Claim #307 Date Filed: 4/17/2025

| Fill in this information to identify the case:                          |                                     |    |  |  |  |  |
|---|-------------------------------------|----|--|--|--|--|
| Debtor 1  | BORREGO COMMUNITY HEALTH FOUNDATION | DN |  |  |  |  |
| Debtor 2<br>(Spouse, if filli   | ng)                                 |    |  |  |  |  |
| United States Bankruptcy Court for the: Southern District of California |                                     |    |  |  |  |  |
| Case number   | er <u>22-02384-LT11</u>             |    |  |  |  |  |

FILED 2025 APR 17 PM 2:54

# Official Form 410

# **Proof of Claim**

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

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.

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 C   | laim  |                      |   |          |  |
|--|---|----------------------|---|----------|--|
| Who is the current creditor?   | ADP INC   |                      |   |          |  |
| creattor?  | Name of the current creditor (the person or entity to I                               | be paid for this cla | aim)  |          |  |
|  | Other names the creditor used with the debtor   |                      |   |          |  |
| Has this claim been acquired from someone else?                                | ✓ No ☐ Yes. From whom?  |                      |   |          |  |
| Where should notices and payments to the                                       | Where should notices to the creditor be se  | ent?                 | Where should payments to the creditor be sent? (if different) |          |  |
| creditor be sent?  | ADP INC   |                      | Same  |          |  |
| Federal Rule of  | Name  |                      | Name  |          |  |
| Bankruptcy Procedure (FRBP) 2002(g)  | 1851 N. Resler  |                      |   |          |  |
| (* * * * * * * * * * * * * * * * * * *   | Number Street   |                      | Number Street   |          |  |
| ring).   |   | 9912                 |   |          |  |
| e e  | City State  | ZIP Code             | City State  | ZIP Code |  |
| RECEIVED   | Contact phone   |                      | Contact phone   |          |  |
| 1  | Contact email   |                      | Contact email   |          |  |
| APR 2 1 2025   |   | . <b>%</b> .         | •   |          |  |
| RITAGLOBA  | Uniform claim identifier for electronic payments in ch                                | . , , .              | ,   |          |  |
| Does this claim amend<br>one already filed?                                    | ✓ No  ☐ Yes. Claim number on court claims registry (if known) Filed on MM / DD / YYYY |                      |   |          |  |
| 5. Do you know if anyone<br>else has filed a proof<br>of claim for this claim? | ✓ No ✓ Yes. Who made the earlier filing?  |                      | ·   |          |  |



**Proof of Claim** 

| 8. What is to claim?  9. Is all or possecured? | r?                   | Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 8 1 7   |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|--|
| 9. Is all or proceed to secure of the APR      | nuch is the claim?   | \$\$ 1,595.30. Does this amount include interest or other charges?   |  |  |  |  |  |
| P. Is all or posecured?                        |                      | ✓ No  ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).  |  |  |  |  |  |
| 9. Is all or proceed a secured a               | s the basis of the   | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  |  |  |  |  |  |
| REC  | '                    | Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  |  |  |  |  |  |
| REC  |                      | Limit disclosing information that is entitled to privacy, such as health care information.   |  |  |  |  |  |
| REC  |                      | services performed   |  |  |  |  |  |
| APR  | or part of the claim | <ul> <li>✓ No</li> <li>✓ Yes. The claim is secured by a lien on property.</li> </ul>   |  |  |  |  |  |
| APR  |                      | Nature of property:  |  |  |  |  |  |
| APR  |                      | Real estate. If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim   |  |  |  |  |  |
| APR  |                      | Attachment (Official Form 410-A) with this Proof of Claim.   |  |  |  |  |  |
| APR  |                      |  |  |  |  |  |  |
| APR  |                      |  |  |  |  |  |  |
| APR  |                      | Basis for perfection:  |  |  |  |  |  |
| APR  |                      | 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.) |  |  |  |  |  |
| APR  |                      | Value of property:   |  |  |  |  |  |
| APR  |                      | Amount of the claim that is secured:   |  |  |  |  |  |
| APR  | ?                    | Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.  |  |  |  |  |  |
| APR  | CEIVED               | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
|  | -                    | Amount necessary to cure any default as of the date of the petition:   |  |  |  |  |  |
| ERITA  | R 2 1 2025           | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |  |
|  | TAGLOBA              | Annual Interest Rate (when case was filed)%  □ Fixed □ Variable  |  |  |  |  |  |
| 10 Is this cla                                 | claim based on a     | ☑ No   |  |  |  |  |  |
| lease?   |                      | ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$   |  |  |  |  |  |
| 11. Is this cla                                | claim subject to a   | ☑ No   |  |  |  |  |  |
| right of s                                     |                      | ☐ Yes. Identify the property:  |  |  |  |  |  |

| A calam may be partly priority and pastly priority.    Discussion of the priority priority priority priority priority priority priority priority.   Discussion of the priority priority priority priority priority priority.   Discussion of the priority priority priority priority priority priority.   Discussion of the priority priority priority priority.   Discussion of the prior  | 12. Is all or part of the claim<br>entitled to priority under<br>11 U.S.C. § 507(a)? | ☑ No<br>☐ Yes, Check o   | one:                               |  |                      | Amount entitled to priority |  |  |
|---|--|--|------------------------------------|--|----------------------|-----------------------------|--|--|
| in some categories, the law in the ten amount entitled to priority.    Up to \$2.775' of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C, \$507(a)(5).   Wages, salaries, or commissions (up to \$12.475') earned within 180 days before the bankruptory petition is filled or the debtor's business ends, whichever is earlier.   11 U.S.C, \$507(a)(6).   Taxes or penalties owed to governmental units. 11 U.S.C., \$507(a)(5).   Other. Specify subsection of 11 U.S.C., \$507(a)(5).   Other. Specify subsection of 11 U.S.C., \$507(a)(6).   Amounts are subject to adjustment on 401/16 and every 3 years after that for cases begun on or after the date of adjustment.    Fart 3: Sign Below   | A claim may be partly priority and partly  | ☐ Domestic   | support obligations (including     | alimony and child support) und               | der                  | \$                          |  |  |
| Wages, salaries, or commissions (up to \$12.475') earned within 180 days before the barkruptory putition is filled or the debtor's business ends, whichever is earlier.   | in some categories, the law limits the amount  |  |                                    |  | or services for      | \$                          |  |  |
| Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$  | endied to priority.  | bankrupt   | cy petition is filed or the debtor |  |                      | \$                          |  |  |
| Other, Specify subsection of 11 U.S.C. § 507(a)() that applies.     * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on the formation in the formation adjustment on the case and anticorded agent.     * Am the creditor.  |  |  |                                    | al units. 11 U.S.C. § 507(a)(8).             |                      | \$                          |  |  |
| Other, Specify subsection of 11 U.S.C. § 507(a)() that applies.     * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amount are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.    * Amount are adjustment.   * Amount are devices agent.   |  | ☐ Contribut  | tions to an employee benefit pl    | an. 11 U.S.C. § 507(a)(5).                   |                      | \$                          |  |  |
| * Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.  * Amounts are subject to adjustment on 4/01/16 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.  * FREP 901 (b).  I am the creditor.  I am the creditor, or their authorized agent.  I am the proof of Claim serves as an acknowledgment that when calculating the after adjustment or up to 5 years, or both.  * BUS.C. \$\$ 152, 157, and 3571.  * Paul Rash  Signature  Print the name of the person who is completing and signing this claim:  * Paul Rash  Signature  Print the name of the person who is completing and signing this claim:  * Paul Rash  Signature  Print the name of the person who is completing and signing this claim:  * Paul Rash  Signature  * Paul Rash  First name  * Accounts Receivable  Company  ACP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  * Address  * Address  * Address  * Title Number  Street  El Paso  TX 79912  City  State  Zip Code  |  |  | , ,                                |  |                      | \$                          |  |  |
| The person completing this proof of claim must sign and date it.    Check the appropriate box:   I am the creditor.   |  |  | · · ·                              |  | ses begun on or afte | r the date of adjustment.   |  |  |
| The person completing this proof of claim must sign and date it. PRP 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.  Paul Rash Signature  Print the name of the person who is completing and signing this claim:    Paul Rash Signature   Print the name of the person who is completing and signing this claim:    Paul Rash Signature   Print the name of the person who is completing and signing this claim:    Paul Rash Signature   Paul Rash Signature   Rash   Rash   |  |  | -                                  |  |                      |                             |  |  |
| 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 \$590,000, imprisoned for up to | Part 3: Sign Below   |  |                                    |  |                      |                             |  |  |
| 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 \$ years, or both.  18 U.S.C. §\$ 152, 157, and 3571.   RECEIVED  APR 21 2025  APR 21 1025  ERITAGLOBAL  I am the creditor's attorney or authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3005.  I am the trustee, or their authorized agent. 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  O4/15/2025  NMY 7 DD 7 YYYY   Paul Rash Signature  Print the name of the person who is completing and signing this claim:  Rash  Title  Accounts Receivable  ADP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  1851 N. Resler  Number  Street  El Paso  TX 79912  City  State  ZIP Code   |  | Check the approp   | oriate box:                        |  |                      |                             |  |  |
| 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.  RECEIVED  APR 21 2025  RITAGLOBAL  Address  If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.  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 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I am a guarantor, surety endorser, or other codebtor. Bankruptcy Rule 3005.  I understand the information in this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the amou  | sign and date it.  | I am the cred  | ditor.                             |  |                      |                             |  |  |
| electronically, FRBP S005(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.  Paul Rash Signature  Print the name of the person who is completing and signing this claim:  RECEIVED  APR 2 1 2025  RITTA GLOBAL  Address  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  O4/15/2025  Executed on date  O4/15/2025  Executed on date  O4/15/2025  Accounts Receivable  Accounts Receivable  Accounts Receivable  Address  Address  Address  Invited 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  O4/15/2025  Executed on date   | FRBP 9011(b).  | l am the cred  | ditor's attorney or authorized a   | gent.  |                      |                             |  |  |
| Table 3 guaranticit, surely, entities on the establish local rules specifying what a signature is.   Linderstand 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 am the trus  | tee, or the debtor, or their auth  | orized agent. Bankruptcy Rule                | 3004.                |                             |  |  |
| 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.   Paul Rash Signature  Print the name of the person who is completing and signing this claim:  Paul Rash First name  Accounts Receivable  APR 2 1 2025  RRITAGLOBAI  Address  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  04/15/2025  MM / DD / YYYY   Paul Rash Signature  Print the name of the person who is completing and signing this claim:  Rash  Title Accounts Receivable  ADP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  1851 N. Resler  Number Street  El Paso  TX 79912  City State ZIP Code   |  | ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. |                                    |  |                      |                             |  |  |
| Inderstand that an autorized signature on this <i>Proof of Claim</i> serves as an acknowledgment dual 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 <i>Proof of Claim</i> 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  O4/15/2025  Executed on date  Print the name of the person who is completing and signing this claim:  Paul Rash Signature  Print the name of the person who is completing and signing this claim:  Name  Paul  First name  Accounts Receivable  ADP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  1851 N. Resler  Number  Street  EI Paso  TX  79912  City  State  ZIP Code   |  |  |                                    |  |                      |                             |  |  |
| 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.    Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under penalty of perjury that the foregoing is true and correct.     Declare under under under under under under under unde   | 1  |  |                                    |  |                      |                             |  |  |
| fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §\$ 152, 157, and 3571.    Paul Rash   Signature   |  |  | , <b>y</b>                         | ,, ,   |                      |                             |  |  |
| years, or both. 18 U.S.C. §§ 152, 157, and 3571.    Ideclare under penalty of perjury that the foregoing is true and correct.   | fined up to \$500,000,   |  |                                    |  |                      |                             |  |  |
| Paul Rash Signature  Print the name of the person who is completing and signing this claim:  Name Paul First name Middle name  Accounts Receivable Company  ADP INC Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  1851 N. Resler Number Street El Paso TX 79912 City State ZIP Code   | years, or both.  | I declare under penalty of perjury that the foregoing is true and correct.     |                                    |  |                      |                             |  |  |
| RECEIVED  Name Paul First name Middle name Accounts Receivable Company ADP INC Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  1851 N. Resler Number Street El Paso Tity City State ZIP Code  |  | Executed on date   |                                    |  |                      |                             |  |  |
| Print the name of the person who is completing and signing this claim:  Name Paul Rash First name Middle name Last name  Accounts Receivable  ADP INC Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  1851 N. Resler Number Street El Paso TX 79912 City State ZIP Code   |  |  | 1                                  |  |                      |                             |  |  |
| RECEIVED Title APR 2 1 2025 Company  Address  Address  Paul Rash First name Middle name Last name  Accounts Receivable  ADP INC Identify the corporate servicer as the company if the authorized agent is a servicer.  1851 N. Resler Number Street El Paso TX 79912 City State ZIP Code  | *  | ·  |                                    |  |                      |                             |  |  |
| First name Middle name Last name  Accounts Receivable  APR 2 1 2025  Company  Address  Address  Address  Address  Address  Address  Address  Title  Accounts Receivable  ADP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  1851 N. Resler  Number Street  EI Paso  TX 79912  City State ZIP Code  |  | Print the name of  | of the person who is complet       | ing and signing this claim:                  |                      |                             |  |  |
| Title APR 2 1 2025 Company Address  Address  Address  Title Company Accounts Receivable  ADP INC Identify the corporate servicer as the company if the authorized agent is a servicer.  1851 N. Resler Number Street El Paso TX 79912 City State ZIP Code   |  | Name   |                                    |  | Rash                 |                             |  |  |
| APR 2 1 2025  Company  Address  Address  Address  Address  Address  Accounts Receivable  ADP INC  Identify the corporate servicer as the company if the authorized agent is a servicer.  1851 N. Resler  Number Street  El Paso TX 79912  City State ZIP Code   | RECEIVED   |  | First name                         | Middle name                                  | Last name            |                             |  |  |
| Identify the corporate servicer as the company if the authorized agent is a servicer.    Address  |  | Title  | Accounts Receivable                |  |                      |                             |  |  |
| Address 1851 N. Resler Number Street El Paso TX 79912 City State ZIP Code   | APR 2 1 2025   | Company  |                                    | <u>.                                    </u> |                      |                             |  |  |
| Address   | FRITAGIORAL  |  | Identify the corporate servicer as | the company if the authorized age            | nt is a servicer.    |                             |  |  |
| Number Street  El Paso TX 79912  City State ZIP Code  | CO 00 08 8 SEVENI  |  | 1851 N. Resler                     |  |                      |                             |  |  |
| City State ZIP Code   |  | Address  |                                    |  |                      | <del> </del>                |  |  |
| City State ZIP Code   |  |  | El Paso                            | TX   | 79912                |                             |  |  |
| Contact phone Email   |  |  |                                    |  | ZIP Code             |                             |  |  |
| i   |  | Contact phone  |                                    | Email  |                      |                             |  |  |



ADP, Inc.

PO Box 31001-1874

Pasadena CA 91110-1874

### INVOICE

**Client Name** 

: BORREGO COMMUNITY HEALTH

Client Number

: 1105817 : 650225559

Invoice Number Invoice Date

: 12/29/2023

Invoice Due Date **Total Due This Invoice**  : 01/05/2024 : \$1,595.30

### 1 Inquiries

For Product/Service inquiries, please contact your Client Service Team.

**MIGUEL BAAY BORREGO COMMUNITY HEALTH** PO BOX 2369 587 PALM CANYON DR. #208 **BORREGO SPRINGS, CA 92004-2369** 

## \*\*IMPORTANT MESSAGE\*\*

### \*\*\*IMPORTANT NOTICE: Payment Remittance Address Change

\*\*\*There has been a change in our payment remittance address for Fees for Services. All payments going forward should be sent to: PO Box 830272, Philadelphia, PA 19182-0272. Overnight Payments should be sent to ADP INC, Lockbox 830272, 525 Fellowship Road, Suite 330, Mt. Laurel, NJ 08054-3415\*\*\*

#### **CURRENT CHARGES**

| ADP ENTERPRISE ETIME<br>COMPANY CODE 0070-3C-070GJD  | QUANTITY | RATE | BASE . | TOTAL<br>CHARGES | TAX |
|--|----------|------|--------|------------------|-----|
| Processing Charges  Enhanced Time and Attendance Includes: Hosting Fee Enhanced Hosted Time and Attendance | 5        |      |        | \$1,595.30       |     |

**TOTAL CHARGES FOR COMPANY CODE:** 

0070-3C-070GJD

\$1,595.30

**Total Due This Invoice** 

\$1,595.30

#### WE APPRECIATE YOUR BUSINESS!

- Send your payment with the return stub below in the enclosed return envelope.
- Include on your check, the client number and invoice number to ensure accurate payment processing.
- Make your check payable to ADP, Inc. and mail to the address listed below.

### **Return Stub**

Mail check payment to:

**Client Name** 

: BORREGO COMMUNITY

HEALTH

**Client Number** 

: 1105817

ADP, Inc. PO Box 31001-1874 **Invoice Number** 

: 650225559

Pasadena, CA 91110-1874

**Invoice Date** : 12/29/2023

: 01/05/2024 **Invoice Due Date** 

**Total Due This Invoice** 

: \$1.595.30

**Amount Enclosed** 

DATE: 4/15/2025

# ORACLE ADJUSTMENTS

| Customer    |                          |  |                 | Transaction    | B 14W 1           | A               |
|-------------|--------------------------|--|-----------------|----------------|-------------------|-----------------|
| Number      | Customer Name            | Activity Name                            | Transfer to GL# | Number         | Receipt Number    | Amount          |
|             | Borrego Community Health | Bad Debt Recovery - Bankruptcy 230-0000- |                 |                |                   | \$1,595.30      |
| 1105817     |                          | 134-000-00-000                           | _               | 650225559      |                   | * - 1           |
|             |                          |  | 2000            |                |                   |                 |
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| <u>-</u>    |                          |  |                 |                | ·                 | \$1,595.30      |
|             | <u> </u>                 |  |                 |                |                   | \$1,595.30      |
|             |                          | · ·                                      |                 |                |                   |                 |
|             |                          |  |                 |                |                   |                 |
|             |                          |  |                 |                |                   | Service Desk #: |
| <del></del> |                          |  |                 | Section 18 182 | TOTAL ADJUSTMENT: |                 |
|             |                          |  |                 |                |                   |                 |
|             | Grecia Aguirre           | Date:                                    | 3/24/2025       | <u> </u>       | <del></del>       |                 |
| Reviewer:   |                          | Date:                                    | <u> </u>        | L              |                   |                 |

DATE: 4/15/2025

# ORACLE ADJUSTMENTS

| V 100     |                   |              |   |             |   | 2782         |   |  |
|-----------|-------------------|--------------|---|-------------|---|--------------|---|--|
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| Controlle | Approval Attached | <del>_</del> |   |             |   |              |   |  |
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