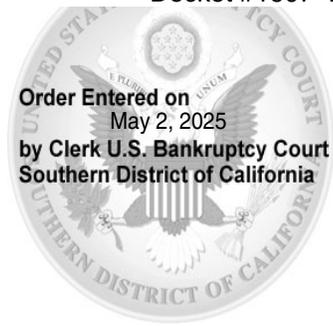


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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.
22-02384-LT11

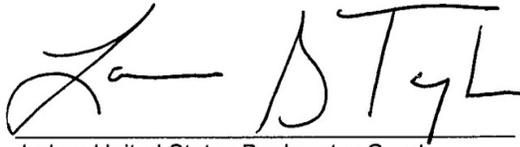
**ORDER ON
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND
NICOLAS TRANSITO REGARDING CLAIM NO. 244**

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.

/

//

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

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

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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,**
20 Debtor and Debtor in
21 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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1 Borrego Community Health Foundation, the debtor and debtor in possession
2 (prior to the effective date of the Plan (defined below), the “Debtor,” and after the
3 effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11
4 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego
5 Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the
6 CoLiquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) the
7 and Nicolas Transito (the “Claimant”, and collectively with the Post-Effective Date
8 Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”)
9 hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the*
10 *Liquidating Trustee, the Co-Liquidating Trustees and Nicolas Transito Regarding*
11 *Claim No. 244.*

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16 **RECITALS**

17 WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for
18 relief under chapter 11 of title 11 of the United States Code commencing Case No.
19 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the
20 Southern District of California;

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

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

28 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 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
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 7. The terms, covenants, conditions, and provisions of this Stipulation
28 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

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TANIA M. MOYRON

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

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

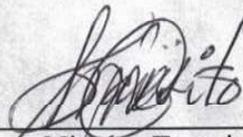
12 Dated: April 22, 2025

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



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Nicolas Transito

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? NICOLAS TRANSITO
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? No
 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)**
NICOLAS TRANSITO
NICOLAS TRANSITO
77 E 7TH STREET, SUITE C
UPLAND, California 91786, United States
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Contact phone 9099462124 Contact phone _____
Contact email silviatransito@gmail.com Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed? No
 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? No
 Yes. Who made the earlier filing? _____



2202384240222000000000003

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? \$ <u>4669</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>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. 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
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 type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<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.

\$ 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 _____

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: NICOLAS TRANSITO NICOLAS TRANSITO 77 E 7TH STREET, SUITE C UPLAND, California, 91786 United States Phone: 9099462124 Phone 2: 9097145714 Fax: 9099462128 Email: silviatransito@gmail.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 4669	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 4669 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: SILVIA TRANSITO on 22-Feb-2024 3:50:39 p.m., Eastern Time Title: MANAGER Company: 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	procedures	claim_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,D!	Correction	0	1396
11/3/2020	D7140,D72	Correction	0	1396
11/3/2020	D5003.1,D!	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,D!	Correction	0	1732
11/2/2020	D5002.1,D!	Correction	0	1732
11/2/2020	D5003.1,D!	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	

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

User: Admin.
Form ID: pdfO1

Page 2 of 3
Total Noticed: 2

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

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

Eric J Beste
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Eric J Beste
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Gerald N. Sims
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Haeji Hong
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