

Fill in this information to identify the case:

Debtor 1 BRIDGEPORT HEALTH CAR CENTER INC.Debtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: District of Connecticut

Case number 18-50488**FILED**

1010 MAY 24 P 2:29

CLERK U.S. BANKRUPTCY COURT
DISTRICT OF CONNECTICUT
1000 BANK BUILDING

Official Form 410

Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment. It is for making a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503(c). Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements, mortgages, and security agreements. Do not send original documents; they may be destroyed after explanation in an attachment.

Filed: USBC - District of Connecticut
The Rosegarden Health and Rehabilitation
Center LLC (B10)
18-30623 (AMN)



BCI

0000000013

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.

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?

SOUTHERN CONNECTICUT GAS COMPANY

Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor SCG

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?

SOUTHERN CONNECTICUT GAS COMPANY

Name

100 MARSH HILL ROAD

Number Street

ORANGE

CT

06477

City

State

ZIP Code

Contact phone 203-795-7932Contact email mfantano@soconngas.com

Where should payments to the creditor be sent? (if different)

Name

Number

Street

City

State

ZIP Code

Contact phone _____

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? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>3</u> <u>5</u> <u>1</u> <u>8</u>
7. How much is the claim?	\$ <u>15,699.01</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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. <u>RE: GAS SERVICE - 600 BOND ST, BRIDGEPORT, CT</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?☒ No☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

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 *Proof of Claim* 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 *Proof of Claim* 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 05/16/2018

MM / DD / YYYY


Signature

Print the name of the person who is completing and signing this claim:

Name	MARCIA FANTANO		
	First name	Middle name	Last name
Title	SR. TECH SUPPORT SPECIALIST - REVENUE PROTECTION		
Company	SOUTHERN CONNECTICUT GAS COMPANY		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	100 MARSH HILL ROAD		
	Number	Street	
	ORANGE	CT	06477
	City	State	ZIP Code
Contact phone	203-795-7932		Email mfantano@soconngas.com



050001121351860004004960011449410015454377

Account Number	Payment Due Date	Amount Now Due
050-0011213-5186	5/23/18	\$15,454.37

Please make your check payable to:

SCG

Please Indicate Amount Paid

Please mail payment to:

SOUTHERN CONNECTICUT GAS CO.
 PO BOX 9112
 CHELSEA MA 02150-9112

BPT HEALTH
 600 BOND ST
 BRIDGEPORT CT 06610

Please consider adding \$1 for Operation Fuel to your payment this month or call 1-800-659-8299 to donate more than \$1.

CT LIC. S1-303125, MEC 111

Your Account Information

Customer Name Key: BPT
 BPT HEALTH
 600 BOND ST
 BRIDGEPORT, CT 06610

Account Number: 050-0011213-5186
 Meter Number: 773162
 Rate: SCG Non Res Large General Service
 Billing Period: 4/07/18 - 4/18/18
 Statement Date: 4/25/18

EMERGENCY SERVICES OR BILLING
 INQUIRIES: PLEASE CALL 1-800-659-8299

FOR ALL TOWNS TO REPORT GAS
 ODOR ONLY: TOLL FREE 1-800-513-8896

MESSAGES

Your gas supplier is:
 DIRECT ENERGY BUSINESS MKTING
 LLC
 1 HESS PLAZA
 WOODBRIDGE, NJ 07095
 401 288-4878

Your current bill is based on an estimated
 reading.

Have a question for SCG?
 Click on Contact Us on
 SCG's website at www.socongas.com.

Visit us online to get the latest
 information unique to your bill.
 Visit www.socongas.com and select
 "My Account."

Previous Charges & Credits

Amount of Previous Bill	4/10/18	\$	22,483.07
Payment Received. Thanks!	4/10/18	\$	11,033.66 cr
Balance Forward		\$	11,449.41

New Charges & Credits

POD 500000087305 (SCG - Cycle 05)

Current Supplier: DIRECT ENERGY BUSINESS MKTING LLC			
Customer Charge		\$	97.60
Daily Demand Metering Charge		\$	2.47
Delivery Charge	1000.000 CCF @ \$1.08200	\$	108.20
Delivery Charge	16560.000 CCF @ \$0.29100	\$	481.90
Peak Day Charge	2680.000 CCF @ \$0.518560	\$	1,389.74
Conservation Adjustment Mechanism	17560.000 CCF @ \$0.046000	\$	807.76
TSC Shifted Cost	17560.000 CCF @ \$0.050300	\$	883.27
TSC On-Site Demand Cost	2680.000 CCF @ \$0.077880	\$	208.72
System Expansion Adjustment	2680.000 CCF @ \$0.009440	\$	25.30
Total Gas Charges		\$	4,004.96

Total New Charges \$ **4,004.96**

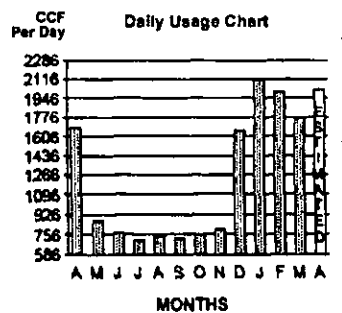
FINAL BILL

Amount Now Due: \$ 15,454.37

This bill includes charges for a period shorter than 28 days. Some charges have been prorated.

All charges are due as of your Statement Date. Any unpaid charges will be subject to interest as of
 your Statement Date, at the rate of 1% per month, if not paid on or before May 23, 2018.
 Making your payment on the Due Date at an authorized payment agent may not post until the following
 business day. If you have a question, contact SCG.

Gas Usage		Meter Reading		Correction Factor	Total CCF
Meter	Service Period	Current	Last		
773162	12 days POD ID: 500-0000087-305	385532	383776	10	17560.000



Energy Usage Comparison:			
	CCF used	Days	Average Temp (F)
This Month	72750	41	41
Last Year	50390	30	40



0580000001135100002446400000000000000244640

Account Number	Payment Due Date	Amount Now Due
058-0000001-1351	6/08/18	\$244.64

Please make your check payable to:

SCG

Please Indicate Amount Paid

Please mail payment to:

|||||
SOUTHERN CONNECTICUT GAS CO.
PO BOX 9112
CHELSEA MA 02150-9112

BPT HEALTH
540 BOND ST
BRIDGEPORT CT 06610

Please consider adding \$1 for Operation Fuel to your payment this month or call 1-800-659-8299 to donate more than \$1.

CT LIC S1-303125 MEC.111

Your Account Information

Customer Name Key: BPT
BPT HEALTH
600 BOND ST
BRIDGEPORT, CT 06610

Account Number: 058-0000001-1351
Meter Number: Multiple
Rate: SCG Non Res General Service
Billing Period: 3/09/18 - 4/18/18
Statement Date: 5/11/2018

Next Meter Reading (on or about):

EMERGENCY SERVICES OR BILLING
INQUIRIES: PLEASE CALL 1-800-659-8299

FOR ALL TOWNS TO REPORT GAS
ODOR ONLY, TOLL FREE 1-800-513-8888

MESSAGES

Your gas supplier is:
DIRECT ENERGY BUSINESS MKTING
LLC
1 HESS PLAZA
WOODBIDGE, NJ 07095
401 288-4878

Have a question for SCG?
Click on Contact Us on
SCG's website at www.socongas.com.

If you have a Service Contract, now is
the time to make an appointment for
your annual inspection.
Call 800-659-8299.

Moving this summer? Don't forget
to call us to stop/transfer your gas
service.

Previous Charges & Credits

Amount of Previous Bill	4/11/18	\$	220.39
Cancellation of Previous Amount Billed		\$	220.39 cr
Balance Forward		\$	0.00

New Charges & Credits

POD 500000000120 03/09/18 - 04/06/18 (SCG - Cycle 05)

Current Supplier: DIRECT ENERGY BUSINESS MKTING LLC			
Customer Charge		\$	76.54
Daily Demand Metering Charge		\$	6.17
Daily Demand Metering Charge		\$	6.17
Delivery Charge	300.000 CCF @ \$.185200	\$	55.56
Delivery Charge	233.000 CCF @ \$.059100	\$	13.77
Peak Day Charge	22.000 CCF @ \$1.438700	\$	31.65
Conservation Adjustment Mechanism	533.000 CCF @ \$.046000	\$	24.52
TSC Shifted Cost	533.000 CCF @ \$.050300	\$	26.81
TSC On-Site Demand Cost	22.000 CCF @ \$.134700	\$	2.96
System Expansion Adjustment	22.000 CCF @ \$.014752	\$	0.32
System Expansion Adjustment	22.000 CCF @ \$.007945	\$	0.17
Total Gas Charges		\$	244.64

Total New Charges \$ 244.64

FINAL BILL

Amount Now Due: \$ 244.64

One or more components have changed pricing this month, pricing may not print for that component.

All charges are due as of your Statement Date. Any unpaid charges will be subject to interest as of your Statement Date, at the rate of 1% per month, if not paid on or before June 8, 2018.
Making your payment on the Due Date at an authorized payment agent may not post until the following business day. If you have a question, contact SCG.

Gas Usage		Meter Reading		Correction Factor	Total CCF
Meter	Service Period	Current	Last		
723219	29 days POD ID: 500-0000086-779	78132	77815	1	317.000
750814	29 days POD ID: 500-0000086-780	12798	12582	1	216.000

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18-50488
CASE NO.

8-1
COURT CLAIM NO.

5/25/2018
DATE RETRIEVED

SH
RECEIVED BY