,35	0 .7300		140.42		140.42
SALES TAX R	KOLLBACK		192,350	192,35	<u>d</u>	192,35	0000.				.00
DEBT SERVICE			192,350	192,35	a	192,35	0 .5100		98.10		98.10
FIRE SERVICES	,		192,350	192,35	d	192,35	0 1.2500		240.44		240.44
PARKS AND REC	CREATION		192,350	192,35	q	192,35	0 .7500		144.26		144.26
SCHOOL			192,350	192,35	o	192,35	0 6.6140	1	,272.20		1,272.20
T	OTALS						9.8540	1,	,895.42		1,895.42

Monthly interest at prime rate will begin to add after the due date. After 120 days a penalty will also be added per State law. We encourage you to pay your bill by mail or on our website at www.gainesville.org. If your bill is to be paid by a mortgage company, forward a copy of this statement to the mortgage company. All questions relating to the assessed value and exemptions should be directed to the Hall County Assessor's Office at (770) 531-6720.

Current Due	1,895.4
Penalty	126.3
Interest	67.3
Other Fees	12.C
Previous Payments	631.8
Back taxes	0.0
TOTAL DUE	1,469.3

Printed: 12/21/202

Case 21-41049-pwb Claim 2-1 Filed 12/28/21 Desc Main Document Page 3 of 6

2021 Property Tax Statement

City of Gainesville Tax Office PO Box 2496 Gainesville, GA 30503 taxoffice@gainesville.org

MAKE CHECK OR MONEY ORDER PAYABLE TO:

City of Gainesville Tax Office

RHCSC GAINESVILLE HEALTH HOLDINGS, LLC 2030 WINDWARD LANE GAINESVILLE, GA 30501

Bill No.	Due Date	TOTAL DUE
2021-9109	12/01/2021	2,329.72

Map: 09124 000190

Payment good through: 12/21/2021

REAL

Printed: 12/21/2021

Location: NE WINDWARD LN

If you are 62 or older you may qualify for a certain tax exemption. All tax exemptions are granted through the Hall County Assessor's Office. You must apply for these exemptions before April 1st in order to receive the exemption in future years. Per Georgia law, the owner as of January 1st is responsible for the tax.

RETURN THIS PORTION WITH PAYMENT

(Interest will be added per month if not paid by due date)

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City of Gainesville Tax Office PO Box 2496 Gainesville, GA 30503 taxoffice@gainesville.org



Tax Payer: RHCSC GAINESVILLE HEALTH HOLDI

Map Code: 09124 000190

Description: WINDWARD LANE

Location: NE WINDWARD LN

Bill No: 2021-9109

District: 004 GAINESVILLE

Phone: 770-535-5639 Fax:

Building Land Value Value	Acres Fa	ir Market Value	Due Date	Billing Date			yment Through	Exemptions
0 257,400	1.3200 2	57,400 1	2/01/2021			12/2	1/2021	
Entity	Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gross Tax	Credit	Net Tax
GENERAL GOVERNMENT	257,400	257,400		257,400	.5000	128.70		128.70
SALES TAX ROLLBACK	257,400	257,400		257,400	.0000			.00
DEBT SERVICE	257,400	257,400		257,400	.5100	131.27		131.27
FIRE SERVICES	257,400	257,400		257,400	1.2500	321.75		321.75
PARKS AND RECREATION	257,400	257,400		257,400	.8960	230.63		230.63
SCHOOL	257,400	257,400		257,400	6.3950	1,646.07		1,646.07
POLICE SERVICES	257,400	257,400		257,400	.5000	128.70		128.70
GAINESVILLE COVID RELIEF CREDIT	257,400	257,400		257,400	-1.0000	-257.40		-257.40
TOTALS					9.0510	2,329.72	.00	2,329.72

Monthly interest at prime rate will begin to add after the due date. After 120 days a penalty will also be added per State law. We encourage you to pay your bill by mail or on our website at www.gainesville.org. If your bill is to be paid by a mortgage company, forward a copy of this statement to the mortgage company. All questions relating to the assessed value and exemptions should be directed to the Hall County Assessor's Office at (770) 531-6720.

Current Due	2,329.72
Penalty	0.00
Interest	0.00
Other Fees	0.00
Previous Payments	0.00
Back taxes	0.00
TOTAL DUE	2,329.72

Printed: 12/21/2021