

Samuel R. Maizel (Bar No. 189301)
Tania M. Moyron (Bar No. 235736)
DENTONS US LLP
601 South Figueroa Street, Suite 2500
Los Angeles, CA 90017-5704
Telephone: 213/623-9300

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)
Steven W. Golden (Admitted Pro Hac Vice)
PACHULSKI STANG ZIEHL & JONES LLP
10100 Santa Monica Blvd., 13th Floor
Los Angeles, CA 90067
Telephone: 310/277-6910

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
RIVERSIDE UNIFIED SCHOOL DISTRICT REGARDING CLAIM NO. 247**

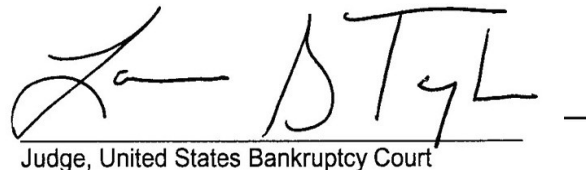
The court orders as set forth on the continuation pages attached and numbered 2 through 2 with
exhibits, if any, for a total of 33 pages. Stipulation Docket Entry No. 1594.

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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 RIVERSIDE UNIFIED SCHOOL DISTRICT REGARDING CLAIM NO. 247

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

On May 1, 2025, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Riverside Unified School District filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Riverside Unified School District Regarding Claim No. 247* [Docket No. 1594] (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

DENTONS US LLP
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LOS ANGELES, CALIFORNIA 90017-5704
(213) 623-9300

SAMUEL R. MAIZEL (Bar No. 189301)
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Attorneys for the Post-Effective Date
Debtor and the Co-Liquidating Trustee
Jeffrey N. Pomerantz (Bar No. 143717)
Steven W. Golden (Admitted Pro Hac Vice)
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Facsimile: 310-201-0760
Email: jpomerantz@pszjlaw.com
sgolden@pszjlaw.com

Attorneys for the Co-Liquidating Trustee

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

In re

BORREGO COMMUNITY
HEALTH FOUNDATION,

Debtor and Debtor in
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
RIVERSIDE UNIFIED SCHOOL
DISTRICT REGARDING CLAIM NO. 247**

DENTONS US LLP
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LOS ANGELES, CALIFORNIA 90017-5704
(213) 623-9300

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 Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Riverside Unified School District (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 Riverside Unified School District Regarding Claim No. 247*.

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 March 18, 2024, after the Claims Bar Date, Claimant filed Proof of Claim No. 247 in the amount of \$77,056.76 (“Claim 247”), a copy of which is attached hereto as **Exhibit A**;

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

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 247, as to whether Claimant has sufficient evidence of excusable neglect to
8 avoid having Claim 247 disallowed as late filed.

9 WHEREAS, the Parties have agreed to resolve their dispute regarding Claim
10 247 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 247 was filed after the Claims Bar Date, Claim 247 shall be reduced and
16 allowed as a general unsecured claim in the amount of \$57,792.57 (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 247.

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 shareholders, partners, members, managers, investors directors, officers,

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

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

14
15 A general release does not extend to claims that the
16 creditor or releasing party does not know or suspect to
17 exist in his or her favor at the time of executing the
18 release and that, if known by him or her, would have
19 materially affected his or her settlement with the debtor
20 or released party.

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

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

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

Dated: April 30, 2025

DENTONS US LLP
SAMUEL R. MAIZEL
TANIA M. MOYRON

By /s/ Tania M. Moyron
Tania M. Moyron
Attorneys for the Post-Effective Date
Debtor and the Co-Liquidating Trustee

Dated: April 30, 2025

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

By /s/ Steven W. Golden
Steven W. Golden
Attorneys for the Co-Liquidating Trustee

Dated: April 29, 2025

RIVERSIDE UNIFIED SCHOOL DISTRICT

By 
Christina DeFalco-Hoff
Director, Business Services

DENTONS US LLP
601 SOUTH FIGUEROA STREET, SUITE 2500
LOS ANGELES, CALIFORNIA 90017-5704
(213) 623-9300

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>Riverside Unified School District</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>BCHF</u>	
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Riverside Unified School District</u> <u>Business Services</u> <u>6050 Industrial Avenue</u> <u>Riverside, CA 92504</u>	
	Contact phone <u>9513526729</u>	Contact phone _____
	Contact email <u>afrohwein@riversideunified.org</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? _____	



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>1238</u>
7.	How much is the claim? \$ <u>77,056.76</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>MEDICAL/DENTAL COORDINATION SERVICES</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. <div style="margin-left: 20px;"> Nature or property: <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: _____ 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 amount 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 </div>	
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
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input checked="" type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ 28,693.49
<input type="checkbox"/> 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.

\$ _____

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 03/18/2024
MM / DD / YYYY

/s/Adriana Frohwein
Signature

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

Name Adriana Frohwein
First name Middle name Last name

Title Administrative Secretary II

Company Riverside Unified School District
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 3380 14th Street, Riverside, CA, 92501

Contact phone _____ Email afrohwein@riversideunified.org



For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Riverside Unified School District Business Services 6050 Industrial Avenue Riverside, CA, 92504 Phone: 9513526729 Phone 2: Fax: Email: afrohwein@riversideunified.org	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor: BCHF	Amends Claim: No Acquired Claim: No	
Basis of Claim: MEDICAL/DENTAL COORDINATION SERVICES	Last 4 Digits: Yes - 1238	Uniform Claim Identifier:
Total Amount of Claim: 77,056.76	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(5): 28,693.49	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Adriana Frohwein on 18-Mar-2024 3:08:28 p.m. Eastern Time Title: Administrative Secretary II Company: Riverside Unified School District Optional Signature Address: 3380 14th Street Riverside, CA, 92501 Telephone Number: Email: afrohwein@riversideunified.org		

AMENDMENT NO. 1
To Agreement Between
Riverside Unified School District ("District")
And
BORREGO COMMUNITY HEALTH FOUNDATION ("Consultant" or "BCHF")
Dated
July 1, 2018

MOBILE MEDICAL & DENTAL SERVICES FOR K-12 GRADE STUDENTS
Extending the Term of Services

This AMENDMENT No. 1, entered into on March 5, 2019, is attached and incorporated in that certain document dated July 1, 2018, entitled "Agreement Between Riverside Unified School District and Borrego Community Health Foundation for Medical/Dental Coordination Services" (AGREEMENT), as the Parties now desire to amend the terms of the AGREEMENT as stated herein. Article XIX of the AGREEMENT requires a written agreement signed by both Parties to modify the AGREEMENT. This AMENDMENT arises out of the Parties' desire to extend the term of Services of the AGREEMENT.

NOW, THEREFORE, the parties hereto agree that this AMENDMENT shall be completed pursuant to the terms and conditions of the AGREEMENT and as set forth hereinbelow:

MODIFICATIONS: The terms of the AGREEMENT shall be amended as follows:

Article III – TERM AND TERMINATION, §A will be replaced with the following:

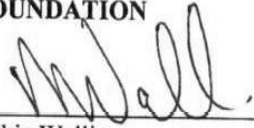
- A. The term of the Agreement shall be from August 13, 2018, through and including, June 30, 2022 ("Dates of Service"). This Agreement may be renewed upon mutual written consent of the Parties for an additional period of no more than three (3) years thereafter, which will require a written agreement signed by both Parties. The Parties will meet no later than sixty (60) days prior to the termination date to address the conditions of the renewal, if applicable.

This AMENDMENT extends the term of Services associated with the AGREEMENT through June 30, 2022.

Except as amended by this AMENDMENT No. 1, all the other provisions of the aforementioned AGREEMENT shall remain in full force and effect.

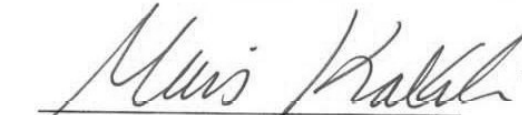
IN WITNESS WHEREOF, the Parties hereto, through their authorized representatives, have executed this AMENDMENT as of the day and year first written above.

**BORREGO COMMUNITY HEALTH
FOUNDATION**



Mikia Wallis
CEO

RIVERSIDE UNIFIED SCHOOL DISTRICT



Mays Kakish
CBO & Governmental Relations

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 02/02/2021
Invoice Number: 2021 / 219

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number	Terms	Customer Message
-----------	-------	------------------

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JAN 2021 (7M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JAN 2021 (7M)	1	1,509.92	1,509.92
Sales Tax:				<u>0.00</u>
TOTAL:				4,479.22

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	754.96	2
	A/R	754.96	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 03/02/2021
Invoice Number: 2021 / 243

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number	Terms	Customer Message
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RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEB 2021 (8M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEB 2021 (8M)	1	1,509.92	1,509.92
Sales Tax:				0.00
TOTAL:				4,479.22

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	754.96	2
	A/R	754.96	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 04/02/2021

Invoice Number: 2021 / 294

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number	Terms	Customer Message
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RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAR 2021 (9M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAR 2021 (9M)	1	2,085.96	2,085.96

Sales Tax: 0.00

TOTAL: 5,055.26

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	1,042.98	2
	A/R	1,042.98	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 05/05/2021

Invoice Number: 2021 / 328

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number	Terms	Customer Message
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RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, APRIL 2021 (10M)	1	4,982.84	4,982.84
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, APRIL 2021 (10M)	1	2,389.12	2,389.12

Sales Tax: 0.00

TOTAL: 7,371.96

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	2,491.42	2
	A/R	2,491.42	2
	A/R	1,194.56	2
	A/R	1,194.56	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 06/02/2021

Invoice Number: 2021 / 369

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAY 2021 (11M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, MAY 2021 (11M)	1	1,515.68	1,515.68

Sales Tax: 0.00**TOTAL:** 4,484.98

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	757.84	2
	A/R	757.84	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 06/30/2021
Invoice Number: 2021 / 451

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

JOY HURST 951-352-6729 X82101

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number	Terms	Customer Message
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RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: **JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JUNE 2021 (12M)	1	120.96	120.96
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JUNE 2021 (12M)	1	493.94	493.94

Sales Tax: 0.00

TOTAL: 614.90

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	60.48	2
	A/R	60.48	2
	A/R	307.50	2
	A/R	186.44	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 08/12/2021

Invoice Number: 2022 / 57

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Description	Quantity	Rate	Amount
BENEFITS FOR STUDENT HEALTH ARE SPECIALIST, LUPE ARELLANO, JULY 2021 (1M)	1	848.24	848.24

Sales Tax: 0.00**TOTAL: 848.24**

nly)

Type	Amount	Trans Type
A/R	424.11	2
A/R	424.13	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 09/02/2021

Invoice Number: 2022 / 84

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	1,859.04	1,859.04

Sales Tax: 0.00**TOTAL:** 4,828.34

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	929.51	2
	A/R	929.53	2

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 08/12/2021

Invoice Number: 2022 / 57

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Description

Quantity

Rate

Amount

BENEFITS FOR STUDENT HEALTH
CARE SPECIALIST, LUPE ARELLANO,
JULY 2021 (1M)

1

848.24

848.24

Sales Tax: 0.00**TOTAL: 848.24**

nly)

Type	Amount	Trans Type
A/R	424.11	2
A/R	424.13	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 09/02/2021

Invoice Number: 2022 / 84

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT**P.O. BOX 2800****RIVERSIDE, CA 92516-2800****Remit To: JOANNA KERSHAW**

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, AUGUST 2021 (2M)	1	1,859.04	1,859.04

Sales Tax: 0.00**TOTAL:** 4,828.34

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	929.51	2
	A/R	929.53	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

Invoice Date: 10/11/2021
Invoice Number: 2022 / 173

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, SEPTEMBER 2021 (3M)	1	2,422.59	2,422.59
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, SEPTEMBER 2021 (3M)	1	1,390.19	1,390.19

Sales Tax: 0.00

TOTAL: 3,812.78

nly)

Type	Amount	Trans Type
A/R	1,211.29	2
A/R	1,211.30	2
A/R	695.09	2
A/R	695.10	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 11/04/2021

Invoice Number: 2022 / 229

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	2,479.44	2,479.44
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	1,409.44	1,409.44

Sales Tax: 0.00

TOTAL: 3,888.88

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,239.72	2
	A/R	1,239.72	2
	A/R	704.72	2
	A/R	704.72	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 12/10/2021

Invoice Number: 2022 / 347

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	1,578.70	1,578.70

Sales Tax: 0.00

TOTAL: 4,548.00

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	789.35	2
	A/R	789.35	2

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE CA 92516-2800

INVOICE

Invoice Date: 01/07/2022
Invoice Number: 2022 / 408

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

P.O. BOX 2369
4343 YAQUI PASS RD.
BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
P.O. BOX 2800
RIVERSIDE, CA 92516-2800
Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, DECEMBER 2021 (6M)	1	2,969.30	2,969.30
FIXED CHARGES	B EFITS FOR STUDENT HEALTH E SPECIALIST, LUPE ARELLANO, EMBER 2021 (6M)	1	1,578.82	1,578.82

Sales Tax: 0.00

TOTAL: 4,548.12

Type	Amount	Trans Type
A/R	1,484.65	2
A/R	1,484.65	2
A/R	789.41	2
A/R	789.41	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 11/04/2021

Invoice Number: 2022 / 229

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	2,479.44	2,479.44
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, OCTOBER 2021 (4M)	1	1,409.44	1,409.44

Sales Tax: 0.00

TOTAL: 3,888.88

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,239.72	2
	A/R	1,239.72	2
	A/R	704.72	2
	A/R	704.72	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 12/10/2021

Invoice Number: 2022 / 347

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, NOVEMBER 2021 (5M)	1	1,578.70	1,578.70

Sales Tax: 0.00

TOTAL: 4,548.00

Accounting Information (Internal Only)

Account	Type	Amount	Trans Type
	A/R	1,484.65	2
	A/R	1,484.65	2
	A/R	789.35	2
	A/R	789.35	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 01/07/2022

Invoice Number: 2022 / 408

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, DECEMBER 2021 (6M)	1	2,969.30	2,969.30
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH ARE SPECIALIST, LUPE ARELLANO, ECEMBER 2021 (6M)	1	1,578.82	1,578.82

Sales Tax: 0.00

TOTAL: 4,548.12

nly)

Type	Amount	Trans Type
A/R	1,484.65	2
A/R	1,484.65	2
A/R	789.41	2
A/R	789.41	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT
 P.O. BOX 2800
 RIVERSIDE CA 92516-2800

Invoice Date: 02/07/2022
 Invoice Number: 2022 / 481

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

 P.O. BOX 2369
 4343 YAQUI PASS RD.
 BORREGO SPRINGS, CA 920042369

Julie Chico 951-352-6729 X82106

Make check or warrant payable to: PO Number Terms Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT
 P.O. BOX 2800
 RIVERSIDE, CA 92516-2800
 Remit To: JOANNA KERSHAW

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JANUARY 2022 (7M)	1	3,092.50	3,092.50
FIX	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, JANUARY 2022 (7M)	1	1,625.53	1,625.53

Sales Tax: 0.00

TOTAL: 4,718.03

nly)

Type	Amount	Trans Type
A/R	1,546.25	2
A/R	1,546.25	2
A/R	812.76	2
A/R	812.77	2

INVOICE

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE CA 92516-2800

Invoice Date: 03/07/2022

Invoice Number: 2022 / 574

BILL TO:

Contact Information:

BORREGO COMMUNITY HEALTH FOUNDATION

Julie Chico 951-352-6729 X82106

P.O. BOX 2369

4343 YAQUI PASS RD.

BORREGO SPRINGS, CA 920042369

Make check or warrant payable to:

PO Number

Terms

Customer Message

RIVERSIDE UNIFIED SCHOOL DISTRICT

P.O. BOX 2800

RIVERSIDE, CA 92516-2800

Remit To: PERLA SOBERANES

Service Name	Description	Quantity	Rate	Amount
OTHER CLASSIFIED SALARIES	SALARY FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEBRUARY 2022 (8M)	1	3,092.50	3,092.50
FIXED CHARGES	BENEFITS FOR STUDENT HEALTH CARE SPECIALIST, LUPE ARELLANO, FEBRUARY 2022 (8M)	1	1,624.75	1,624.75

Sales Tax: 0.00

TOTAL: 4,717.25

nly)

Type	Amount	Trans Type
A/R	1,546.25	2
A/R	1,546.25	2
A/R	812.37	2
A/R	812.38	2

United States Bankruptcy Court
Southern District of California

In re:
BORREGO COMMUNITY HEALTH FOUNDATION,
Debtor

Case No. 22-02384-LT
Chapter 11

CERTIFICATE OF NOTICE

District/off: 0974-3
Date Rcvd: May 02, 2025

User: Admin.
Form ID: pdfO1

Page 1 of 3
Total Noticed: 2

The following symbols are used throughout this certificate:

Symbol	Definition
+	Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on May 04, 2025:

Recip ID	Recipient Name and Address
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 90017-5709

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.
Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI).

NONE

BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, *duplicate of an address listed above, *P duplicate of a preferred address, or ## out of date forwarding orders with USPS.

NONE

NOTICE CERTIFICATION

I, Gustava Winters, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: May 04, 2025

Signature: /s/Gustava Winters

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on May 2, 2025 at the address(es) listed below:

Name	Email Address
Allison M. Rego	on behalf of Creditor Inland Valley Investments LLC allison.rego@mgr-legal.com
Allison M. Rego	on behalf of Creditor Premier Healthcare Management Inc. allison.rego@mgr-legal.com
Allison M. Rego	on behalf of Creditor DRP Holdings LLC allison.rego@mgr-legal.com
Allison M. Rego	on behalf of Creditor Promenade Square LLC allison.rego@mgr-legal.com
Andrew B. Still	on behalf of Creditor California Physicians' Service dba Blue Shield of California astill@swlaw.com kcollins@swlaw.com
Andrew B. Still	on behalf of Creditor Blue Shield of California Promise Health Plan astill@swlaw.com kcollins@swlaw.com

District/off: 0974-3

User: Admin.

Page 2 of 3

Date Rcvd: May 02, 2025

Form ID: pdf01

Total Noticed: 2

Anthony Bisconti

on behalf of Interested Party San Ysidro Health tbisconti@bklwlaw.com
1193516420@filings.docketbird.com;docket@bklwlaw.com

Anthony Dutra

on behalf of Creditor Desert AIDS Project dba DAP Health adutra@hansonbridgett.com SSingh@hansonbridgett.com

Anthony Dutra

on behalf of Creditor Philip D. Szold M.D., Inc. dba La Mesa Pediatrics adutra@hansonbridgett.com,
SSingh@hansonbridgett.com

Bernard M. Hansen

on behalf of Creditor Premier Healthcare Management Inc. bernardmhansen@sbcglobal.net

Cheryl Skigin

on behalf of Creditor Ally Bank caskigin@earthlink.net

Christine E. Baur

on behalf of Creditor Greenway Health LLC christine@baurbklaw.com, admin@baurbklaw.com

Christine M. Fitzgerald

on behalf of Attorney Christine M. Fitzgerald cfitzgerald@littler.com maria@thersfirm.com;amy@thersfirm.com

Daren Brinkman

on behalf of Creditor Pourshirazi & Youssefi Dental Corporation firm@brinkmanlaw.com 7764052420@filings.docketbird.com

Darin L. Wessel

on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass darin.wessel@doj.ca.gov

Darin L. Wessel

on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass darin.wessel@doj.ca.gov

Dean T. Kirby, Jr.

on behalf of Creditor Ramona Crossings LLC dkirby@fsl.law, jwilson@fsl.law

Elvina Rofael

on behalf of United States Trustee United States Trustee elvina.rofael@usdoj.gov
Tiffany.L.Carroll@usdoj.gov;USTP.Region15@usdoj.gov

Eric J Beste

on behalf of Creditor DRP Holdings LLC eric.beste@btlaw.com

Eric J Beste

on behalf of Creditor Promenade Square LLC eric.beste@btlaw.com

Eric J Beste

on behalf of Creditor Premier Healthcare Management Inc. eric.beste@btlaw.com

Eric J Beste

on behalf of Creditor Inland Valley Investments LLC eric.beste@btlaw.com

Gerald N. Sims

on behalf of Creditor BETA Risk Management Authority jerrys@psdslaw.com bonniec@psdslaw.com

Gerald N. Sims

on behalf of Creditor BETA Healthcare Group jerrys@psdslaw.com bonniec@psdslaw.com

Haeji Hong

on behalf of United States Trustee United States Trustee Haeji.Hong@usdoj.gov
USTP.Region15@usdoj.gov;tiffany.l.carroll@usdoj.gov

Hala Hammi

on behalf of Creditor James Wermers hala.hammi@fennelllaw.com
wpf@ecf.courtdrive.com;samantha.larimer@fennelllaw.com;naomi.cwalinski@fennelllaw.com;office@fennelllaw.com;Brendan.
Bargmann@fennelllaw.com

Helen Yang

on behalf of Interested Party Inland Empire Health Plan helen.yang@squirepb.com
helen-h-yang-8259@ecf.pacerpro.com;PHX_DCKT@squirepb.com

Jeffrey Garfinkle

on behalf of Creditor McKesson Corporation on behalf of itself and certain corporate affiliates jgarfinkle@buchalter.com,
lverstegen@buchalter.com;docket@buchalter.com

Jeffrey Garfinkle

on behalf of Interested Party McKesson Corporation jgarfinkle@buchalter.com
lverstegen@buchalter.com;docket@buchalter.com

Jeffrey N. Pomerantz

on behalf of Attorney Pachulski Stang Ziehl & Jones LLP jpomerantz@pszjlaw.com scho@pszjlaw.com

District/off: 0974-3
Date Rcvd: May 02, 2025

User: Admin.
Form ID: pdf01

Page 3 of 3
Total Noticed: 2

Jeffrey N. Pomerantz	on behalf of Other Prof. FTI Consulting Inc. jpomerantz@pszjlaw.com, scho@pszjlaw.com
Jeffrey N. Pomerantz	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com scho@pszjlaw.com
Keith H. Rutman	on behalf of Creditor Waleed Stephen D.D.S. krutman@krutmanlaw.com
Kelly Ann Mai Khanh Tran	on behalf of Creditor Anna Navarro kelly@smalllawcorp.com emma@smalllawcorp.com
Kenneth K. Wang	on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kenneth K. Wang	on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kirsten Martinez	on behalf of Creditor Wells Fargo Bank N.A., d/b/a/ Wells Fargo Auto kirsten.martinez@bonialpc.com, Notices.Bonial@ecf.courtdrive.com
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Steven W Golden	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation sgolden@pszjlaw.com
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TOTAL: 53