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| <b>IN THE UNITED STATES BANKRUPTCY COURT<br/>FOR THE EASTERN DISTRICT OF OKLAHOMA</b> | <b>PROOF OF CLAIM<br/>CHAPTER 11</b> |
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| Check the box for the name of Debtor Against Which You Assert Your Claim:<br><input type="checkbox"/> TSG, Inc -<br><input type="checkbox"/> TSG Rural -<br><input type="checkbox"/> Seminole Health Center, L.L.C.<br><input type="checkbox"/> Johnston County Hospital, LLC<br><input type="checkbox"/> TSG Holdings - Tishomingo, LLC<br><input type="checkbox"/> Stroud Regional Medical Center, LLC<br><input type="checkbox"/> TSG Holdings - Prague, LLC<br><input type="checkbox"/> TSG Physicians Group, LLC<br><input type="checkbox"/> APEX Practice Management, LLC<br><input type="checkbox"/> Emergency Medical Transport Team for Rural Oklahoma, LLC<br><input type="checkbox"/> TSG Equipment, LLC<br><input type="checkbox"/> TSG Holdings, L.L.C.<br><input type="checkbox"/> Medical Business Services, Inc.<br><input type="checkbox"/> Provincial Home Care, LLC.<br><input type="checkbox"/> TSG - Physical Therapy, LLC.<br><input type="checkbox"/> Health Care 2000, Ltd. Co.<br><input type="checkbox"/> TSG - Anadarko, LLC.<br><input type="checkbox"/> AMH, LLC | Case Number:<br><br>06-80899<br>06-80900<br>06-80901<br>06-80902<br>06-80903<br>06-80904<br>06-80905<br>06-80906<br>06-80907<br>06-80908<br><br>06-80909<br>06-80910<br>06-80911<br>06-80912<br>06-80913<br>06-80914<br>06-80915<br>06-80917 | <b>A. Name of Creditor (The person or entity to whom the debtor owes money or property):</b><br><br>_____<br>_____<br>_____ |
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*Note: This form should not be used to make a claim for an administrative expense arising after November 8, 2006, the date of commencement of the Debtors' bankruptcy cases. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.*

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| <b>B. Please add or amend creditor information here.</b><br>(Check box if: <input type="checkbox"/> replaces address above <input type="checkbox"/> additional address)<br><br>Company/Firm: _____<br><br>Name: _____<br><br>Address: _____<br><br>Telephone Number: _____<br><br>Fax Number: _____<br><br>Tax Identification or Social Security Number: _____ | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement providing details.<br><br><input type="checkbox"/> Check this box if you have never received any notices in this case.<br><br><input type="checkbox"/> Check box if the address on the envelope sent to you by the Court. |
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| <b>Account or Other Number by Which Creditor Identifies Debtor:</b><br>_____ | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated _____ |
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| <b>1. Basis For Claim:</b><br><input type="checkbox"/> Goods sold to debtor(s)<br><input type="checkbox"/> Services performed for debtor(s)<br><input type="checkbox"/> Goods purchased from debtor(s)<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Taxes<br><input type="checkbox"/> Other _____ | <input type="checkbox"/> Personal injury/property damage<br><input type="checkbox"/> Severance agreement<br><input type="checkbox"/> Refund<br><input type="checkbox"/> Personal property lease<br><input type="checkbox"/> Real property lease<br><input type="checkbox"/> Other contract _____ | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries and compensation (fill out below)<br><br>Last Four Digits of Your Social Security No. _____<br>Unpaid compensation for services performed<br>From: _____ to _____<br>(date) (date) |
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| <b>2. Date Debt Was Incurred:</b><br>_____ | <b>3. If claim is based on a court judgment, date obtained:</b><br>_____ |
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| <b>4. Total amount of prepetition claim that arose prior to August 1, 2001:</b><br>\$ _____<br>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.<br><input type="checkbox"/> Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges. |
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| <b>5. Secured Claim:</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br><br>Value of collateral: \$ _____<br><br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any:<br>\$ _____ | <b>6. Unsecured Priority Claim:</b><br><input type="checkbox"/> Check this box if you have an unsecured priority claim<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Wages, salaries or commissions (up to \$4,650)* earned within 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier -- 11 U.S.C. § 507(a)(3).<br><input type="checkbox"/> Contributions to an employee benefit plan -- 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease or rental of property or services for personal, family or household use -- 11 U.S.C. § 507(a)(6).<br><input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child -- 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties of governmental units -- 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other -- specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br><br>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |
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| <b>7. Credits:</b> The amount of all payments on account of this claim has been credited and deducted for the purpose of making this proof of claim.<br><b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If such supporting documents are not available, explain. If the documents are voluminous, attach a summary.<br><b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed return envelope and copy of this proof of claim. | This Space Is For Court Use Only |
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| <b>Date:</b><br>_____ | 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):<br>Print: _____ Title (if any): _____<br><br>Signature: _____ |  |
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**Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 and 3571.**

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, there may be exceptions to these general rules.

THE ORIGINAL OF THIS PROOF OF CLAIM MUST BE SENT ELECTRONICALLY, BY US MAIL OR HAND DELIVERY ON OR BEFORE **4:30 P.M., CENTRAL TIME, ON FEBRUARY 26, 2007**. SEND THE COMPLETED PROOF OF CLAIM FORM ELECTRONICALLY, US MAIL OR HAND DELIVERY TO: **CLERK OF THE BANKRUPTCY COURT, UNITED STATES BANKRUPTCY COURT FOR THE EASTERN DISTRICT OF OKLAHOMA, US POST OFFICE AND COURT HOUSE, 111 WEST 4<sup>TH</sup> STREET, PO BOX 1347, OKMULGEE, OK 74447. ADDITIONAL FORMS ARE AVAILABLE AT: WWW.OKEB.USCOURTS.GOV.**

PLEASE READ THE PROOF OF CLAIM FORM CAREFULLY AND FILL IT IN COMPLETELY AND ACCURATELY. PRINT LEGIBLY. YOUR CLAIM MAY BE DISALLOWED IF IT CANNOT BE READ AND UNDERSTOOD. THE PROOF OF CLAIM MUST BE COMPLETED IN ENGLISH. THE AMOUNT OF ANY CLAIMS MUST BE AS OF NOVEMBER 8, 2006 AND MUST BE DENOMINATED IN UNITED STATES CURRENCY.

**- DEFINITIONS -**

**Debtor**

The person, corporation or other entity that has filed a bankruptcy case is called the debtor.

**Creditor**

A creditor is any person, corporation or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

**Proof of Claim**

A form identifying the amount a creditor believes was owed to it by the debtor at the time the bankruptcy case was filed (i.e., the amount of the creditor's claim).

**Secured Claim**

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (i.e., collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are mortgages on real estate and security interests in cars, trucks, boats, television sets or other items of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (i.e., has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

**Unsecured Claim**

If a claim is not a secured claim, it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien does not have sufficient value to satisfy the creditor in full.

**Unsecured Priority Claim**

Certain types of unsecured claims are given priority under the Bankruptcy Code and are paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

**ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY FILLED IN)**

**Name of Debtor and Case Number:**

Check the name of the Debtor against which you assert your claim.

**Information about Creditor:**

Complete the section giving the name, address, telephone number, fax number and tax identification number or social security number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form. **Please note that all future correspondence sent by Logan & Company, Inc. will be mailed to the pre-printed name and address as listed in box A on the reverse side, unless you indicate and change the address in box B also on the reverse side.**

**1. Basis for Claim:**

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

**2. Date Debt Incurred:**

Fill in the date when the debt first was owed by the debtor.

**3. Court Judgments:**

If you have a court judgment for this debt, state the date the court entered the judgment.

**4. Total Amount of Claim at Time Case Filed:**

Fill in the amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

**5. Secured Claim**

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

**6. Unsecured Priority Claim**

Check the appropriate place if you have an unsecured priority claim and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly a priority claim and partly a nonpriority claim if, for example, the claim is in an amount exceeding the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

**7. Credits:**

By signing this proof of claim, you are stating under oath that, in calculating the amount of your claim, you have given the debtor credit for all payments received from the debtor.

**8. Supporting Documents:**

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or that any asserted security interests have been perfected. If documents are not available, you must attach a statement explaining why they are not available. Pursuant to Local Rule 3001, any supporting documents attached to a proof of claim shall be limited to no more than a total of 10, single-sided pages. Do not send originals of supporting documents. The paper used for attachments shall be white, letter size (8½" x 11"), and of standard weight. Should attachments and exhibits exceed a total of 10, single-sided pages send a summary of less than 10 pages. The clerk may detach those pages exceeding ten and dispose of them without further notice.