

Fill in this information to identify the case:

Debtor 1 BORREGO COMMUNITY HEALTH FOUNDATION

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California

Case number 22-02384-LT11

FILED

2025 APR 17 PM 2:54

CLERK  
U.S. BANKRUPTCY CT.  
SO DIST. OF CALIF.

## 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 Claim

1. Who is the current creditor?	ADP INC Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ADP INC Name 1851 N. Resler Number Street EL Paso TX 79912 City State ZIP Code Contact phone _____ Contact email _____	Where should payments to the creditor be sent? (if different) Same 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>01/25/2024</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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**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? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 8 1 7

7. How much is the claim? \$ 1,595.30 Does this amount include interest or other charges?  
☒ No  
☐ 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.  
services performed

9. Is all or part of the claim secured? ☒ No ☐ Yes. The claim is secured by a lien on property.
- Nature of property:**  
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
☐ Motor vehicle  
☒ 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) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

10. Is this claim based on a lease? ☒ No ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No ☐ Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

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

☒ No

☐ Yes. Check one:

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

☐ 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)(7).

☐ Wages, salaries, or commissions (up to \$12,475\*) 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.

**Amount entitled to priority**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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. 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 04/15/2025  
MM / DD / YYYY

Paul Rash

Signature

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

Name	<u>Paul</u>		<u>Rash</u>	
	First name	Middle name	Last name	
Title	<u>Accounts Receivable</u>			
Company	<u>ADP INC</u>			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	<u>1851 N. Resler</u>			
	Number	Street		
	<u>El Paso</u>	<u>TX</u>	<u>79912</u>	
	City	State	ZIP Code	
Contact phone	_____		Email	_____

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**APR 21 2025**

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ADP, Inc.  
PO Box 31001-1874  
Pasadena CA 91110-1874

**INVOICE**

Client Name : BORREGO COMMUNITY HEALTH  
Client Number : 1105817  
Invoice Number : 650225559  
Invoice Date : 12/29/2023  
Invoice Due Date : 01/05/2024  
Total Due This Invoice : \$1,595.30

**i 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 COMPANY CODE 0070-3C-070GJD	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
<b>Processing Charges</b>					
Enhanced Time and Attendance Includes: Hosting Fee Enhanced Hosted Time and Attendance	5			\$1,595.30	
<b>TOTAL CHARGES FOR COMPANY CODE:</b>	<b>0070-3C-070GJD</b>				<b>\$1,595.30</b>
<b>Total Due This Invoice</b>					<b>\$1,595.30</b>

**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:**

ADP, Inc.  
PO Box 31001-1874  
Pasadena, CA 91110-1874

Client Name : BORREGO COMMUNITY  
HEALTH  
Client Number : 1105817  
Invoice Number : 650225559  
Invoice Date : 12/29/2023  
Invoice Due Date : 01/05/2024  
Total Due This Invoice : \$1,595.30  
Amount Enclosed \$

004087400110581721229236502255590001595303

**DATE: 4/15/2025**

## ORACLE ADJUSTMENTS

[illegible]

DATE: 4/15/2025

ORACLE ADJUSTMENTS

CH 11
Controller Approval Attached