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In re

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6	Attornova for the Boot Effective Deta
	Attorneys for the Post-Effective Date Debtor and the Co-Liquidating Trustee
7	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [
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12	
	Attorneys for the Co-Liquidating Trustee

## SOUTHERN DISTRICT OF CALIFORNIA

Case No. 22-02384-11

17	BORREGO COMMUNITY	Chapter 11 Case
18	HEALTH FOUNDATION,	Judge: Honorable Laura S. Taylor
19	Debtor and Debtor in Possession.	STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,
20		THE LIQUIDATING TRUSTEE, THE
21		CO-LIQUIDATING TRUSTEES, AND YONG HEE LEE DDS INC.
22		REGARDING CLAIM NOS. 248, 249, 250,
23		251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268,
24		269, 270, 271, 272, 273, 274, 275, 276, 277,
25		278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295,
26		296, 297, 298, 299, 300, 301, 302, 303, and
27		304
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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 Co-Liquidating Trustees of the Liquidating Trust (the "Co-Liquidating Trustees"), and Yong Hee Lee DDS Inc. (the "Claimant", and together 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 Yong Hee Lee DDS Inc. Regarding Claim Nos. 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, and 304.

#### 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].

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	WHE	REA	S, af	ter th	e Cla	aims	Bar I	Date,	Clair	nant	filed	clain	nun	bers	248,
249,	250,	251,	252,	253,	254,	255,	256,	257,	258,	259,	260,	261,	262,	263,	264,
265,	266,	267,	268,	269,	270,	271,	272,	273,	274,	275,	276,	277,	278,	279,	280,
281,	282,	283,	284,	285,	286,	287,	288,	289,	290,	291,	292,	293,	294,	295,	296,
297,	298,	299,	300, 3	301, 3	02, 3	03, a	nd 30	4 (co	llectiv	ely,	the "C	Claims	s") as	follo	ws:

6			
7	Claim No.	Date Filed	Filed Amount
	248	4/1/2024	\$ 5.00
8	249	4/1/2024	\$ 150.00
	250	4/3/2024	\$ 1,600.00
9	251	4/2/2024	\$ 1,500.00
	252	4/2/2024	\$ 1,505.00
10	253	4/2/2024	\$ 1,750.00
	254	4/2/2024	\$ 305.00
11	255	4/2/2024	\$ 480.00
12	256	4/2/2024	\$ 305.00
	257	4/2/2024	\$ 1,500.00
13	258	4/2/2024	\$ 255.00
	259	4/2/2024	\$ 10.00
14	260	4/2/2024	\$ 1,270.00
15	261	4/2/2024	\$ 5.00
13	262	4/2/2024	\$ 505.00
16	263	4/2/2024	\$ 1,500.00
	264	4/2/2024	\$ 560.00
17	265	4/3/2024	\$ 100.00
10	266	4/3/2024	\$ 300.00
18	267	4/3/2024	\$ 255.00
19	268	4/3/2024	\$ 3,205.00
13	269	4/3/2024	\$ 305.00
20	270	4/3/2024	\$ 100.00
53.	271	4/3/2024	\$ 505.00
21	272	4/3/2024	\$ 585.00
22	273	4/3/2024	\$ 5.00
22	274	4/3/2024	\$ 100.00
23	275	4/3/2024	\$ 800.00
	276	4/3/2024	\$ 600.00
24	277	4/4/2024	\$ 10.00
	278	4/4/2024	\$ 150.00
25	279	4/4/2024	\$ 255.00
26	280	4/4/2024	\$ 305.00
20	281	4/5/2024	\$ 255.00
27	282	4/5/2024	\$ 1,955.00
	283	4/5/2024	\$ 3,000.00
28	284	4/5/2024	\$ 305.00

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5.3	Total Amount	of Filed Claims	\$ 51,970.00
12	304	4/15/2024	\$ 5.00
61	303	4/15/2024	\$ 3,000.00
11	302	4/5/2024	\$ 1,015.00
10	301	4/5/2024	\$ 3,300.00
10	300	4/5/2024	\$ 305.00
9	299	4/5/2024	\$ 305.00
	298	4/5/2024	\$ 3,100.00
8	297	4/5/2024	\$ 1,250.00
	296	4/5/2024	\$ 4,500.00
7	295	4/5/2024	\$ 15.00
0	294	4/5/2024	\$ 455.00
6	293	4/5/2024	\$ 1,950.00
5	292	4/5/2024	\$ 255.00
	291	4/5/2024	\$ 415.00
4	290	4/5/2024	\$ 230.00
	289	4/5/2024	\$ 255.00
3	288	4/5/2024	\$ 1,655.00
2	287	4/5/2024	\$ 505.00
2	286	4/5/2024	\$ 3,010.00
1	285	4/5/2024	\$ 145.00

Copies of the Claims are attached hereto as Exhibits 1-57, respectively.

WHEREAS, the Liquidating Trust was established pursuant to the *First Amended Joint Combined Disclosure Statement and Chapter 11 Plan of Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the "Plan"), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the "Confirmation Order"), and that certain *Liquidating Trust Agreement*, dated as of February 14, 2024 (the "Liquidating Trust Agreement");

WHEREAS, the Co-Liquidating Trustees have reviewed the Debtor's books and records and have reconciled the Claims to the aggregate amount of \$36,290.00 (the "Reconciled Claim Amount").

WHEREAS, Claimant and the Co-Liquidating Trustees are in dispute over the Claims, both as to the validity of the Reconciled Claim Amount and whether Claimant has sufficient evidence of excusable neglect to avoid having the Claims disallowed as late filed.

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WHEREAS, the Parties have agreed to resolve their dispute regarding the Claims as set forth herein.

#### STIPULATION

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

- Claim 248 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 249 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 250 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 4. Claim 251 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 252 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 253 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 254 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 255 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 256 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 10. Claim 257 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 258 shall be disallowed and expunged from the claims register maintained by the claims agent.
  - 12. Claim 259 shall be disallowed and expunged from the claims register

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maintained by the claims agent.

- Claim 260 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 14. Claim 261 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 262 shall be disallowed and expunged from the claims register 15. maintained by the claims agent.
- 16. Claim 263 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 264 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 265 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 19. Claim 266 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 267 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 21. Claim 268 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 22. Claim 269 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 23. Claim 270 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 271 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 25. Claim 272 shall be disallowed and expunged from the claims register maintained by the claims agent.
  - Claim 273 shall be disallowed and expunged from the claims register

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maintained by the claims agent.

- Claim 274 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 28. Claim 275 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 29. Claim 276 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 277 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 278 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 32. Claim 279 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 280 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 34. Claim 281 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 282 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 36. Claim 283 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 284 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 38. Claim 285 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 286 shall be disallowed and expunged from the claims register maintained by the claims agent.
  - 40. Claim 287 shall be disallowed and expunged from the claims register

maintained by the claims agent.

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- 41. Claim 288 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 42. Claim 289 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 43. Claim 290 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 44. Claim 291 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 45. Claim 292 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 46. Claim 293 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 47. Claim 294 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 48. Claim 295 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 49. Claim 296 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 50. Claim 297 shall be disallowed and expunged from the claims register maintained by the claims agent.
- Claim 298 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 52. Claim 299 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 53. Claim 300 shall be disallowed and expunged from the claims register maintained by the claims agent.
  - 54. Claim 301 shall be disallowed and expunged from the claims register

- 55. Claim 302 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 56. Claim 303 shall be disallowed and expunged from the claims register maintained by the claims agent.
- 57. Claim 304 shall be allowed as a general unsecured claim in the amount of \$27,217.50. (the "Allowed Claim Amount").
- 58. The Claimant shall not file any additional proofs of claim, nor will the Claimant amend (or seek to amend) the Claims.
- 59. Within thirty (30) days of entry of the order approving this Stipulation, and after Claimant has provided a completed W-9 to the Co-Liquidating Trustees, the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to the Plan.
- 60. In consideration of the agreements with and value provided herein and other good and valuable consideration, the Parties hereby waive, remise, release and forever discharge the other, including each of their respective former and current predecessors, successors, assigns, subsidiaries, parent companies, shareholders, partners, members, managers, investors directors, officers, accountants, attorneys, employees, agents, representatives and servants of, from and against any and all claims, actions, causes of action, suits, proceedings, defenses, counterclaims, contracts, judgments, damages, accounts, reckonings, executions, and liabilities whatsoever of every name and nature, whether known or unknown, whether or not well-founded in fact or in law, and whether in law, at equity or otherwise, which either Party ever had or now has for or by reason of any matter, cause or anything whatsoever to this date, relating to or arising out of the Chapter 11 Case.
- 61. Each of the Parties to the Stipulation acknowledge that they are familiar with California Civil Code Section 1542 and with respect to the matters

released herein, each Party expressly waives any and all rights under California Civil Code Section 1542 and under any other federal or state statute or law of similar effect. California Civil Code Section 1542 provides:

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

- 62. The Claimant hereby warrant that the Claimant (a) is authorized and empowered to execute this Stipulation on behalf of the Claimant, (b) has read this Stipulation in its entirety and fully understand and accept the terms set forth herein, (c) has had an opportunity to consult with legal counsel and any other advisors of the Claimant's choice with respect to the terms of this Stipulation, and (d) are signing this Stipulation on the Claimant's own free will.
- 63. 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.
- 64. 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.
- 65. The Court shall retain jurisdiction over all matters relating to the interpretation and enforcement of this Stipulation.

Dated: May <u>7</u>, 2025

DENTONS US LLP SAMUEL R. MAIZEL TANIA M. MOYRON

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

	Case	22-02384-LT11	Filed 05/07/25	Entered 05/07/25 08:04:02 Doc 1611 Pg. 11 of 297
				5. 25.
	1	Dated: May <u>7</u>	_, 2025	PACHULSKI STANG ZIEHL & JONES LLP Jeffrey N. Pomerantz Steven W. Golden
	2			Steven W. Golden
	3			By/s/ Steven W. Golden
	5			By <u>/s/ Steven W. Golden</u> Steven W. Golden Attorneys for the Co-Liquidating Trustee
	6			
	7	Dated: April 2	<u>8</u> , 2025	YONG HEE LEE DDS INC.
	8			Du meles
	9			By:
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# **EXHIBIT 1**

Claim #248 Date Filed: 4/1/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	Bankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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, explain in an attachment.

Do not send original documents; they may be destroyed after scanning. If the documents are not available,

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.

Pa	art 1: Identify the Clai	m ————————————————————————————————————	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	nc.
		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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  What Hee Del DDS Inc.  Nample Hespena Rd. St.C.  Number Street A. 92395  City State ZIP Code  Country 110 - 202-421-1	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code
	APR 0 1 2024	Contact phone 100 - 243 - 436 (contact email 100 + 1243 - 436	Contact phone  Contact email  ne):
	3.0000000000000000000000000000000000000	NAMA(3 — — — — — — — — — — — — — — — — — — —	
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	1 35 T TTT

Official Form 410

Proof of Clain



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 14 of 297

	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
3.	Do you have any number you use to identify the	No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor. 9868
	How much is the claim?	Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
The state of the s	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.
	is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
	RECEIVED APR 0 1 2024	Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)%
K	URTZHANCARSONCONSULT	Fixed  Variable
	s this claim based on a ease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
r	s this claim subject to a ight of setoff?	No  Yes. Identify the property:

Entered 05/07/25 08:04:02 Case 22-02384-LT11 Filed 05/07/25 Doc 1611 of 297 Is all or part of the claim Ø No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company Address KURIZWAN CARSON CONS Lee Office manage

Contact phone

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Date of Birth (N	al-FDD/CCY	Y)	7. Gende	ler 8. Policyty	older/Subsci	riber ID (S	SN or IO#)							
		i	M	F										
Plan/Group Nut	mber	i	10 Pate	ents Relationship to P	Person name	ed in #5								
			Sel	ff Spouse	Depend	dent	Other							
T. Other Insuranc	ce Cempany	Dental I	Bensii I	Plan Name, Address,	City, State, :	Zip Code								
RECORD OF 5	ERVICES													
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# **EXHIBIT 2**

Claim #249 Date Filed: 4/1/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	Bankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

Pa	Identify the Clai	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRB) 2002 (F	Where should notices to the creditor be sent?    White   County   Contact phone   Contact email   Company   Company   Company   Contact email   Company   Co	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	mm / DD / TTTT

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 19 of 297

Yes. The claim is secured by a lien on property.   Nature of property:	P	art 2: Give Information A	bout the Claim as of the Date the Case Was Filed
Bow much is the claim?   Does this amount include interest or other charges?   No	6.	you use to identify the	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
Attach redacted copies of any documents supporting the claim required by Bankruptory Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.    Secured	7.	How much is the claim?	\$
Yes. The claim is secured by a lien on property:	8.		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount of the claim that is unsecured:  \$	9.		Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien.
Amount necessary to cure any default as of the date of the petition:  APR 0 1 2024  Annual Interest Rate (when case was filed)			Amount of the claim that is secured: \$  Amount of the claim that is unsecured: \$(The sum of the secured and unsecured
Fixed Variable  0. Is this claim based on a lease?  Yes. Amount necessary to cure any default as of the date of the petition.  1. Is this claim subject to a right of setoff?		RECEIVED  APR 0 1 2024	Amount necessary to cure any default as of the date of the petition: \$
Yes. Amount necessary to cure any default as of the date of the petition.  1. Is this claim subject to a right of setoff?  No	RI	BIANCARSON CONSULTANT	Fixed
right of setoff?			<u></u>

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 20 of 297

12	entitled to priority under	☑ No						
	11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority					
	A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$					
	in some categories, the law limits the amount entitled to priority.	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).	\$					
	planty.	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.	\$					
L		* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun	n on or after the date of adjustment.					
13		₩ No						
	pursuant to 11 U.S.C. § 503(b)(9)?	Yes, Indicate the amount of your claim arising from the value of any and						
		Yes. Indicate the amount of your claim arising from the value of any goods recording before the date of commencement of the above case, in which the goods the ordinary course of puch Debtor's business.	house been said to the Date of					
		and ordinary course of such Deptor's business. Attach documentation supporting	g such claim.					
		\$						
Pa	art 3: Sign Below							
Tł	e person completing	Check the appropriate box:						
	s proof of claim must an and date it.	I am the creditor.						
	BP 9011(b).	I am the creditor's attorney or authorized agent.						
If y	ou file this claim ctronically, FRBP							
50	05(a)(2) authorizes courts establish local rules	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
sp is.	ecifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
	person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor range the delay and the condition range that the condition range t	gement that when calculating					
fra	udulent claim could be	the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.  I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.						
im	ed up to \$500,000, prisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.	e information is true and correct.					
	ars, or both. U.S.C. §§ 152, 157, and	ma lagra and						
35	71.	Executed on date US 128 100 19						
		my						
		Signature						
		Print the name of the person who is completing and signing this claim:						
		Name    Middle name   Last n	eme					
		Title Dentist						
	RECEIVED	Company  Light The Company of the authorized agent is a servicer.						
	APR 0 1 2024	Address 121011 Hespena Ro Ste C						
20 CC		Number Street 1 CA 97.2015						
	TZMAN CARSON CONSULTAR	City State ZIP Cod	e Country					
	,		Office managera					
		•	amaio) com					

Official Form 410

Proof of Claim page 3

Case 22- ADA American Deni	02384- al Asso	LT11 Filed ( ciation" <b>Dent</b>	5/07/25 al Clain	FOR	tered 05/0	)7/2	5 08:04:02	Doc 161	1 Pg. 21	
HEADER INFORMATION					291					
Type of Transaction (Mark all appli	cable boxes)									
Statement of Actual Services	F	Request for Predetermination	n Presulhorizat	ion	1					
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2 Prexteterromation/Preauthorization	Number									
INSURANCE COMPANY/DEN										
Company/Plan Name, Address, Cl Borrec=0 HPaHh Clo Kic Aaa N.Paaific	Claite Claite	SPhiessiul C	enter							
aaa N.Yaaific El Segundo (			W							
OTHER COVERAGE (Mark apple		·	one leave blani	k 1						
4 Frenteil? Medical?		oth, complete 5-11 for deni								
5 Dame of Policyholder/Subscriber i										
S Date of Birth (NIM/DD/CCYY)	7. Gerider	8. Policyholder/Sut	oscober ID (SSN	i or ID#)						
9 Plan/Group Number		s Relationship to Person na	amed in #5	ther						
11. Other Insurance Company/Dente			ـــــ							
REGORD OF SERVICES PRO	//DED									:
24 Procedum Date 25, Are	a 26.	27, Tooth Number(s)	28 Tooth	29. Proc	edure 29a, Diag.	295.				
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10	1 - 1					<del>                                     </del>		-		:
33 Idissing Teeth Information (Place	an 'X' on ea	ch missing tooth.)	34.	Diagnosis	Code List Qualifier	<del>'</del>	( ICD-9 = 8; ICD-1	0 = AB }	31a. Olher	
3 <b>X</b> X 4 5 6 7					is Code(s)	Α.			Fee(s)	
30 31 30 29 28 27 26 26 Remarks		23 22 21 20 19	18 17 (Pri	mary diag	phoses in "A")	B		D	32. Total Fee	150.00
AUTHORIZATIONS					ANCHIARY	1 ABRE	TREATMENT INF	OPMATION		
36.1 have been informed of the treatr	nent plan and	l associated fees it agree to	be responsible	for all	38. Place of Treat				9. Enclosures (Y or N)	
charges for denial services and n law, or the treating dentist or denti	aterials not p	aid by my dental benefit pla	in, unless prohib	ited by	1	<u> </u>	ice Codes for Professiona			
or a portion of such charges. To the of my protected health information	o extent per	nitted by law, I consent to y	our use and disc	dostre	40, is Treatment	for Ortho	adontics?	41,	Date Appliance Place	(MM/DD/CCYY)
Signature on File	, en ∈en h eng		/29/2024	unii 11.	X No (Si	kip -11-4;	2) Yes (Complet	e 41-42)		
Pation/Guardian Signature		Da			42, Months of Tre Remaining	alment	43. Replacement o	Prosthesis 44.	Date of Prior Placeme	nl (MM/DD/CCYY)
<ol> <li>Thereby authorize and direct pay to the below named dentist or de</li> </ol>		ientai benetits otherwise p	ayable to me, di	rectly	45. Treatment Re	sulting f	<u></u>	-		
X Signature on File		03	/29/2024		Оссир	ational i	liness/injury	Auto accident	Other socide	าเ
Subscriber Signature		Da	ite		46. Date of Accid	ent (MM	/DD/CCYY)		47. Auto Accid	ent State
BILLING DENTIST OR DENT			dental entity is:	not	TREATING DI	ENTIST	AND TREATMEN	IT LOCATION	INFORMATION	
submitting claim on behalf of the pal 40 Name, Address, City, Stats, Zip Yonghee Lee		d/subscriber )				) or have	e procedures as indica e been completed.	ated by date are in	progress (for procedu 03/29/202	
12611 Hesperia Ro	i.				X					· -
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	Li684834	mber 51. SS	22169868		Victorvill	е		<u> </u>	23958307	:
Phone 760 - 243	4366	52a, Additional Provider ID			57. Phone Number (	760	<del>243 4366-</del>	58. Additions Provider		
© 2012 American Dental Aca		LI ISBNOLI			- sonasei .				*	all 800 047 4746

# **EXHIBIT 3**

Claim #250 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
Case number	22-02384

#### Official Form 410

#### **Proof of Claim**

)4/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair	Inc.
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?  MMM Hel Lel DDS The.	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Nample 1 Hespena Rd. Stac Number Street A. 92395	Name Number Street
	RECEIVED 3	City State ZIP Code  Country  Contact phone 140 - 243 - 4366	City State ZIP Con  Country  Contact phone
	PR 0 3 2024 * ** ** ** ** ** ** ** ** ** ** ** ** *	Contact email Lel Offi Cl Manager (or Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact email
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed a proof of claim for this claim?	No  Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 24 of 297

Part 2: Give I	nformation Al	bout the Cla	aim as of the Date the Case Was Filed		
Do you have	Do you have any number you use to identify the				
debtor?	lentity the	Yes.	Last 4 digits of the debtor's account or any r	number you use to id	entify the debtor: 9868
How much is	s the claim?				TUE
	•	\$ <u> </u>	00 . 00 Does this		terest or other charges?
			Yes	s. Attach statement it charges required b	temizing interest, fees, expenses, or other by Bankruptcy Rule 3001(c)(2)(A).
What is the b	asis of the	Examples	s: Goods sold, money loaned, lease, services	performed, persona	l injury or wrongful death, or credit card.
J			dacted copies of any documents supporting t		
		Limit discl	losing information that is entitled to privacy, s	uch as health care in	nformation.
			Dental		<del></del>
Is all or part	of the claim	Ø No			
secured?		Yes.	The claim is secured by a lien on property.		
			Nature of property:		
			Real estate: If the claim is secured by Claim Attachment (Official Form 410-A	the debtor's principa A) with this <i>Proof of C</i>	Il residence, file a Mortgage Proof of Claim.
			Motor vehicle		
			Other. Describe:		
			Basis for perfection:		
			Attach redacted copies of documents, if any example, a mortgage, lien, certificate of title has been filed or recorded.)	y, that show evidence , financing statement	e of perfection of a security interest (for t, or other document that shows the lien
			Value of property:	\$	<del>_</del>
DEC		Se.	Amount of the claim that is secured:	\$	_
	2024	i.	Amount of the claim that is unsecured:	\$	(The sum of the secured and unsecured amount should match the amount in line 7.
ALIV.	0 2027		Amount necessary to cure any default as	of the date of the pe	etition: \$
KURTZMAN CAR	TURROD NO	ANTS	•		
NOTTI ZIGITA OTTA	0011 0011000		Annual Interest Rate (when case was filed	)%	
			Fixed		
			☐ Variable		
ls this claim b	ased on a	No			
		Yes. A	Amount necessary to cure any default as	of the date of the pe	etition. \$
ls this claim s		☑ No			
- Sur or secon		Yes. Id	dentify the property:		e e e e e e e e e e e e e e e e e e e
			e e e e e e e e e e e e e e e e e e e		
				<del></del>	

Official Form 410

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 25 of 297 12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? A claim may be partly Percette support billion for a first time of the claim entitled to priority under 12 Percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percette support billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled to priority under 15 percent billion for a first time of the claim entitled time of the claim entitled to priority under 15 percent entitled to priority under 15 per

entitled to priority.	Amount entitled to prior
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	
law limits the amount entitled to priority.	\$
Wagan polories on a survival	ourchase, lease, or rental of property or ousehold use. 11 U.S.C. § 507(a)(7).
days before the bankruptcy petition whichever is earlier. 11 U.S.C. § 50	(up to \$15,150*) earned within 180 n is filed or the debtor's business ends, \$
☐ Taxes or penalties owed to govern	nental units. 11 U.S.C. § 507(a)(8).
Contributions to an employee bene	efit plan. 11 U.S.C. § 507(a)(5).
Other. Specify subsection of 11 U.	
	/25 and every 3 years after that for cases begun on or after the date of adjustmen
13   Is all or part of the claim pursuant to 11 U.S.C.   No	
days before the date of confinencemen	arising from the value of any goods received by the debtor within 20 at of the above case, in which the goods have been sold to the Debto usiness. Attach documentation supporting such claim.
\$	
Part 3: Sign Below	
The person completing this proof of claim must sign and date it.  FRBP 9011(b).  Check the appropriate box:	
If you file this claim	
electronically, FRBP	
to establish local rules specifying what a signature is.	r codebtor. Bankruptcy Rule 3005.
I understand that an authorized signature on this	s Proof of Claim serves as an acknowledgement that when calculating obtor credit for any payments received toward the debt.
	claim and have reasonable belief that the information is true and corre
imprisoned for up to 5 years, or both.	ing is true and correct.
,, o. Doui.	
18 U.S.C. §§ 152, 157, and Executed on date	
18 U.S.C. §§ 152, 157, and 3571. Executed on date	
18 U.S.C. §§ 152, 157, and Executed on date	ng and signing this claim:
18 U.S.C. §§ 152, 157, and 3571.  Executed on date $\frac{03/2 \cdot 8/2 \cdot 02 \cdot 1}{\text{MM / DD / YYYY}}$ Signature  Print the name of the person who is complete  Name	Hee Lee
18 U.S.C. §§ 152, 157, and 3571.  Executed on date $\frac{03/2 \cdot 8/2 \cdot 02 \cdot 4}{MM / DD / YYYY}$ Print the name of the person who is complete.  Name  First rame	ng and signing this claim:  Hele  Middle name  Last name
Signature  Print the name of the person who is complete  Name  Title  Company  Executed on date  D3 [2 8 [2 0 2 4]  MM / DD / YYYY  MM / DD / YYYY  Signature  Print the name of the person who is complete  Lambda APR (1 3 2024 Company)	Hee Lee
18 U.S.C. §§ 152, 157, and 3571.  Executed on date 13 (2 8 (2 0 2 4))  Signature  Print the name of the person who is complete  Name  Title  APR 0 3 2024  Company  Executed on date 13 (2 8 (2 0 2 4))  First rame  Light St  Light Type Company  APR 0 3 2024	Hee Lel Middle name Last name  Lel DDS Thc.
Signature  Print the name of the person who is complete  Name  Title  Company  Executed on date  D3 [2 8 [2 0 2 4]  MM / DD / YYYY  MM / DD / YYYY  Signature  Print the name of the person who is complete  Lambda APR (1 3 2024 Company)	Hee Lel Middle name Last name  Lel DDS Thc.
Title  APR 0 3 2024  ZMAN CARSON CONSULTANTS  Executed on date  D3 2 8 2 02 4  Executed on date  Executed on date  D3 2 8 2 02 4  Executed on date  D3 2 8 2 02 4  Executed on date  Executed on date  D3 2 8 2 02 4  Executed on date  Executed on date  D3 2 8 2 02 4  Executed on date  Executed	Hee Lel Middle name Last name  Lel DDS Thc.

Official Form 410

Proof of Claim page 3 gmael.com

	A American Den	taf As	4-L-111 sociation <sup>®</sup> <b>Den</b> t	al Claim	Form	ered ( 907	)5/(	)7/25	5 08:04:02 Doc 161:	1 Pg. 26	
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File	Meismenaten/Preauthorization	Number									
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. Liet	le of Birth (MM/DD/CCYY)	7. Gend		stribet ID (SSN o	r 10#)						
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i. 1 <sup>-4</sup> 8	an/Group Number	19. Pati	ents Relationship to Person na If Spouse Dep	rmed in #5 endent   Dibe	it.						
 !1, Or	ther Insurance Company/Denta	<u> </u>									
	,										
EC/	ORD OF SERVICES PRO			,					,		
	24 Procedure Date of On (MM:DD/CCYY)		27. Tooth Number(s) or Letter(s)	28 Tooth : Surface	29, Proces		Diag.	29b. Oty.	30 Description		31. Fee
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	issing Teeth Information (Place 2 3 4 5 6 7					Code List Qu	uelifier		( ICD-9 = B; ICD-10 = AB )	31a. Other Fee(s)	
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AUT	HORIZATIONS					ANCILLA	RY C	LAIM	TREATMENT INFORMATION		
96 JE	have been informed of the treat harges for dental services and n					38. Place of		<del>'</del>		3. Enclosures (Y or N)	
	lw or the treating dentist or dent ria portion of such charges. To t	al practice	has a confractual agreement w	ith niy plan prohibil	ting all				ce Codes (or Professional Claims')		
ch las	my protected health informatio		outpayment activities in conne			40. is Treat الم		lor Ottho kip 41-42	ſ	Sale Appliance Flace	I (MM/DD/CCY
ch las or			Da		— t	<u>' ليبا'</u> 42. Months				Date of Prior Placemen	il (MM/DD/CC)
ch las or et	Signature on File			,		Remain			No Yes (Complete 44)		. (
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ch las or et X Fa	ation!:Tavardian Signature his aby authorize and direct pa or the below named dentist or di		у.	29/2024			Occup	ational il		Other accide	
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### **EXHIBIT 4**

Claim #251 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at https://epoc.kcclic.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Bankruptcy Court for the Southern District of California
Case number	22-02384

#### Official Form 410

#### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Enc.		
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?  Nample 111 (2015)	Where should pedifferent)	nyments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Victoriale A. 92395 City State ZIP Code	Number Street	State	ZIP Code
	RECEWED	Country Contact phone 760-243-4366	Country Contact phone		
ŀ	APR 0 2 2024	Contact email LLOFFI CLM MAGER (CO) Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact email		
700	ANCARSONCONSULTAN	<u>~</u>		<del></del>	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	) / YYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		wave 7 DE	, 1111

Official Form 410

Proof of C



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 29 of 297

R	art 2: Give Information Ab	pout the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	\$ Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  (The sum of the secured and unsecured amount should match the amount in line 7.)
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 2 2024	Annual Interest Rate (when case was filed)%  Fixed
K	URTZHANCARSONCONSULTA	WVS Variable
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	. Is this claim subject to a right of setoff?	No Yes. Identify the property:

12.	Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	No Chack all that are he	. •	Amount entitled to priority				
	A claim may be partly priority and partly	Yes. Check all that apply:  Domestic support obligat 11 U.S.C. § 507(a)(1)(A)	tions (including alimony and child suppo ) or (a)(1)(B).					
	nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$3,350* of deposit	ts toward purchase, lease, or rental of smily, or household use. 11 U.S.C. § 50	property or 7(a)(7). \$				
		Wages, salaries, or com days before the bankrup whichever is earlier. 11 l	nmissions (up to \$15,150*) earned with otcy petition is filed or the debtor's busi U.S.C. § 507(a)(4).	in 180 ness ends, \$				
		Taxes or penalties owed	to governmental units. 11 U.S.C. § 507	(a)(8). \$				
		Contributions to an emp	oloyee benefit plan. 11 U.S.C. § 507(a)(	5). \$				
		Other. Specify subsection	on of 11 U.S.C. § 507(a)() that applie					
		* Amounts are subject to adjustn	ment on 4/01/25 and every 3 years after that f	or cases begun on or after the date of adjustment.				
13.	Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	days before the date of com	mencement of the above case, in whic Debtor's business. Attach documentati	y goods received by the debtor within 20 th the goods have been sold to the Debtor in on supporting such claim.				
Th	rt 3: Sign Below	Check the appropriate box:						
sig	s proof of claim must in and date it.	I am the creditor.						
- 1	BP 9011(b). rou file this claim	I am the creditor's attorney or a	uthorized agent.					
elė	ot life this claim ctronically, FRBP 05(a)(2) authorizes courts	I am the trustee, or the debtor, o	or their authorized agent. Bankruptcy R	.tle 3004.				
to	establish local rules ecifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
is.	sonying what a signature	understand that an authorized signa	ature on this <i>Proof of Claim</i> serves as a	n acknowledgement that when calculating				
	person who files a udulent claim could be	ne amount of the claim, the creditor	gave the debtor credit for any payments	received toward the debt.				
fin	ed up to \$500,000, prisoned for up to 5	have examined the information in the declare under penalty of perjury that		belief that the information is true and correct.				
ye	ars, or both. U.S.C. §§ 152, 157, and	-27 L2 10						
35		Executed on date US   28   0 MM / DD / YY	W 1					
		Signature		<u>.</u>				
		Print the name of the person who i	is completing and signing this claim					
		lame <u>IMM</u>	Hee Middle name	Last name				
		Tite Dentist	<u> </u>					
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Official Form 410

Proof of Claim page 3 gmael.com

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X Subscriber Signature Date							46. Date of Accident (MM:DD/CCYY) 47. Auto Accident State								
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## **EXHIBIT 5**

Claim #252 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case:									
Debtor	Borrego Community Health Foundation								
United States Bankruptcy Court for the Southern District of California									
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1: Identify the Clai	m				
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	FAC.			
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 notices to the creditor be sent?  Nample	Where should payments to the creditor be sent? (if different)			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street			
	RECEWED	Country	City State ZIP Code			
1	APR 0 2 2024	Contact phone TUO-243-4366 Contact email Lel Office Manager Contact email	Contact phone Contact email			
<b>ZM</b>	AN CARSON CONSULTANT		one):			
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on			
5.	Do you know if anyone else has filed a proof of claim for this claim?	No  Yes. Who made the earlier filing?				

Official Form 410

Proof of Clai



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 34 of 297

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the	□ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: $986$
7.	How much is the claim?	1505 00
		\$ Does this amount include interest or other charges?
		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.
	ounit,	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.
		Dental
9.		☑ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
	·	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
	! 	Other, Describe:
		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:
	 	Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
	RECEWED	Amount necessary to cure any default as of the date of the petition:
	APR 0 2 2024	Annual Interest Rate (when case was filed)%
	ZMAN CARSON CONSULTARITS	Fixed
וואוש	Tairii a ahno ai a a a a a a a a a a a a a a a a a a	Variable
10.	ls this claim based on a lease?	<b>⊠</b> <sup>2</sup> No
	rease ;	Yes. Amount necessary to cure any default as of the date of the petition.
1	Is this claim subject to a	
11.		Maria No
11.	right of setoff?	Yes. Identify the property:

Case 22-02384-LT11 Filed 05/07/25

Official Form 410

**Proof of Claim** page 3

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to the below named dential or dental entity.							45. Treatment Res	-		7			
X Signature on File 03/28/2024							Occupational illness/injury Auto accident Other accident						
Subscriber Signature Date							46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State						
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Claim #253 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	ormation to identify the case:
Debtor	Borrego Community Health Foundation
United States Ba	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

P	art 1: Identify the Clair	m 	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim.  Other names the creditor used with the debtor	hc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Why Hell DDS Thc.  Name    24    Hespeng Rd. Stec   Number Street   CA. 92395   City State ZIP Code   Country   Contact phone   Teo - 243-43le Good   Contact email   Lel Office Manager Good   Canada   Canada	
URI	ZHAN CARSON CONSULT	thiform claim identifier for electronic payments in chapter 13 (if you use of	one): 
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed onMM_/ 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?	

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 39 of 297

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	RECEWED APR 0 2 2024	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)%
KUR	TZHAN CARSON CONSULTANI	
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

Country Email Lel Office Manage

Official Form 410

**Proof of Claim** page 3

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Claim #254 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccilc.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Sankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	,		
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 notices to the creditor be sent?  Name	Where should pa	ayments to the creditor b	e sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street	State	ZIP Code
	RECEIVED	Country Contact phone 160 - 243-43660	Country		
	PR 0 2 2024	Contact email Lel Office Manager & Mail-Con Uniform claim identifier for electronic payments in chapter 13 (if you use	η		
	INCARSONCONSULTANT	3			
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	7 ww
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		ANIVA 7 DD	, 1111

Official Form 410

Proof of Claim page 1



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# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 45 of 297

Pa	Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	□ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	\$ 305.00 Does this amount include interest or other charges?
		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.
		Dental
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property.
		Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	·	Motor vehicle Other. Describe:
		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$  Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
	RECEWED	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 2 2024	Annual Interest Rate (when case was filed)%  Fixed
	KURTZHANCARSONCONSUL	AWIS Variable
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

12. Is,all or part of the clai		
entitled to priority und	aim 📈 No	and the
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount		\$
entitled to priority.	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 begu	n on or after the date of adjustment.
13. Is all or part of the clai pursuant to 11 U.S.C. § 503(b)(9)?		have been sold to the Debtor in
Part 3: Sign Below  The person completing this proof of claim must sign and date it.	Check the appropriate box:	
FRBP 9011(b).		
' <u> </u>	I I I am the creditor's attorney or authorized agent	
If you file this claim electronically, FRBP	I am the creditor's attorney or authorized agent.	
electronically, FRBP 5005(a)(2) authorizes court to establish local rules	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
electronically, FRBP 5005(a)(2) authorizes count to establish local rules specifying what a signature is.	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowled	gement that when calculating
electronically, FRBP 5005(a)(2) authorizes count to establish local rules specifying what a signature is.  A person who files a fraudulent claim could be	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to	ward the debt.
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electronically, FRBP 5005(a)(2) authorizes count 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.	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3/28/2024  Print the name of the person who is completing and signing this claim:  Name  Hall  Amage  Middle name  Last	ward the debt.  The information is true and correct.
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electronically, FRBP 5005(a)(2) authorizes count 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.	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  D3/28/2024  MM / DD / YYYY  Signature  Print the name of the person who is completing and signing this claim:  Name  First rame  Middle name  Last  Title  Company  Address  Address  Address	ward the debt.  The information is true and correct.  The information is true and correct.
electronically, FRBP 5005(a)(2) authorizes count 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.	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3/28/2024  MM / DD / YYYY  Signature  Print the name of the person who is completing and signing this claim:  Name  First rjame  Middle name  Last  Title  Company  Identify the comporate servicer as the company if the authorized agent is a service	ward the debt.  The information is true and correct.  The information is true and correct.

Official Form 410

Proof of Claim page 3

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[	Statement of Actual Se	ervices		Request for Predetermination	on/Preauthorizatio	u	1					
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T	24, Procedure Date	25 Area	26.	27. Tooth Number(s)	28 Teeth	29. Proced	dure 29a. Diag.	29b.	30, Des	réntira.		31. Fee
	(MM/DD/CCYY)	of Oral Cavity	Tooth System	or Letter(s)	Surface	Code	Pointer	Oty.	·	·		000.00
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33	Missing Teeth Information					Diagnosis (	Code List Qualifier		(ICD-9 = 8; ICD-10 = A8)		31a. Other Fee(s)	<u> </u>
				X10 X11 X 12 13 X 14X		. Diagnasis		Α	C		32. Total Fee	305.00
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35	Remarks											
<u> </u>	THORIZATIONS					T	ANCILLARY C	LAIM	TREATMENT INFORMAT	ION		
2.6	I have been informed of	the Irealm	ent plan	and associated fees. I agree	to be responsible (	or all	38. Place of Treat	nent 1	1 (e.g. #1=office; 22=O/P Hos	pital) 39. E	nclosures (Y or N	
	charges for dental service	es and me	aterials n proclice	et paid by my dentel benefit p has a confractual gareement	olan, uniess prohibi With my plan prohi	ited by ibiting off	(Use "Place	of Serv	ice Codes for Professional Claims')			
	or a portrop of such chies	ones. To the	a extent a	permitted by law, I consent to out payment activities in conn	VOLUTUSE AND DISC	osure	40. Is Treatment f			41. Dat	le Appliance Place	d (MM/DD/CCY)
Х	Signature on	File		. 03	3/29/2024		No (SI			nia del Dal	te of Prior Placema	nt (MM/DD/CCY
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	I bereby authorize and o to the helow named der	direct payr	neni of i	he dental benefits otherwise	payable to me, dir	ectly	45. Treatment Re	sulting	<u> </u>	· · · · · · · · · · · · · · · · · · ·		·m
37.	do the below camed def		iai enui		3/29/2024				iliness/injury Auto a	zident	Other accide	ent
37.					ate	_ <del>_</del> _ }	46. Date of Accid	ant (MM	1/DD/CCYY)		47. Auto Accid	eni State
×	Signature on		M FNT			fon			T AND TREATMENT LOC	ATION IN	ORMATION	
X	Signature on	R DENT					53. I hereby certif		he procedures as indicated by d			res thet require
X	Signature on			sured/subscriber.)								
X 81	Signature on Subscriber Signature LLING DENTIST OF bruilling claim on behalf Name, Address, City, S	of the pate tate, Zip C	ent or un	sured/subscriber.)	<u> </u>			) or hav	re heen completed.		03/29/201	24
Х Ві	Signature on Subscriber Signature LLING DENTIST OF bruthing claim on behalf Name, Address, City, S Yonghee Le	of the patr state, Zip C	ent or uns lode	stred/subscriber.)	<u> </u>		multiple visits Yonghe	) or hav			03/29/202	24 
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Claim #255 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	lankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	hc.		
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 notices to the creditor be sent?  Where should notices to the creditor be sent?	Where should pa	ayments to the creditor I	pe sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street	State	ZIP Code
	RECEWED	Country Contact phone 760-243-4366	Country Contact phone		
	APR 0 2 2024	Contact email LECHTI CONTAIN AGENTO O MAIL- CON Uniform claim identifier for electronic payments in chapter 13 (if you use			
	AN CARSON CONSULTAN	NS			
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ <b>Y</b> YY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			~-

Official Form 410

Proof of Claim page 1



22023842404020000000000008

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 50 of 297

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the	□ No O C 1 F
-	debtor? 	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  Amount of the claim that is secured:  \$
	RECEWEI	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: \$
	APR 0 2 202	Annual Interest Rate (when case was filed)%
	KURTZMAN CARSONCONS	
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

Entered 05/07/25 08:04:02 Doc 1611 Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim 囡 pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Name Title Company APR 0 2 2024 Address ZIP Code Country
Email Lel Dffi Cl Manage

Contact phone

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pc	J. 52
AD)A. Dental Claim Form	
HEADER INFORMATION	
1. Type of Transaction (Mark all applicable boxes)	
Ketalement of Actual Services Request for Predetermination/Preauthorization	
EPSDT/Titte XIX	
© Predotermination/Prenuthorization Number	
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION	
3. Companyipian Nama Addinss. City. State. Zip Code Processi No Center	
C/6 KCC aga N. Pacific Coast Hwy Ste 300 El Segundo Ca 90245	
OTHER COVERAGE  - Other Dental or Medical Coverage? XNo (Skip 5-11) Yes (Complete 5-11)	
Last least	
5 Name of Policynotider/Subscriber in #4 (Last, First, Middle Initial, Sulfix)	
Date of Birth (MM/DD/CCYY)     7. Gender 8 Pollcyholder/Subscaber ID (SSN or ID#)  M F	
9. Plan/Group Number 10. Patient's Relationship to Person Named in #5 Sett Spouse Depondent Other	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code	
RECORD OF SERVICES PROVIDED	
24. Procedure Date of Oral (MM/DD/CCYY) Cavity System or Letter(s) 28. Tooth Surface Code 30. Description	31. Fee
1 1/23/2020 JP 13 D2751 crown - porcelain fused to predominantly base n	neta 375.00
2 02/25/2021 JP 13 2810.10 Seat Crown	100.00
3 11/23/2020 JP D1999 Personal Protective Equipment	5.00
4	
6	
;	
9	
	2 0000
X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 18 A 8 C D E F G H I J	2. Other Fee(s)
23. (Place an X) on each meeting tooth	3. Total Fee
35. Remarks	480.00
AUTHORIZATIONS ANCILLARY CLAIM/TREATMENT INFORMATION	
	of Enclosures (00 to 99) high Oral Image(s) Model(s)
the treating dential services and materials not paid by my demail benefit plan, timese proriibited by law, or the treating dential profice has a contractual agreement with my plan prohibiting all or a portion of Theorem Provider's Office Hospital TECF Other	nija Cari trusgojsi Moštojs)
such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health	ance Plated (MM/OD/DCYY)
information to carry out payment activities in connection with this claim.  Signature on File  03/29/2024  X No (Stip 41-42)  Yes (Complete 41-42)	-
X Signification of the State Prior Page 142, Months of Treatment 143, Replacement of Prosthesis 7 44. Date Prior	Piacement (MM/DD/CCYY)
Remaining X No Yes (Complete 44)	,,
37   Insereby authorize and direct payment of the denial benefits otherwise payable to me, directly to the below named designs or denial entity.  45. Treatment Resulting from	
	Other accident
V Signature of the 60/20/2024	. Auto Accident State
Constitution and the second se	
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insuredisubscriber)  TREATING DENTIST AND THEATMENT LOCATION INFORMATION OF THE PATIENT AND THEATMENT LOCATION INFORMATION OF THE PATIENT OF THE PATIE	
visits) or have been completed.	
	3/29/2024
12611 Hesperia Rd. X Torigited Edd	Date
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	3G0001X
	7000 IV
49 NPI 50, License Number 51, SSN or TIN 12611 Hesperia Rd. 1760858153 64834 822169868 Victorville CA 923958	307
Victor vine O/C S20000	501
52 Phone (760) 243 4366   52A Additional   57, Phone (760) 243 -4366   58, Additional   Provider ID   59, Mumber (760) 243 -4366   Provider ID   59, Additional   Provider ID   51, Provider ID   52, Provider ID   54, Provider ID   54	Reorder call 1-800-947-4740

© 2006 American Dental Association
J400 (Same as ADA Dental Claim Form – J401, J402, J403, J404)

Claim #256 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccilc.net/BorregoHealth">https://epoc.kccilc.net/BorregoHealth</a>.

Fill in this inf	Fill in this information to identify the case:						
Debtor·	Borrego Community Health Foundation						
United States B	ankruptcy Court for the Southern District of California						
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	it 1: Identify the Clain	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Ling A Long A L	
		Linear	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



22023842404020000000000001

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 55 of 297

Pa	rt 2: Give Information Abo	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  (The sum of the secured and unsecured amount should match the amount in line 7.)
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
KUR	APR 0 2 2024  ZMANCARSONCONSULTANT	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	Is this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

2. Is all or part of the claim entitled to priority under	☑ No						
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority					
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).						
in some categories, the law limits the amount entitled to priority.	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).	\$					
chance to priority.	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 begur	n on or after the date of adjustment.					
3 Is all or part of the claim	⊠ No						
pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rece	aived by the debter 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	g such claim.					
	\$						
Part 3: Sign Below							
	· · · · · · · · · · · · · · · · · · ·						
he person completing his proof of claim must	Check the appropriate box:						
ign and date it. RBP 9011(b).	1 am the creditor.						
you file this claim	I am the creditor's attorney or authorized agent.						
electronically, FRBP 5005(a)(2) authorizes courts	l am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	•					
o establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
S.	I understand that an authorized signature on this Proof of Claim serves as an acknowledge	gement that when calculating					
A person who files a raudulent claim could be	the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
ined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the	e information is true and correct.					
mprisoned for up to 5 /ears, or both.	I declare under penalty of perjury that the foregoing is true and correct.						
18 U.S.C. §§ 152, 157, and 3571.	Executed on date <u>\(\frac{\frac}\firce{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\firigita}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{</u>						
	Signature						
		• •					
	Print the name of the person who is completing and signing this claim:						
	Name	<u>L</u>					
RECEIMEN	Title Dentist						
MARTINE	company UMA HEE LEE DDS Inc.						
APR 0 2 2024	Identify the comporate servicer as the company if the authorized agent is a servicer.						
, U E 6029	Address 12611 Hespena Ro Ste C						
KURTZHANCARSONCONSUL	MINTS Victorille, CA. 92395						
	Contact phone TUD-24-3-43/64 State ZIP Contact phone	de Country Country Williams Country Co					

-1 J	Case	22-0 enta	12384 1 Ass	4-LT11 Fi	iled 05/( Dental (	07/25 Claim	En Fort	tere	ed 05/0	)7/2!	5 08:04:02 Doc 16	611 F	<sup>2</sup> g. 57	
_	DER INFORMATION		1 530	OCIGCION E	- Cilitai	-	U	79	1					
iyı	pe of Transaction (Mark e	applica	ible boxe	es)				1						
	] Statement of Actual Se	rvices		Request for Predete	armanation/Pres	authorizat	ion	1						
[	FESOI / Time XIX													
Pir	∾Jetominalioo/Preauthal	rization ħ	umber											
	URANCE COMPANY													
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ċ	20 KCC		) 1		~									
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ł	El Secun	do	Ca	। अठवपः	5			:						
TŁ	TER COVERAGE (Ma	rk applic	able box	and complete items f	5-11. If none, I	eave bian	k.)							
. [,15	ental? Medic	al?	(1	If both, complete 5-11	for dental only	y.)		_						
M	ame of Policyholder/Subs	scriber in	#4 (Last	, First, Middle Initial,	Suffix)									
13.	ate of Birth (MM/DD/CCY	·v. I-	7. Gende	26 O Dinitional as	older/Subscribe	ar in reen	t or IO#A							
. LA	ate of Delta (lease-Dr.Cc.)	"	M [	— · ·	eu eu sanstaine	AL ID (22)	i ii iii iii ji							
. 14	lan/Group Number		10. Petre	ent's Relationship to P	erson named	ກ #5	•							
			Self	f Spouse [	Dependen	ıt 🔲 O	ther							
1, 0	Other Insurance Company	y/Dentol	Benefit P	Plan Name, Address. (	City, State, Zip	Code								
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EC	CORD OF SERVICES	25. Area		77 T		28 Tooth	29, Prom	-dura	29a. Diag.	29b.		-	· · · · · · ]	
	24. Procedure Date (MMrOD/CDYY)	of Oral Cavity	Tooth System	27. Tooth Number or Letter(s)		Surface	Cod		Pointer	City.	30, Description	*1		31.Fee
Ĭ	11/12/2020		JF				D491	0		1	periodontal maintenance			300.00
L	11/12/2020		JĦ				D199	9		1	Personal Protective Equip	om <u>ent</u>	<u></u>	5.00
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0		1	<b> </b>	<del> </del>			"-			<del>                                     </del>		•		
-	Missing Teeth Information	(Place a	an "X" on	each missing tooth.)	<del></del>	34	Diagnosis	Code i	List Qualifier		(ICD-9 = B; ICD-10 = A8)		31a, Other	-
	X 3 4 X6	<b>6</b> 7		) 16 tt 12X 13			a. Diagnosi	is Code	e(s)	Α	c		Fee(s)	
3	12 X X X X X X	27 26	X25 X24	4 X23 22 21 20	3 19X 18X	12X (P	nmary được	nosis ii	in "A")	В	D	[3	32. Total Fee	305.00
5.	Remarks										•			
								ANC	LI ABV C	1 AIRE	TREATMENT INFORMATION			
	THORIZATIONS I have been informed of the	he treatm	ent pian	and associated fees.	i agree to be re	esponsible	for all	1	tace of Treat			39, Enclos	sures (Y or N)	
	charges for dental service law or the treating dentist	s and ma	aterials no	ot paid by my dentel b	penefit plan, un	iless probi	bited by	1			ce Codes for Professional Claims")			
	or a portion of such charg of my protected health inf	es. To the	extent p	permitted by low, I con	nsent to your us	se and dis	closure	40. Is	s Treatment t			41, Date Ap	pliance Placed	(MM/DD/CC)
	Signature on I	File	to carry v	sat paymon, souther	03/29/	2024			X No (SI	kip 41-4				
	Polioni/Guardian Signatu	re			Date				fonths of Tre Remaining	alment	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	44, Date of I	Prior Placemer	I (MM/DD/CC
X		rect payı	nent of the	ne dental benefits offi	ierwise payabl	le to me, d	lirectly	<u> </u>			No Yes (Complete 44)			
۲ ۲	I hereby authorize and di	ist or der	ita! entity	f.				1 45, Ti	reatment Re	_		. –	Other accide	ot
X 17	to the below named dent	X Signature on File 03/29/2024												
× ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	to the below named dent Signature on	File							Date of Accide	om akliv				on oute
× ,	to the below remed dent Signature on Subscriber Signature				Date						PAND TOCATIONS I ACATIO			
X 7	to the below named dent Signature on	DENTA				al entity is	not			NTIS	F AND TREATMENT LOCATION  The procedures as indicated by date are			es that require
X F	to the below nemed dent Signature on Subscriber Signature LLING DENTIST OR milting claim on behalf of	<b>DENT</b> f the palie	ent or ins			al entity is	not	53.1	hereby certif nuttiple visits	ENTIS (y that il ) or hav	ne procedures as indicated by date are a been completed.	e in progr <del>es</del> :	s (for procedur	
X F	to the below named dent Signature on Subscriber Signature LLING DENTIST OR multing claim on behalf of Name, Address, City, Sta Yonghee Lee	<b>DENT</b> f the patie  ate, Zip C	ent or ins Jode			al entily is	i not	53.1	hereby certif	ENTIS (y that il ) or hav	ne procedures as indicated by date are a been completed.	e in progr <del>es</del> :		
X F	Signature on Signature Signature on Signature Stribscriber Signature LLING DENTIST OR milting cam on behalf of Name. Address, City. Sta Yonghee Lee 12611 Hespe	<b>DENT</b> f the patie  ate, Zip C	ent or ins Jode			al entily is	i not	53.1	hereby certif nuttiple visits Yongher	y that it or hav e Let	ne procedures as indicated by date are a been completed. 3	e in progres	s (for procedur 03/29/202	
X F	Signature on Signature Signature on Signature States Signature LLING DENTIST OR Menting cam on behalf of Yonghee Lee 12611 Hespe Suite C	<b>DENT</b> f the patie  ate, Zip C	ent or ins Jode	suredisubscriber.)	denlist or dent		: not	53.1	hereby certification that the hereby certification that the hereby certification to th	y that it or hav e Let	ne procedures as indicated by date are a been completed.  a been completed.  applist)  55. Licen	e in progres:	s (for procedur 03/29/202 834	4
X F	Signature on Signature Signature on Signature Stribscriber Signature LLING DENTIST OR milting cam on behalf of Name. Address, City. Sta Yonghee Lee 12611 Hespe	<b>DENT</b> f the patie  ate, Zip C	ent or ins Jode		denlist or dent	al entity is	fon	53.1 M X_	hereby certification the certification of the certi	y that if y that if ) or hav e Let ealing D	e procedures as indicated by date are a been completed.	e in progress	s (for procedur 03/29/202	4
X	Signature on Signature Signature on Signature States Signature LLING DENTIST OR Member of Signature LLING DENTIST OR Member of Signature Name Address, City, State Yonghee Lee 12611 Hespe Suite C Victorville	DENTA f the pelie nte, Zip C e ria Rd	ent or ins	suredisubscriber.)	dentist or denti	958307	i not	53.1 N X_ 54 N 56. A	hereby certification that the hereby certification that the hereby certification to th	y that it y that it or hav e Les saling D state esper	e procedures as indicated by date are a been completed.  a been completed.  aphist)  55. Licen  Zip Code  3 Rd.  Specially	e in progress	s (for procedur 03/29/202 834 23G0001)	4
X	Signature on Signature Signature on Signature States Signature LLING DENTIST OR Menting cam on behalf of Yonghee Lee 12611 Hespe Suite C	DENTA f the pelie nte, Zip C e ria Rd	ent or ins	cA	9239 51. 3822	958307	anot	53.1 X	hereby certification of the ce	y that it y that it or hav e Les saling D state esper	e procedures as indicated by date are a been completed.  a been completed.  aphist)  55. Licen  Zip Code  3 Rd.  Specially	64 se Number 12 Code 923958	s (for procedur 03/29/202 834 23G0001)	4

Claim #257 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this int	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	lankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Fnc.
2.	Has this claim been acquired from someone else?	No  Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Here and the property of the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  And the property of the creditor be sent?  And the property of the creditor be sent?	Where should payments to the creditor be sent? (if different)  Name  Number Street
P	RECEWED  APR 0 2 2024  NCARSONCONSULTANY	City State ZIP Code  Country  Contact phone TLO - Z43-43Le Contact email Lel Office Manager Contact en Contact email Lel Office Manager Contact email Lel Office Manager Contact en Contact email Lel Office Manager Contact email Lel Office Manager Contact en Contact email Lel Office Manager Contact en Contact email Lel Office Manager Contact en Contact	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 60 of 297

Pa	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No
7.	How much is the claim?	\$ 1500.00  Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	RECEWED APR 0 2 2024	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:  \$
KUR	TZMAN CARSON CONSULTAN	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

12.	Is all or part of the claim	☑ No	
-	11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
	A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
	in some categories, the law limits the amount entitled to priority.	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).	\$
	similar to priority.	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 beg	un on or after the date of adjustment.
13.	Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods red days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation supporting	s have been sold to the Debtor in
Pa	ort 3: Sign Below	:	
thisique of the second of the	se person completing sproof of claim must gn and date it. tBP 9011(b).  The second sec	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that to I declare under penalty of perjury that the foregoing is true and correct.    Executed on date   03/25/2024	oward the debt.
	P. 120 To	Title Dentist	<u> </u>
	RECEIVED	Company  Identify the corporate servicer as the company if the authorized agent is a service	я.
	APR 0 2 2024	Address 12101 HESPENA RO STR C	
Kana	 RTZWANCARSONCONSULT/	Nictor ILL, CA. 92395	
100	wicznieg chuymiachiamii	Contact phone $\frac{\text{City}}{100-243-43}$ State $\frac{\text{ZIPC}}{\text{Email}}$ Email $\frac{\text{VIPC}}{\text{Email}}$	e Office manager
			amaial con

Official Form 410

**Proof of Claim** page 3

	al Claim Forr	ered 05/07/25 08:04:02	Pg. 62			
ADER INFORMATION						
qui of Transaction (Mark ell applicable boxes)						
Statement of Actual Services Request for Predetermnation	#Preauthorization					
FESOT (TITAL XIX						
sdetermination:Presuthorization Number		POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance				
		12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Addre	ess, City, State, Zip Code			
URANCE COMPANY/DENTAL BENEFIT PLAN INFORMAT	ION					
BOTTEGO HEATH Clams Processiv						
LO KCC	y Lermor					
122 N. Pacific Coast HWY Ste 300						
El Sesundo Ca 90245			Subscriber ID (SSN or ID#)			
- DOSCHED CA TOWN		X M F				
HER COVERAGE (Mark applicable box and complete items 5-11. If no	one, leave blank.)	16. Plan/Group Number 17. Employer Name				
sintal? Medical? (il bolti, complete 5-1) for denti	al only.)					
ame of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		PATIENT INFORMATION	T			
		18. Relationship to Policyholder/Subscriber in #12 Above	19. Reserved For Future Use			
	scriber ID (SSN or ID#)	Self Spouse Dependent Child Other				
[ M [ F ]		26. Name (Lest, First, Middle Imitel, Saffix), Address, City, State, Zip Code	?			
lan/Group Number 10. Patient's Relationship to Person na						
	endent Other					
Other Insurance Company/Dental Benefit Plan Name, Address, City, Stali	a, Zp Code					
		21. Date of Birth (MM/DD/CCYY) 22. Gender 23. Palient ID/Ac	count # (Assigned by Dentist			
		21. Date of Shift (MANOS/CO.1.1)	count is in the grade of a service			
som of tenuese produces	<del></del>					
CORD OF SERVICES PROVIDED	20 T-16 20 P	- 200 Dec 200				
74. Procedure Date of Oral Tooth (MIMOD/CCYY) Cavin System 27 Tooth Number(s) or Eeter(s)	28 Tooth 29 Prose Seriace Code	Ire 28a. Diag. 29b. 39. Description Ory.	31.Fee			
03/12/2020 JR 19	D275	1 crown - porcelain fused to predom	nina 1500.00			
03/12/2020	52.0	orden portologic desprisas.	1000.00			
	<del>                                     </del>					
	<del></del>		- "			
	1					
		<del></del>				
Myssing Toeth Information (Place an "X" on each missing tooth.)	34, Diagnosis	ode List Qualifier ( TCD-9 = B; TCD-18 = A8 ) 3"	1a, Olher			
1 2 3 4 5 6 7 8 9 10 11 12 13 14	15 16 34a. Diagnosi	Code(s) A C	Fee(s)			
12 31 30 29 28 27 26 25 24 23 22 21 20 19	18 17 (Primary diag	sis in "A") 8 9 33	2. Total Fee 1500.00			
Romerks		,	1			
THORIZATIONS		NCILLARY CLAIM/TREATMENT INFORMATION				
Those been informed of the treatment plan and associated lies. I agree to charges for dental services and materials not paid by my dental benefit plants.	be responsible for all	(and the state of	ures (Y or N)			
law, or the treating dentist or dental practice has a contractual agreement w	ith my plan prohibiting all l	(Use 'Place of Service Codes for Professional Claims')				
or a portion of such charges. To the extent permitted by law, I consent to yet my protocted health information to carry out payment activities in connecting	ction with this cloim.		lirance Placed (MM/DD/CCY			
Signature on File 03/	29/2024	X No (Skip 41-42) Yes (Complete 41-42)				
Patient/Guardian Signature Da	le :	E. Moyara at the second of the	vior Placement (MM/DD/CCY			
Thereby authorize and direct payment of the deptal benefits otherwise po	yable to me, disculy	- 1 No 1 Yes (Complete 44)	·			
to the below named dentist or dental entity.  Signature on Eile	/29/2024	5. Trealment Resulting from	Other perident			
0.9.000		Occupational divessinjury Auto accident Other accident				
Substriber Signature De		46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State				
LLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or making class on behalf of the patient or insured/subscriber)	dental entity is not	REATING DENTIST AND TREATMENT LOCATION INFORM	-			
		3 I hereby certify that the procedures as indicated by date are in progress multiple visits) or have been completed.	gor procedures that require			
Name Address, City, State, Zip Code			3/29/2024			
		x				
Yanghee Lee		Signed (Transier Dentist)	3.14			
		Signed (Treating Dentist) 648				
Yonghee Lee 12611 Hesperia Rd. Suite C	23958307	4 NPI 55. License number 12:	23G0001X			
Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 9:		a NPI 55, tigense Number	23G0001X			
Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 9:	23958307 2 <b>2</b> 185868	4 NPI 55. License number 12:				
Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 9:		55. Goense Number 126. Andress City State, Zip Code 558 Provider 126.11 Hesperia Rd. Specially Code				

Claim #258 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccilc.net/BorregoHealth.">https://epoc.kccilc.net/BorregoHealth.</a>

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	lankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	Identity the Clair	n	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair	Inc.
2.	Has this claim been acquired from someone else?	No  Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?    MMA Hell DDS Inc.     Nample   Hespeng Rd. Ste C     Number Street   A. 92395     City   State   ZIP Code     Country   Contact phone   Tleo - 243-43le le Contact email   Leo Fice Manager (a)     Contact email   Contact e	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
	TZMAN CARSON CONSUL	Duniform claim identifier for electronic payments in chapter 13 (if you use	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



2202384240402000000000000

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 65 of 297

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$  (The sum of the secured and unsecured)
	RECEIVED APR 0 2 2024	Amount necessary to cure any default as of the date of the petition:  \$
KU	RTZMAN CARSON CONSULTAN	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

19 111		
2. Is all or part of the claim entitled to priority under	No .	•
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	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).	\$
Change to priority.	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).	<b>\$_</b>
	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.
Is all or part of the claim pursuant to 11 U.S.C.	No	
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rece days before the date of commencement of the above case, in which the goods is	ived by the debtor within 20
	the ordinary course of such Debtor's business. Attach documentation supporting	lave been sold to the Debtor in g such claim.
	\$	
Part 3: Sign Below		
The person completing this proof of claim must	Check the appropriate box:	
	<b></b>	
	I am the creditor.	
FRBP 9011(b).	I am the creditor.  I am the creditor's attorney or authorized agent.	
FRBP 9011(b).  If you file this claim electronically, FRBP		
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	I am the creditor's attorney or authorized agent.	
FRBP 9011(b).  If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	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 <i>Proof of Claim</i> serves as an acknowledge.	ement that when calculating
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	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 <i>Proof of Claim</i> serves as an acknowledg the amount of the claim, the creditor gave the debtor credit for any payments received tow	ard the debt.
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Official Form 410

**Proof of Claim** page 3

_	Case 22-02384-LT11 Filed A American Dental Association Dent	05/07/25 al Claim F	Enter	ed 05/0	)7/2	5 08:04:02 Doc 16	811 Pg. 67	
-	DER INFORMATION			1				
Ту	pe of Transaction (Mark all applicable boxes)							
	Statement of Actual Services Request for Predeterminatio	n/Prenulhorization						
Pr	oregerounationsPrenutivorization Number	-						
	URANCE COMPANY/DENTAL BENEFIT PLAN INFORMAT							
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	entel? Medical? (If both, complete 5-11 for dent							
N	nme of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)							
[]	ale of Birth (MM/OD/CCYY) 7. Gender 8. PolicyholdenSub	escriber ID (SSN or iC	)#) :					
₽.	lan/Group Number 10. Patient's Relationship to Person ne	emed in 45						
	Self Spoose Dep	endent Olher						
J. (	Other Institution Company/Dental Benefit Plan Name, Address, City, Stat	te, Zip Code						
E	CORD OF SERVICES PROVIDED							
T	24 Procedure Octo 25, Area 26. 27, Teeth Number(s)		Procedure	29a Diag.	29b.	30. Description	1	31. Fee
	(AIMIDE/CCYY) Cavity System or cener(s)	Surface	Code	Posites	ΩŊ.			350.00
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3	Assump Teeth Information (Place an 'X' on each missing tooth.)	34. Diag	nosis Code	List Qualifier		( ICD-9 = 8; ICD-10 = A8 )	31a. Other Fee(s)	
_		- ;	gnasis Code	•	A	c	— <u> </u>	255.00
	NAME OF THE PARTY	18 12X (Pomer)	diagnosis i	in "A")	8	<u>D</u>	32. Total Fee	255.00
•	Remarks							
Ü	THORIZATIONS	·	ANG	CILLARY C	LAIM/	TREATMENT INFORMATION	<del>- v</del>	
	have been informed of the Irealment plen and associated fees. I agree to charges for dental services and materials not gaid by my dental benefit pla		38. P	Place of Treat	_		39. Enclosures (Y or N)	)
	inve, or the treating dentist or dental proofice has a contractual agreement v or a portion of such charges. To the extent pannitted by law, I consent to y	aith my plan prohibitin	9 68	s Treatment fo		ce Codes for Professional Claims")	41 Dale Appliance Place	A/MM/DE/CEN
	or my protected health information to carry out payment activities in conne Signature on File 03	ection with this claim. 1/29/2024	40.18	[X] No (Sk			. Otto Approvide 1 idea.	- (mm/ob-co
	3.3.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.			Months of Trea		<del></del>	44. Date of Prior Placeme	nt (MM/DD/CC
ζ_	Patient/Grandian Signature De			Remaining		No Yes (Complete 44)		
٠ 	Patient/Grantian Signature De Detail: Descript gathorize and direct payment of the dental benealts officivities p	ayable to me, directly	·					
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ζ_   	Thereby authorize and direct payment of the dental trenetts officiwise p to the below named dentist or dental entity.  Signature on File 03 subscriber Signature 0	:/29/2024 ste	45. T	Occupe  Date of Accide	dional il nt (MM	Iness/injury Auto accident	47. Auto Accid	
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Claim #259 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	ormation to identify the case:	,
Debtor	Borrego Community Health Foundation	
United States Ba	ankruptcy Court for the Southern District of Califo	ornia
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	inc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?    Min   Hell DDS The.     1214   Hespena Rd. Steel     Number Street   CA. 92395     City   State   ZIP Code     Country   Contact phone   160 - 243 - 431e     Contact email   Lel Office Manager     Uniform claim identifier for electronic payments in chapter 13 (if you use the sent?	one):
	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of C page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 70 of 297

6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor.   TIDE  TIDE
7.	How much is the claim?	\$ Does this amount include interest or other charges?
		Yes. Attach statement itemizing interest, fees, expenses, or ot 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 care
		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.
		Dental
9.	Is all or part of the claim secured?	№ No
		Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other, Describe:
		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		erione in the contract of the
		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
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
	PR 0 2 2024	Annual Interest Rate (when case was filed)%  Fixed
MA	NCARSONCONSULTANTS	☐ Variable
10.	Is this claim based on a lease?	No Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		
	☑ No	
	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount	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).	\$
entitled to priority.	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.
3 Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received days before the date of commencement of the above case, in which the goods in the ordinary course of such Debtor's business. Attach documentation supporting \$	rave been sold to the Debtor in
Part 3: Sign Below		
he person completing	Check the appropriate box:	
ign and date it. RBP 9011(b).	I am the creditor.	
you file this claim	I am the creditor's attorney or authorized agent.	·
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
pestablish local rules pecifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
s. A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledg the amount of the claim, the creditor gave the debtor credit for any payments received tow	ement that when calculating rard the debt.
raudulent claim could be		
ined up to \$500,000,	I have examined the information in this Proof of Claim and have reasonable belief that the	information is true and correct.
ined up to \$500,000, mprisoned for up to 5 rears, or both.	I declare under penalty of perjury that the foregoing is true and correct.	information is true and correct.
ined up to \$500,000, mprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and		information is true and correct.
ined up to \$500,000, mprisoned for up to 5 rears, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.	information is true and correct.
ined up to \$500,000, mprisoned for up to 5 ears, or both. 8 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.  Executed on date   3/28/2024	information is true and correct.
ined up to \$500,000, mprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	information is true and correct.
fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.  Executed on date   3/28/2024	information is true and correct.
ined up to \$500,000, mprisoned for up to 5 rears, or both. 18 U.S.C. §§ 152, 157, and	Executed on date    3/28/2024	2
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ined up to \$500,000, mprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	Executed on date    3/28/2024	2
fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.  APR 0 2 2024	Executed on date    3/28/2024	2
fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Executed on date    3/28/2024	2

Official Form 410

Proof of Claim page 3 gmail.com

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			M	<u></u>			29. Nam	ie (Last	. First, N	Aiddle Inilal,	Suffix), Address, City	, State, Zip	Code	
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	umber 1/2 American Den	- bal Ama		Provider ID_			Numb	AT.		<u>-</u>	<u> </u>	rovide: ID	To reprete	call 800.947.4

Claim #260 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1: Identify the Clai	m 	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  What Hell DDS The.  Nample  With Hespen A. St. C.  Number Street  With Wille A. 92395  City State ZIP Code	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code
ļ	RECEWED  APR 0 2 2024	Country Contact phone  Contact email	
7	ANCARSONCONSULTAV	<u> </u>	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	wavi / DD / YTYY

Official Form 410

Proof of Claim page 1



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# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 75 of 297

Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor.   TIDE  TIDE
How much is the claim?	
·	\$ 1270.00 Does this amount include interest or other charges?
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
	Dental
Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7
RECEWED	Amount necessary to cure any default as of the date of the petition:
APR 0 2 2024	Annual Interest Rate (when case was filed)%  Fixed
URTZWANCARSANCANCHITA	☐ Variable
URIZMANCARSONCONSULTA Is this claim based on a	WES .
lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
. Is this claim subject to a right of setoff?	☑ No
	Yes. Identify the property:

2. Is all or part of the claim				
entitled to priority under	☑ No			y <del>-</del> lany
11 U.S.C. § 507(a)?	Yes. Check a	all that apply:		Amount entitled to priority
A claim may be partly priority and partly	Domestic 11 U.S.C	support obligations (including alimony and child : § 507(a)(1)(A) or (a)(1)(B).	support) under	œ.
nonpriority. For example, in some categories, the law limits the amount	Up to \$3 services	,350* of deposits toward purchase, lease, or rer for personal, family, or household use. 11 U.S.(	ntal of property or C. § 507(a)(7).	\$
entitled to priority.	Wages, s	salaries, or commissions (up to \$15,150*) earne ore the bankruptcy petition is filed or the debtor er is earlier. 11 U.S.C. § 507(a)(4).	ed within 180	\$
		penalties owed to governmental units. 11 U.S.C.	. § 507(a)(8).	\$
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	_	pecify subsection of 11 U.S.C. § 507(a)() that		\$
		subject to adjustment on 4/01/25 and every 3 years after		on or after the date of adjustment.
3 Is all or part of the claim	⊠ No			
pursuant to 11 U.S.C. § 503(b)(9)?	days before t	the amount of your claim arising from the value the date of commencement of the above case, i	n which the goods t	rave been sold to the Debtor in
	the ordinary	course of such Debtor's business. Attach docum	nentation supporting	such claim.
-	\$			
Part 3: Sign Below				
			<del></del>	
The person completing this proof of claim must	heck the appropriat	e box:		•
sign and date it. RBP 9011(b).	I am the credito	r.		
1 '	1			
f you file this claim "	ı am the credito	r's attorney or authorized agent.		
electronically, FRBP	_	s attorney or authorized agent. , or the debtor, or their authorized agent. Bankru	otcy Rule 3004.	
f you file this claim electronically, FRBP 5005(a)(2) authorizes courts o establish local rules specifying what a signature	I am the trustee		_	
electronically, FRBP 5005(a)(2) authorizes courts o establish local rules specifying what a signature s.	I am the trustee I am a guaranto Inderstand that an	, or the debtor, or their authorized agent. Bankruptor, surety, endorser, or other codebtor. Bankruptor, authorized signature on this <i>Proof of Claim</i> serve	y Rule 3005. s as an acknowledge	ement that when calculating
electronically, FRBP 5005(a)(2) authorizes courts o establish local rules especifying what a signature s. A person who files a	I am the trustee I am a guaranto understand that an a e amount of the cla	, or the debtor, or their authorized agent. Bankruptor, surety, endorser, or other codebtor. Bankruptor, surety, endorser, or other codebtor. Bankruptor, surety, endorser, or other codebtor. Bankruptor, surety, endorser, or the credit or any particular than the creditor gave the debtor credit for any particular than the creditor.	y Rule 3005. s as an acknowledg yments received tow	ard the debt.
electronically, FRBP 5005(a)(2) authorizes courts o establish local rules specifying what a signature s. A person who files a fraudulent claim could be fined up to \$500,000,	I am the trustee I am a guaranto understand that an e amount of the cla nave examined the	, or the debtor, or their authorized agent. Bankruptor, surety, endorser, or other codebtor. Bankruptor authorized signature on this <i>Proof of Claim</i> server im, the creditor gave the debtor credit for any parinformation in this <i>Proof of Claim</i> and have reason	y Rule 3005. s as an acknowledgyments received tow nable belief that the	ard the debt.
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Case 22-02384-LT11 Filed 05/07/25 Entere ADA American Dental Association Dental Claim Form  HEADER INFORMATION  Statement of Actual Services Request for Predetermination/Preauthorization  EAST 1: Titls XIX  2 Predictermination/Preauthorization Number  INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION				
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C/O KCC				
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El Sebundo (a 90245				
OTHER COVERAGE (Mark applicable box and complete items 5-11 ff none, leave blank )  (Septial? Medical? (If both, complete 5-11 for denial only.)				
Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)				
WHIRE OF FURCAROUGH SOCKESTINGS BURNE HIS SAME MINERAL MARKET				
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Ciner Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code				
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RECORD OF SERVICES PROVIDED  24 Procedure Date 25, Area 26, 27, Tooth Number(s) 28 Tooth 29 Procedure	29a. Diag.	29b.		24.5-
24. Procedure Date of Oral Tooth Or Letter(s) 28. Teeth 29. Procedure Code (MM:DD:CCYY) Covity System 27. Tooth Number(s) 28. Teeth 29. Procedure Code Code	Pointer	Qty.	30, Description	31.Fee
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charges for dental services and materials not paid by my dental benefit plan, unless prohibited by low or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all		_	ce Codes for Professional Chains")	
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Signature on File 03/29/2024	X No (Skij	p 41-42	2) Yes (Complete 41-42)	
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37 Thersby authorize and direct payment of the dental benefits otherwise payable to me, directly	Remaining		No Yes (Complete 44)	
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DILLING DENTING AD DESITES ENTITE A			T AND TREATMENT LOCATION INFORMATION De procedures as indicated by date are in progress (for proce	dures (hal require
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Claim #261 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

செயி in this information to identify the case: Debtor Borrego Community Health Foundation United States Bankruptcy Court for the Southern District of California Case number 22-02384

#### Official Form 410 **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

P	art 1: Identify the Cla	im	
1.	Who is the current creditor?	Other names the creditor used with the person or entity to be paid for this claim	Enc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?    White   Contact phone   Contact email   Contact payments in chapter 13 (if you use on the creditor be sent?    White   Contact phone   Contact email   Contac	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410

Proof of Clr page 1.



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 80 of 297

	Dਤੇ you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor.   9868
7.	How much is the claim?	\$
3.	What is the basis of the claim?	charges required by Bankruptcy Rule 3001(c)(2)(A).  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.
	ls all or part of the claim secured?	No  Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  Amount of the claim that is secured:  \$
	RECEIVED  APR 0 2 2024  TZMANGARSONCONSULTAN	Amount necessary to cure any default as of the date of the petition: \$
İs		No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
s t	his claim subject to a ht of setoff?	✓ No  Yes. Identify the property:

of 297 Is all or part of the claim No. entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Name KURTZMANCARSONCOMS Email Lel Office Manga Official Form 410

Case 22-02384-LT11 Filed 05/07/25

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Claim #262 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	ormation to identify the case:	
Debtor	Borrego Community Health Foundation	
United States B	ankruptcy Court for the Southern District of California	
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	
1		Other names the creditor used with the debtor	
2.	Has this claim been acquired from	No No	
i	someone else?	Yes. From whom?	
3.	Where should notices and payments to the	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	creditor be sent?	Narde 11 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Name
	Federal Rule of Bankruptcy Procedure	Number Street Victory III (A. 92395	Number Street
	(FRBP) 2002(g)	City State ZIP Code	City State ZIP Code
Ð	EPEMEN	Country	Country
יט	ILWILI VIEW	Contact phone 760 - 243-4366	Contact phone
AF	R 0 2 2024	Contact email Lel Office manager (a)	Contact email
	N CARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use o	one):
4.	Does this claim	☑ No	
	amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 85 of 297

Part 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6. Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7. How much is the claim?	S Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9. Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
RECEIVED	amount should match the amount in line 7.)  Amount necessary to cure any default as of the date of the petition:  \$
APR 0 2 2024	Annual Interest Rate (when case was filed)%  Fixed
KURTZHANCARSONCONSULTAN	Variable Variable
10. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11. Is this claim subject to a right of setoff?	No Yes. Identify the property:

	No .	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount	Up to \$3,350* of deposits toward purchase, lease, or rental of property of services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	or \$
entitled to priority.	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).	5, \$
	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 be	gun on or after the date of adjustment.
13 Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods redays before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation suppo	ds have been sold to the Debtor in
Part 3: Sign Below		
The person completing	Check the appropriate box:	
this proof of claim must sign and date it.	I am the creditor.	
FRBP 9011(b).	I am the creditor's attorney or authorized agent.	-
i		
If you file this claim electronically, FRBP		
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
electronically, FRBP 5005(a)(2) authorizes courts	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.	odgament that when calculation
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Official Form 410

Proof of Claim page 3

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Claim #263 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	ormation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Ρa	Identify the Clair	<b>m</b>	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)  Other names the creditor used with the debtor	hc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Here I a least the sent?  Narrie	
	ZAMICALSUM CURSULI	ANYS	·
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / 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?	

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 90 of 297

Pa	Give Information Abo	out the Claim as of the Date the Case Was Filed
<i>Б</i> .	Do you have any number you use to identify the debtor?	No  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor.   TLD #
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
	APR 0 2 2024	Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)  ———————————————————————————————————
uri	ZMANCARSONCOHSULTART	☐ Variable
10.	Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

12. Is all or part of the claim		
entitted to priority under	No .	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	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).	\$
entitied to priority.	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.
3 Is all or part of the claim	X No	· · · · · · · · · · · · · · · · · · ·
pursuant to 11 U.S.C. § 503(b)(9)?	Voc Indicate the amount of course lets	
3 (-)(-)	Yes. Indicate the amount of your claim arising from the value of any goods received days before the date of commencement of the above case, in which the goods here.	ved by the debtor within 20
	the ordinary course of such Debtor's business. Attach documentation supporting	such claim.
	\$	
Part 3: Sign Below		
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The person completing	Check the appropriate box:	
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this proof of claim must sign and date it.	I am the creditor.	
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Official Form 410

Proof of Claim page 3

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Claim #264 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:							
Debtor	Borrego Community Health Foundation						
United States Bankruptcy Court for the Southern District of California							
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

P	art 1: Identify the Clai	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 2 2024	Where should notices to the creditor be sent?  When Hell DDS Thc.  Nample Hespeng Rd. Stec  Number Street  Victory Ille, A. 92395  City State ZIP Code  Country  Contact phone TLO-243-43le G  Contact email Lel Office Manager G.	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
URTA	MANCARSON CONSULTA	MAIL CON	<b>↑</b> 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?	18114 / UD / 11111

Official Form 410

Proof of Claim

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2202384240402000000000011

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 95 of 297

Part 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6. Do you have any number you use to identify the	□ No
debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7. How much is the claim?	
	\$ 560.00 Does this amount include interest or other charges?
	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.
	Dental
9. Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
i i	Motor vehicle
<u> </u>	Other. Describe:
1	
	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
RECEWED	amount should match the amount in line 7.)
APR 0 2 202	Amount necessary to cure any default as of the date of the petition: \$
	Annual Interest Rate (when case was filed)%
KURTZHANCARSONCONS	WITANTS  Fixed
T	☐ Variable
10. Is this claim based on a lease?	No
	Yes. Amount necessary to cure any default as of the date of the petition.
11. Is this claim subject to a right of setoff?	☑ No
- Sur or seron :	Yes. Identify the property:

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 96 of 297

12. Is all or part of the claim entitled to priority under	☑ No	
, 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	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).	\$
endued to priority.	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).	<b>\$</b>
	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.
3 Is all or part of the claim pursuant to 11 U.S.C.	No No	
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rece days before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting	have been sold to the Debter i
	\$	
Part 3: Sign Below		
this proof of claim must	<b>X</b>	
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 s. A person who files a fraudulent claim could be fined up to \$500,000, mprisoned for up to 5 years, or both. Bl U.S.C. §§ 152, 157, and 3571.	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 <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3/28/2024  Signature	vard the debt.
sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules especifying what a signature s. A person who files a fraudulent claim could be fraudulent claim could be reas, or both. IS U.S.C. §§ 152, 157, and	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 <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3/28/2024  Executed on date	vard the debt.
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Official Form 410

Proof of Claim page 3 gmael.com

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Claim #265 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	sankruptcy Court for the Southern District of California
Case number	22-02384

### Official Form 410

### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1,	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	Inc.
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 notices to the creditor be sent?  Where should notices 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)	Number Street Victory III A 92395 City State ZIP Code	Number Street  City State ZIP Cod
	RECEIVED PR 0 3 2024	Contry Contact phone Contact email  Lel Office Manager (a)  amail. Contact email	Country  Contact phone  Contact email
WA	N CARSON CONSULTANTS	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)	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?	MM / DD / YYYY

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 100 of 297

Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
How much is the claim?	\$ Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
Is all or part of the claim secured?	No   Yes. The claim is secured by a lien on property.   Nature of property:   Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.   Motor vehicle   Other. Describe:   Basis for perfection:   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien
RECEIVED APR 0 3 2024	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  amount should match the amount in line  Amount necessary to cure any default as of the date of the petition:  \$
URTZMAN CARSON CONSULT	Annual Interest Rate (when case was filed)%  ANTS Fixed  Variable
0. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
Is this claim subject to a right of setoff?	No  Yes, Identify the property:

2: Is all or part of the claim entitled to priority under	☑ No						
11 U.S.C. § 507(a)?	Yes. Check all that apply:  Amount entitled to priority						
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).						
nonpriority. For example, in some categories, the law limits the amount	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).						
entitled to priority.	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	X No						
pursuant to 11 U.S.C.	Veg. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20						
§ 503(b)(9)?	days before the date of commencement of the above case, in which the goods have been sold to the Debtor is the ordinary course of such Debtor's business. Attach documentation supporting such claim.						
•	the ordinary course of such Debtor's business. Attach documentation supporting such statum						
	\$						
Part 3: Sign Below	· · · · · · · · · · · · · · · · · · ·						
The person completing	Check the appropriate box:						
this proof of claim must sign and date it.	I am the creditor.						
FRBP 9011(b).	I am the creditor's attorney or authorized agent.						
If you file this claim							
electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am a quarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature	l am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
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Proof of Claim page 3

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Claim #266 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at https://epoc.kcci/c.net/BorregoHealth.

ैं॥ in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Sankruptcy Court for the Southern District of California
Case number	22-02384

### Official Form 410

**Proof of Claim** 

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1.	Who is the current creditor?	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 notices to the creditor be sent?  Where should notices to the creditor be sent?	Where should pa	yments to the c	reditor be s	ent? (if
•	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	1211 Hespena Rd. Stec Number Street Victorville, CA. 92395	Name  Number Street			
	RECEIVED *	Country Contact phone 760-243-4366	Country Contact phone	State		ZIP Cod
	PR 0 3 2024  CARSOM CONSULTANTS	Contact email Lel Office Manager (o) Maul-Con Uniform claim identifier for electronic payments in chapter 13 (if you use o	ne):	<u>.                                    </u>		
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)				
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		Filed on MM	/ DD /	<u> </u>

Official Form 410

**Proof of Claim** page 1



What is the claim?   Does this amount include interest or other charges?   South OD   Does this amount include interest or other charges?   No   Does this amount interest Rate (when case was flied)   No   Does this amount interest Rate (other Description of the date of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt of the petition.   Does this amount in the debt	Do you have any number	□ No			
How much is the claim?    Samples: Goods sold, money loaned, lesse, services performed, personal injury or wrongful death, or credit card. Attach redarded copies of any documents supporting the claim required by Bankruptory Rule 3001(c)(2)(A).   Limit disclosing information that is entitled to privacy, such as health care information.   Description   No   Yes. The claim is secured by a lien on property.   Nature of property:   Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim.   Motor vehicle   Other. Describe:   Basis for perfection: Attach rediacted copies of documents, if any, that show evidence of perfection of a security killerest (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: \$	you use to identify the	177	- 4 divise of the debted account or one pure	ther you use to identify th	ie debtor: 9868
Does this amount include interest or other charges?  No No Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).  What is the basis of the claim?  Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach reducted 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.  What is all or part of the claim secured?  Is all or part of the claim secured?  No No Real eatats: If the claim is secured by a lien on property.  Nature of property: Real eatats: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim.  Motor vehicle Other. Describe:  Basis for perfection: Attach reducted 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:  Amount of the claim that is unsecured: Amount of the claim that is unsecured:  Amount of the claim that is unsecured:  Amount of the claim that is unsecured:  Amount of the claim that is unsecured:  No No No No No No No No No No No No No	debtor?	Yes. L	ast 4 digits of the deptors account or any nun	TID	井
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12. is all or part of the claim entited to priority under	☑ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	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).	\$
entitled to priority.	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 pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods receduly before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting	USA6 Deett 2010 to the Deproi III
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.	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that to I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  OS OS ONE OF CLAIM AND PROOF OF CLAIM AND	oward the debt.
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	Contact phone 7160-243-43164 Email 14	el Office Manager (
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IXXXX 5 6  Remarks  Remarks  I have been informed of the free charges for dental services and low in the treating dentist or denote or a portion of such charges. To at my protected health informatic Signature on File.  Potient-Guardian Signature  (I hereby authorize and direct per to the below named dentist or denote by the below named dentist or describer Signature on File.  Subscriber Signature  ILLING DENTIST OR DENTIDIMITING Claim on behalf of the particular of the particular denoted by the particular of the particular denoted by the particular of the particular of the particular denoted by the particular of the particular denoted by the particular denoted	ment plan a materials in the extent plan to carry of the e	ond associated fees, flagree to baid by my dental benefit plans to online the partial benefit promitted by law, if consent to our payment activities in connection agreement activities in connection benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits otherwise for the dental benefits of the	15X 16X 34a. Diagram 18 12X (Primary dia 18 12	ANCILLARY  ANCILLARY  3B. Place of Treatment  (Use 'Place  40. Is Treatment  A. Months of Tre Remaining  45. Treatment Re  46. Date of Accid  TREATING D  53 I hereby certimultiple visits  Yonghe  X  Signed (Treatment)  Signed (Treatment)	B	TREATMENT INFORMATION  [1] (e.g. 11=office; 22=OP Hospital) 39. Exceeded for Professional Claims*)  [2] Yes (Complete 41-42) 41. Determined from Yes (Complete 44) 42. Determined from Auto accident Auto accident Auto Auto Auto Auto Auto Auto Auto Aut	Fee (s)  32. Total Fee  Inclosures (Y or N)  e Appliance Placer  e of Prior Placement  Other accide  47. Auto Accid  ORMATION gress (for procedur  03/29/202	of (MM/DD/Cont (MM/DD/Cont ent State results that requires the requirement of the requirem
Remarks  UTHORIZATIONS  I have been informed of the free charges for dental services and low in the treating dents to denor a portion of such charges. To at my protected health informatic Signature on File.  Portion Guardian Signature  (Thereby authorize and direct particle below named dentist or describer Signature on File.  Subscriber Signature  ILLING DENTIST OR DEN abmitting claim on behalf of the particle. Name Address, City, State, Zip Yonghee. Lee.  12611 Hesperia R. Suite C. Victorville.	ment plan a materials in the extent plan to carry of the e	ond associated fees. Lagree to baid by my dental benefit plans to continuousla agreement permitted by law. Loonsent to out payment activities in connection payment activities in connection to payment activities of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits otherwise of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefits of the dental benefit by the dental benefit by the dental benefit by the dental benefit by the dental benefit by the dental benefit by the dental benefit by the dental benefit by the dental by the dental by the dental benefit by the dental by the	25X 16X 34a. Diagonous 18 17X (Primary de 17X) (Primary d	ANCILLARY (  38. Place of Trea    (Use 'Place 40. Is Treatment    X) No (s) 42. Months of Tre Remaining 45. Treatment Re	ELAIM  Trisent I e of Serv  for Orthi kip 41-4 eatment  estilling estional ent (Mile ENTIS fy that ti ) or have e Lec	TREATMENT INFORMATION    (e.g. 11=office; 22=O/P Hospital)   (e.g.	Fee (s)  32. Total Fee  Inclosures (Y or N)  e Appliance Placer  e of Prior Placement  Other accide  47. Auto Accid  FORMATION  gress (for procedu  03/29/202	of (MM/DD/Co

Claim #267 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Bankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Enc.		
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?  MMM Hee Lee DDS Thc.	different)	ayments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Nample 1 Hespena Rd. SteC Number Street Victor 111e, CA. 92395 City State 718 Code	Name Number Street		
	RECEIVED	Country Contact phone 100-243-4366	City  Country  Contact phone	State	ZIP Cod
	PR 0 3 2024     <b>ncarso</b> m consultants	Uniform claim identifier for electronic payments in chapter 13 (if you use	one):		-
-	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	. / ww
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		way / DD	, 1111

Official Form 410



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 110 of 297

•	out the Claim as of the Date the Case Was Filed
Do you have any number you use to identify the	□ No
debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor. 9868
How much is the claim?	
,	\$ Does this amount include interest or other charges?
	° No
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
olalii:	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.
	Dental
1	
Is all or part of the claim secured?	No No
	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:
	Amount of the claim that is secured: \$
	•
RECEIVED **;	amount should match the amount in line
	Amount necessary to cure any default as of the date of the petition: \$
APR 0 3 2024 **	
	Annual Interest Rate (when case was filed)%
ZMAN CARSON CONSULTANTS	S Fixed
	☐ Variable
Is this claim based on a	
lease?	No.
	Yes. Amount necessary to cure any default as of the date of the petition.
Is this claim subject to a	Market No.
right of setoff?	No No
	Yes. Identify the property:

Official Form 410

#### Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct, years, or both. 18 U.S.C. §§ 152, 157, and 3571. Print the name of the person who is completing and signing this claim: RECEIVED APR 0 3 2024 Title Company **KURTZMAN CARSON CONSULTANTS** Address

Official Form 410

Country Email Lel Office Manager

Contact phone

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€.	<ul> <li>or the treating dentist</li> <li>a portion of such charg</li> </ul>	es. To the	e extent	permitted by law, I cou	isent to yo	our use and	disclosure	40. 6	s Treatment t				Date Appliance Pisced	(MM/DD/CCY
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Claim #268 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	lankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	hc.
	Has this claim been acquired from someone else?	No Yes. From whom?	
1	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  When Hee Lee DDS The.	Where should payments to the creditor be sent? (in different)
i	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Namber Street Victorville, CA. 92395	Name  Number Street
1	RECEIVED *	Country Contact phone 160 - 243-4366	City State ZIP Co Country Contact phone
AF	PR 0 3 2024	Contact email Lel Office Manager (a).  Uniform claim identifier for electronic payments in chapter 13 (if you use of the contact email Lel Office Manager (a).	Contact email
MAN	ICARSON CONSULTANTS		<u> </u>
	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	
į	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 115 of 297

Part 2: Give Information Ab	oout the Claim as of the Date the Case Was Filed
6. Do you have any number you use to identify the	□ No
debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 98 68
7. How much is the claim?	
	\$ 3205.60 Does this amount include interest or other charges?
	No No
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
: !	Limit disclosing information that is entitled to privacy, such as health care information.
	Dental
9. Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:
i !	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: \$
RECEIVED	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
APR 0 3 2024	Amount necessary to cure any default as of the date of the petition: \$
TURTZMAN CARSON CONSULTAN	Annual Interest Rate (when case was filed)%
	Fixed
	☐ Variable
O le this alsies bear !	
0. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
Is this claim subject to a	M Na
right of setoff?	No The state of th
	Yes. Identify the property:
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Official Form 410

#### Case 22-02384-LT11 Filed 05/07/25 of 297 12. Is all or part of the claim Ø № entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 **⊠** No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: APR 0 3 2024 Company KURTZMÁN CARSON CONSULTANTS Address

Official Form 410

Contact phone

Proof of Claim page 3 amail.com

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Claim #269 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at https://epoc.kcci/c.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Bankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair  Other names the creditor used with the debtor	Inc.	
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 notices to the creditor be sent?  Name  Name	Where should payments to the cred different)	itor be sent? (i
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street HCSpena Rd. SteC Victorville, CA. 92395	Name Number Street	
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AN CARSON CONSULTANTS	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)		
5. Do you know if anyone else has filed	No	Filed on	DD / YYYY
a proof of claim for this claim?	Yes. Who made the earlier filing?		

Official Form 410



Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  T
How much is the claim?	\$ Does this amount include interest or other charges?
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:
:	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property: \$  Amount of the claim that is secured: \$  Amount of the claim that is unsecured: \$(The sum of the secured and unsecured
<b>RECEIVED</b> APR 0 3 2024	amount should match the amount in line  Amount necessary to cure any default as of the date of the petition:  \$
KURTZMAN CARSON CONSULTI	Annual Interest Rate (when case was filed)%  ITS Fixed  Variable
10. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11. Is this claim subject to a right of setoff?	No  Yes, Identify the property:

ls all or part of the claim entitled to priority under	☑ No		Amount entitled to priority
11 U.S.C. § 507(a)?	Yes. Check a		
A claim may be partly priority and partly	11 U.S.C	c support obligations (including alimony and child support) under c. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$3 services	,350* of deposits toward purchase, lease, or rental of property or for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	davs bet	salaries, or commissions (up to \$15,150*) earned within 180 fore the bankruptcy petition is filed or the debtor's business ends, er is earlier. 11 U.S.C. § 507(a)(4).	\$
		r penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
	<del></del>	utions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	<del></del>	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
		re subject to adjustment on 4/01/25 and every 3 years after that for cases beg	un on or after the date of adjustment.
Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	No  Yes, Indicat	te the amount of your claim arising from the value of any goods re	ceived by the debtor within 20
	days before the ordinary	te the date of commencement of the above case, in which the good course of such Debtor's business. Attach documentation support	ting such claim.
	\$		
art 3: Sign Below			
he person completing	Check the appropri	iate box:	
nis proof of claim must ign and date it.	I am the credi	tor.	
		****	
RBP 9011(b).	I am the credi		
you file this claim		itor's attorney or authorized agent.	
you file this claim lectronically, FRBP 005(a)(2) authorizes courts	I am the truste	itor's attorney or authorized agent. ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
you file this claim electronically, FRBP 1005(a)(2) authorizes courts to establish local rules epecifying what a signature	I am the trusto	itor's attorney or authorized agent. ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. ntor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	edgement that when calculating
you file this claim electronically, FRBP 6005(a)(2) authorizes courts o establish local rules epecifying what a signature s.	I am the trusto I am a guarar I understand that a the amount of the	itor's attorney or authorized agent.  ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  ntor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgim, the creditor gave the debtor credit for any payments received	TOWARD THE GODE
you file this claim electronically, FRBP 1005(a)(2) authorizes courts to establish local rules epecifying what a signature s. A person who files a raudulent claim could be	I am the truston I am a guarant I understand that a the amount of the I have examined the	itor's attorney or authorized agent.  ee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  Intor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  In authorized signature on this <i>Proof of Claim</i> serves as an acknowled claim, the creditor gave the debtor credit for any payments received the information in this <i>Proof of Claim</i> and have reasonable belief that	TOWARD THE GODE
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İ	24 Procedure Date (MMOD/CCYY)	of Oral	26. Tooth	<ol> <li>Tooth Number(s)</li> <li>or Letter(s)</li> </ol>	28 Feath Surface	29. Proc Cod		. Diag. vinter	.201). Oty.	30. Description	31. Fee
-	11/19/2020	Cavity	System JP			D491	<u> </u>		1	periodontal maintenance	300.00
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Αl	THORIZATIONS			,			ANCILLA	ARY C	LAIM/	REATMENT INFORMATION	
€5				and associated fees. I agree to			38. Place o				or N)
	bw, or the treating donlist of	r dentat	practice	pt paid by my dental benefit pla- has a contractual agreement w	ith my pian p	fla gnitrdirtor	ļ			te Codes for Professional Claims*)	
	of my protected health infor	matton l		esmitted by law, I consent to you out payment activities in connec	tion with this		40. Is Trea				Placed (MM/OD/CCY)
×	Signature on F				29/2024				sip 41-4:		comment (MANDO)CCV
١.	Patient/Guardian Signature				ie		42, Months Remaii		etment	43. Replacement of Proathesis 44. Date of Prior Plan  **T No [*** Yes (Complete 44) ***	cement (MMI/OD/CCY
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37 <b>B!</b> 30! 48,	Thereby authorize and dire to the below named dentis Signature on F Subscriber Signature  LLING DENTIST OR E Draiting claim on behalf of B Name. Address, City, State Yonghee Lee 12611 Hesperi Suite C Victorville	ENTA he patie . Zip Co	L ENT ni or ins ode	Dat  ITY (Leave blank it denlist or ured/subscriber.)  CA 92  Styrnber 51, SSN	dental entity	7	46. Date of TREATH 53. I hereby mullipt Yor X Sign 54. NPI 56. Apples 56. App	ng De oy certif e visits nghee 7608	ent (MM ENTIS)  y that th ) or have e Lee coing D. State :	and TREATMENT LOCATION INFORMATIO e procedures as indicated by date are in progress (for pro- been completed.  03/29  putst)  55. License Number  56a. Provider 26a. Provider 3 Rd.	Accident State  N Incedures that require

Claim #270 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation					
United States B	ankruptcy Court for the Southern District of California					
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	
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 notices to the creditor be sent?  Where should notices to the creditor be sent?	Where should payments to the creditor be sent? different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street  City State ZIP C
R	ECEIVED #	Country	City State ZIP C
PF	0 3 2024	Contact phone 760-243-4366 Contact email 660 Contact email 660 Contact email 660 Contact phone 760-243-4366600000000000000000000000000000000	Contact email
AN C	ARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 125 of 297

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the	□ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	\$ Does this amount include interest or other charges?  No Yes. Attach statement itemizing interest, fees, expenses, or other
_		charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:
		Amount of the claim that is secured: \$
	RECEIVED	Amount of the claim that is unsecured: \$ (The sum of the secured and unsecured amount should match the amount in line 7.)
	APR 0 3 2024	Amount necessary to cure any default as of the date of the petition:
KU	RTZMAN CARSON CONSULTANT	Annual Interest Rate (when case was filed)%  Fixed  Variable
	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

Official Form 410

#### Case 22-02384-LT11 Filed 05/07/25 is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: APR 0 3 2024 Title Company KURTZMAN CARSON CONSULTANTS Address

Contact phone

Email Lel Office Mangas

Type of Transaction (Mark all applicable boxes)		ŀ					
i Statement of Actual Services Request for Predetermination/Pre	authorization						
Fredelornmation/Preauthorization Number		PC	DLICYHOL	DER/S	UBSCRIBER INFORMATION (	For Insurance Company i	Named in #3)
					riber Name (Lasi, First, Middle Initial,		
SURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION		_					
Company:Plan Name, Address, City, State, Zip Coste Dorrecto Health Claims Process into Ceut							
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El Segundo Ca 90245		1.3	, tale di Bill	n (basea).	IDAGCYY)   14 Gender   15.	, Policyholden sabsa kier i	ID JOSH OF IEM
THER COVERAGE (Mark applicable box and complete items 5-H. If none, it	enue blank i	16	, Plan/Group	Numbe		-	
Cratal? Medical? (If noth, complete 5-11 for dental on		┨"	, , m. o.oup	1101100	1		
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		18	. Relationship	to Poli	cyholder/Subscriber in #12 Above		ved For Futur
Onlie of Birth (MM/DD/CCYY) 7. Gender 8. Policyholder/Subscribe	er ID (SSN of IO#)		Self	sı	rouse Dependent Child	Other	
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Phar-Group Number 18. Potent's Relationship to Person named							
Self Spouse Dependen Other Insurance Company/Dental Benefit Plan Name, Address City, State, Zip		_					
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? Missing Teeth Information (Place on "X" on each missing tooth.)  1 2 3 4 5 6 7 8 9 10 10 11 12 13 14 15 1	34 thegros		List Qualifier		(KCD-0 = 0; KCD-10 = AB )	Fee(s)	
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S Remarks				<u> </u>			
UTHORIZATIONS		$\rightarrow$			TREATMENT INFORMATION		
8 Those been informed of the freatment plan and associated fees. Lagree to be re- charges for dental services and materials not paid by my dental benefit plan, while	less prohibited by	1	lace of Treatr	_	(e.g. 11=office; 22=O/P Hospital)	39. Enclosures (Y or N	)
low or the treating dentist or dental practice has a contractual agreement with my or a contractual agreement with my or a contractual consent to your us	se and disclosure	_	s Treatment &		· · · · · · · · · · · · · · · · · · ·	41 Dale Appliance Place	ed (MM/DD/C
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of my protected health information to carry out payment activities in connection to	^					44. Date of Prior Placeme	ent (MM/DD/C
of my protected health information to carry out payment activities in connection Signature on File 03/29/2	2024	42. N	Aonths of Tree		43. Replacement of Prosthesis		
Signature on File 03/29/2 Patient: Guardian Signature Date			<del>.                                    </del>		43. Replacement of Prosthesis No Yes (Complete 44)		
of my protected health information to carry out payment activities in connection of Signature on File 03/29/2 Potient: Guardian Signature Date 7 I horeby authorize and direct payment of the dental benefits otherwise payable to the below named dential or dental entity.	e to me, directly		Aonths of Tree	etment	No Yes (Complete 44)		<del></del> -
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Signature on File 03/29/2  Potient: Currition Signature Date  1 thoughy authorize and direct payment of the dental benefits otherwise payable to the below named dentist or dental entity.  Signature on File 03/29/2  Subscriber Signature Date  BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity) of the dentist or dental entity.	e to πe, directly 2024	45, T 46, E TRE 53.1	Months of Tree Remaining  Treatment Ret  Occupe  Date of Accide  EATING DE	etment sulting f stioned if ent (MM ENTIS)	No Yes (Complete 44)  Important Auto accident	47. Auto Accid	dent State
Potient: Guardian Signature Date  7 I housing authorize and direct payment of the dential benefits otherwise payable to the better named dential or dential entity.  Signature on File 03/29/3  Signature on File 03/29/3  Subscriber Signature Date  BILLING DENTIST OR DENTAL ENTITY (Leave blank if dential or dential	e to πe, directly 2024	45, T 46, E TRE 53.1	Months of Tree Remaining  Treatment Ret  Occupe  Date of Accide  EATING DE	etment sulting f ationel if ent (MM ENTIS) y that the	No Yes (Complete 44) Iness/injury Auto accider IDDICCYY)  F AND TREATMENT LOCATIO TO procedures as indicated by date are a been completed.	47. Auto Accid	dent State ures that requ
Signature on File 03/29/2  Potient: Guardian Signature Date  7 Thereby authorize and direct payment of the dental benefits otherwise payable to the below named dentist or dental entity.  Signature on File 03/29/2  Subscriber Signature Date  BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental authority came on behalf of the patient or insured-subscriber.)  8. Name, Address, City, State, Zip Code	e to πe, directly 2024	45, T 46, E TRE 53.1	Months of Treatment Researching  Treatment Researching  Decupe Occupe  EATING DE  hereby certifications you have a continued by the control of the control o	etment suiting f ationel if ent (MM ENTIS) y that the er have 1 Lee	No Yes (Complete 44) Iness/injury Auto accider #DDRCCYY)  T AND TREATMENT LOCATIO to procedures as indicated by date are a heen completed.	47. Auto Accident Marke	dent State ures that requ
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Signature on File 03/29/2 Potent:Gundan Signature Date  7 I hereby authorize and direct payment of the dential benefits otherwise payable to the betow named dential or dential entity.  Signature on File 03/29/2 Subscriber Signature Dete  BILLING DENTIST OR DENTAL ENTITY (Leave blank if dential or dential dential or dential dential or dential dential or dential dential or dential dential or dential dential or dential dential or dential dential or dential dential or dential dential dential or dential dential dential dential or dential den	e to πe, directly 2024	46. T 46. T 7RE 53.1	Months of Treatment Researching  Treatment Researching Decuper  EATING DE  hereby certification  Yonghee  Soprat (Tra	etment sulting 1 sulting 1 sulting 1 sulting 1 sulting 1 sulting 1 sulting 1 sulting 1 sulting 1	No Yes (Complete 44)  Iness/injury Auto accident  IDDRCCYY)  T AND TREATMENT LOCATIO  to procedures as indicated by date are a heen completed.	47. Auto Accident March 147. Auto Accident 147. Aut	dent State ures that requ
Signature on File 03/29/2 Potent-Gundan Signature Date  7 Thoughy authorize and direct payment of the dential benefits otherwise payable to the below named dential or dential entity.  Signature on File 03/29/2 Subscriber Signature  Date  Subscriber Signature  Date  Subscriber Signature or DENTAL ENTITY (Leave blank if dential or dential entity).  Name Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C	e to me, directly 2024 st entify is not	46. U TRE 53.1 X 54.4	Months of Treatment Research Res	etiment sulting 1 sulting 1 ent (MM ENTIS) y that the or have Entire 1 estima 1 estima 1 estima 2 esti	No Yes (Complete 44)  Iness/injury Auto accident  IDDRCCYY)  T AND TREATMENT LOCATIO  to procedures as indicated by date are a heen completed.	47. Auto Accident March 147. Auto Accident 147. Aut	ent State ures that requ

Claim #271 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Bankruptcy Court for the Southern District of California
Case number	22-02384

## Official Form 410 **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1.	Who is the current creditor?	Other passes the current creditor (the person or entity to be paid for this claim)	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?	Mong Hee Lee DDS Inc.	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street CA. 92395	Name  Number Street
ĥ	RECEIVED ,	South	City State ZIP Co
٩P	PR 0 3 2024	Contact phone TLO - 243-4366 Contact email Lel Office Manager a.	Country  Contact phone  Contact email
AN	CARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use one	e): 
	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410



Do you have any number	□ No							
you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868							
How much is the claim?	\$ Does this amount include interest or other charges?							
	°⊠ No							
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).							
What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.							
claim?	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.							
•	Neintral							
	Jer ti all							
Is all or part of the claim	☑ No							
secured?	CT							
	_							
;	Nature of property:							
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.							
	Motor vehicle							
	Other. Describe:							
	Basis for perfection:							
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)							
	Value of property: \$							
•	Amount of the claim that is secured: \$							
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line							
RECEIVED	And the second s							
MECEIVLU	the date of the notition:							
APR 0 3 2024	Amount necessary to cure any default as of the date of the petition:							
	Annual Interest Rate (when case was filed)%							
KURTZMAN CARSON CONSU	TANTS							
	☐ Variable							
10. Is this claim based on a	№							
lease?								
	Yes. Amount necessary to cure any default as of the date of the petition.							
11. Is this claim subject to a	Ma No.							
right of setoff?	No  Yes. Identify the property:							
	I I M I desille the assessment							

Official Form 410

s all or part of the claim entitled to priority under	☑ No		Amount entitled to priority					
11 U.S.C. § 507(a)?		all that apply:						
A claim may be partly priority and partly nonpriority. For example,	Domesti 11 U.S.0	c support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$					
in some categories, the law limits the amount	Up to \$3 services	3,350* of deposits toward purchase, lease, or rental of property or s for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$					
entitled to priority.	days be	salaries, or commissions (up to \$15,150*) earned within 180 fore the bankruptcy petition is filed or the debtor's business ends, ver is earlier. 11 U.S.C. § 507(a)(4).	\$					
	Taxes o	or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$					
	Contrib	utions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$					
	Other.	Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$					
		re subject to adjustment on 4/01/25 and every 3 years after that for cases begu	in on or after the date of adjustment.					
Is all or part of the claim	X No							
pursuant to 11 U.S.C. § 503(b)(9)?	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.							
	\$		· _ ·					
art 3: Sign Below								
ne person completing	Check the appropr	riate box:						
is proof of claim must gn and date it.	I am the creditor.							
RBP 9011(b).	l am the cred	litor's attorney or authorized agent.						
you file this claim ectronically, FRBP	<del></del>	litor's attorney or authorized agent. tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	·					
you file this claim ectronically, FRBP 005(a)(2) authorizes courts establish local rules	l am the trust		•					
you file this claim ectronically, FRBP 005(a)(2) authorizes courts	I am the trust	tee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  ntor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	edgement that when calculating					
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AUTHORIZATIONS	•			·					TREATMENT INFORMATION			
36 Thave been informed of the charges for dental services	and ma	terials n	ot paid by my dental benefit pl	lan, unless prob	ribited by	38. P	Place of Treatr Ulse "Place		(e.g. 11=office; 22=O/P Hospital) ce Codes for Professional Claims*)	39. End	closures (Y or N)	
or a portion of such charge:	s. To the	extent;	has a contractual agreement permitted by law, I consent to	your use and di	sciosure	40.19	s Treatment fo			41. Date	Appliance Placed	(MM/DD/CCYY
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Patienil Guardian Signature	!		D	ete			donths of Trea	atment	43. Replacement of Prosthesis	44. Date :	of Prior Placemen	t (MM/DD/CCYY
37 Thereby authorize and dire				ayable to me,	directly	<u></u>	Remeining		No Yes (Complete 44)			
to the below named dentis Signature on F		tal entity		3/29/2024		45. T	Frantment Res	_	rom Iness/injury Auto accide	<sub>ent</sub> f	Other accide:	nl
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supporting claim on behalf of t				Stany s		53	hereby certify	y that th	e procedures as indicated by date a			es that require
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©2012 American Denta	Asso	ciatio							. <u> </u>		To reorder o	all 800.947.474

Claim #272 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth.">https://epoc.kcclic.net/BorregoHealth.</a>

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Bankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	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	No No	
	someone else?	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)
	creditor be sent?	Name Name Of Control o	Name
	Federal Rule of Bankruptcy Procedure	Number Street	Number Street
	(FRBP) 2002(g)	City State ZIP Code	City State ZIP Cox
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-	RECEIVED *	Country Contact phone 160 - 243 - 4366	Country
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4	R 0 3 2024 🔭	amail. con	Contact email
		Uniform claim identifier for electronic payments in chapter 13 (if you use o	one);
AX	CARSON CONSULTANTS		
4.	Does this claim amend one already	☑ No	
	filed?	Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if	☑ No	
	anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 135 of 297

Р	art 2: Give Information Ab	pout the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
T.	RECEIVED =	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.)
	APR 0 3 2024	Amount necessary to cure any default as of the date of the petition:
KUF	rtzman Carson Consultani	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	ls this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

#### Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: APR 0 3 2024 Title Company KURTZMAN CARSON CONSULTANTS Address

Contact phone

gmael.com

ZIP Code

Email Lel Office Manga

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	humber ( )	-		Provider					tomber (		) .		oo, Addin Provid			

Claim #273 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	lankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	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 difference in the control of	re should payments to the creditor be sent? (i
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name  Name  Name  Number Street  Num	er Street
-	<b>ECEIVED</b> ************************************	Country Contact phone 160-243-4366 Contact phone 160-243-4366 Contact	ct phone
	CARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	ct email
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** 



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 140 of 297

F	. ,	pout the Claim as of the Date the Case Was Filed						
6.	Do you have any number you use to identify the	□ No						
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor. 9868						
7.	How much is the claim?	. 5.00						
		Does this amount include interest or other charges?						
		No No						
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).						
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.						
		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).						
		Limit disclosing information that is entitled to privacy, such as health care information.						
		Dental						
9.	Parit of the ordist	☑ No						
	secured?	Yes. The claim is secured by a lien on property.						
		Nature of property:						
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of						
		Claim Attachment (Official Form 410-A) with this Proof of Claim.						
	•	Motor vehicle						
		Other. Describe:						
		Basis for perfection:						
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)						
		Value of property: \$						
		Amount of the claim that is secured: \$						
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)						
	RECEIVED							
		Amount necessary to cure any default as of the date of the petition: \$						
	APR 0 3 2024							
		Annual Interest Rate (when case was filed)%  Fixed						
KU	RTZMAN CARSON CONSULTAN	TS =						
		☐ Variable						
	ls this claim based on a lease?	No						
		Yes. Amount necessary to cure any default as of the date of the petition.						
11.	is this claim subject to a right of setoff?	☑ No						
	Figur or seroll (	Yes. Identify the property:						
		A control of the cont						

Official Form 410

Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim 12. ☑ No enitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Name Title APR 0 3 2024 Company **KURTZMAN CARSON CONSULTANTS** Address Email Lel Office Mangae

Contact phone

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Type of Transaction (Mark all a)		¬ ˙							
Statement of Actual Service	s į	Request for Predetermination	n/Preauthoriza	tion			•		
2 Predelarmination/Preauthorizat	on Number								
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S Date of Birth (ММ/DQ/CCYY)	7, Gend M	er 6. Policyholder/Subi	scriber ID (SSN	VioriD#)					
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AUTHORIZATIONS	<del>.</del>				ANCILLARY C	LAIM/	TREATMENT INFORMATION	·	i
36 Thave been informed of the tre		and associated fees. I agree to of paid by my dental benefit plor			38. Place of Treatr	-		39. Enclosures (Y or N	))
law, or the treating dentist or de	otal practice	tras a contractual agreement with permitted by law, I consent to yo	th my plan prof	nibiting all	· · · · · · · · · · · · · · · · · · ·		ce Codes for Protessional Claims*)		
		out payment activities in connec			40. is Treatment to	or Ortho ip 41-42		41. Date Appliance Place	ed (MM/DD/CCYY)
Patient/Guardian Signature		Date			42 Months of Trea		43. Replacement of Prosthesis	44. Date of Prior Placeme	ent (MM/DD/CCYY)
37. Theraby authorize and direct p			yable to me, di	irectly	Remaining		No Yes (Complete 44)	<u> </u>	
to the below named dentist or Signature on File	dental entity		29/2024		45. Treatment Res	-	om Iness/injury Auto accide:	nt Other accid	ent
X Subscriber Signature		Date			46. Date of Accide			47. Auto Acce	
BILLING DENTIST OR DEN		ITY (Leave blank if dentist or o		пот	+		AND TREATMENT LOCATION		
submitting claim on behalf of the p	attent or ins	tured/subscriber.)					e procedures as indicated by date an	re in progress (for proced)	ures that require
48. Name, Address, City, State, Zi Yonghee Lee	p Code				Yonghee		been completed.	03/29/20:	24
12611 Hesperia R	₹d.				XStoned (Tree	alman Do	ntisl)	Đole	Ì
Suite C Victorville		CA 92	2050207		Signed Ing. 54 NPi	<del>5815</del>	55. Licer	64834 nse Number 1223G0001	
<b></b>			3958307		56 Address City 12611 He	State Z	ip Code 56a, Pro- a RC. Specially	vider	^
<sup>49 NPI</sup> 1760858153	50. License	34mber 51. SSN2	2169868		Victorville		CA	923958307	
52 Phone 760 2	<del>13 436</del>	52a. Additional Provider ID			1 Sr. Phone	760—	243 4366 58, Addin		
© 2012 American Dental A	enciatio				Number \		Prov	ider ID	F=U 200 Q47 4746

Claim #274 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation					
United States B	eankruptcy Court for the Southern District of California					
Case number	22-02384					

## Official Form 410 **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1.	Who is the current creditor?	Other names the creditor (the person or entity to be paid for this claim	Fnc.
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 notices 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)	Number Street A. 92395 City State ZIP Code	Name  Number Street
	RECEIVED -	Country 7100 202 631 /	City State ZIP Coo
Α	PR 0 3 2024	Contact email Lel Office Manager (a)	Contact email
//Al	A CARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use of	one):
<b>1</b> .	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410



Do you have any number you use to identify the	□ No				108
debtor?	Yes. Last 4 d	igits of the debtor's account or an	y number you use to	TIOH	
How much is the claim?	s 100.0			interest or other charges	?`
		<b>P</b>			
			Yes. Attach statemer charges require	nt itemizing interest, fees, ex d by Bankruptcy Rule 3001	(c)(2)(A).
What is the basis of the		s sold, money loaned, lease, serv			
claim?		copies of any documents supporti			;) <b>.</b>
	Limit disclosing in	formation that is entitled to privac	y, such as health car	e information.	
	Der	Hal			
Is all or part of the claim	☑ No				
secured?	Yes. The o	claim is secured by a lien on prop	erty.		
*	Natu	re of property:			
		Real estate: If the claim is secure Claim Attachment (Official Form	d by the debtor's prin 110-A) with this <i>Proof</i>	icipal residence, file a <i>Mort</i> g f of Claim.	gage Proof of
	_	Motor vehicle			
					· `
		Other. Describe:			
·	Paci	s for perfection:	,		·
:	Attac exan	the redacted copies of documents, nple, a mortgage, lien, certificate been filed or recorded.)	if any, that show evic of title, financing state	dence of perfection of a sec ement, or other document the	urity interest (for at shows the lien
} •	Valu	e of property:	\$		
ŧ .	Amo	ount of the claim that is secure	1: \$		
	Amo	ount of the claim that is unsecu	red: \$	(The sum of the sec	ured and unsecured th the amount in line
RECEIVED .				amount should mate	If the amount in line
APR 0 3 2024	Amo	ount necessary to cure any defa	ult as of the date of	the petition: \$	
	Ann	ual Interest Rate (when case wa	s filed)%		
URTZMAN CARSON CONSULTA	nts 🔲	Fixed			
t :		Variable			
10. Is this claim based on a	₩				
lease?	/	ount necessary to cure any defa	ult as of the date of	f the petition. \$	
11. Is this claim subject to a	(Z)				
right of setoff?		tify the property:			

Official Form 410

Is all or part of the claim entitled to priority under	☑ No	Amount entitled to priority						
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority						
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$						
nonpriority. For example, in some categories, the law limits the amount	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).	\$						
entitled to priority.	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.						
Is all or part of the claim	X No							
pursuant to 11 U.S.C. § 503(b)(9)?	Yes, indicate the amount of your claim arising from the value of any goods rece	ived by the debtor within 20						
g 505(b)(e):	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.							
		y						
	\$							
Part 3: Sign Below								
he person completing his proof of claim must	Check the appropriate box:							
ign and date it.	I am the creditor.							
RBP 9011(b).	I am the creditor's attorney or authorized agent.							
f you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
5005(a)(2) authorizes courts o establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
specifying what a signature								
s. A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> 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.							
fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.							
fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.							
years, or both. 18 U.S.C. §§ 152, 157, and	Executed on date 03/28/2024							
3571.	MM / DD / YYYY							
	Signature							
1	Signature							
:	Signature  Print the name of the person who is completing and signing this claim:							
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RECEIVED	Print the name of the person who is completing and signing this claim:  Name  Hele  First name  Middle name  Last	name						
	Print the name of the person who is completing and signing this claim:	name						
RECEIVED APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name  Hele  First name  Middle name  Last							
APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name  Hele  First name  Middle name  Last  Title  Company  Last  L							
	Print the name of the person who is completing and signing this claim:  Name  Hele  First name  Middle name  Last  Title  Company  Last  L							
APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name    Marcon	er.						
APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name    Marcology	er.						
APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name    Address   Addres	er.						
APR 0 3 2024	Print the name of the person who is completing and signing this claim:  Name    Address   Addres	er.						

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	24. Procedure Date (MM/DD/CCYY)	of Oral	Tooth System	27. Tooth Numb or Letter(s)		28 Tooff Surface			29a. Diag. Pointer	29b.		30. Description		31. Fee
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<u></u>	THORIZATIONS							ANG	CHLIAPY	LATERAT	TREATMENT IN	ORMATION		
	There been informed of th	e treatm	ent plan	and associated fees.	l agres to	be responsi	ible for ell		Place of Treat			-	9. Enclosures (Y or N)	
	charges for dental service law or the treating dentist	s and me	itenais n	ot paid by my dental	benefit pla	n, unless pr	ohibited by	[			ce Codes for Profession	• • •		
	or a portion of such charge	es. To the	e extent ;	permitted by law, I co	nsent to yo	our use and	disclosure	40. 19	s Treatment F	or Ortho	dontics?	41.	Date Appliance Placed	I (MM/DD/CCY)
	ot my protected health into Signature on F		to carry	out payment activities		tion with thi <b>29/2024</b>			No (Sk					
X <sub>F</sub>	Patient/Guardian Signatur				Dat			42. N	Months of Tre		43. Replacement		Date of Prior Placemen	I (MM/OD/CCY
<b>.</b> .									Remaining		iv	(Complete 44)		
	I frereby authorize and dir to the below named denti				nerwise pa	ryable to me	e, directly	45. ₹	Freatment Re	sultino fi	<u> </u>			
v	Signature on F		•		03/	29/2024	<b>,</b>	1	_	-	iness/injury	Auto accident	Other accide	nt
Х ;	Subscriber Signature				Del	ke		46. F	Date of Accids		·		47. Auto Accide	ent State
	LING DENTIST OR	DENTA	L FMT	ITY il pavo hlonb if			don ei v	+			AND TREATME	NT LOCATION		
	militing claim on behalf of				www.arat.Of	women cirilly	, 101101						progress (for procedu	es that require
18	Name, Address, City, Sta	te. Zin D	ode								a been completed.			
	Yonghee Lee							[	Yonghee	e Lee	<b>!</b>		03/29/202	4
	12611 Hesper	ìa Rd.						X_	Signed (Tre	alipa Da	enlist)		Dale	
	Suite C							54 N	Signed (Tre NPI	5815	3	55 License f	64834 ———	
	Victorville			CA	92	2395830	7	Ľ.		State 7	in Code	56a. Provide	- 1223G00017	X
4-4	501	50	Liver	Mumber	51 000	oc TiM			12611 <sup>C</sup> H	-	a Rd.	Specially Co	1e	
वर्ष	<sup>№7</sup> 1760858153	50.	·"648	34mber	31. 55%	221 <b>6</b> 986	8	1	Victorville	9		CA 92	3958307	
52	Phone , 760	243	<del>- 43</del> 6	52a. Addin	l			57 F	Phone ,	<del>760 -</del>	243 4366	58, Additiona	1	
	Number ( )	-	relatio	Provid	ar ID			1	Number		, .	Provider	ID	

Claim #275 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case:								
Debtor	Borrego Community Health Foundation							
United States Bankruptcy Court for the Southern District of California								
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Fnc.
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 notices 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)	12611 Hespena Rd. SteC Number Street Victorville, A. 92395	Number Street
R	ECEIVED R 0 3 2021	Country	City State ZIP Con
٩P	R 0 3 2024	Contact phone 160-243-4366 Contact email 600 Contact email 600 Contact email 600 Contact email 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact phone 600 Contact email 600 Con	Contact phone  Contact email
4M (	CARSON CONSULTANTS	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
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYYY

Official Form 410



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 150 of 297

i.	¥	pout the Claim as of the Date the Case Was Filed
	Do you have any number you use to identify the	□ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 986
	How much is the claim?	
	•	\$ Does this amount include interest or other charges?
1		No No
•		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
-	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	o.u.m.:	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
1		Limit disclosing information that is entitled to privacy, such as health care information.
		Dental
	Is all or part of the claim	☑ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
ļ		Motor vehicle
-		Other. Describe:
		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		has been filed or recorded.)
		has been filed or recorded.)  Value of property:
		has been filled of 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)
	RECEIVED	Value of property: \$  Amount of the claim that is secured: \$
The second secon	RECEIVED APR 0 3 2024	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$  (The sum of the secured and unsecured)
K		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  S
K	APR 0 3 2024	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount should match the amount in line:  Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)  Fixed
1	APR 0 3 2024 Urtzman Carson Consult	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  S
1:	APR 0 3 2024	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount should match the amount in line:  Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)  Fixed
1:	APR 0 3 2024  URTZMAN CARSON CONSULT	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount should match the amount in line:  Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)  Variable
1:	APR 0 3 2024  URTZMAN CARSON CONSULT  s this claim based on a ease?  s this claim subject to a	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount should match the amount in line:  Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)%  Fixed  Variable  Yes. Amount necessary to cure any default as of the date of the petition.  \$
1:	APR 0 3 2024  URTZMAN CARSON CONSULT	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  Amount should match the amount in line:  Amount necessary to cure any default as of the date of the petition:  Annual Interest Rate (when case was filed)  Variable

Entered 05/07/25 08:04:02 Doc 1611 Pg. 151 Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim No. entigled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: RECEIVED APR 0 3 2024 Company KURTZMAN CARSON CONSULTANTS Address ZIP Code Email Lel Office Manage Contact phone

Official Form 410

Proof of Claim page 3

gmael.com

EADER INFORMATION					5 08:04:02 Doc 1611 Pg. 152			
Type of Transaction (Mark all applicable boxes)								
Statement of Actual Services Request for Predetermination/Pre-	authorization							
Predelermination/Preauthorization Number	- Samuel Ma	-  -	OLICYHOL	DER/S	SUBSCRIBER INFORMATION (For Insurance Company Named in #3			
		· -			criber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Cod			
SURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION								
Company/Plan Name, Address, City, State, Zip Code		$\Box$						
Correct of Health Claims Processing Cent	er							
CIO KCC		-	3. Date of Birth	i. 20.78.43Π	(DD/CCYY) 14. Gender 15. Palicyholder/Subscriber ID (SSN or			
222 N. Pacific Coast Huly Ste 300			s. Date of Oka	n (meset	15. Policy indeprendent to (SSN of I			
THER COVERAGE (Mark applicable box and complete items 5-1). If none, it	eave blank.)	16	6. Plan/Group	Numbe				
Crimatic Medical? (If both, complete 5-11 for denta) only								
Namo of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		P.	ATIENT IN	FORM	NOITAN			
		18	B. Relationship	p to Poli	olicyholder/Subscriber in #12 Above 19. Reserved For Fulu Use			
Date of Birth (MM/DD/CCYY) 7. Gender 8. Policyholder/Subscribe	FID (SSN or ID)	9	X Self	[ s	Spouse Dependent Child Other			
M F   M F   Principle of the Person named a		20	J. Name (Lest	, Fast, N	Middie Initial, Suffix), Address, City, State, Zip Code			
TU. Fallents Relationship to Person harmed it								
Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip	<del></del>	-1						
		21	1. Date of Birt	h (MM/E	(DD/CCYY) 22. Gender 23. Palient iD/Account # (Assigned by Do			
					□ My F			
ECOAD OF SERVICES PROVIDED								
(MMADDICCYY) GLORIS (SOUR CLESSORY) S		rocedure Gode	29a, Diag. Pointer	29ta. Oty.	30. Description 31. Fe			
07/02/2019 JP 24		310		<u> </u>	endodontic therapy, anterior tooth (ex 800.00			
0110212013		310		1	endodornic merapy, anterior tootii (ex. 800.00			
					A A A A A A A A A A A A A A A A A A A			
	<del></del>		ļ	<del> </del>				
			1					
Newsing Teeth Information (Place as 'X" on each missing tooth.)	34 Diagno	sis Code	List Qualifier		( (CD-9 = 8; (CD-10 = A8 ) 31e, Other			
1 X 3 4 5 6 7 8 9 10 11 12 13 14X 15 16	🗙 3/fa. Diaga	asis Code	e(s)	Α	C Feë(s)			
30 X Xo Xo 26 27 26 25 24 X23 22 21 26 19 16 12	X (Primary d	lagnosis i	in "A")	в	D			
Remarks								
	<del></del>	Т.						
UTHORIZATIONS  There been informed of the freatment plan and associated fees. Lagree to be res	masible for all	_{	Place of Treatm		/TREATMENT INFORMATION  1 (e.g. 11=affice; 22=O/PHospial) 39. Enclosures (Y or N)			
charges for desitol services and materials not paid by my dental benefit plan, unle- law or the treating dentist or dental practice has a contractual agreement with my	ess prohibited by			· ·	ice Codes for Professional Claims")			
or a portion of such charges. To the extent permitted by law, I consent to your use of my protected health information to carry out payment activities in connection w	e and disclosure		s Treatment fo	or Ortho	odonlies? 41. Date Appliance Placed (MM/DD/C			
Signature on File 03/29/2			No (Ski	ip 41-42	(2) Yes (Complete 41-42)			
Patient/Guardian Signature Date			vionths of Trea Remaining	tment				
Thereby authorize and direct payment of the dental benefits otherwise payable to the below named dentist or dental entity.	to me, directly				No Yes (Complete 44)			
Signature on File 03/29/2	024	45.1	45. Treatment Resulting from  Occupational illness/injury  Auto accident  Other accident					
Subscriber Signature Date		46. Date of Accident (MM*DD/CCYY)  47. Auto Accident State						
ILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental	entity is not	_			T AND TREATMENT LOCATION INFORMATION			
		53.1	hereby certify	that the	ne procedures as indicated by date are in progress (for procedures that requ			
umaning casm on benear of the parem of insured/subscriber.)		T 6	nuttiple visits) Yonghee		re been completed. e			
Name Address, City, State, Zip Code			rongnee	ree				
ibridiniji clam on behalf of the pallem of insured/subscriber.)  5. Name Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd.	•	X_						
Name Address, City, State, Zip Code			Signad (Trac	1994 De	enist) 64834 64834			
5 Name Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd.	8307	54 N	NPI TOTAL		55. License Number 1223G0001X			
is Name Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 92395		54 N	ири <b>1267 1</b> Не	Stale Z	Zin Code See Provider 1223G0001X See Provider Specially Code			
s Name Address, Cltv. State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C		54 N	NPI TOTAL	Stale Z	55. License Number 1223G0001X			

Claim #276 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Sankruptcy Court for the Southern District of California
Case number	22-02384

#### Official Form 410

#### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	rearrieg or the current creditor (the person or entity to be paid for this claim	inc.
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?  MMM Hel Lel DDS The.	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 1261 Hespena Rd. SteC Number Street Victorville, CA. 92395	Name  Number Street
	RECEIVED	Country State ZIP Code	City State ZIP Cod
Α	PR 0 3 2024	Contact phone 160-243-4366 Contact email Lel Office Manager amail. Cov	Contact phone
MA	N CARSON CONSULTANTS	Uniform claim identifier for electronic payments in shorth 42 (4	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No  Yes. Who made the earlier filing?	MM / DD / YYYY



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 155 of 297

	Give Information Ab	out the Claim as of the Date the Case Was Filed
ô.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  \$  Amount of the claim that is secured:  \$
	RECEIVED *	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: \$
JR	APR 0 3 2024 **  ZMAN CARSON CONSULTANTS	Annual Interest Rate (when case was filed) %
	s this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
1.	s this claim subject to a right of setoff?	No No

Official Form 410

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 156 of 297

entitled to priority under	No No									
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority								
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$								
in some categories, the law limits the amount entitled to priority.	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 begu	n on or after the date of adjustment								
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods recordays before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supportings.	h								
Part 3: Sign Below										
The person completing this proof of claim must sign and date it.	Check the appropriate box:  I am the creditor,	eck the appropriate box:  I am the creditor.								
FRBP 9011(b).  If you file this claim	I am the creditor's attorney or authorized agent.									
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.									
to establish local rules specifying what a signature is.	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.									
	Linderstand that an authorized size to the size of the									
A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received to	gement that when calculating								
fraudulent claim could be fined up to \$500,000,	the debtor credit for any payments received to	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date 03/28/2004	vard the debt.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date 63/28/2004  Signature	vard the debt.  e information is true and correct.								
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.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	vard the debt.  e information is true and correct.								
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.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date   O3 28 2024  MM / DD / YYYY   Print the name of the person who is completing and signing this claim:  Name  First rame  Middle name  Last ne  Title   Company  Last ne	vard the debt.  e information is true and correct.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157, and 3571.  RECEIVED	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	vard the debt.  e information is true and correct.								
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.	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	vard the debt.  e information is true and correct.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157, and 3571.  RECEIVED	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	e information is true and correct.								
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157, and 3571.  RECEIVED	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date	e information is true and correct.								

Official Form 410

٩D	Case Case (	22-0 Dent	2384 al As	I-LT11 Filed 0 sociation Dent	5/07/25 al Clair	n For	ere	d 05/0	7/25	5 08:04:02 Doc 1611 Pg. 157		
	ADER INFORMATIO			· · · · · · · · · · · · · · · · · · ·	·		Ĭ	•				
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Claim #277 Date Filed: 4/4/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:				
Debtor	Borrego Community Health Foundation			
United States B	ankruptcy Court for the Southern District of California			
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.
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 notices to the creditor be sent?  Name Let DDS Thc.	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street
	RECEIVED	Country 7120 7 2 2 4 21 1	City State ZIP Cou
Αl	PR 0 4 2024	Contact phone Contact email Confice Manager and Confice Manager an	Contact phone
	CARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use of	one): 
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed a proof of claim for this claim?	No  Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410

Proof of Claim page 1



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# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 160 of 297

6. Do you have any number No					
you use to identify the debtor?  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor.					
TIOH					
How much is the claim?					
•	\$ Does this amount include interest or other charges?				
	<b>∑</b> No				
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).				
What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
Sianti:	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.				
	Dental				
Is all or part of the claim secured?	Ø No				
	Yes. The claim is secured by a lien on property.				
	Nature of property:				
•	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.				
	Motor vehicle				
	Other. Describe:				
	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien				
	has been filed or recorded.)				
	Value of property:				
	Amount of the claim that is secured: \$				
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured				
	amount should match the amount in line 7				
RECEWED	Amount necessary to cure any default as of the date of the petition:				
APR 0 4 2024	Annual Interest Rate (when case was filed)%  ☐ Fixed				
TZWANCARSONCONSLITAM	☐ Variable				
Is this claim based on a	₩No				
lease?	Yes. Amount necessary to cure any default as of the date of the petition.				
ls this claim subject to a right of setoff?	No No				
	Yes. Identify the property:				
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Official Form 410

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AUTO SSE F	Remarks  THORIZATIONS  Thave been informed of this harges for dental services are portion of such charges for dental services or a portion of such charges for my protected health into Signature on Frotient/Guardian Signature on Frotient/Guardian Signature on Frotient/Guardian Signature on Frotient/Guardian Signature on Frotient/Guardian Signature on Frotient/Guardian on behalf of its Name. Address, City. Stat Yonghee Lee 12611 Hesperi Suite C	e treatmos and ma son dental se. To the mation tille ect poyers or dental the patie. Zip Co. ia Rd.	ent plan a terials in practice extent plan to carry of the terial entity.  L ENT int or installed	and associated fees. I agree to the paid by my dental benefit of paid by my dental benefit of has a contractual agreement vermitted by taw, I consent to your payment activities in come of payment activities in come of payment activities in come of payment activities of the wise payment benefits of the wis	teX 12X (Print text) (Print tex	for all lided by libiting all closure earn.	ANCILLA  38. Place of (Use  40. Is Treat  45. Treatme  46. Date of  TREATIN  53.1 hereby multiple  YON  X  Signe  54. NPI	Treatm Tr	LAIMA nent 1 of Service or Orthoo ip 41-42 nament sulting tr ntional if int (MIMI NTIST y that the or have be Lee sting the State, Z Speri	IREATMENT INFORMATION  (e.g. 11=office; 22=O/P Hospital) (c.c. Codes for Professional Chams*)  dontics? (b) Yes (Complete 41-42)  43. Replacement of Prosthesis  X No Yes (Complete 44)  om  hess/injury Auto accide (DD/CCYY)  AND TREATMENT LOCATIO (a) procedures as indicated by date as been completed.	39. Enclose 41. Date of Po 44. Date of Po  147. Date of Po  148. Date of Po  149. Date of P	other accident Auto Accident Placement Auto Accident ATION (for procedure 3/29/2024)	(MM/DD/CC) I (MM/DD/CC) II II III III State  If state

Claim #278 Date Filed: 4/4/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	ankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clain	Enc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
- 1	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  MMM Hee Lee DDS Jhc.	Where should payments to the creditor be sent? (if different)
i	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 1261 Hespeng Rd. SteC Number Street Victor Street A. 92395 City State 7/18 Code	Name  Number Street
	RECEIVED	Country 7100 252 421 1	City State ZIP Cod
A	PR 0 4 2024	Contact phone  Contact email  Contact email  Contact email  Contact email  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact phone  Contact email	Contact phone
MAF	YCARSON CONSULTANTS	Uniform claim identifier for electronic payments in chapter 13 (if you use	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?	WHYL 7 DD 7 YYYYY

Official Form 410

**Proof of Claim** 



Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
How much is the claim?	\$
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
What is the basis of the	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
claim?	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.
•	Dental
Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line
RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
APR 0 4 2024	Annual Interest Rate (when case was filed)%  Fixed
KURTZMAN CARSON CONSULT	Variable Variable
10. Is this claim based on a lease?	No
	Yes. Amount necessary to cure any default as of the date of the petition.
11. Is this claim subject to a right of setoff?	No  Yes. Identify the property:
	LI Yes. Identify the property:

		• '
2. Is all or part of the claim entitled to priority under	☑ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	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).	\$
entitled to priority.	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.
3. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods recedus before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting	USA6 been 2010 to file Deproi III
Part 3: Sign Below		
<u> </u>		
The person completing this proof of claim must	Check the appropriate box:	
sign and date it. FRBP 9011(b).	I am the creditor.	
If you file this claim	I am the creditor's attorney or authorized agent.	
electronically, FRBP 5005(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
to establish local rules specifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
iś.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to	lgement that when calculating ward the debt
A person who files a fraudulent claim could be	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the	
fined up to \$500,000, imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.	
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Executed on date 03 28 2024	
	myler	
	Signature	
	Print the name of the person who is completing and signing this claim:	
	1100	20
	Name HCC Las	t name
	Title Dentist	· · · · · · · · · · · · · · · · · · ·
DEOVERNIER	Company  Liderplify the componance as the company if the authorized agent is a service.	er.
WERFIAFI	121011 Negreina Cal Ste C	
APR 0 4 2024	Address Number Street \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
IDTZIJAM PADJEMANADIOU	City	Code Country Country
RYZMAN CARSON CONSULTAR	S Contact phone III - 145 43 44 Email 10	dama o

ADA American Dental Association Field 05/07/25 Dental Claim Formation  Header Information  Type of Transaction (Mark ab applicable boxes)  Statement of Adual Services Request for Prodetermination: Preauthorization  FENOT: Tale XIX  Transaction Number  INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Control Advisor Preauthorization Number  INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Control Advisor Preauthorization Number  INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Control Advisor Processive Center  On the Control Advisor Processive Center  A as a Pacific Past Hull Ste 300  El Segundo Ca 90345  Other Coverage (Mark applicable box and complete items 5-11. If none, leave blank)  4 thorizing Michael (Mark applicable box and complete stems 5-11. If none, leave blank)  5 Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suttra)  6 Unite of Birth (MIMODICCYY)  7. Gender  M F  10 Patents relationship to Person named in #5
Statement of Actual Services Request for Prodetermination: Preauthorization  FINALT: Tale XIX  Findelarmanation: Preauthorization Number  INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Corresponding Name, Address, City, State, Zip Code  BOTTEGO Health Claims Processing Center  CONCOC STATE Code Health Claims Processing Center  ABA N PACIFIC Code Hourt Ste 300  EL Segundo Ca 90245  DITHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank)  I bental?   Missingle   (If both, complete 5-11 for dental only.)  Name of Policyholder/Subsenber in #4 (Last, First, Middle Initial, Suttrx)  E Date of Birth (MM/DDECCYY)  7. Gender   8. Policyholder/Subscriber ID (SSN or ID#)
Prodefermenation Preauthorization Number  NSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Company/Plan Name, Address, City, State, Zip Code  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Company/Plan Name, Address, City, State, Zip Code  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  QONCO  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  DOTTEGOS—Health Claims Processing Center  ABOUTE COMPANY/DENTAL BENEFIT PLAN INFORMATION  ABOUTE COMPANY/DENTAL BENEFIT PLA
NSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION  Company/Plan Name, Addross, City, State, Zip Cotte  DOTTEGO Health Claims Processing Center  2 As a Pacific Coast How Sac 300  El Segundo Ca 90245  DITHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank)  tental? Medicar? (It both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suttra)  Date of Birth (NIM/DD/CCYY)  7. Gender 8. Policyholder/Subscriber ID (SSN or ID#)
Company/Plan Name, Address, City, State, Zip Cette  Domeson Health Claims Processing Center  2 aa N Pacific Coast Hour Sie 300  El Segundo Ca 90245  OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank)  thental? Missilicat? (If both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suttox)  Date of Birth (KIM/DD/CCYY)  7. Gender  M F  8. Policyholder/Subscriber ID (SSN or ID#)
Dorrego Health Clairn's Processing Center  2 to KOC  2 aa N Pacific Coast Hwy Ste 300  El Segundo Ca 90245  Other Coverage (Mark applicable box and complete items 5-11. If none, leave blank)  Dental? Modical? (It both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initiat, Suttrx)  Date of Birth (KIM/DD/CCYY)  7. Gender  8. Policyholder/Subscriber ID (SSN or ID#)
El Segundo Ca 90345  DENTRE COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank )  Dental? Mostical? (It both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initiat, Suffix)  Date of Birth (MM/DD/CCYY)  7. Gender  8. Policyholder/Subscriber ID (SSN or ID#)
El Segundo Ca 90345  DENTRE COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank )  Dental? Mostical? (It both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initiat, Suffix)  Date of Birth (MM/DD/CCYY)  7. Gender  8. Policyholder/Subscriber ID (SSN or ID#)
THER COVERAGE (Mark applicable box and complete items 5-11, if none, leave blank.)  Lental? Nextical? (it both, complete 5-17 for dental only.)  Name of Policyholder/Subscriber in #4 (Last, First, Middle Initiat, Suttox)  Date of Birth (kIM/DD/CCYY)  7. Gender 8. Policyholder/Subscriber ID (SSN or ID#)
Name of Policyholder/Subscriber in #4 (Last, First, Middle Initiat, Suffix)  Date of Birth (MM/DD/CCYY)  7. Gender  8. Policyholder/Subscriber ID (SSN or ID#)
Date of Birth (NIM/DD/CCYY)  7. Gender 8. Policyholder/Subscriber (D (SSN or ID#)
□ M □ F
Language Superval
Seit   Spouse   Dependent   Other  - Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code
RECORD OF SERVICES PROVIDED
24 Procedure Date of Oral Toots (Minuteris) 27 Tooth Number(s) 28 Tooth 29 Procedure 29a, Diag. 29b. 30 Description 3 (Minuterity) System or Letter(s) Surface Code Pointer City.
11/17/2020         JP         D0120         1 periodic oral evaluation - established         150
;
0 33 Minsing Teeth Information (Place) an "X" on each missing (coft.) 36. Diagnosis Code List Qualifier [ [ (1CD-9 = B; ICD-10 = AB ) 31e. Other
3 Minsing Teeth Information   (Place an "X" on each missing (cells.)   36. Diagnosis Code List Qualifier     (ICD-9 = B; ICD-10 = AB )   31e. Other
32 X X6 X6 X8 27 26 25 24 X23 22 21 20 X 10 X 12 X (Primary diagnosis in 'A') B D 32. Total Fee 150
5 Remarks
AUTHORIZATIONS ANCILLARY CLAIM/TREATMENT INFORMATION
c. I have been informed of the treatment plan and associated fees, it agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by (Use 'Place of Service Codes for Professional Claims')
mix or the transing dentist or dental practice has a contractual agreement with my pian prohibiting all or a bordon of such charges. To the extent permitted by low, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this cloam.  41. Date Appliance Placed (MM/C)
Signature on File  O3/29/2024  X No (Skip 41-42)  Yes (Complete 41-42)
Patient Guardon Signature  Date  42. Months of Treatment Remaining  43. Replacement of Prosthesis  44. Date of Prior Placement (MMI)  No   Yes (Complete 44)
17. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.  45. Treatment Resulting from
Signature on File 03/29/2024 Occupational illness/injury Auto accident Other accident
Subscriber Signature Date 46. Date of Accident (MM/DD/CCYY) 47. Auto Accident Strt
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not exhibiting claim on behalf of the patient or insured/subscriber.)  TREATING DENTIST AND TREATMENT LOCATION INFORMATION  53. I hereby certify that the procedures as indicated by date are in progress (for procedures that
Name Address, City, State, Zip Code Multiple visits) or have freen completed.  Yonghee Lee 03/29/2024
12611 Hesperia Rd.  Suite C  Signat Treating Dentist)  64834  64834
Victorville CA 923958307 55. Errense Number 1223G0001X
56. Andress City State, Zip Code Specially Code Specially Code
19 NPI 1760858153 50, License 34 mber 51. S\$22169868 Victorville CA 923958307
77 Phone 70 240 4000   52a Adhillonal   57. Phone   158. Additional   158. Additional   159. Phone   158. Phone

Claim #279 Date Filed: 4/4/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:				
Debtor	Borrego Community Health Foundation			
United States B	ankruptcy Court for the Southern District of California			
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

P	art 1: Identify the Clair	m 	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim.  Other names the creditor used with the debtor	inc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 4 2024	Where should notices to the creditor be sent?    Which was a content of the creditor be sent?   Which was a content of the creditor be sent of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
	TZWAN CARSON CONSULT	Uniform claim identifier for electronic payments in chapter 13 (if you use o	one): 
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of C page 1



22023842404040000000000004

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 170 of 297

	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	□ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses or other
		charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle Other. Describe:  Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  \$ Amount of the claim that is secured: \$
	RECEWED	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:  \$\( \)
K	APR 0 4 2024 URTZMANCARSONCONSULT/	Annual Interest Rate (when case was filed)%
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	ls this claim subject to a right of setoff?	No Yes. Identify the property:

original regions

Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b), I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company APR U 4 2024 Address KURTZMANCARSONCONSULTARVIS

Official Form 410

Contact phone

Proof of Claim page 3 gmail.com

Email Lel Office Manage

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 17  PA American Dental Association Dental Claim Form 97  EADER INFORMATION  Type of Trensaction (Mark all applicable boxes)  Statement of Actual Services Request for Predetermination:Presulthorization  EPSET Title XIX  Predetermination:Presulthorization Number	
Statement of Actual Services Request for Predetermination/Prepultivorization  EPSD1 - Title XIX	
E PS ST - Tille XIX	
C. I	
Predetermination Preauthorization Number	
SURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION	
Company Plan Name, Address, City, State, Zip Code	
Orrego Health Claims Processing Center c/o Kcc: 22 N. Pacific Coast Hwy., Stc 300	
22 N. Pacific Coast Hwy., Stc 300	
El Segundo, CA 90 245	
THER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)	
3) Contail? Medical? (II both, complete 5-11 for dental only.)	
Same of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)	
Trate of Birth (MM/DD/CCYY)  7. Gender  8. Policyholder/Subscriber ID (SSN or ID#)	
Pau Group Number 10. Petient's Relationship to Person named in #5	
Pears Group Number 10. Patient's Relationship to Person named in #5  Setf Spouse Dependent Gother	
Differ Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code	
ECORD OF SERVICES PROVIDED	
24, Procedure Date of Oral Tooth Venturier(s) 28 Tooth 29 Procedure 29a Diag. 29b. 30, Description	31.Fee
(MMM/00/CCYY) Cavity System or Letter(s) Surface Code Pointer Oty.	31.160
11/12/2020 JP D1999 1 Personal Protective Equipment	5.00
11/12/2020 JP 29 OD D2392 1 resin-based composite - two surfaces,	250.00
hissing Tueth Information (Place an "X" on each missing tooth.)  31 Diagnosis Code List Qualifier (ICD-9 = 8; ICD-19 = A6)  31a. Other	or .
1 X 3 X 5 6 7 8 9 10 11 12 13 14 15X 16X 34a Diagnosis Code(s) Δ	
30 X 30 29 28 27 26 25 24 23 22 21 20 19X 18 12X (Primary diagnosis in "A") 8 D	e 255.00
- Remarks	
UTHORIZATIONS ANCILLARY CLAIM/TREATMENT INFORMATION	
titure been informed of the treatment plan and associated fees. Lagree to be responsible for all starges for dental services and materials not paid by my dental benefit plan, unless prohibited by	or N)
law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all	
or a podion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim.	faced (MM/DD/CC)
Signature on File 03/29/2024 X No (Skip 41-42) Yes (Complete 41-42)	<del></del>
Folient/Guardian Signature Date 42. Months of Treatment 43. Replacement of Prosthesis 44. Date of Prior Place Remaining XTM Complete 44.	ement (MM/DD/CC)
(1) hereby authorize and direct payment of the dental benefits otherwise payable to me, directly	
to the below named dentist or dental entity.  Signature on File  O3/29/2024  Gocupational Illness/injury  Auto accident  Other a	ocidant
·	
	Accident State
ILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not immiling claim on behalf of the patient or insured/subscriber.)	
53. I hereby certify that the procedures as indicated by date are in progress (for promultiple visits) or have been completed.	cedures that require
Yonghee Lee Yonghee Lee 03/29/	2024
12611 Hesperia Rd. X Stoned (Treating Dentist) Date	
Suite C Signer (Treating Dentist) 64834  Suite C 54.NPI 55. License Number	
Victorville CA 923958307 1223G00	) <del>01X</del>
T2611 Hesperia Rd. Specialty Code	
<sup>50</sup> 1760858153	
Phone 760 243 4366   52a Additional   57. Phone 760 243 4366   58. Additional	
Number Provider ID Number Provider ID	der ceil 800.947.

Claim #280 Date Filed: 4/4/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	lankruptcy Court for the Southern District of California				
Case number	22-02384				

#### Official Form 410

#### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

P	art 1: Identify the Clai	im	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Light Hespena Rd. Stec.  Number Street  Victory I'le, (A. 92395  City State ZIP Code  Country  Contact phone  Contact email LLOFFICE MANAger (Contact)  Office of the creditor be sent?	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
URT	ZHANCARSONCONSULTA	Uniform claim identifier for electronic payments in chapter 13 (if you use o	one): 
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410



Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868	<u>Z</u>
How much is the claim?	\$ Does this amount include interest or other charges?	
	Yes. Attach statement itemizing interest, fees, expenses charges required by Bankruptcy Rule 3001(c)(2)(A)	, or other
What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or cred 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.	lit card.
Is all or part of the claim secured?	No  Yes. The claim is secured by a lien on property.	
	Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Pro- Claim Attachment (Official Form 410-A) with this Proof of Claim.	of of
	Motor vehicle  Other. Describe:	· · · · · ·
	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interexample, a mortgage, lien, certificate of title, financing statement, or other document that show has been filed or recorded.)	rest (for s the lien
	Value of property: \$  Amount of the claim that is secured: \$(The sum of the secured and	
RECEWED	amount should match the an  Amount necessary to cure any default as of the date of the petition:	nount in line
APR 0 4 2024	Annual Interest Rate (when case was filed)%	
KURTZMAN CARSON CONSUL	TANKS Fixed  Variable	
D. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$	
Is this claim subject to a right of setoff?	No  Yes. Identify the property:	

2. Is all or part of the claim entitled to priority under	☑ No	Amount entitled to priority
.11 U.S.C. § 507(a)?	Yes. Check all that apply:	, allowing alliques to biloud
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount	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).	\$
entitled to priority.	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).	\$
1	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	n on or after the date of adjustment.
13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods receduly before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting	have been sold to the Deptor III
	\$	
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.	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 <i>Proof of Claim</i> serves as an acknowled the amount of the claim, the creditor gave the debtor credit for any payments received to I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  ON DEFINITION OF THE STATE OF	oward the debt.
	Signature	
	Print the name of the person who is completing and signing this claim:	
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RECEWED	Tide Dentist	
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APR 0 4 2024	Company  Com	eer.
MEWEWELU  APR 0 4 2024  URIZHANCARSONCONSULTA	ima Hee Lee DDS Inc.	· · · · · · · · · · · · · · · · · · ·

gmael.com

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	PASOT/THE XIX												
2. F	Predetermination/Preautho	orization i	Number				:						
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			Se		endent Off	ner 							
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RE	CORD OF SERVICES												
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	charges for dental service	es and mo	atenals n	ot paid by my dentel benefit pla	n, uniess prohibil	led by			-	pe Codes for Professional Clours")	Jos. Citor	CECITIES (7 01 11)	
	or a portion of such charg	es. To the	e extent	has a contractual agreement w permitted by law, I consent to yo	our use and discl	osure -		atment k			41 Date A	rokence Placed	(MM/DD/CCYY)
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	omiting claim on behalf of									e procedures as indicated by date an			es that require
. <b>‡</b> £	Name_Address, City, Sta	ite, Zip C	ode				mulfi	ple visits)	or have	been completed.			-
	Yonghee Lee	;					X Yo	onghee	Lee	·		03/29/202	4
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E-2	012 American Denta	al Acad	nnintin				199	W.Y.		į situvi		Te roordor n	all 800.947.474

Claim #281 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	Pankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	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 notices 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)	Number Street A. 92395 City State ZIP Code	Number Stree	t State ZIP Cod	
į	APR 0 5 2024	Contact phone 760-243-4366 Contact email Lel Offi Cl Manager 6	Contact email		
TZN	AMCARSONCONSULTAN	Opmul. Co.	?``) one): 	- <del>-</del> -	
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 180 of 297

6.	Do you have any number	□ No
0.	Do you have any number you use to identify the	
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	256-2
1		\$ Does this amount include interest or other charges?
		<b>□</b> No
-		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiiiis	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
1		Limit disclosing information that is entitled to privacy, such as health care information.
:		New L. I
		Jer trail
-		
9.	Is all or part of the claim	№ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of
		Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
!		Other. Describe;
1		Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for
i :		example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
1		Value of property:
1		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.)
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
	RTZMAN CARSON CONSULTAR	₩ Variable
$\neg$	ls this claim based on a	
	lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
1	Is this claim subject to a	_
	right of setoff?	No No
i		Yes. Identify the property:
:		

#### Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim 12. Ø No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and 3571. Print the name of the person who is completing and signing this claim: Name Title Company APR 0 5 202

Email Lel Office Manager

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multiple visits	) or hea	e been completed.		
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Claim #282 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	lankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	identify the Clai		
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Fhc.
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 notices 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)	Number Street A. 92395 City State ZIP Code	Number Street  City State ZIP Code
	RECEWED	Country Contact phone 760 - 243-4366	Country Contact phone
	APR 0 5 2024	Contact email <u>LCLVF1 CE VVI AM A</u> GEN CO Uniform claim identifier for electronic payments in chapter 13 (if you use	
RIZM	ANCARSONCONSULTAN		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	WHI 7 00 7 1111

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 185 of 297

Pa	rt 2: Give Information Ab	pout the Claim as of the Date the Case Was Filed
6.	Do you have any number	□ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	\$ 1955.00 Does this amount include interest or other charges?
		D No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
		The second structure of the second se
		Dertal
9.	ls all or part of the claim	☑ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
:		Other. Describe:
:		Port for the
		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: \$
İ		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 5 2024	Annual Interest Rate (when case was filed)%
K	URTZMANCARSONCONSULT	
	ls this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition.
	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

Entered 05/07/25 08:04:02 Doc 1611 Pg. 186 Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FŘBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company Address **AURTZHANCARSONCOUSHITANTS** Email Lel Office Manager

Official Form 410

Contact phone

**Proof of Claim** page 3

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								12.	Policyholder	/Subscri	riber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code	
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	ete of Birth (MM/DD/CCYY)	<u>. 17</u>	. Gende	ar a Bulloular	Mar/Subs	criber ID (:	SSN or ID#)	-  18.	. Relationship Self		pouse Dependent Child Other Use	
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13	Other Insurance Company:	Dental E	Benefit i	lan Name, Address,	City, State	, Zip Code	•					
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	er a portion of such charges of my protected health inten	s. To the	extent	permitted by law, I cor	isent to yo	ur use enc	disclosure	40.15	s Treatment (			
	Signature on Fi					29/202			No (S			
X Signature of the Substitute Signature Date						e		42. Months of Treatment Remaining 43. Replacement of Prosthesis 44, Date of Prior Placement (MM/DD/CC'				
	27 Energy authorize and direct payment of the double benefits otherwise payable to me, directly					yable le m	e, directly	<u> </u>	Freatment Re	sulting f	<u>,                                    </u>	
 27	t necessy authorize and dire	accipayii Tar.de∧	to the below named dentist or dental entity.  Signature on File 03/29/2024					ا <sup></sup> ا			illness/injury Auto accident Other-accident	
27	Energy authorize and dire to his below named dentist Signature on Fi	d or den			USI		46. Date of Accident (MM:DD/CCYY)  47. Auto Accident State					
 Х	to the below named dentist	d or den			Date	e		46. U	Date of Accid	ent (MM	THE STATE OF THE S	
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X Bit 300 48.	Signature on Fi Subscriber Signature  LLING DENTIST OR D  preture claim on behalf of the Yonghee Lee  12611 Hesperis Suite C  Victorville	DENTA fite patte e, Zip Co	ode	cured/subscriber.)	Date dentist or o	dental enti	07	TRE 53 1  X  54 N  56. A	hereby certification of the control of the certification of the certific	y that it y that it ) or have e Lee stage D State, c	the procedures as indicated by date are in progress (for procedures that require been completed.  e 03/29/2024  Dentist) 648.34  55. License Number 1223G0001X  Zip Code 568. Provider Specialty Code	
X Bill suc. 48.	Signature on Fi Subscriber Signature  LLING DENTIST OR D  mature darm on hehalf of it  Name Address, City, State  Yonghee Lee  12611 Hesperii  Suite C	DENTA fite patte e, Zip Co	ode	sured/subscriber.)	Date dentist or o	đental enti	07	TRE 53 1 n n X X 54 h 55. A	hereby certification of the property of the pr	y that it y that it ) or have e Lee stage D State, c	the procedures as indicated by date are in progress (for procedures that require been completed.  e 03/29/2024  legitist) 648.34  55. License Number 1223G0001X	

Claim #283 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case:					
Debtor	Borrego Community Health Foundation				
United States B	ankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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, explain in an attachment.

Do not send original documents; they may be destroyed after scanning. If the documents are not available,

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.

	and the Identity the Clar	····			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair	Inc.		·
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 notices to the creditor be sent?  Where should notices to the creditor be sent?	Where should pa different)	yments to the creditor I	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Victor/Ille, CA. 92395 City State ZIP Code	Number Street	State	ZIP Code
	APR 0 5 2024	Contact phone TLO-243-4366 Contact email Lel Office Manager (a.	Contact email		
URT	ZMANCARSONCONSULT	OMM - CO	<b>∕ `</b> one):		
4.	Does this claim amend one already filed?	No  Yes. Claim number on court claims registry (if known)		Filed on	- W00/
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		IVAIN / DD	/

Official Form 410

Proof of Claim page 1



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# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 190 of 297

P	art 2: Give Information Ak	pout the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIDE  TIDE
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
-		Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
Wa n	APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	STANDORSON CONSULTAN Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	Is this claim subject to a right of setoff?	No Yes. Identify the property:
Щ.	i -	

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#### Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 191 of 297 Is all or part of the claim No. entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 **⊠** No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and 3571. Print the name of the person who is completing and signing this claim: Name

Company

KURTZMANCARSONCONSULTANTS

APR 0 5 2024

Email Lel Office Manager

Contact phone

12.

HEA	A American Dent	<b>atas</b> s	ociation"	Dental (	Claim	ı For	1907	1 03/0	1125	08:04:02	D00 10	1 1	Pg. 192	
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Claim #284 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Sankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

	Part 1: Identify the Clair	m	
1	. Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.
2	Has this claim been acquired from someone else?	No Yes. From whom?	
3	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024	Where should notices to the creditor be sent?  Why Hell DDS Inc.  Narrye  Where Street  Number Street  Victor IIIe, A. 92395  City State ZIP Code  Country  Contact phone  Contact email Lel Office Manager Communications  Office Manager Communication	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
WR	TZWANCARSONCONSULTA	Uniform claim identifier for electronic newsparts in the state of	(ne):
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / 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?	MM / DD / YYYY

Official Form 410

Proof of Claim page 1



22023842404050000000000016

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 195 of 297

	P	art 2: Give Information Ab	pout the Claim as of the Date the Case Was Filed
	6.	Do you have any number you use to identify the	□ No
		debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
	7.	How much is the claim?	\$ Does this amount include interest or other charges?
			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.
	9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for
			example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
			Value of property: \$
			Amount of the claim that is secured: \$  Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
		RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
		APR 05 2024	Annual Interest Rate (when case was filed)%  Fixed
	3	KURTZMANCARSONCONSULT	TANTS Variable
1		ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
1		ls this claim subject to a right of setoff?	No  Yes. Identify the property:

Case 22-02384-LT11 Filed 05/07/25 of 297 12. Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FŘBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company APR 0 5 2024 Address

KURTZNANCARSONCONSULTANTS

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Claim #285 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the Southern District of California

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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair	Inc.		
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 notices to the creditor be sent?  Let Let DDS Inc.  Nample Hespena Rd. SteC  Number Street	Where should padifferent)  Name  Number Street	ayments to the creditor	be sent? (if
	Bankruptcy Procedure (FRBP) 2002(g)  RECEIVED  APR 0 5 2024	City State ZIP Code  LL CA Country  Contact phone  Contact email LLOFFICE MANAGER W.	City	State	ZIP Code
RZI	! BANCARSONCONSULTAR 	Jamul Co	one):		<u>-</u> `
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	D /, YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		WHY / DA	, , , 1111

Official Form 410

Proof of Claim page 1



2202384240405000000000017

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 200 of 297

	Part 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
- 6	Do you have any number you use to identify the	□ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7	7. How much is the claim?	S Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  Value of property:  Amount of the claim that is secured:  \$
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
Ui	APR 0 5 2024 RIZMANCARSONCONSULTANT	Annual Interest Rate (when case was filed)%  Fixed  Variable
10	). Is this claim based on a lease?	No Yes. Amount necessary to cure any default as of the date of the petition.  \$
11	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

Official Form 410

Entered 05/07/25 08:04:02 Doc 1611 Pg. 201 Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 ₩ No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company Address APR 0 5 2024

**Proof of Claim** page 3

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Claim #286 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the Southern District of California

Case number 22-02384

#### Official Form 410

#### **Proof of Claim**

<u>04/22</u>

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	Identify the Clair	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim  Other names the creditor used with the debtor	inc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	·-
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Here and the sent?  Number Street	Where should payments to the creditor be sent? (if different)  Name  Number Street
prot.	(FRBP) 2002(9) APR 0 5 2024	Victorille, A. 92395 City State ZIP Code  Country Contact phone 760-243-4366 Contact email Lel Office manager (a)	City State ZIP Code  Country  Contact phone  Contact email
KUF	TZMANCARSON CONSUL	MMULCOV	ne):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



22023842404050000000000018

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 205 of 297

6.		□ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
_		TIOH
7.	How much is the claim?	2010 00
	,	\$ 3010.00 Does this amount include interest or other charges?
	b T	No No
		Yes. Attach statement itemizing interest, fees, expenses, or oth 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.
	Julii :	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.
		Dental
		Jer ti ali
9.	Is all or part of the claim	☑ No
	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other. Describe:
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:
		Amount of the claim that is secured:
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecure amount should match the amount in lin
	RECEIVED	Amount necessary to cure any default as of the date of the petition:
A	APR 0 5 2024	Annual Interest Rate (when case was filed)%
		Fixed
	WCARSONCONSULTANTS	Variable
	Is this claim based on a	<b>⊠</b> PNo
_	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
1.	Is this claim subject to a	☑ No
	right of setoff?	<i>/</i> -
	i	Yes. Identify the property:

<del></del>										
12. Is all or part of the claim entitled to priority under	☑ No									
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority								
A claim may be partly priority and partly	and partly 1111S C \$ 507(5)(1930) on (Including alimony and child support) under									
nonpriority. For example, in some categories, the law limits the amount	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).	\$								
entitled to priority.	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.								
Is all or part of the claim pursuant to 11 U.S.C.	⊠ No									
§ 503(b)(9)?	Yes, Indicate the amount of your claim arising from the value of any goods received	und hudbe debes 1911 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.									
	\$									
art 3: Sign Below										
he person completing	Check the appropriate box:	<del> </del>								
is proof of claim must gn and date it.	I am the creditor.									
RBP 9011(b).										
you file this claim	I am the creditor's attorney or authorized agent.									
ectronically, FRBP 05(a)(2) authorizes courts	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.									
establish local rules ecifying what a signature	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.									
person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim the creditor gave the debter and if the contract the server as an acknowledge.	ement that when calculating								
audulent claim could be	the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.									
ned up to \$500,000, nprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.									
ears, or both. 3 U.S.C. §§ 152, 157, and	0.2 10.0 10.0 21	•								
571.	Executed on date 05/28/2029									
		,								
		**								
	Signature									
	Signature  Print the name of the person who is completing and signing this claim:									
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	Print the name of the person who is completing and signing this claim:  Name  Hele Lel Last name  Title  Company  Identify the corporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  Number Street	ne								
RECEIVED  APR 0 5 2024  RTZMANCARSONCONSULTA	Print the name of the person who is completing and signing this claim:  Name  Hele Lel Last name  Title  Company  Identify the comporate servicer as the company if the authorized agent is a servicer.  Address  Number Street  Number CA 92395									
	Print the name of the person who is completing and signing this claim:  Name    Marcology	Country  First Mangaer D								

Official Form 410

Proof of Claim page 3 gmael.com

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42	Name, Address, City, Sta	ite. Zin C	ode				multiple vi	sits) or ha	ve been completed.			
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Claim #287 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	Identify the Claim	n 	
1.	Who is the current creditor?	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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024	Country Contact phone Contact email Contact email Contact email Contact email Contact email Contact email Contact email Contact email	nt? (if
KU	RTZWAN ČARSON CONSUI	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) Filed on	<del>~~</del>
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Cla page 1



22023842404050000000000023

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 210 of 297

Pa	Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number	□ No
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7.	How much is the claim?	\$ 505.00  Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle
		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.)
	RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
KU	TIZMANCARSONCONSULTAN	Yariable Variable
10.	Is this claim based on a lease?	Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	No  Yes. Identify the property:

Entered 05/07/25 08:04:02 Doc 1611 Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 No. pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Name Title Company APR U 5 2024 Address KURTZWAWCARSOMCOWSUTANTS

Contact phone

Email Lel Office Manage

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Claim #288 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
Case number	22-02384

### Official Form 410

#### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	Identify the Clair	m 	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim  Other names the creditor used with the debtor	inc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Why Hell DDS Thc.  Nample Hespena Rd. Stec  Number Street  Victory IILe, A. 92395  City State ZIP Code  Country  Contact phone  Contact email Lel Office Manager a.	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
near.	APR 0 5 2024	Uniform claim identifier for electronic payments in chapter 13 (if you use o	one):
	MANCARSONCONSUITA Does this claim	(M)	
	amend one already	MO No	
	filed?	Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	
	i		

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 215 of 297

6.	Do you have any number you use to identify the debtor?	□ No
		Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	TIOH
•	HOW MIDCH IS LIFE CIZINITY	\$ 1455.00
		\$ Does this amount include interest or other charges?  No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
В.	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.
		Dental
}.	Is all or part of the claim secured?	№ No
	obbaicu:	Yes. The claim is secured by a lien on property.
		Nature of property:
	,	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other. Describe:
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
		Amount of the claim that is secured: \$
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured
	RECEIVED	amount should match the amount in line
		Amount necessary to cure any default as of the date of the petition: \$
	APR 05 2024	
	720010000000000000000000000000000000000	Annual Interest Rate (when case was filed)%
	MANCARSON CONSULTANTS	Fixed  Variable
).	Is this claim based on a	
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.
i.	Is this claim subject to a	☑ No
	right of setoff?	Yes. Identify the property:
		· vo. recitary die property.

Official Form 410

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 216 of 297 12. Is all or part of the claim entitled to priority under ☑ No

11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to prior
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 of	\$
	services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	or \$
	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).	5, \$
	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.	\$
13. Is all or part of the claim	* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases be	gun on or after the date of adjustmer
pursuant to 11 U.S.C. § 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods re days before the date of commencement of the above case, in which the good the ordinary course of such Debtor's business. Attach documentation support	de hava baan aald ta tha Dalii.
	\$	
Part 3: Sign Below		
The management		
The person completing this proof of claim must	Check the appropriate box:	
sign and date it. FRBP 9011(b).	I am the creditor.	i.
י ואסר פטוו(ס).		
If you file this claim	I am the creditor's attorney or authorized agent.	
If you file this claim electronically, FRBP		
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	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.	
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowled.	edgement that when calculating
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Official Form 410

Proof of Claim page 3

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Claim #289 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	Sankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair 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 notices to the creditor be sent?  Where should notices to the creditor be sent?	different)	ayments to the creditor	be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP),2002(g)	Number Street Victory Ille, A. 92395 City State ZIP Code	Name  Number Street	t State	ZIP Code
	APR 0 5 2024	Country Contact phone 760-243-4366 Contact email Lel Office Manager a gmail con	Contact email		<u> </u>
	MACAESUNCUNSULTAN	I gniform claim identifier for electronic payments in chapter 13 (if you use	7 ( one): 		
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?		MINI / DD	/ YYYY

Official Form 410

Proof of Clain
page 1



## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 220 of 297

	pout the Claim as of the Date the Case Was Filed
Do you have any number you use to identify the	□ No
debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
. How much is the claim?	
	\$ 255.00
	No
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
oldini;	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.
	Newbal
Is all or part of the claim secured?	☑ No
	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official F.
	Claim Attachment (Official Form 410-A) with this Proof of Claim.
!	Motor vehicle
	Other. Describe:
	Basis for perfection:
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured
CARPANE AND ACTION	amount should match the amount in line 7.
MEGHWED)	A
	Amount necessary to cure any default as of the date of the petition:
APR 0 5 2024	Annual Interest Date (when several CLI)
· -	Annual Interest Rate (when case was filed)%  Fixed
KURTZMAN CARSON CONSULTA	
	Variable
. Is this claim based on a	<b>⊠</b> ∕No
lease?	
	Yes. Amount necessary to cure any default as of the date of the petition.
Is this claim subject to a	
ls this claim subject to a right of setoff?	No No
ls this claim subject to a right of setoff?	

Case 22-02384-LT11 Filed 05/07/25 12. Is all or part of the claim Ø No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company APR 0 5 2024 KURTZHANCARSONCONSULTANTS Country Email Lel Office Manager Contact phone

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	Remarks														
۸.	JTHORIZATIONS							AMC	CU LARY C	A18#/	TREATMENT INFO	RMATION			
	t have been informed of the	he treatm	ent plan	and associated fees. La	igres to be	e responsible	e for all		Place of Treatr				39. Enc	losures (Y or N)	
	charges for idental service law or the treating dentist								(Use "Place	of Servi	ce Codes for Professiona	Claims")			
	or a portion of such charges from protected health int							40.1	s Treatment fo				41. Date A	opliance Placed	(MM/DD/CCYY
κ	Signature on					9/2024		<u> </u>	No (Sk	ip 41-42					
	Patient/Guardian Signatu	te			Date				Months of Trea Remaining	alment	43. Replacement of		44. Date o	f Prior Placemer	# (MM/DD/CCYY
7	i hereby authorize and d				wise pay	able to me,	directly	<u> </u>		ulfor C	!	tomplete 44)			
to the below named dentist or dental entity. Signature on File 03/29/2024						45. Treatment Resulting from  Occupational illness/injury Auto accident Other accident						nt			
X Subscriber Signature Date						46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State									
B!	LLING DENTIST OR	DENTA	L ENT	ITY (Leave blank il de			s not	-			AND TREATMEN	T LOCATIO	N INFO		
	bmilling claim on behalf o							53.1	hereby certify	that th	o procedures as indica				es that require
48	. Name, Address, City, Sta		ode		-			1 "	•		e been completed.			03/29/202	4
	Yonghee Lee 12611 Hespe							Ιx	Yonghee	. r.ee	<b>,</b> 				
	Suite C	na Kü.	-						Signed Tre	1815 1815	griist)		6	4834 A	
	Victorville			CA	923	3958307	•	54. 1	NPI			55. Licen 56a. Prov	se Numbe	223G0001	<b>Χ</b>
			14.						4 <b>26</b> 11°H	•	ia Rd.	Specially	Code		
49	1760858153	50.	L1698	Sumber 5	1. S51122	2169868	i		Victorville	,		CA	92395	8307	
52	. Photie / 760	243	430	T JAZE AGURROIR					⊬ћопе ,	760	<del>_2434366</del> _	58, Additi			
P) 2	Number / 2012 American Dent	al Appr	ملطمتم	Provider	JQ.	_	· · · · · ·		Number '		·	i Frovi	der ID	To mandan a	ali 800.947.474

Claim #290 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this in	Fill in this information to identify the case:								
Debtor	Borrego Community Health Foundation								
United States B	ankruptcy Court for the Southern District of California								
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	art 1: Identify the Cla	<u> </u>			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.		
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?  Why Hell DDS Thc.  Nample Hespeng Rd. Stell  Number Street  Victory I'le A. 92395  City State ZIP Code	Where should padifferent)  Name  Number Street		
	RECEIVED APR 0 5 2024	Country Contact phone Contact email Contact	Country  Contact phone  Contact email	State	ZIP Code
	MANCARSONCONSULTA	MTS		· · · · · · · · · · · · · · · · · · ·	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?		MIM / DI	0 / YYYY

Official Form 410

Proof of C page 1



220238424040500000000000021

## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 225 of 297

"Part 2:	Give Information Ab	out the Claim as of the Date the Case Was Filed							
6. Do you	u have any number se to identify the	□ No							
debtor		Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868							
7. How n	nuch is the claim?	\$ 230.00							
		Does this amount include interest or other charges?							
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).							
8. What is claim?	s the basis of the	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.							
		Dental							
9. Is all or secure	part of the claim	№ No							
		Yes. The claim is secured by a lien on property.							
		Nature of property:							
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.							
		Motor vehicle							
T LEATHER MANAGEMENT OF THE PROPERTY OF THE PR		Other. Describe:							
THE COMMISSION OF THE COMMISSI		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:							
i.		Amount of the claim that is secured: \$							
100		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured							
DI	<b>SPENNED</b>	amount should match the amount in line 7.							
n/le	TREMAKIN	Amount necessary to cure any default as of the date of the petition:							
APR	0 5 2024								
1	. • J ZVZ4	Annual Interest Rate (when case was filed)%							
RIZHANC	ARSON CONSULTANT:	Fixed							
		Variable							
0. Is this clease?	laim based on a	No							
		Yes. Amount necessary to cure any default as of the date of the petition.							
	laim subject to a	☑ No							
right of	Seton?	Yes. Identify the property:							
		- Ser isominy the property.							

## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 226 of 297

12	. Is all or part of the claim entitled to priority under	☑ No
	11 U.S.C. § 507(a)?	Yes. Check all that apply:  Amount entitled to priority
	A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
	in some categories, the law limits the amount entitled to priority.	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).
	challed to priority.	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.
3	is all or part of the claim	No
	pursuant to 11 U.S.C. § 503(b)(9)?	Yes, Indicate the amount of your claim arising from the value of any area.
		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 having an Attack to the Debtor in
		and ordinary course of such Deptor's business. Attach documentation supporting such claim.
_		\$
5	rt 3: Sign Below	
١	Sign Below	
Γh thi	e person completing s proof of claim must	Check the appropriate box:
ŝiģ	n and date it. BP 9011(b).	I am the creditor.
Ī	ou file this claim	I am the creditor's attorney or authorized agent.
elė	ctronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
0	05(a)(2) authorizes courts establish local rules	The state of the s
р 3.	ecifying what a signature	ankruptcy Rule 3005.
	person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> 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.
га	udulent claim could be ed up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.
mį	prisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.
	ars, or both. U.S.C. §§ 152, 157, and	h2/20/0 >1/
55	71.	Executed on date 03 28 700 9
		mylle
		Signature
		Print the name of the person who is completing and signing this claim:
		Name UMMA Hee Lel
		First name Middle name Last name
	RECEIVED	Title Dentist
	MEMEN	Company UMO HER LER DDS TOC.
	APR 0 5 2024	Identify the corporate servicer as the company if the authorized agent is a servicer.
	THE O J ZUZG	Address 12101 Hespenia Ra Ste C
RI	ZMAN CARSON CONSULTAR	
• 0 8	Cuma cum anna Chia 2011/196	12 210
		Contact phone 7100-243-4364 State ZIP Code Country  Email Let Office Manager a
		4 44 71
Off	ficial Form 410	Proof of Claim
		page 3

Proof of Claim page 3

D	A American De	2-02 enta	1384 1 Ass	-LT11 sociation	iled 05 Dental	<b>C/25</b>	m For	tered	d 05/0 <sup>°</sup>	7/25	08:04:02 Doc 1	.611	Pg. 227	
Œ	DER INFORMATION			·				<b>-</b>						
Ty	⊛ of Transaction (Mark all a	applica	ble baxe	e <b>s</b> )										
	Statement of Actual Service   EPSOT / Title XIX	ces		Request for Pieda	elermination/P	reauthoriz	ation							
[4	edetermination/Presuthoriss	ation N	umber											
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ô	mpany/Pien Name, Address	s City.	State, 2	Zip Code Trns	-cille	Cent	er							
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	ussing Teeth Information (PI X 3 4 5 6	lace ar	1 "X" on 8 9		i) 13 14 15		4. Diagnosis 4a, Diagnos			نبي	( ICD-9 = B; ICD-10 = AB )		31a, Other Fea(s)	
.3	34			23 22 21 3		•	Primary diag			В	p		32. Total Fee	230.00
i i	emarks							,					<del>\</del> -	
IJ.	HORIZATIONS							ANCI	LLARY C	LAIM	TREATMENT INFORMATIO	N		
	have been informed of the b							38. Pta	ace of Treat:			al) 39. En	closures (Y or N)	
-	wiler the treating dentist or c a portion of such charges.	To the	extent p	ermitted by law, Lo	proced treasur	use and di	isclosure	30 Jc	use mace Treatment &		ce Codes for Professional Claims")	d1 Data	Appliance Placed	/MM/DD/CC
	f my protected health inform Signature on File		carry o	utpayment activite		n with this 9/2024	claim.		No (Sk			71. 24.0	r ipprintes / uneou	. (
F	atient/Guardian Signakire			7.1.10.10.1	Date			42. Mo	onths of Treatements		43. Replacement of Prosthesis No Yes (Complete 44		of Frior Placemen	# (MM/DD/C
	hereby authorize and direct the below named dentistic						directly	45. Tre	eolmeal Res	ulting f	I de la companya del companya de la companya del companya de la co	<u>'  </u>		
	Signature on File	e 				9/2024			<u> </u>		Iness'injury Auto accid	1ent	Other accide	
-	ubscriber Signature L <b>ING DENTIST OR D</b> E	NTA:	FNT	TY () paus bionis ii	Date Date or deal	ntal antih	is not	<del>}</del>	ate of Accide		(DD/CCYY) AND TREATMENT LOCAT	ION INEC	47. Auto Accide	ent State
	stag clam on behalf of the				aciusi VI VE	ыки елину I	J INL	53 i h	ereby certify	r that lit	e procedures as indicated by date			es that requi
>	anne, Address, City, State, . Yonghee Lee	Žip Co	de	•	,			1	ultiple visits) Yonghee		e been completed.		03/29/202	4
	•	Rd.						X_	Sigped Trac				54834	
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	Suite C			C^	ຄວວ	052207	,	L			i		<u>[222C0</u> 001	<u> </u>
	Suite C Victorville			CA		958307			 26計2円 26計	Stale Z		rovider olly Code	1223G0001)	X
	Suite C	50. L	- <sup>1</sup> 8483	Nymber	923 51. S 822			56. Ap	dess Chy 2611 He /ictorville			rovider .	1223G0001) 	

Claim #291 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

ទីill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Bankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	art 1: Identify the Clai		
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	Fnc.
		Others	· · · · · · · · · · · · · · · · · · ·
2.	Has this claim been acquired from	<b>☑</b> No	
	someone else?	Yes. From whom?	
3.	Where should notices and	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if
	payments to the creditor be sent?	Mona Hee Lee DDS Inc.	different)
	Federal Rule of	12611 Hespena Rd. SteC	Name
	Bankruptcy Procedure (FRBP) 2002(g)	Number Street VICAWILL (A. 92395	Number Street
	Paris and and a	City State ZIP Code	City State ZIP Code
	KEGEWED	Country Contact phone 760 - 243-4366	Country
	APR 0 5 2024	Contact email Lel Office manager (v.	Contact phone  Contact email
		Uniform claim identifier for electronic payments in chapter 13 (if you use o	n
riew	IANCARSON CONSULTAR	<del>15</del>	
	Does this claim amend one already	⊠ No	
	filed?	Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed	₽ No	MM / DD / YYYY
	anyone eise has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** page 1



## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 230 of 297

Pa	art 2: Give Information Al	pout the Claim as of the Date the Case Was Filed								
6.	Do you have any number you use to identify the	□ No								
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868								
7.	How much is the claim?	415 00								
		Does this amount include interest or other charges?								
		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.								
		Dental								
9.	Is all or part of the claim	☑ No								
	secured?	Yes. The claim is secured by a lien on property.								
		Nature of property:								
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.								
1		Motor vehicle								
		Other. Describe:								
		Basis for perfection:								
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)								
		Value of property: \$								
i		Amount of the claim that is secured: \$								
į		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured								
s f	PEPEMEN	amount should match the amount in line 7.)								
i }		Amount necessary to cure any default as of the date of the petition: \$								
	APR 0 5 2024									
!	7 2 UZ4	Annual Interest Rate (when case was filed)%								
JRI	ZMAN CARSON CONSULTANT	Fixed								
	and a consount it is all the same of the s	Variable								
	ls this claim based on a lease?	<b>⊠</b> <sup>2</sup> No								
	icase:	Yes. Amount necessary to cure any default as of the date of the petition.								
1.	ls this claim subject to a	☑ No								
	right of setoff?	Yes. Identify the property:								
į.										
1										

#### Entered 05/07/25 08:04:02 Doc 1611 Pg. 231 Case 22-02384-LT11 Filed 05/07/25 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 ₩ No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Name Company APR 0 5 2024 Address KURTZMAN CARSON CONSULTANTS

Contact phone

Email Lel Office Manga

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)Tţ	ER COVERAGE (Ma	rk apptic	able box a	ind complete items	5-11, If none	leave bla	nk)	16	. Plan/Group	Numbe	¥	17. Employer Name			
. Dr	ental <sup>2</sup> Medic	al?	(If	both, complete 5-1	11 for dental or	nly.)									
Νε	oms of Policyholder/Sub-	criber in	⊬4 (Łast.	First Middle Initial	Suffix)			P	ATIENT IN	FORM	ATION			•	
			12001		,,							bscriber in #12 Abov	ρ	19. Rusen	red For Future
- Eur	ote of Birth (MM/DD/CCY	vi T	7. Gender	2 Saland	rolder/Subscrit	har ID (CC	N. ov IDM	⊣"	Seif			Dependent Child	Other	Use	
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i ja	an/Group Number	!		i's Relationship to	Eptgus name	d m #5		- "	. realing (Cost	, 1 (1,⊅\$, 1	range marai	want, maters, U	y. widity, AIP (		
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Claim #292 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccilc.net/BorregoHealth">https://epoc.kccilc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Sankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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,

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.

1.	Who is the current creditor?	Other pages at the cultimate of the person or entity to be paid for this clair	Inc.		
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 notices to the creditor be sent?  Where should notices to the creditor be sent?		ayments to the credito	r be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Victory I Le CA . 92395 City State ZIP Code	Number Street		
	RECEWED	Country Contact phone 760 - 243-4366	Country	State	ZIP Code
4	APR 05 2024	Contact email lelofficemanager (a)	Contact email		<b>-</b>
	ANCARSONCONSULTAN	Uniform claim identifier for electronic payments in chapter 13 (if you use	one):		
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?		MM / DD	) / ΥΥΥΥ

Official Form 410

**Proof of Claim** 

page 1



## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 235 of 297

Do you have any number	□ No
you use to identify the debtor?	
debtor:	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
How much is the claim?	
	\$ Does this amount include interest or other charges?
	No No
	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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.
	Dental
Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:
	Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:
	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line
RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
IRTZMANCARSONCONSULTAN	Variable Variable
ls this claim based on a lease?	No
led96 (	Yes. Amount necessary to cure any default as of the date of the petition.
Is this claim subject to a right of setoff?	☑ No
!	Yes. Identify the property:
1	

Official Form 410

Entered 05/07/25 08:04:02 Pg. 236 Case 22-02384-LT11 Filed 05/07/25 Doc 1611 of 297 Is all or part of the claim Z No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FŘBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000. imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company APR 0 5 2024 Address KURTZMANCARSONCANSIITANTS

Contact phone

Proof of Claim page 3 gmael.com

Email Lel Office Manager

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Claim #293 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States E	Bankruptcy Court for the Southern District of California
Case number	22-02384

#### Official Form 410

### **Proof of Claim**

4/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	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?  Federal Rule of Bankruptcy Procedure	Where should notices to the creditor be sent?  When Hell DDS Thc.  Nample Hespena Rd. Stec.  Number Street  Victory III. CA. 97395	Where should padifferent)  Name  Number Street	ayments to the credito	r be sent? (if
	(FRBP) 2002(g) RECEIVED APR 0 5 2024	City State ZIP Code  Country Contact phone 7100 - 243-4366 Contact email Lel Office Manager Contact email	Contact email	State	ZIP Code
Z	ANCARSONCORSULTAN	Uniform claim identifier for electronic payments in chapter 13 (if you use of	·		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	D / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		7 01	, 1111

Official Form 410

Proof of Clair page 1



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## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 240 of 297

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed									
6.	Do you have any number	□ No									
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868									
7.	How much is the claim?	\$									
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.									
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)									
		Value of property: \$									
		Amount of the claim that is secured: \$									
	RECEIVED	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)									
	APR 0 5 2024	Amount necessary to cure any default as of the date of the petition:									
	KURTZMANCARSONCONSUI	Annual Interest Rate (when case was filed)%  Fixed  Variable									
10.	le mis claim based of a rad lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$									
	ls this claim subject to a right of setoff?	No Yes. Identify the property:									

Official Form 410

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 241 of 297

12. Is all or part of the claim entitled to priority under	☑ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	e
in some categories, the law limits the amount entitled to priority.	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).	\$
Gridada to priority.	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.
Is all or part of the claim pursuant to 11 U.S.C.	<b>⊠</b> No	,
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods received any before the date of commencement of the above case, in which the goods have the ordinary course of such Debtor's business. Attach documentation supporting	ove been sold to the Date of
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 o establish local rules specifying what a signature s.  A person who files a raudulent claim could be ined up to \$500,000, mprisoned for up to 5 rears, or both.  8 U.S.C. §§ 152, 157, and 1571.	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 <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received toward have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  D2   28   20   10   10   10   10   10   10   10	ard the debt.
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TZWAN CARSON CONSUITANT	Victorville, CA. 92395	
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Official Form 410		gmael.

**Proof of Claim** page 3

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Claim #294 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this information to identify the case: Borrego Community Health Foundation United States Bankruptcy Court for the Southern District of California 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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair	Fnc.		
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 notices to the creditor be sent?  Where should notices to the creditor be sent?	Where should padifferent)	lyments to the credito	r be sent? (if
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	REGEWED	Country	Country	State	ZIP Code
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(IZ)	VAN CARSON CONSULTAR	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	D / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		IVIIVI / DI	<i>ν</i> γγγγ

page



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## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 245 of 297

Charges required by Bankruptcy Rule 3001(c)(2)(A).  What is the basis of the claim?  Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit care 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.	Part 2: Give Information Al	bout the Claim as of the Date the Case Was Filed
Formula is the claim?  Suppose this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or of charges required by Bankruptcy Rule 3001(c)(2)(A).  Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit car 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.  Dettal  No  Yes. Attach statement itemizing interest, fees, expenses, or of charges required by Bankruptcy Rule 3001(c)(2)(A).  Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit car 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.  No  Real estate: If the claim is secured by a lien on property.  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim.  Motor vehicle	you use to identify the	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
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.  Determined. Personal Injury or wrongful death, or credit care 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.  Provided the claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle	7. How much is the claim?	\$ 455.00 Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other
Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle		
Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (fo example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lie has been filed or recorded.)		Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement or other document that showe that is
Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$		Amount of the claim that is secured: \$(The sum of the secured and unsecured
Amount necessary to cure any default as of the date of the petition:  APR 0 5 2024  Annual Interest Rate (when case was filed)%  Fixed  Variable		Annual Interest Rate (when case was filed)%  Fixed
Is this claim based on a lease?  No  Yes. Amount necessary to cure any default as of the date of the petition.  \$	1	<u></u>
11. Is this claim subject to a right of setoff?  Yes. Identify the property:	Is this claim subject to a right of setoff?	

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Seal or part of the claim protein purchase)   No   No   No   No   No   No   No   N	_				
A claim may be partly princing and partly princing and partly principal principal principal and partly principal p	1:	entitled to priority under	Ø	No	<del></del>
priority and parity provided to priority.    Use 3,350° of disposite toward purchase, lease, or rental of property or services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(7). Services for personal, family, or household use 1,1 U.S.C. § 507(a)(5). Services for personal, family, or selfice, 1 U.S.C. § 507(a)(5). Services for an employee benefit plan. 11 U.S.C. § 507(a)(5). Services for an employee benefit plan. 11 U.S.C. § 507(a)(5). Services for an employee benefit plan. 11 U.S.C. § 507(a)(5). Services for an employee benefit plan. 11 U.S.C. § 503(a)(a)(b)(b)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)				Yes. Check all that apply:	Amount entitled to priority
in some categories, the law limits the amount entitled to priority.    Up to \$3,350° of deposits toward purchase, losse, or rottal of property or services for personal, femily, or household use, 11 U.S.C. § 607(a)(7).   Wages, salaries, or commissions (up to \$15,59°) 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)(8).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(8).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(6).   Amounts are subject to adjustment on 40125 and every 3 years after that for cases begun on or after the date of adjustment pursuant to 11 U.S.C. § 505(a)(9)?    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. Altach documentation supporting such claim.   Sign Below		priority and partly		Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	-
Wages, salaries, or commissions (up to \$15,150*) earned within 180		in some categories, the law limits the amount		Up to \$3,350* of deposits toward purchase lease or rental of property or	\$
winchever is earlier, 11 U.S.C. § 507(a)(4).    Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(3).   Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).   Other. Specify subsection of 11 U.S.C. § 507(a)(5).   Other. Specify subsection of 11 U.S.C. § 507(a)(5).   Amounts are subject to adjustment on 401/25 and every 3 years after that for cases begun on or after the date of adjustment.   No		entitled to priority.		Wages, salaries, or commissions (up to \$15.150*) earned within 180	•
Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$		-		whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
Cither. Specify subsection of 11 U.S.C. § 507(a)() that applies.  Amounts are subject to adjustment on 401/25 and every 3 years after that for cases begun on or after the date of adjustment of 11 U.S.C. § 503(b)(9)?  Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?  You should be subjected to adjust 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.  Sign Below  The person completing this proof of claim must sign and date it. The proof of claim must sign and date it. The company what a signature is proof of 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.  Check the appropriate box:  I am the creditor.  I am the creditor.  I am the creditor.  I am the creditor.  I am a guarantor, surely, endorser, or other codobtor. Bankruptoy Rule 3004.  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 the amount of the claim. The creditor gave the debtor oredit for any payments received toward the debt.  Name  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this cl				_	\$
* Amounts are subject to adjustment on 401/25 and every 3 years after that for cases begun on or after the date of adjustment.    So 3(b)(9)?					\$
13 Is all or part of the claim pursuant to 11 U.S.C. \$503(b)(9)?  14 State or part of the claim pursuant to 11 U.S.C. \$503(b)(9)?  15 Sign Below  15 Port 33  16 Sign Below  16 Person completing this proof of claim must sign and date it. PRBP 901(b). If you file this claim electronically, PRBP 901(c). If an an authorized agent. If an authorized agent as agranular that an authorized signature or this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the oreditor gave the debtor credit for any payments received toward the debt. If have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. If the person who files a fraudulent claim could be intended to the proof of the claim, the oreditor gave the debtor credit for any payments received toward the debt. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. It have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.  18					\$
Ves. 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.    Ves. 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.    Ves. Indicate the amount 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.    Ves. Indicate the amount 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.    Ves. Indicate the amount 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.    Ves. Indicate the amount of the above case, in which the goods have been sold to the Debtor in the ordinary course. In which the goods have been sold to the Debtor in the ordinary course. Attach documentation supporting such claim.    Ves. Indicate the amount of the above case, in which the goods have been sold to the Debtor in the ordinary course. Attach documentation supporting such claim.    Ves. Indicate the amount of the Debtor or other authorized agent. Bankruptcy Rule 3004.	_			* 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.
S 503(b)(9)?    Ves. 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.    Sign Below	13	Is all or part of the claim pursuant to 11 U.S.C.	Ø	No	
The person completing this proof of claim must sign and date it. FRBP 9011(b)   I am the creditor's attorney or authorized agent. I am the creditor's attorney or authorized agent. I am the creditor's attorney or authorized agent. Bankruptcy Rule 3004. Understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor give the debtor condition in this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor give the debtor credit for any payments received toward the debt. I have examined the information in this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor give 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    Date				Yes. Indicate the amount of your claim arising from the value of any goods rece	ived by the debtor within 20
The person completing this proof of claim must sign and date it. FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim electronically, FRBP 901(b).  If you file this claim could be filed up to \$500(\$00), and the amount of the debtor, or their authorized agent. Bankruptcy Rule 3004.  I am the creditor's attorney or authorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3005.  I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating the amount of the debt.  I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I declare under penalty of perjury that the foregoing is true and correct.  I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the information is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I declare under penalty of perjury that the foregoing is true and correct.  I am the creditor.				days belote the date of confiniencement of the above case, in which the goods is	house been sald to the Delice .
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 stabilish local rules specifying what a signature is.  A person who files a fraudulent claim could be fined up to \$50,000, imprisoned for up to 5 years, or both.  Tall U.S.C. §§ 152, 157, and 3571.  APR 0 5 2024  APR 0 5 2024  Check the appropriate box:  I am the creditor.  I am the creditor.  I am the creditor.  I am the creditor suthorized agent. Bankruptcy Rule 3004.  I am the trustee, or the debtor, or their authorized agent. 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  D3 128   D03    MM / D0 / WWW.  Signature  Print the name of the person who is completing and signing this claim:  Name  APR 0 5 2024  Address  Address  Address  Address  Zu   Acquain R. State  Zi Code Country  State  Zi Code Country					g adon Claim.
Check the appropriate box:    I am the creditor.   I am the creditor.		<del> </del>		<b>V</b>	
The person completing this proof of claim must sign and date it. RRBP 9011(b).  If you file this claim electronically, FRBP 505(5)(2)(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, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who files a fraudulent claim could be fined up to \$500,000, might specify on the file of the person who file of the person who file of the person who file of the person who file of the person who file of the person who file of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  APR 0 5 2004, Address  Addres	Ρ	art 3: Sign Below			
this proof of claim must sign and date. FRBP 9011(b).  I am the creditor. I am the creditor. I am the creditor authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 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 <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  Executed on date  D3   28   2004  Executed on date  Executed on date  Executed on date  Executed on date  D3   28   2004  Executed on date  Executed on date  Executed on date  D3   28   28   28   28   28   28   28   2				· · · · · · · · · · · · · · · · · · ·	
sign and date it. FRBP 9011(b).  If you file this claim electronically, FRBP 50505(a)(2) authorizes courts to establish local rules specifying what a signature specifying what a signature of the claim, the creditor gave the debtor, or other codebtor. Bankruptcy Rule 3004.  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 <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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  D3 D8 D0 D TYTYY  Print the name of the person who is completing and signing this claim:  Name  First jame  HCL  Last name  Title  Company  Last name  Title  Company  Address  Address  Address  Address  Zip Code  Country  State  ZiP Code  Country			Check	the appropriate box:	
If you file this claim electronically, FRBP    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 am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.     I understand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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 <i>Proof of Claim</i> 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	si	gn and date it.	M 1	am the creditor.	
I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.		1	□ 1:	am the creditor's attorney or authorized agent.	
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.  I understand that an authorized signature on this <i>Proof of Claim</i> 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 <i>Proof of Claim</i> and have reasonable belief that the information is true and correct. I have examined the information in this <i>Proof of Claim</i> 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    D3   28   2004	el	ectronically, FRBP	_		
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.  I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  D3   28   203    MM   DD   YYYY  Print the name of the person who is completing and signing this claim:  Name  Print the name of the person who is completing and signing this claim:  Name  APR 0 5 2024  Address  Address  Last name  Street  Victory  State  ZIP Code  Country  State  ZIP Code  Country					
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.    Signature   Print the name of the person who is completing and signing this claim:    Name   Middle name   Last n	sp	ecifying what a signature		am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
fredudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  18 U.S.C. §§ 152, 157, and 3571.    April 1			I under	stand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge	ement that when calculating
I declare under penalty of perjury that the foregoing is true and correct.    Signature	fra	audulent claim could be	uic aiii	out to the claim, the creditor gave the debtor credit for any payments received tow	ard the debt.
years, or both.  18 U.S.C. §§ 152, 157, and 3571.  Executed on date	in	nea up to \$500,000, prisoned for up to 5			information is true and correct.
Signature  Print the name of the person who is completing and signing this claim:  Name  Hele  First name  Title  Company  Identify the comporate servicer as the company if the authorized agent is a servicer.  APR 0 5 2024  Address  Address  City  State  ZIP Code  Country  City  State  ZIP Code  Country  Cou	yε	ars, or both.		6710-(10.71)	
Print the name of the person who is completing and signing this claim:  Name    March   Hell   Lel   Lest name	35	571.	Execut	ed on date D5 D8 P004	
Print the name of the person who is completing and signing this claim:  Name  Hele  First ryame  Middle name  Last name  Title  Dentist  Company  Last name  Title  Company  Legility the corporate servicer as the company if the authorized agent is a servicer.  APR 0 5 2024  Address  Address  City  Street  City  State  ZIP Code  Country  Country					
Print the name of the person who is completing and signing this claim:  Name    Almo					
Name    Street   Country			_	·	
First fame   Middle name   Last name    Title   Dentist    Dentist			Print th	ne name of the person who is completing and signing this claim:	
First fame   Middle name   Last name    Title   Dentist    Dentist   Den				iding 1100 100	0
Title  RECEIVED Company  Identify the componate servicer as the company if the authorized agent is a servicer.  APR 0 5 2024. Address  Number Street  Victor ILL CA 92395  City State ZIP Code Country			Name	First name Middle name Look no	· · · · · · · · · · · · · · · · · · ·
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Official Form 410

Proof of Claim page 3

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REC	ORD OF SERVICES	25. Area													
	P4_Procedure Date (MM/0D/CCYY)	of Oral	Tooth System	27 Tooth Number or Letter(s)		28 Tent Surface			29a. Diag. Pointer	29b. Qty.		30, Descriptio	D#1		31. Fee
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32	X 30 29 28	27 26	25 24	23 22 21 2	0 19 1	8 12 <b>X</b>	(Pomary diag	gnosis i	m "A")	В		D		32. Total Fee	455.00
35 Rt	omarks														
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38 fh	ave been informed of th							_	lace of Treatr			22=0/P Huspital)	39. Encl	osures (Y or N)	
las	earges for dental service of or the treating dentist a portion of such charce	or dental	practice t	has a contractual agr	eement wi	th my plan	prohibiting all				ce Codes for Profession				
	my protected health info	omation			in connec		is claim.	40. ts	s Treatment fo No. (Sk				41. Date A	pphance Placed	I (MM/DD/CCYY)
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	many ceret out preside in		ode						nultiple visits)	or bave	e been completed.	,	L 3	03/29/202	
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Claim #295 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this inf	formation to identify the case:	k,
Debtor	Borrego Community Health Foundation	
United States B	Bankruptcy Court for the Southern District of California	
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Ρa	art 1: Identify the Clair	m	
1.	Who is the current creditor?	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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024	Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Where should notices to the creditor be sent?  Let DDS Inc.  Narrye  Number Street  Victory I Let A. 92395  City State ZIP Code  Let Country  Contact phone  Contact phone  Contact email Let Office Manager of a mail- Contact email Let Of	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone Contact email
	THUR PHY SOURCE HOUSE	www.gitorm 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 onMM_ / 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?	

Official Form 410

**Proof of Claim** page 1



## Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 250 of 297

Pa	St 2: Give Information Ab	out the Claim as of the Date the Case Was Filed									
6.	Do you have any number	□ No									
	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868									
7.	How much is the claim?	15 00									
	•	\$ Does this amount include interest or other charges?									
		No No									
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).									
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.									
		Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).									
		Limit disclosing information that is entitled to privacy, such as health care information.									
		Dental									
9.	Is all or part of the claim	№ No									
	secured?	Yes. The claim is secured by a lien on property.									
		Nature of property:									
,		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.									
		Motor vehicle									
		Other. Describe:									
		Basis for perfection:									
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)									
		Value of property: \$									
		Amount of the claim that is secured: \$									
		Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)									
	RECEMPO	Amount necessary to cure any default as of the date of the petition: \$									
		Annual Interest Rate (when case was filed)%									
	APR 0 5 2024	☐ Fixed									
	· WIIDITAGAMAAAAAA	☐ Variable									
10.	Is this claim based on a	TS No									
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.									
11.	Is this claim subject to a	☑ No									
	right of setoff?	Yes. Identify the property:									
!		- 100. Identity 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,	Domestic support obligations (including alimony and child support) under	, ,								
in some categories, the law limits the amount entitled to priority.	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 pursuant to 11 U.S.C.	XX No									
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods rece days before the date of commencement of the above case, in which the goods the ordinary course of such Debtor's business. Attach documentation supporting \$	have been cold to the Debter !								
Part 3: Sign Below										
The person completing this proof of claim must sign and date it. FRBP 9011(b).	Check the appropriate box:  I am the creditor.									
If you file this claim electronically, FRBP	I am the creditor's attorney or authorized agent.									
5005(a)(2) authorizes courts to establish local rules specifying what a signature	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.									
A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgement that when calculating									
fraudulent claim could be fined up to \$500,000,	the amount of the claim, the creditor gave the debtor credit for any payments received tow I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the									
imprisoned for up to 5	I declare under penalty of perjury that the foregoing is true and correct.	miorniagori is ade and correct.								
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	Executed on date 63 28 2024									
	MM / DD / YYYY									
	Signature	•								
	Print the name of the person who is completing and signing this claim:									
	Name Last na Middle name Last na	<u></u>								
MEMICAN AREA	Title Dentist									
KECHWED	Company  Lidentify the comporate servicer as the company if the authorized agent is a servicer.									
APR 05 2024	Address 1261 Hespena Ro Ste C									
RTZMANCARSONCONSULTAN	Victorville, CA. 92395									
	The contract of the contract o	Office manager a								
		amaiol								

Official Form 410

Proof of Claim page 3

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Claim #296 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kcclic.net/BorregoHealth">https://epoc.kcclic.net/BorregoHealth</a>.

Fill in this inf	ormation to identify the case:	- John
Debtor	Borrego Community Health Foundation	
United States Ba	ankruptcy Court for the Southern District of Co	alifornia
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.	
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 notices to the creditor be sent?	Where should pa	ayments to the creditor be sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Nampe 121ell Hespeng Rd. SteC Number Street Victorville, CA. 92395	Name Number Street	
	RECEWED	City State ZIP Code  Country  Contact phone 743-4366	Country Contact phone	State ZIP Code
ļ	PR 0 5 2024	Contact email LLOFFICE MANAGER (COV. Uniform claim identifier for electronic payments in chapter 13 (if you use of the contact email LLOFFICE MANAGER (COV.)	Contact email	
<b>ZM</b>	INCARSONCONSULTANT	3		
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?		MM / DD / YYYY

Official Form 410

**Proof of Claim** page 1



22023842404050000000000009

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 255 of 297

Part 2: Give Information	About the Claim as of the Date the Case Was Filed
6. Do you have any number	No
you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7. How much is the claim?	
	\$ 4500.00 Does this amount include interest or other charges?
;	No To You have a second and the seco
1	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.
1	Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
1 4 4	Limit disclosing information that is entitled to privacy, such as health care information.
	Dental
9. Is all or part of the claim	☑ No
secured?	Yes. The claim is secured by a lien on property.
	Nature of property:
	Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
	Motor vehicle
	Other. Describe:
	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
; 	Value of property: \$
:	Amount of the claim that is secured: \$
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
RECEIVED	Amount necessary to cure any default as of the date of the petition:
APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
KURTZNANCARSONCONSULTA	NGS Uvariable
10. Is this claim based on a lease?	∑Z <sup>2</sup> No
+	Yes. Amount necessary to cure any default as of the date of the petition.
11. Is this claim subject to a right of setoff?	Yes. Identify the property:
; 	·

#### Entered 05/07/25 08:04:02 Doc 1611 Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim Ø pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim:

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Claim #297 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:			
Debtor	Borrego Community Health Foundation		
United States B	lankruptcy Court for the Southern District of California		
Case number	22-02384		

### Official Form 410

### **Proof of Claim**

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	name or the current creditor (the person or entity to be paid for this claim	inc.	
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 notices to the creditor be sent?	Where should p	payments to the creditor be sent? (
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Stree	et State ZIP Ci
	APR 0 5 2024	Country Contact phone Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email  Contact email	Contact email _	
URIZ	NAN CARSON CONSULTA	Isothiform claim identifier for electronic payments in chapter 13 (if you use of	7   one): 	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filling?		MM / DD / YYYY

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 260 of 297

P.	art 2: Give Information Ab	pout the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   \[ \frac{Q}{8} \frac{\lambda}{8} \]  \[ \frac{1}{1} \text{D}
7.	How much is the claim?	Does this amount include interest or other charges?  No  Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  Limit disclosing information that is entitled to privacy, such as health care information.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
	RECEIVED	Amount necessary to cure any default as of the date of the petition:
	APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
10.	MANCARSONCONSULTANTS Is this claim based on a lease?	Variable  No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11.	ls this claim subject to a right of setoff?	No Yes. Identify the property:

Entered 05/07/25 08:04:02 Case 22-02384-LT11 Filed 05/07/25 Doc 1611 . Is all or part of the claim ✓ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim:

ADA American Bental Association	iled 05/07/25 Dental Clain	n For	tered 05/0	)7/2!	5 08:04	:02 Doc	1611	Pg. 262	
HEADER INFORMATION									
Type of Transaction (Mark off applicable boxes)			1						
Statement of Actual Services Request for Pred	letermmation/Preauthoriza	ation							
2 Predetermination/Preauthorization Number			POLICYHO	LDER/	SUBSCRIBI	R INFORMATI	ON (For insu	rance Company	Named in #3)
						ast, First, Middle			
INSURANCE COMPANY/DENTAL BENEFIT PLAN IN 3 Company/Plan Name, Aduless, City, State, Zip Code	FORMATION								
Borrego Health Claims Pr C/6 KCC 222 N. Pacific Coast Hwy. St	ocesing Ce	Her							
El Segundo Ca 90245	e 500		13. Date of Bir	th (MM/	DD/CCYY)	14. Gender	15 Policyho	olderiSubscriber	ID (SSN or ID#)
OTHER COVERAGE (Hark applicable box and complete item	la diamenta de la constanti de la constanti de la constanti de la constanti de la constanti de la constanti de		AA RI			MUF			
4 Cental?   Medicat?   (If both, complete S-		IK. J	16. Plan/Group	Numba	er 1	7. Employer Name	!		
S Name of Policyholder/Subscriber in #4 (Last, First, Middle teitia			PATIENT IN	FORM	MOITA				
			t —	-	<del></del>	scriber in #12 Abo		19. Reser	ved For Fulure
) C	holder:Subscriber ID (SSN	VorlD#)	Self	s	pouse	Dependent Child	Other	Use	
9. Plan Group Number 10 Patient's Relationship to			20. Name (Las	ς Earst. i	Middle Inibal, S	Suffix), Address, C	ily, State, Zip	Code	· • • · · ·
9. Plan Group Number 10 Patient's Relationship to Self Spouse		ther							
11 Other Insurance Company/Dental Benefit Plan Name, Address			[						
, , , , , , , , , , , , , , , , , , , ,	, 6.9, 6.0.0, 2.9 5.000								
			21. Date of Birt	h (MMA	DD/CCYY)	22. Gender	23. Palient i	D/Account # (Ass	signed by Dentist
						□Mχ F			ignor of control
RECORD OF SERVICES PROVIDED			<b>-</b>						
74 Procedure Date 25. Area 16. 27. Tooth Numb (MAZID/CCYY) Cawly System 07 Letter(s)		29, Proce Code		29b. Qty.		30. Des	cription		31. Fee
1 11/13/2020 10 JP		D434	1	1	UR perio	dontal scalin	and roc	at planin	250.00
11/13/2020 40 JF		D434	1	1		dontal scalin			250.00
11/13/2020 JF		D199	9	1		Protective E			5.00
1 11/17/2020 20 JF	<u>-</u> _	D434		1	UL period	dontal scaling	g and roo	t planin	250.00
5 11/17/2020 30 JF		D434		1		iontal scaling			250.00
5 11/17/2020 JF 7 11/20/2020 JF		D1999		1		Protective E			5.00
* 11/23/2020 JF	·	D1999		1		Protective E			5.00
11/24/2020 JP	<del></del>	D1999	<del></del>	·		Protective E Protective E			5.00 5.00
o 11/16/2020 JP 28	В	D239		1		ed composite			225.00
3. Dissing Teeth Information. (Place on "X" on each missing tooth.	34.1	Diagnosis (	Code List Qualifier	177		(fCD-10 = AB)	011000	31a, Other	220.00
	3 14 15 leX 3/te.	. Diegnosis	Code(s)	A				Fea(s)	
	0 19X 18 17X (Pro	mary diagn	("A" is ezeo	6	. <u>.</u>	_ D		32. TOTAL Fee	1250.00
25 Remarks								<u> </u>	
AUTHORIZATIONS			ANCILLARY C	LAIM/	REATMEN	TINFORMATIO	DN .		<del>-</del>
4: Thave been informed of the treatment plan and associated fees, charges for dental services and materials not paid by my dental t	l agree to be responsible f	or all	38. Place of Treatr			office; 22=O/P Hospi		osures (Y or N)	<u> </u>
<ul> <li>DW Of the freatist dentist or deptal practice has a contractival acre</li> </ul>	epment with any also cooks	bilina al	(Use *Place	of Servic	e Codes for Pro	(essional Claims')		$\Box$	
of a control of such changes. To the extent permitted by law, I con of my protected health information to carry out payment activities	in cornection with this de-	losene um.	40. Is Treatment to				41. Date A	ppliance Placed	(MM/DD/CCYY
Signature on File	03/29/2024		X No (Sk			omplete 41-42)			
-	Date	1	42. Months of Trea Remaining	iment		ment of Prosthesis		a Prior Placemen	t (MM/DD/CCYY
7 thereby authorize and direct payment of the dental benefits oth to the below named dentist or dental entity.	ionvice payable to me, dire		45. Treatment Res	ulling fr	<del></del>	Yes (Complete 4-	4)		
, Signature on File	03/29/2024		_	_	om ness/injury	Auto acci	deet [	Other accide	
Subscriber Signature	Døte	þ						<del></del> -	·
SILLING DENTIST OR DENTAL ENTITY (Leave blank if o	dentist or dental entity is n	_	46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State  TREATING DENTIST AND TREATMENT LOCATION INFORMATION						
submitting claim on behalf of the patient of insured/subscriber )		<u> </u>	53 I horeby certify	that the	rrocedures a	s indicated by date			es that require
8. Name, Address, City, State, Zip Code Yonghee Lee			multiple visits)	or have	been complet	<b>3d.</b>			
12611 Hesperia Rd.		1	Yonghee X	Lee				03/29/2024	4
Suite C		į.	Signed (Tree	100 Des	plist)		6	4834	
Victorville CA	923958307		54. NPI				cense Number	223G0001>	<del></del>
9 NP 47000F04 F0 50 License Number	54 CCN or TO		56. Address City of	speria	g Rde	Speci	Provider oily Code		·
1/60858153	<sup>51. S</sup> 822169868		Victorville			CA	923958	3307	
2 Phone 760 -243 4366   52a, Addition   Provider   Provider			и.Pnone , -	60	243 43	66 —   58, Ac	iditional		
Number Provide 2012 American Dental Association	<u> </u>		Number <sup>1</sup>		-	Pi	ovider ID		

Claim #298 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this inf	Fill in this information to identify the case:			
Debtor	Borrego Community Health Foundation			
United States Bankruptcy Court for the Southern District of California				
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

	Identify the Clair	m			
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.		
2.	Has this claim been acquired from someone else?	No Yes. From whom?			
3.	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024	Where should notices to the creditor be sent?  What Hell DDS The Narry's Hespena Rd. Stee Street  Victorial A. 92395  City State ZIP Code  Country  Contact phone  Contact email Lel Office Manager Contact of the country of the contact of the conta	Name  Number Stree  City  Country  Contact phone  Contact email	ayments to the creditor be	ziP Code
URIZ	NAN CARSON CONSULTAR	thiform claim identifier for electronic payments in chapter 13 (if you use	r ( one):	·	
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ <del>YYY</del>
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?			

Official Form 410

**Proof of Claim** page 1



j.	Do you have any number	□ No
• [	you use to identify the	
1	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: $986$
	How much is the claim?	
-		\$ 3100.00 Does this amount include interest or other charges?
		₩ No
-		Yes. Attach statement itemizing interest, fees, expenses, or other
		charges required by Bankruptcy Rule 3001(c)(2)(A).
$\cdot  $	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
	Ciaiii:	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.
1		New L. I
,		Jer and
-	Is all or part of the claim	☑ No
-	secured?	Yes. The claim is secured by a lien on property.
		Nature of property:
į		
!		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
:		Motor vehicle
	;	
	) i	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: \$
	- Leading	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured
		amount should match the amount in line
	RECEIVED.	
	() () (Imp) (Imp) (Imp)	Amount necessary to cure any default as of the date of the petition:
	APR 0 5 2024	
	Fall III	Annual Interest Rate (when case was filed)%
908	RIZMANCARSONCONSULTAN	Fixed
U	KINTHA CHIMODIA GOSSOCIES	☐ Variable Variable
— О.	Is this claim based on a	₩
	lease?	<u>_</u>
		Yes. Amount necessary to cure any default as of the date of the petition.
1.	Is this claim subject to a right of setoff?	☑ No
	right of seron :	Yes. Identify the property:
	1	

Official Form 410

Contact phone

Proof of Claim page 3

gmail.com

Email Lee Office Manga

U	Case A American D	22-0 )enta	2384 I Ass	-LT11 Filed ( ociation Dent	5/07/25 al Clain	regr	ere 29	ed 05/0 7	7/25	08:04	:02 Doc	1611	Pg. 267	
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P	redelermination/Preputho	rization N	lumber								R INFORMATION			
	···•						12	. Policyholder	/Subscr	riber Name (t	asi, First, Middle It	nitial, Suffix), A	Address, City, Sta	te, Zip Code
15	SURANCE COMPANY	//DENT	AL BEN	IEFIT PLAN INFORMAT	ION		1							
٠ ر	empany/Pron Name, Add Dovnesso - C/O KOC	lea H	, State, 2 ∧ △ △	ins Processin	is Cent 200	er								
<u> </u>	282 N. POIC El Segundo	1410 0.0	Constant	st Hwy Sle 70245	٠		13	. Date of Birth	(MM/E	DI/CCYY)	14. Gender	15. Policyho	older/Subscriber	D (SSN or iD#)
				and complete items 5-11. If n		le 1	16	. Plan/Group	Numbe	1 1	7. Employer Næne			
-	tentel? Medic			I both, complete 5-11 for dent		n. /	┨"							
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	to the set Chieff of the Party (2020)	, T	7. Gende			Land 10215	┨'°	Self	~~~	. —	Dependent Child	Other	Use	101011000
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1,	Nan/Group Number	]	TO Pette			ther	1							
_	Other tensions Company	اعلامالان	<u>ب</u>	Mair Name, Address, City, Sta			┨							
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							21	I. Date of Birt	h (MARIC	10/CCYY)	22. Gender	23 Patent	ID/Account # (Ass	ioned by Dentis
	•						1	. Bais or our	. (1111-22	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	y M ∏F			
-											<u></u>			
E	24. Procedure Date	25. Area	26.	27. Tooth Number(s)	28 Tooth	29. Proce	edure	29a, Diag.	29b.		20 De-			3, 5
ļ	(MM/DD/CCYY)	of Oral Cayity	Tooth System	or Letter(s)	Suriace	Code	•	Pointer	Ωty.	ļ	36. Des			31.Fee
	10/27/2020		JP	2,5,7-10	ļ <u></u>	D521		ļ	1	maxillar	<u>/ partial dent</u>	ure - cast	t metal fr	1500.00
ļ	11/09/2020		JF	18		D275	1	<u> </u>	1	crown -	porcelain fus	ed to pre-	domina	1500.00
	11/24/2020		JP	18		2810.	.10		1	Seat Cro	nwo			100.00
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1		1			<del>                                     </del>			1		<u> </u>				
7	Missing Teeth Information	(Place a	n X on	each missing tooth.)	34	. Diagnosis	Code	List Qualifier		( tCD-9 =	6, ICD-10 = A6 )	•	31a. Other	
				X10 X11 12 13 14		a. Diogaosi			Δ.		c		Feo(s)	
						nmary diag		•	В				32. Total Fee	3100.00
. '	Remarks	27 20	<u> </u>	25 22 27 4.0 10 1							U		- I I	
i i	ITHORIZATIONS				-		ANG	CILLARY C	LAIM/	TREATME	NT INFORMAT	ION		
_		ne treatm	ent plan e	end associated fees. I agree to	be responsible	for all	3B. F	Place of Treat	nent T	1 (e.g. 1	=office; 22=O/P Hos	pital) 39. Er	closures (Y or N	)
	charges for dental service	sm three as	tenais no practice	ot paid by my dental benefit pl has a contractual agreement v	an, u⊓iess prohi with my piso proi	bited by hibiting all		(Use "Place	of Servi	ce Codes for f	rofessional Claims*)			
	or a portion of such charg	es. To the	extent p	permitted by law, I consent to your payment activities in conne	our use and dis	desure	40, 1	s Trealment f	or Ortho	dontics?		41. Date	Appliance Place	d (MM/DD/CC)
,	Signature on		w cany c		/29/2024	RGIIITE.	ĺ	X No (SI	ip 41-4	2) Yas	(Complete 41-42)			
٠.,	Patient/Guardian Signatu	re		Da	stø			Months of Tre	aiment	43. Repla	cement of Prosthe	sis 44. Date	of Frior Placeme	ni (MM/DD/CC
						ina a No	F	Remaining		XΠNo(	Yes (Complete	44)		
	to the below named deal			ne dendat benefits atherwise p	ayabe to me, d	" COUT	45. T	Freatment Re	sulting f	rom	_			
Signature on File 03/29/2024								Occupational illness/injury Auto accident Other accident						
X Subscriber Signature Date								46. Bate of Accident (MM/DD/CCYY) 47. Auto Accident State						
11	LLING DENTIST OR	DENTA	LENT	ITY (Leave blank if dentist o	r dental entity is	not	TRE	EATING DE	NTIS	T AND TRI	ATMENT LOC	ATION INF	ORMATION	
	omsting claim on behalf o			-							s as indicated by da		••	res thet require
<u> </u>	Name Address, City, Sta		ode	<del></del> .				multiple visits	or hav	e been comp				
	Yonghee Lee					i	х	Yonghe	: Lee	;			03/29/202	L-†
	12611 Hespe	ria Rd.					ļ ^-	Signed (Tre	រីក្រាវិ	ephist)			SAR Pale	
	Suite C			<b>~.</b> -			54.1	176 <b>U</b> 8 NPI	<del>9815</del>	J	55.	License Num!	<del>04834</del> ber 40000000	v
	Victorville			CA 9	23958307		56. 4	42891°H	Stale.	Zip Code		Provider ecially Code	1223G0001	^
			·-·	Number 54 CC				12511 H	esper	ia KO.	l obe			
 G	<sup>№</sup> 1760858153	50.	Ligg148	ஆப்பைச்   ∋ 1. அத	22 69868			Victorville	9		CA	9239	58307	
	NPI 1760858153	50. -243	<sup>1.1</sup> 648: —43€		22769868			Victorville	∋ <del>760</del> —	243	4366	9239	58307	

Claim #299 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at https://epoc.kccllc.net/BorregoHealth.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1: Identify the Clair	<u>n</u>	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	nc.
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 notices to the creditor be sent?  Name of the control of the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street  City State ZIP Code
4	APR 0 5 2024	Country Contact phone Contact email Contact	Country  Contact phone  Contact email
KU	RTZMAN CARSON CONSU	Thilferen claim identifier for electronic payments in chapter 13 (if you use of	/   one): 
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM_/_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?	

Official Form 410

Proof of Claim



22023842404050000000000006

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 270 of 297

Part 2: Give Information Ab	oout the Claim as of the Date the Case Was Filed
6. Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868
7. How much is the claim?	\$
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.
9. Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:
· · · · · · · · · · · · · · · · · · ·	Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
	Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$(The sum of the secured and unsecured amount should match the amount in line 7.)
RECEIVED	Amount necessary to cure any default as of the date of the petition: \$
APR 0 5 2024	Annual Interest Rate (when case was filed)%  Fixed
KURTZMANCARSONCONSULTA	WIS Variable
10. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
11. Is this claim subject to a right of setoff?	No Yes. Identify the property:

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 271 of 297 Is all or part of the claim ☑ No entitled to priority under 11 U.S.C. § 507(a)? Amount entitled to priority Yes. Check all that apply: A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example. in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Company Address KURTZHANCARSONCONSHI Email Lel Office Manage

Official Form 410

Contact phone

**Proof of Claim** page 3

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X Signature on File 03/29/2024 Subscriber Signature Date								Occupational ithess/injury   Auto accident   Other accident							
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Claim #300 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccilc.net/BorregoHealth">https://epoc.kccilc.net/BorregoHealth</a>.

Fill in this in	formation to identify the case:
Debtor	Borrego Community Health Foundation
United States B	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Pa	art 1: Identify the Clair	m	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	inc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024	Where should notices to the creditor be sent?    Which was a content of the creditor be sent?   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of the creditor be sent.   Which was a content of	Where should payments to the creditor be sent? (if different)  Name  Number Street  City State ZIP Code  Country  Contact phone  Contact email
4:	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM_ / 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?	

Official Form 410

Proof of Claim page 1



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# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 275 of 297

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penses, or other c)(2)(A).
or credit card.
ge Proof of  y interest (for shows the lien
d and unsecured ne amount in line 7.)

Case 22-02384-LT11 Filed 05/07/25 of 297 Is all or part of the claim ☑ No entialed to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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. Is all or part of the claim **⊠** No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Address

KURTZMANCARSONCONSULTANTS

Number Street Street City

12395

-421010 STA

Email Vel Office Mangaer

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Contact phone

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X Signature on File 03232024  Subscriber Signature Date								46. Date of Accident (MM/DD/CCYY)  47. Auto Accident State								
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6. Name, Address, City, Sta Yonghee Let	ite, Zip € }	ode:							Yonghe	-					03/29/202	24
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Claim #301 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at https://epoc.kcclic.net/BorregoHealth.

Fill in this in	formation to identify the case:	
Debtor	Borrego Community Health Foundation	
United States E	Bankruptcy Court for the Southern District of California	
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	inc.
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 notices to the creditor be sent?  Name	Where should payments to the creditor be sent? (if different)
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street A. 92395 City State ZIP Code	Number Street
	RECEIVED	Country 7100 2 n 2 n 2 1 1	City State ZIP Coo
A	PR 05 2024	Contact phone 140-243-4566 Contact email Lel Office manager of amail. Con	Contact phone  Contact email
MA	NCARSONCONSULTANT:	Uniform claim identifier for electronic payments in chapter 13 (if you use o	one):
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY





Official Form 410

# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 280 of 297

P	art 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the	□ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor. 9868
7.	How much is the claim?	\$ 3300.00
	·	Does this amount include interest or other charges?
		No No
		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
į		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.
		Dental
9.	Is all or part of the claim secured?	No No
		Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other. Describe:
		Basis for perfection:
		Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property: \$
	: :	Amount of the claim that is secured: \$
	· ·	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line 7.)
	PEREMEN	
	MEMBER	Amount necessary to cure any default as of the date of the petition:
	APR 0 5 2024	Annual Interest Rate (when case was filed)%
	1	☐ Fixed
K	URTZAIAN CARSON CONSULTA	WYS Variable
 10	ls this claim based on a	
10.	lease?	™o
		Yes. Amount necessary to cure any default as of the date of the petition.
11.	Is this claim subject to a right of setoff?	No No
		Yes. Identify the property:
	; 	

Is all or part of the claim ✓ No entitled to priority under 11 U.S.C. § 507(a)? Yes. Check all that apply: Amount entitled to priority A claim may be partly Domestic support obligations (including alimony and child support) under priority and partly 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). nonpriority. For example, in some categories, the ☐ Up to \$3,350\* of deposits toward purchase, lease, or rental of property or law limits the amount services for personal, family, or household use. 11 U.S.C. § 507(a)(7). entitled to priority. 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 X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature 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. A person who files a fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Print the name of the person who is completing and signing this claim: Address KURTZHANCARSONCONSULTANT Country Email Lee Office Manga Contact phone Official Form 410 **Proof of Claim** 

Case 22-02384-LT11 Filed 05/07/25

Entered 05/07/25 08:04:02 Doc 1611 Pg. 281

Proof of Clain page 3

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Claim #302 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccilc.net/BorregoHealth">https://epoc.kccilc.net/BorregoHealth</a>.

Fill in this information to identify the case:							
Debtor	Borrego Community Health Foundation						
United States B	lankruptcy Court for the Southern District of California						
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

Þa	art 1: Identify the Claim	m	
1.	Who is the current creditor?	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?	
	Where should notices and payments to the creditor be sent?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  APR 0 5 2024  MCARSONCONSUTAN	<del>, -</del>	one):
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 285 of 297

6.	Do you have any number	□ No
0.	you use to identify the debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor. 9868
7.	How much is the claim?	\$ 1015.00 Does this amount include interest or other charges?
1		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
3.	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.
		Dental
-	Is all or part of the claim secured?	☑ No
	securea?	Yes. The claim is secured by a lien on property.
		Nature of property:
		Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.
		Motor vehicle
		Other. Describe:
1		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: \$
	DEPEMEN	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured amount should match the amount in line
	MERCHARIN	Amount necessary to cure any default as of the date of the petition: \$
	APR 0 5 2024	Annual Interest Rate (when case was filed)%
	TZMANCARSONCONSULTAN	Fixed  Variable
0.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
1.	Is this claim subject to a right of setoff?	No Yes. Identify the property:

is all or part of the claim **☑** No entitled to priority under 11 U.S.C. § 507(a)? Amount entitled to priority Yes. Check all that apply: A claim may be partly Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). priority and partly nonpriority. For example, in some categories, the 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). law limits the amount entitled to priority. 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. Is all or part of the claim X No pursuant to 11 U.S.C. § 503(b)(9)? 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 Check the appropriate box: this proof of claim must sign and date it. I am the creditor. FRBP 9011(b). I am the creditor's attorney or authorized agent. If you file this claim electronically, FRBP I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. 5005(a)(2) authorizes courts to establish local rules I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. specifying what a signature I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating A person who files a the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. fraudulent claim could be I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct. fined up to \$500,000, imprisoned for up to 5 I declare under penalty of perjury that the foregoing is true and correct. years, or both. 18 U.S.C. §§ 152, 157, and Executed on date 3571. Signature Print the name of the person who is completing and signing this claim: Name Company APR 0 5 2024 Address **KURTZHANCARSONCONSULTANTS** ZIP Code Country
Email Vel Office Manage Contact phone

Entered 05/07/25 08:04:02 Doc 1611

Official Form 410

Case 22-02384-LT11

Filed 05/07/25

Proof of Claim page 3 gmail.com

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Borrego Health claims Processing Center clo KCC Pacific Coast Hwy Ste 300 El Segundo, Ct. 90245								h (MI <i>Mi</i> E	DD/(CCYY) 14. Gender 15. Policyholder/Subscriber ID (SS)	N or ID#)			
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Hillian	the helow named dent Signature on discriber Signature LING DENTIST OR siting closm on behalf of ame, Address, City, Sta Yonghee Lee	Pile  DENTA f the police inte, Zip C	ent or insu Code	TY (Leave blank it dentist o	r denial entity is	not	53. Thereby certification of the state of th	fy that the or have	the procedures as indicated by date are in progress (for procedures that we been completed.  ee 03/29/2024	at requir			
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Claim #303 Date Filed: 4/15/2024

Your claim can be filed electronically on KCC's website at https://epoc.kcclic.net/BorregoHealth.

Fill in this inf	ormation to identify the case:
Debtor	Borrego Community Health Foundation
United States Ba	ankruptcy Court for the Southern District of California
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim)	nc.
2.	Has this claim been acquired from someone else?	No Yes. From whom?	
:	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?  Where should notices 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)	Number Street A. 92395 City State ZIP Code	Number Street  City State ZIP Co
	RECEIVED 💣	Country Contact phone 760 - 243-4366	Country
<b>A</b> .	PR 1 5 2024	Contact email Lel Office Manager (a). Uniform claim identifier for electronic payments in chapter 13 (if you use of	Contact email
MA	CARSON CONSULTANTS		•
	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	
	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	MM / DD / YYYY

Official Form 410

**Proof of Claim** page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 290 of 297

Pá	t 2: Give Information Ab	out the Claim as of the Date the Case Was Filed
6.	Do you have any number you use to identify the debtor?	No  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  TIDH
7.	How much is the claim?	\$
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.
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle  Other. Describe:  Basis for perfection:  Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
		Value of property:  Amount of the claim that is secured:  Amount of the claim that is unsecured:  \$
	RECEIVED &	amount should match the amount in line 7.)  Amount necessary to cure any default as of the date of the petition:  \$
	APR 15 2024 ZMAN CARSON CONSULTANT	Annual Interest Rate (when case was filed)%  Fixed  Variable
10.	ls this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
	Is this claim subject to a right of setoff?	Yes. Identify the property:

	18 35	U.S.C. §§ 152, 157, and 71.	Executed on date	03 28 3020 MM / DD / YYYY			
			Signature			· - <del></del>	
			Print the name of	f the person who is compl	eting and signing this c	:laim:	
			Name	VIVO First rjame	Hee Middle name	Last name	
			Title	penfist	100 200		· · ·
	(	RECEIVED .	Company	Identify the corporate servicer a	is the company if the authorize	ed agent is a servicer.	
***	Д	PR 1 5 2024	Address	12101 HESPA Number Street	MA Pol	8te C 7.20 S	
(URI	ZMA	N CARSON CONSULTANTS	Contact phone	7160-24-3-	4364 State	ZIP Code Email Lel Office	Country Manager a
	Of	ficial Form 410		Proof of page			gmael.
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		u i L	0 /	-1024 D						i	MF	<u> </u>		
	<del></del>			and complete items 5-11. I		nk.)	16	Plan/Group	Numbe	a 1	7. Employer Nash			
. Elental?	Medic			If both, complete 5-11 for de										
. Name of F	olicyholde#Sub	scriber in	#4 (L∂s	t, First, Middle Initial, Suffix)			-	ATIENT IN					1.5.5	
				<del></del>			18		· —	· —	scriber in #12 Abo		19, Reserv	ed For Future
. Date of Bu	th (MM/DD/CC)	(Y)	7. Gende		ubscriber ID (SS	N or ID#)		X. Self			Dependent Child			
Plan/Grou	n Attenduce	<del></del>		ent's Relationship to Person	named m #6		2º	. Name (Los	i, Filsi, i	August Hunst,	Sulfix), Address, (	my, Siate, Zip G	.ue	
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RECORD	OF SERVICES		· ·						1					
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AUTHORI	ZATIONS						ANC	CILLARY C	LAIM	TREATME	T INFORMAT	ion		
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love or the	a treating dentist	or dental	practice	ol paid by my dental benefit   has a contractual agreemen	with my plan pro	hibiting all		(Use "Place	of Servi	ce Codes for Pi	ofessional Claims")			
				permitted by law, I consent to out payment activities in con-			40. [5	s Treatment f				41. Date A	ppliance Place	3 (MM/DD/CCY
X Sig	inature on l	File		0	3/28/2024			No (St	sip 41-4:	2) Yes (	Complete 41-42)			
Patient/G	uardian Signatu	re		1	)ate			Months of Tre	alment	- L. '	ement of Presibe	sis 44. Date of	Prios Placeme	nt (MM/DD/CCY
				ne dental benefits otherwise	payable to me, o	directly		Remaining		No [	Yes (Complete	44)	<b></b>	
	low named dent		ital entity		0.00.000.1		45. Treatment Resulting from							
X Sig	inature on l	File		0	3/28/2024	<u> </u>	<u> </u>	Оссира	ationel il	lness/injury	Auto a	cident	Other accide	ent
Subscribe	er Signature			1	Date		46. Date of Accident (MM/DD//CCYY) 47. Auto Accident State							
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	orican Dont:	-1 4	-1-41	_									_	Sell 900 047 4

Claim #304 Date Filed: 4/15/2024

Your claim can be filed electronically on KCC's website at <a href="https://epoc.kccllc.net/BorregoHealth">https://epoc.kccllc.net/BorregoHealth</a>.

Fill in this information to identify the case:								
Debtor	Borrego Community Health Foundation							
United States B	eankruptcy Court for the Southern District of California							
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. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

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.

F !	Part 1: Identify the Cla	im	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim	inc.
		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?  MIN(A Hee Let DDS The	Where should payments to the creditor be sent? (if different)
	creditor be sent?	Name (2) all lecrosion of the	Name
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Number Street Victorville, CA. 92395	Number Street
		City State ZIP Code	City State ZIP Code
	RECEIVED	Country 160 - 243 - 4366	Country  Contact phone
"	APR 1 5 2024	Contact email Lel Office Manager (CO) Uniform claim identifier for electronic payments in chapter 13 (if you use	Contact email ↑↑ one);
en ou 177	aatiioiaan iaaaaran iaard		<del></del>
<b>100 12</b> 4.	MAN CARSON CONSULTAR Does this claim	<b>=</b> 0	
٦.	amend one already	XI No	
	filed?	Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed	☑ No	
	a proof of claim for this claim?	Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim page 1



# Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 295 of 297

Part	Give Information Ab	out the Claim as of the Date the Case Was Filed
У	Do you have any number you use to identify the debtor?	No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:   TIOH  TIOH
7. F	How much is the claim?	S
	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.
	s all or part of the claim secured?	Yes. The claim is secured by a lien on property.  Nature of property:  Real estate: If the claim is secured by the debtor's principal residence, file a Mortgage Proof of Claim Attachment (Official Form 410-A) with this Proof of Claim.  Motor vehicle Other. Describe:  Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filled or recorded.)  Value of property:  \$ Amount of the claim that is secured: \$
	RECEIVED	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: \$
KU	APR 1 5 2024 Rtzman Carson Consulta	Annual Interest Rate (when case was filed)%  Fixed  Variable
	s this claim based on a ease?	Yes. Amount necessary to cure any default as of the date of the petition.
	s this claim subject to a ight of setoff?	No Yes. Identify the property:

Official Form 410

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12. Is all or part of the claim entitled to priority under	☑ No	
11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
in some categories, the law limits the amount entitled to priority.	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).	\$
ended to priority.	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 pursuant to 11 U.S.C.	₩ No	
§ 503(b)(9)?	Yes. Indicate the amount of your claim arising from the value of any goods recei days before the date of commencement of the above case, in which the goods he the ordinary course of such Debtor's business. Attach documentation supporting	ave been sold to the Debtor in
		· · · · · · · · · · · · · · · · · · ·
Part 3: Sign Below	1	
The person completing	Check the appropriate box:	· · · · · · · · · · · · · · · · · · ·
this proof of claim must sign and date it.	I am the creditor.	
FRBP 9011(b).	_	
ou file this claim ectronically, FRBP	I am the creditor's attorney or authorized agent.	
5005(a)(2) authorizes courts to establish local rules	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.	
specifying what a signature		,
is.  A person who files a	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge	ement that when calculating
A person who files a fraudulent claim could be	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow	ard the debt.
is. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	ard the debt.
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	ard the debt.
is.  A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.	ard the debt.
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3 D8 D00  MM DDD YYYY	ard the debt.
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3 28 2000  MM / DD YYYY  Signature	ard the debt.
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3 D8 D00  MM DDD YYYY	ard the debt.
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3 28 2000  MM 7 DD YYYY  Print the name of the person who is completing and signing this claim:  Name	ard the debt.  Information is true and correct
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  O3 28 2000  MM / DD / YYYY  Print the name of the person who is completing and signing this claim:  Name  Middle name  Last na	ard the debt. information is true and correct.
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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.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledge the amount of the claim, the creditor gave the debtor credit for any payments received tow. I have examined the information in this <i>Proof of Claim</i> and have reasonable belief that the I declare under penalty of perjury that the foregoing is true and correct.  Executed on date  OS JON JON JON JON JON JON JON JON JON JON	ard the debt. information is true and correct

Official Form 410

Proof of Claim page 3 gmael.com

14. Gender
[Last, First, Middle Imital, Suffix), Address, City, State, Zip Code  14. Gender  15. Palicyholder/Subscriber ID (SSN or ID#  17. Employer Name  19. Reserved For Future Use  Dependent Child Other  Use  22. Gender  23. Patient ID/Account # (Assigned by Dente ID My III)  30. Description  31. Fee
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32. Total Fee 5.00
ENT INFORMATION  11=office; 22=OrP Hospital) 39. Enclosures (Y or N)
r Professional Claims')
41 Date Appliance Placed (MM/DD/CC
es (Complete 41-42)
placement of Prosthesis 44. Date of Prior Placement (MM/DD/CC
Yes (Complete 44)
REATMENT LOCATION INFORMATION
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