

Form 10)
751

Claim #30 Date Filed: 12/28/2021

United States Bankruptcy Court Northern District of Georgia		PROOF OF CLAIM	
In re (Name of Debtor) RHCSC Gainesville AL Holdings LLC		Case Number 21-41049	
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.			
Name of Creditor (The person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check box if you are aware that any one 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 Address Where Notices Should be Sent CITY OF GAINESVILLE P.O. BOX 2496 GAINESVILLE, GA 30503			
Telephone No. 770-297-5472		THIS SPACE IS FOR COURT USE ONLY	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 09124-000190 90000315742 09124-000024			
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)			
<input type="checkbox"/> Referee benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. DATE DEBT WAS INCURRED 1-1-2020		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 AT TIME CASE FILED.			
<input checked="" type="checkbox"/> SECURED CLAIM \$ 11,330.90 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)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), 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—11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800 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 type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ 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. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.	
5. TOTAL AMOUNT OF CLAIM AT THE TIME \$ 11,330.90 \$ (Priority) \$ 11,330.90 (Total) CASE FILED: (Unsecured) (Secured)			
<input type="checkbox"/> Check this box if claim includes charges in addition to 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	
7. SUPPORTING DOCUMENTS: Attach copies of supporting 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.			
Date 12-21-21		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) DeDee Stephens - TAX MAN	

2141049211228000000000001

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

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

RETURN THIS PORTION WITH PAYMENT
(Interest will be added per month if not paid by due date)

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

Map : 09124 000190

Payment good through: 12/21/2021

Last payment made on: 10/14/2020

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.

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



Tax Payer: RHSC GAINESVILLE HEALTH HOLDI
Map Code: 09124 000190 **REAL**
Description: WINDWARD LANE
Location: NE WINDWARD LN
Bill No: 2020-9030
District: 004 GAINESVILLE

Phone: 770-535-5639 Fax:

Building Value	Land Value	Acres	Fair Market Value	Due Date	Billing Date		Payment Good Through	Exemptions
0	192,350	1.3200	192,350	12/01/2020			12/21/2021	
Entity	Adjusted FMV	Net Assessment	Exemptions	Taxable Value	Millage Rate	Gross Tax	Credit	Net Tax
GENERAL GOVERNMENT	192,350	192,350		192,350	.7300	140.42		140.42
SALES TAX ROLLBACK	192,350	192,350		192,350	.0000			.00
DEBT SERVICE	192,350	192,350		192,350	.5100	98.10		98.10
FIRE SERVICES	192,350	192,350		192,350	1.2500	240.44		240.44
PARKS AND RECREATION	192,350	192,350		192,350	.7500	144.26		144.26
SCHOOL	192,350	192,350		192,350	6.6140	1,272.20		1,272.20
TOTALS					9.8540	1,895.42	.00	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	12.0
Previous Payments	631.8
Back taxes	0.0
TOTAL DUE	1,469.3

Printed: 12/21/202

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

RETURN THIS PORTION WITH PAYMENT

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

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

Map : 09124 000190

Payment good through: 12/21/2021

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.

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Gainesville, GA 30503
taxoffice@gainesville.org



Tax Payer: RHCSC GAINESVILLE HEALTH HOLDI
Map Code: 09124 000190 REAL
Description: WINDWARD LANE
Location: NE WINDWARD LN
Bill No: 2021-9109
District: 004 GAINESVILLE

Phone: 770-535-5639 Fax:

Building Value	Land Value	Acres	Fair Market Value	Due Date	Billing Date	Payment Good Through		Exemptions	
0	257,400	1.3200	257,400	12/01/2021		12/21/2021			
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