

Name, Address, Telephone No. &amp; I.D. No.

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Order Entered on  
May 2, 2025  
by Clerk U.S. Bankruptcy Court  
Southern District of California

Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)

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Attorneys for the Co-Liquidating Trustee

**UNITED STATES BANKRUPTCY COURT**

SOUTHERN DISTRICT OF CALIFORNIA

325 West F Street, San Diego, California 92101-6991

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.  
22-02384-LT11

**ORDER ON  
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND  
NICOLAS TRANSITO REGARDING CLAIM NO. 244**


The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 15 pages. Stipulation Docket Entry No. 1595.

/

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DATED:

May 1, 2025



Judge, United States Bankruptcy Court



ORDER ON STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR, THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND NICOLAS TRANSITO REGARDING CLAIM NO. 244

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

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On May 1, 2025, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Nicolas Transito filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Nicolas Transito Regarding Claim No. 244* [Docket No. 1595] (the "Stipulation").

IT IS HEREBY ORDERED:

1. That the Stipulation, attached hereto as **Exhibit 1**, is approved in its entirety.
2. That the terms and conditions of the Stipulation shall be binding upon the parties and are hereby fully incorporated into this Order by this reference.

## **EXHIBIT 1**



1 SAMUEL R. MAIZEL (Bar No. 189301)  
2 samuel.maizel@dentons.com  
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4 tania.moyron@dentons.com  
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6 Attorneys for the Post-Effective Date  
7 Debtor and the Co-Liquidating Trustee

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15 Email: jpomerantz@pszjlaw.com  
16 sgolden@pszjlaw.com

13 Attorneys for the Co-Liquidating Trustee

15 **UNITED STATES BANKRUPTCY COURT**  
16 **SOUTHERN DISTRICT OF CALIFORNIA**

17 In re

18 **BORREGO COMMUNITY**  
19 **HEALTH FOUNDATION,**

19 Debtor and Debtor in  
20 Possession.

Case No. 22-02384-11

Chapter 11 Case

Judge: Honorable Laura S. Taylor

**STIPULATION BY AND AMONG THE**  
**POST-EFFECTIVE DATE DEBTOR,**  
**THE LIQUIDATING TRUSTEE, THE**  
**CO-LIQUIDATING TRUSTEES AND**  
**NICOLAS TRANSITO REGARDING**  
**CLAIM NO. 244**

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Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the CoLiquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Nicolas Transito (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Nicolas Transito Regarding Claim No. 244.*

### RECITALS

WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code commencing Case No. 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the Southern District of California;

WHEREAS, on September 13, 2022, the Bankruptcy Court established November 21, 2022 as the deadline by which parties holding prepetition claims against the Debtor must file proofs of claim (the “Claims Bar Date”) [*See* Docket No. 16].

WHEREAS, on or about February 22, 2024, after the Claims Bar Date, Claimant filed Proof of Claim No. 244 in the amount of \$4,669.00 (“Claim 244”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, the Liquidating Trust was established pursuant to the *First*



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1 *Amended Joint Combined Disclosure Statement and Chapter 11 Plan of*  
2 *Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the  
3 “Plan”), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the  
4 “Confirmation Order”), and that certain *Liquidating Trust Agreement*, dated as of  
5 February 14, 2024 (the “Liquidating Trust Agreement”);

6 WHEREAS, Claimant and the Co-Liquidating Trustees are in dispute over  
7 Claim 244, as to whether Claimant has sufficient evidence of excusable neglect to  
8 avoid having Claim 244 disallowed as late filed.

9 WHEREAS, the Parties have agreed to resolve their dispute regarding Claim  
10 244 as set forth herein.

11 **STIPULATION**

12 **NOW THEREFORE**, subject to the approval of the Court, the Parties  
13 hereby agree and stipulate as follows:

14 1. Based on the evidence provided by the Claimant, and the fact that  
15 Claim 244 was filed after the Claims Bar Date, Claim 244 shall be reduced and  
16 allowed as a general unsecured claim in the amount of \$3,501.75 (the “Allowed  
17 Claim Amount”).

18 2. Claimant shall not file any additional proofs of claim, nor will  
19 Claimant amend (or seek to amend) Claim 244.

20 3. Within thirty (30) days of entry of the order approving this Stipulation,  
21 and after Claimant has provided a completed W-9 to the Co-Liquidating Trustees,  
22 the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to  
23 the Plan.

24 4. In consideration of the agreements with and value provided herein and  
25 other good and valuable consideration, the Parties hereby waive, remise, release  
26 and forever discharge the other, including each of their respective former and  
27 current predecessors, successors, assigns, subsidiaries, parent companies,  
28



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1 shareholders, partners, members, managers, investors directors, officers,  
2 accountants, attorneys, employees, agents, representatives and servants of, from and  
3 against any and all claims, actions, causes of action, suits, proceedings, defenses,  
4 counterclaims, contracts, judgments, damages, accounts, reckonings, executions,  
5 and liabilities whatsoever of every name and nature, whether known or unknown,  
6 whether or not well-founded in fact or in law, and whether in law, at equity or  
7 otherwise, which either Party ever had or now has for or by reason of any matter,  
8 cause or anything whatsoever to this date, relating to or arising out of the Chapter  
9 11 Case.

10 5. Each of the Parties to the Stipulation acknowledge that they are  
11 familiar with California Civil Code Section 1542 and with respect to the matters  
12 released herein, each Party expressly waives any and all rights under California  
13 Civil Code Section 1542 and under any other federal or state statute or law of  
14 similar effect. California Civil Code Section 1542 provides:

15  
16 A general release does not extend to claims that the  
17 creditor or releasing party does not know or suspect to  
18 exist in his or her favor at the time of executing the  
19 release and that, if known by him or her, would have  
20 materially affected his or her settlement with the debtor  
21 or released party.

22 6. Claimant hereby warrants that Claimant (a) is authorized and  
23 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this  
24 Stipulation in its entirety and fully understands and accepts the terms set forth  
25 herein, (c) has had an opportunity to consult with legal counsel and any other  
26 advisors of Claimant's choice with respect to the terms of this Stipulation, and (d)  
27 is signing this Stipulation on Claimant's own free will.

28 7. The terms, covenants, conditions, and provisions of this Stipulation  
cannot be altered, changed, modified, or added to, or deleted from, except in a



1 writing signed by all parties hereto.

2 8. This Stipulation may be executed in counterparts each of which shall  
3 be deemed an original, but all of which together shall constitute one and the same.

4 9. The Court shall retain jurisdiction over all matters relating to the  
5 interpretation and enforcement of this Stipulation.

6  
7 Dated: April 22, 2025

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

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8  
9 By /s/ Tania M. Moyron  
Tania M. Moyron

10 Attorneys for the Post-Effective Date  
Debtor and the Co-Liquidating Trustee

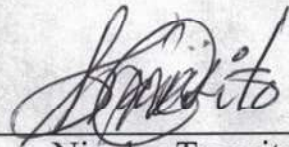
11  
12 Dated: April 22, 2025

PACHULSKI STANG ZIEHL & JONES LLP  
Jeffrey N. Pomerantz  
Steven W. Golden

13  
14  
15 By /s/ Steven W. Golden  
Steven W. Golden

16 Attorneys for the Co-Liquidating Trustee

17  
18 Dated: April 22, 2025

19 

20 Nicolas Transito  
21  
22  
23  
24  
25  
26  
27  
28



# EXHIBIT A

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California  
(State)

Case number 22-02384

Official Form 410  
Proof of Claim

04/22

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 or 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?	<u>NICOLAS TRANSITO</u> 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?	<table><tr><th>Where should notices to the creditor be sent?</th><th>Where should payments to the creditor be sent? (if different)</th></tr><tr><td colspan="2">NICOLAS TRANSITO NICOLAS TRANSITO 77 E 7TH STREET, SUITE C UPLAND, California 91786, United States</td></tr><tr><td>Contact phone <u>9099462124</u></td><td>Contact phone _____</td></tr><tr><td>Contact email <u>silviatransito@gmail.com</u></td><td>Contact email _____</td></tr><tr><td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td></tr></table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	NICOLAS TRANSITO NICOLAS TRANSITO 77 E 7TH STREET, SUITE C UPLAND, California 91786, United States		Contact phone <u>9099462124</u>	Contact phone _____	Contact email <u>silviatransito@gmail.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)											
NICOLAS TRANSITO NICOLAS TRANSITO 77 E 7TH STREET, SUITE C UPLAND, California 91786, United States												
Contact phone <u>9099462124</u>	Contact phone _____											
Contact email <u>silviatransito@gmail.com</u>	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 _____ 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? _____											



220238424022200000000003



**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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$ 4669	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>Services performed</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. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle 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: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (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 all that apply:

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 \$3,350\* 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 \$15,150\*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

☐ No

☒ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ 4669

### 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 acknowledgement 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 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 02/22/2024  
MM / DD / YYYY

/s/SILVIA TRANSITO  
Signature

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

Name SILVIA TRANSITO  
First name Middle name Last name

Title MANAGER

Company LUPITA QUALITY DENTAL

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone

Email



<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation <b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> NICOLAS TRANSITO NICOLAS TRANSITO 77 E 7TH STREET, SUITE C  UPLAND, California, 91786 United States <b>Phone:</b> 9099462124 <b>Phone 2:</b> 9097145714 <b>Fax:</b> 9099462128 <b>Email:</b> silviatransito@gmail.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b>	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Services performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 4669	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> Yes: 4669 <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> SILVIA TRANSITO on 22-Feb-2024 3:50:39 p.m. Eastern Time <b>Title:</b> MANAGER <b>Company:</b> LUPITA QUALITY DENTAL		

claim_id	provider	patient	date_of_birth	date_of_service	correction_needed_
2872452	Nicolas Tra	[REDACTED]	[REDACTED]	10/8/2019	10/22/2019
3382389	Nicolas Tra	[REDACTED]	[REDACTED]	10/23/2019	6/16/2020
3382523	Nicolas Tra	[REDACTED]	[REDACTED]	11/20/2019	6/16/2020
3397833	Nicolas Tra	[REDACTED]	[REDACTED]	1/7/2020	6/24/2020
3410154	Nicolas Tra	[REDACTED]	[REDACTED]	3/10/2020	11/4/2020
3418232	Nicolas Tra	[REDACTED]	[REDACTED]	2/28/2020	11/3/2020
3476115	Nicolas Tra	[REDACTED]	[REDACTED]	3/2/2020	11/5/2020
3487079	Nicolas Tra	[REDACTED]	[REDACTED]	6/9/2020	11/5/2020
3493550	Nicolas Tra	[REDACTED]	[REDACTED]	6/10/2020	11/5/2020
3493691	Nicolas Tra	[REDACTED]	[REDACTED]	6/30/2020	11/5/2020
3639931	Nicolas Tra	[REDACTED]	[REDACTED]	8/21/2020	11/5/2020
3688044	Nicolas Tra	[REDACTED]	[REDACTED]	8/7/2020	10/20/2020
3688298	Nicolas Tra	[REDACTED]	[REDACTED]	10/7/2020	10/23/2020
3731403	Nicolas Tra	[REDACTED]	[REDACTED]	10/8/2020	10/30/2020
3731433	Nicolas Tra	[REDACTED]	[REDACTED]	7/27/2020	11/4/2020
3731444	Nicolas Tra	[REDACTED]	[REDACTED]	8/3/2020	11/4/2020
3731453	Nicolas Tra	[REDACTED]	[REDACTED]	8/10/2020	11/4/2020
3731460	Nicolas Tra	[REDACTED]	[REDACTED]	8/17/2020	11/4/2020
3742147	Nicolas Tra	[REDACTED]	[REDACTED]	8/18/2020	11/9/2020
3748730	Nicolas Tra	[REDACTED]	[REDACTED]	1/13/2020	11/8/2020
3748747	Nicolas Tra	[REDACTED]	[REDACTED]	2/10/2020	11/8/2020
3792368	Nicolas Tra	[REDACTED]	[REDACTED]	3/18/2020	11/25/2020
3808653	Nicolas Tra	[REDACTED]	[REDACTED]	8/6/2020	12/4/2020
3808668	Nicolas Tra	[REDACTED]	[REDACTED]	8/13/2020	12/4/2020
3809078	Nicolas Tra	[REDACTED]	[REDACTED]	10/9/2020	12/5/2020
3814128	Nicolas Tra	[REDACTED]	[REDACTED]	10/29/2020	12/14/2020
3814724	Nicolas Tra	[REDACTED]	[REDACTED]	11/16/2020	12/15/2020
3831203	Nicolas Tra	[REDACTED]	[REDACTED]	11/3/2020	1/22/2021



submitted_date	proceduresclaim_status	amount	Last 4 ID#
10/18/2019	D1351,D13 Correction	104	2061
6/11/2020	D4341,D43 Correction	140	1024
6/11/2020	D1110 Correction	110	1024
6/22/2020	D0150,D02 Correction	130	1047
11/2/2020	D0120,D02 Correction	110	1919
11/3/2020	D5001.1,D5 Correction	0	1396
11/3/2020	D7140,D72 Correction	0	1396
11/3/2020	D5003.1,D5 Correction	0	1396
11/3/2020	D5211,D52 Correction	0	1396
11/3/2020	D2393 Correction	0	1396
11/3/2020	D9430,D02 Correction	100	1587
10/14/2020	D9430,D02 Correction	100	1020
10/21/2020	D0120,D02 Correction	110	1020
10/29/2020	D2393 Correction	150	1732
11/2/2020	D5001.1,D5 Correction	0	1732
11/2/2020	D5002.1,D5 Correction	0	1732
11/2/2020	D5003.1,D5 Correction	0	1732
11/2/2020	D5213,D52 Correction	1320	1732
11/3/2020	D3120,D21 Correction	120	1892
11/5/2020	D2150 Correction	120	1268
11/5/2020	D2150 Correction	120	1268
11/23/2020	D5213,D52 Correction	1320	2064
12/4/2020	D7140 Correction	120	1791
12/4/2020	D7140 Correction	120	1791
12/4/2020	D2952 Correction	105	2130
12/11/2020	D2335 Correction	150	1945
12/14/2020	D2140,D21 Correction	120	2139
1/19/2021	D0220 Correction	0	1965
		4669	

Notice Recipients

District/Off: 0974-3	User: Admin.	Date Created: 5/2/2025
Case: 22-02384-LT11	Form ID: pdfO1	Total: 4

Recipients of Notice of Electronic Filing:

aty	Steven W Golden	sgolden@pszjlaw.com
aty	Tania M. Moyron	tania.moyron@dentons.com

TOTAL: 2

Recipients submitted to the BNC (Bankruptcy Noticing Center):

db	BORREGO COMMUNITY HEALTH FOUNDATION,	587 Palm Canyon Dr.	Suite 208	Borrego
	Springs, CA 92004			
aty	Samuel Ruven Maizel	Dentons US LLP	601 South Figueroa Street	Suite 2500 Los Angeles,
	CA 90017			

TOTAL: 2