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UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF CALIFORNIA

In re  
BORREGO COMMUNITY HEALTH  
FOUNDATION, a California nonprofit  
public benefit corporation,  
  
Debtor and Debtor In Possession.

Case No. 22-02384-11  
Chapter 11 Case  
  
Adv. Pro. No. 22-90056

BORREGO COMMUNITY HEALTH  
FOUNDATION, a California nonprofit  
public benefit corporation,  
  
Plaintiff,

**SUPPLEMENTAL CERTIFICATE OF  
SERVICE BY KURTZMAN CARSON  
CONSULTANTS, LLC RE NOTICE OF  
PRE-TRIAL STATUS CONFERENCE**

v.

**[No Hearing Required]**

CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES, by and  
through its Director, Michelle Baass,  
  
Defendant.

Judge: Honorable Laura S. Taylor

I, Aljaira Duarte, do declare and state as follows:

1. I am a Consultant at Kurtzman Carson Consultants, LLC, claims and  
noticing agent for the debtor and debtor-in-possession Borrego Community Health  
Foundation (the “Debtor”), in the referenced chapter 11 bankruptcy case.

2. On November 17, 2022, at my direction and under my supervision,  
employees of Kurtzman Carson Consultants caused the following document to be  
served via First Class Mail upon the service list attached hereto as **Exhibit A**:

- *Notice of Pre-Trial Status Conference* [Docket No. 69]



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3. I declare under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct and that if called upon as a witness, I could and would competently testify thereto.

Executed this 18<sup>th</sup> day of November, 2022, at El Segundo, CA.

/s/ Aljaira Duarte

Aljaira Duarte

# **EXHIBIT A**

**Exhibit A**  
**Supplemental Managed Care Parties**  
**Served via First Class Mail**

<b>CreditorName</b>	<b>Address1</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
California Health and Wellness Plan	1740 Creakside Oaks Drive	Sacramento	CA	95833
Health Net of California, Inc.	155 Grand Avenue	Oakland	CA	94612

CSD 3010 [07/01/18]  
 Name, Address, Telephone No. & I.D. No.

<p align="center"><b>UNITED STATES BANKRUPTCY COURT</b>                  SOUTHERN DISTRICT OF CALIFORNIA                  325 West F Street, San Diego, California 92101-6991</p>	
In Re	BANKRUPTCY NO.
Debtor.	ADVERSARY NO.
Plaintiff(s)	v.
Defendant(s)	v.

### PROOF OF SERVICE

I, \_\_\_\_\_ am a resident of the State of California, over the age of 18 years, and not a party to this action.

On \_\_\_\_\_, I served the following documents:

**1. To Be Served by the Court via Notice of Electronic Filing (“NEF”):**

Under controlling Local Bankruptcy Rules(s) (“LBR”), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On \_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

Chapter 7 Trustee:

For Chpt. 7, 11, & 12 cases:  
 UNITED STATES TRUSTEE  
 ustp.region15@usdoj.gov

For ODD numbered Chapter 13 cases:  
 THOMAS H. BILLINGSLEA, JR., TRUSTEE  
 Billingslea@thb.coxatwork.com

For EVEN numbered Chapter 13 cases:  
 DAVID L. SKELTON, TRUSTEE  
 admin@ch13.sdcoxmail.com  
 dskelton13@ecf.epiqsystems.com

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2. **Served by United States Mail:**

On \_\_\_\_\_, I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows:

3. **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, or Electronic Mail:**

Under Fed.R.Civ.P.5 and controlling LBR, on \_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission, by overnight delivery and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed Name and Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP Code)