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Order Entered on  
May 8, 2025  
by Clerk U.S. Bankruptcy Court  
Southern District of California

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

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Attorneys for the Co-Liquidating Trustee

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

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.  
22-02384-LT11

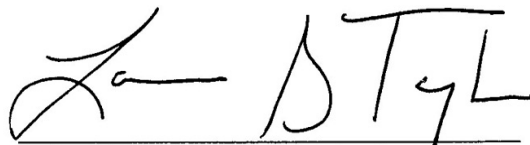
**ORDER ON  
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND  
YONG HEE LEE DDS INC. REGARDING CLAIM NOS. 248, 249, 250, 251, 252, 253, 254, 255, 256,  
257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 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**

The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 300 pages. Stipulation Docket Entry No. 1611.

/

/

DATED: May 7, 2025

  
Judge, United States Bankruptcy Court



ORDER ON STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR, THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND 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

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

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On May 7, 2025, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Yong Hee Lee DDS Inc. filed a *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 [Docket No. 1611] (the “Stipulation”).

IT IS HEREBY ORDERED:

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

# EXHIBIT A

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Attorneys for the Co-Liquidating Trustee

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

In re

BORREGO COMMUNITY  
HEALTH FOUNDATION,

Debtor and Debtor in  
Possession.

Case No. 22-02384-11

Chapter 11 Case

Judge: Honorable Laura S. Taylor

**STIPULATION BY AND AMONG THE  
POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE  
CO-LIQUIDATING TRUSTEES, AND  
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**



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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].

1 WHEREAS, after the Claims Bar Date, Claimant filed claim numbers 248,  
2 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264,  
3 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280,  
4 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296,  
5 297, 298, 299, 300, 301, 302, 303, and 304 (collectively, the “Claims”) as follows:

Claim No.	Date Filed	Filed Amount
248	4/1/2024	\$ 5.00
249	4/1/2024	\$ 150.00
250	4/3/2024	\$ 1,600.00
251	4/2/2024	\$ 1,500.00
252	4/2/2024	\$ 1,505.00
253	4/2/2024	\$ 1,750.00
254	4/2/2024	\$ 305.00
255	4/2/2024	\$ 480.00
256	4/2/2024	\$ 305.00
257	4/2/2024	\$ 1,500.00
258	4/2/2024	\$ 255.00
259	4/2/2024	\$ 10.00
260	4/2/2024	\$ 1,270.00
261	4/2/2024	\$ 5.00
262	4/2/2024	\$ 505.00
263	4/2/2024	\$ 1,500.00
264	4/2/2024	\$ 560.00
265	4/3/2024	\$ 100.00
266	4/3/2024	\$ 300.00
267	4/3/2024	\$ 255.00
268	4/3/2024	\$ 3,205.00
269	4/3/2024	\$ 305.00
270	4/3/2024	\$ 100.00
271	4/3/2024	\$ 505.00
272	4/3/2024	\$ 585.00
273	4/3/2024	\$ 5.00
274	4/3/2024	\$ 100.00
275	4/3/2024	\$ 800.00
276	4/3/2024	\$ 600.00
277	4/4/2024	\$ 10.00
278	4/4/2024	\$ 150.00
279	4/4/2024	\$ 255.00
280	4/4/2024	\$ 305.00
281	4/5/2024	\$ 255.00
282	4/5/2024	\$ 1,955.00
283	4/5/2024	\$ 3,000.00
284	4/5/2024	\$ 305.00

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1	285	4/5/2024	\$ 145.00
2	286	4/5/2024	\$ 3,010.00
3	287	4/5/2024	\$ 505.00
4	288	4/5/2024	\$ 1,655.00
5	289	4/5/2024	\$ 255.00
6	290	4/5/2024	\$ 230.00
7	291	4/5/2024	\$ 415.00
8	292	4/5/2024	\$ 255.00
9	293	4/5/2024	\$ 1,950.00
10	294	4/5/2024	\$ 455.00
11	295	4/5/2024	\$ 15.00
12	296	4/5/2024	\$ 4,500.00
13	297	4/5/2024	\$ 1,250.00
14	298	4/5/2024	\$ 3,100.00
15	299	4/5/2024	\$ 305.00
16	300	4/5/2024	\$ 305.00
17	301	4/5/2024	\$ 3,300.00
18	302	4/5/2024	\$ 1,015.00
19	303	4/15/2024	\$ 3,000.00
20	304	4/15/2024	\$ 5.00
21	<b>Total Amount of Filed Claims</b>		<b>\$ 51,970.00</b>

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.



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

3 **STIPULATION**

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

6 1. Claim 248 shall be disallowed and expunged from the claims register  
7 maintained by the claims agent.

8 2. Claim 249 shall be disallowed and expunged from the claims register  
9 maintained by the claims agent.

10 3. Claim 250 shall be disallowed and expunged from the claims register  
11 maintained by the claims agent.

12 4. Claim 251 shall be disallowed and expunged from the claims register  
13 maintained by the claims agent.

14 5. Claim 252 shall be disallowed and expunged from the claims register  
15 maintained by the claims agent.

16 6. Claim 253 shall be disallowed and expunged from the claims register  
17 maintained by the claims agent.

18 7. Claim 254 shall be disallowed and expunged from the claims register  
19 maintained by the claims agent.

20 8. Claim 255 shall be disallowed and expunged from the claims register  
21 maintained by the claims agent.

22 9. Claim 256 shall be disallowed and expunged from the claims register  
23 maintained by the claims agent.

24 10. Claim 257 shall be disallowed and expunged from the claims register  
25 maintained by the claims agent.

26 11. Claim 258 shall be disallowed and expunged from the claims register  
27 maintained by the claims agent.

28 12. Claim 259 shall be disallowed and expunged from the claims register

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maintained by the claims agent.

13. 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.

15. Claim 262 shall be disallowed and expunged from the claims register maintained by the claims agent.

16. Claim 263 shall be disallowed and expunged from the claims register maintained by the claims agent.

17. Claim 264 shall be disallowed and expunged from the claims register maintained by the claims agent.

18. 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.

20. 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.

24. 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.

26. Claim 273 shall be disallowed and expunged from the claims register

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1 maintained by the claims agent.

2 27. Claim 274 shall be disallowed and expunged from the claims register  
3 maintained by the claims agent.

4 28. Claim 275 shall be disallowed and expunged from the claims register  
5 maintained by the claims agent.

6 29. Claim 276 shall be disallowed and expunged from the claims register  
7 maintained by the claims agent.

8 30. Claim 277 shall be disallowed and expunged from the claims register  
9 maintained by the claims agent.

10 31. Claim 278 shall be disallowed and expunged from the claims register  
11 maintained by the claims agent.

12 32. Claim 279 shall be disallowed and expunged from the claims register  
13 maintained by the claims agent.

14 33. Claim 280 shall be disallowed and expunged from the claims register  
15 maintained by the claims agent.

16 34. Claim 281 shall be disallowed and expunged from the claims register  
17 maintained by the claims agent.

18 35. Claim 282 shall be disallowed and expunged from the claims register  
19 maintained by the claims agent.

20 36. Claim 283 shall be disallowed and expunged from the claims register  
21 maintained by the claims agent.

22 37. Claim 284 shall be disallowed and expunged from the claims register  
23 maintained by the claims agent.

24 38. Claim 285 shall be disallowed and expunged from the claims register  
25 maintained by the claims agent.

26 39. Claim 286 shall be disallowed and expunged from the claims register  
27 maintained by the claims agent.

28 40. Claim 287 shall be disallowed and expunged from the claims register

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maintained by the claims agent.

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.

51. 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

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1 maintained by the claims agent.

2 55. Claim 302 shall be disallowed and expunged from the claims register  
3 maintained by the claims agent.

4 56. Claim 303 shall be disallowed and expunged from the claims register  
5 maintained by the claims agent.

6 57. Claim 304 shall be allowed as a general unsecured claim in the amount  
7 of \$27,217.50. (the "Allowed Claim Amount").

8 58. The Claimant shall not file any additional proofs of claim, nor will the  
9 Claimant amend (or seek to amend) the Claims.

10 59. Within thirty (30) days of entry of the order approving this Stipulation,  
11 and after Claimant has provided a completed W-9 to the Co-Liquidating Trustees,  
12 the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to  
13 the Plan.

14 60. In consideration of the agreements with and value provided herein and  
15 other good and valuable consideration, the Parties hereby waive, remise, release  
16 and forever discharge the other, including each of their respective former and  
17 current predecessors, successors, assigns, subsidiaries, parent companies,  
18 shareholders, partners, members, managers, investors directors, officers,  
19 accountants, attorneys, employees, agents, representatives and servants of, from and  
20 against any and all claims, actions, causes of action, suits, proceedings, defenses,  
21 counterclaims, contracts, judgments, damages, accounts, reckonings, executions,  
22 and liabilities whatsoever of every name and nature, whether known or unknown,  
23 whether or not well-founded in fact or in law, and whether in law, at equity or  
24 otherwise, which either Party ever had or now has for or by reason of any matter,  
25 cause or anything whatsoever to this date, relating to or arising out of the Chapter  
26 11 Case.

27 61. Each of the Parties to the Stipulation acknowledge that they are  
28 familiar with California Civil Code Section 1542 and with respect to the matters

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

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

9 62. The Claimant hereby warrant that the Claimant (a) is authorized and  
10 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this  
11 Stipulation in its entirety and fully understand and accept the terms set forth herein,  
12 (c) has had an opportunity to consult with legal counsel and any other advisors of  
13 the Claimant's choice with respect to the terms of this Stipulation, and (d) are  
14 signing this Stipulation on the Claimant's own free will.

15 63. The terms, covenants, conditions, and provisions of this Stipulation  
16 cannot be altered, changed, modified, or added to, or deleted from, except in a  
17 writing signed by all parties hereto.

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

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

22  
23 Dated: May 7, 2025

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

24  
25 By /s/ Tania M. Moyron  
26 Tania M. Moyron  
27 Attorneys for the Post-Effective Date  
28 Debtor and the Co-Liquidating Trustee

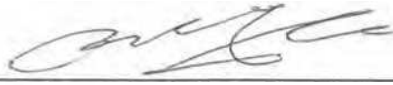
1 Dated: May 7, 2025

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

2  
3  
4 By /s/ Steven W. Golden  
Steven W. Golden  
Attorneys for the Co-Liquidating Trustee

5  
6 Dated: April 28, 2025

YONG HEE LEE DDS INC.

7  
8 By:   
9 Its: owner

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# EXHIBIT 1





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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor. 9868  
TIO#

7. How much is the claim? \$ 5.00 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.  
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.)  
**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_  
**Annual interest rate (when claim 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,360* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ): _____	\$ _____

\* Amounts are subject to adjustment on 10/1/05 and every 3 years after that for costs 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)?

☒ No

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

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

**Part 2: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 301.1(h).

If you file this claim electronically, FRBP 5000a(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. 11 U.S.C. §§ 152, 157, and 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name	First name	Middle name	Last name
Wong	Wong	Hee	Lee

Title: dentist

Company: Wong Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

APR 01 2024

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT 2



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

**Part 2- Give Information About the Claim as of the Date the Case Was Filed**

5. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List all digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 150.00  
 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).  
 List 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 the 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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2



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of 297

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$7,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,152*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(6).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for costs of living (in or after the date of adjustment).

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

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 3011(a).

If you file this claim electronically, FRBP 5005(e)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other relation. Bankruptcy Rule 3006.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024  
at US 100 F 1000

Signature: [Handwritten Signature]

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

Name:	<u>Yong</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title:	<u>Dentist</u>		
Company:	<u>Yong Hee Lee DDS Inc.</u>		
Indicate the address (or office) as the company if the authorized agent is a partner.			
Address:	<u>12411 Hespena Rd Ste C</u>		
	Number	Street	
City:	<u>Victorville, CA</u>		<u>92395</u>
	City	State	ZIP Code
Country:	<u>USA</u>		
Contact phone:	<u>760-243-4364</u>		
Email:	<u>hee.office.manager@gmail.com</u>		

Official Form 410

Proof of Claim  
page 3

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ADA American Dental Association Dental Claim Form

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ EFSOT File XIX

2. Predetermination/Preauthorization Number:

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center  
 Attn: HCO  
 222 N. Pacific Coast Hwy Ste 300  
 El Segundo CA 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Day	30. Description	31. Fee
11/06/2020		JP			D0150		1	comprehensive oral evaluation - new	150.00

32. Missing Tooth Information (Place an "X" on each missing tooth)  
 1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X 9 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21 X 22 X 23 X 24 X 25 X 26 X 27 X 28 X 29 X 30 X 31 X 32 X  
 34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)  
 34a. Diagnosis Code(s) A C  
 (Primary diagnosis in "A") B D  
 31a. Other Fee(s)  
 32. Total Fee 150.00

37. Remarks

## AUTHORIZATIONS

35. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental provider has a contract agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/29/2024  
 Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024  
 Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822189868

52. Phone Number 760-243-4366 52a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. 11=office; 22=O/P Hospital)  
 (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)  
 40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)  
 42. Months of Treatment Remaining  
☒ No ☐ Yes (Complete 44)

43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY)  
 45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024  
 X Signed (Treating Dentist) Date

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307

57. Phone Number 760-243-4366 58. Additional Provider ID

# EXHIBIT 3



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 23  
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Claim #250 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccs.us/BankruptcyHelp>.

Fill in this information to identify the case:

Debit: Business Concepts Health Foundation  
Where: 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. § 553(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Mona Hee Lee DDS Inc</u> <small>Name of the current creditor (the debtor or entity to be paid for the claim)</small>	
	<small>Only name the creditor (and only the debtor)</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Mona Hee Lee DDS Inc</u> <u>2411 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>leo@heemanagement.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
RECEIVED APR 03 2024 KURTZMAN CARSON CONSULTANTS		
4. Does this claim interest one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



2202384240402000000000042

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**Form 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?	
<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. List 4 digits of the debtor's account or any number you use to identify the debtor. <u>9868</u>
7. How much is the claim?	
\$ <u>1600.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8. What is the basis of the claim?	
Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Dental</u>	
9. Is all or part of the claim secured?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. This claim is secured by a lien on property. Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual interest rate (when case was filed): _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____
11. Is this claim subject to a right of setoff?	
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Identify the property: _____

Official Form 410

Proof of Claim  
page 2

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of 297

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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)?

☒ No

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

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

Part 2 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 1571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature to this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, this creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name: Yining Hee Lee

First Name Middle Name Last Name

Title: Devisist

Company: Yining Hee Lee DDS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA State: 92395

Contact (Phone): 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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To reorder call 800.947.4725

# EXHIBIT 4



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

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
710#

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.  
Dental

9. Is all or part of the claim secured? ☒ No  
☐ Yes. This 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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2



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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ceases, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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)?

☒ No.

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

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

Part 2 Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9006(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated this 03/28/2024 day of APR, 2024.

Signature: 

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

Name	First name	Middle name	Last name
	Ming	Hee	Lee

Title: dentist

Company: Ming Hee Lee DDS Inc.

(Specify the corporate service as the company if the authorized agent is a service.)

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395 County: \_\_\_\_\_

Contact phone: 760-243-4344 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 31  
ADA American Dental Association Dental Claim Form 97

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Prior Authorization  
☒ X-REF: TMR 20X  
 2. Predetermination/Prior Authorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center  
 c/o KRC  
 232 N. Pacific Coast Hwy Ste 300  
 El Segundo Ca 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

1. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Dsg. Pointer	29b. Qty.	30. Description	31. Fee
11/19/2020		JF	4		D2751		1	crown - porcelain fused to predomina	1500.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)  
 1 X X 4 5 X 6 7 8 9 10 X 11 12 X 13 X 14 15 16 X  
 17 X 18 X 19 X 20 X 21 22 X 23 X 24 X 25 X  
 34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)  
 35. Diagnosis Code(s) A C  
 36. Primary diagnosis in "A" B D  
 37. Other Fee(s)  
 38. Total Fee 1500.00

## Remarks

## AUTHORIZATIONS

39. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dentist provider has a contractual agreement with my plan prohibiting all or a portion 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.  
 Signature on File 03/29/2024  
 Patient/Guardian Signature Date

40. I 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 03/29/2024  
 Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

43. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

46. NPI 1760858153 49. License Number 64834 51. SSN/TIN 822189868

52. Phone Number 760 243 4366 53a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

39. Place of Treatment (e.g. Home, 2200 P Hospital)  
 (Use "Place of Service Codes for Professional Claims")  
 40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)  
 41. Date Appliance Placed (MM/DD/YYYY)  
 42. Months of Treatment Remaining  
☒ No ☐ Yes (Complete 43)  
 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)  
 44. Date of Prior Placement (MM/DD/YYYY)  
 45. Treatment Resulting from  
☐ Occupational Injuries/Injury ☐ Auto accident ☐ Other accident  
 46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024  
☒ Support (Treating Dentist)

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 57a. Provider Specialty Code

12611 Hesperia Rd Victorville CA 923958307

57. Phone Number 760 243 4366 58. Additional Provider ID

# EXHIBIT 5

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 33  
of 297

Claim #252 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccic.net/claims/claims>

Fill in this information to identify the case:

Debit: Somero 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, mention 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.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Noma Hee Lee DDS Inc</u> <u>2211 Hesperia Rd Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <u>760-243-4366</u> <u>leeoffice@nomaheeleed.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1





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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

5. 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  
730#

7. How much is the claim? \$ 1505.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3021(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, taxes, 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when open rate 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

Proof of Claim  
page 2

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,300* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment in 2025 and every 5 years after that for claims 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)?

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 6011(b).

If you file this claim electronically, FRBP 3005(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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gives the debtor credit for any payments received toward the debt.

I have reviewed the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

\_\_\_\_\_  
Signature

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

Name	First name	Middle name	Last name
Yong Hee Lee	Yong	Hee	Lee

\_\_\_\_\_  
Title: Dentist

\_\_\_\_\_  
Company: Yong Hee Lee DDS Inc.

\_\_\_\_\_  
Address: 12411 Hesperia Rd Ste C

\_\_\_\_\_  
City: Victorville, CA 92395

\_\_\_\_\_  
State: CA ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
Contact phone: 760-243-4364

\_\_\_\_\_  
Title: Lee Office Manager

\_\_\_\_\_  
Email: gmaast.com

Official Form 410

Proof of Claim  
page 3

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 36  
ADA American Dental Association Dental Claim Form 297

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ SOT: Title XIX  
 2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center  
 C/O KCC  
 222 N. Pacific Coast Hwy Ste. 300  
 El Segundo, CA 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Priorit? ☐ Medial? ☐ (If both, complete 5-11 for dental only.)  
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth (MM/DD/CCYY) 7. Gender: ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5:  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/19/2020		JF			D1999	1		Personal Protective Equipment	5.00
11/19/2020		JF	18		D2751	1		crown - porcelain fused to predomina	1500.00

33. Missing Teeth Information (Place an "X" on each missing tooth)  
 1 X X 4 X 6 7 X 8 9 10 X 11 12 X 13 X 14 X 15 16 X  
 34. Diagnosis Code List Qualifier ☐ (ICD-9 = B, ICD-10 = A6)  
 34a. Diagnosis Code(s) A C  
 (Primary diagnosis in 'A') B D  
 31a. Other Fee(s)  
 32. Total Fee 1505.00

35. Remarks #18 Existing All with 1/2 decay on mesial cusp. Not enough #18 structure to hold fill, can needed for permanent restoration

## AUTHORIZATIONS

40. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law. or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/28/2024  
 Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/28/2024  
 Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

45. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

49. NPI 1760858153 50. License Number 822169868 51. SSN 822169868

52. Phone Number 760-243-4366 52a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

36. Place of Treatment 11 (e.g. 11=office, 22=OP Hospital)  
 (Use "Place of Service Codes for Professional Claims")

40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

42. Months of Treatment Remaining 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)

45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/28/2024  
 X (Supporting Treatment Dentist) Date

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 56a. Provider Specialty Code  
 12611 Hesperia Rd.  
 Victorville CA 923958307

57. Phone Number 760-243-4366 58. Additional Provider ID

# EXHIBIT 6



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 38 of 297

Claim #253 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <https://kcc.bccdc.ca/FormsHealth>.

Fill in this information to identify the case:

Debtor: Summit Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-02384

Official Form 410

Proof of Claim

04/23

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.

Files 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.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Wong Hee Lee DDS Inc.</u> <small>Name of the creditor (other than the person or entity to be paid for this claim)</small> <small>Other name the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Wong Hee Lee DDS Inc.</u> <u>12611 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>U.S.A.</u> <u>760-243-4366</u> <u>leeoffice@manager@gmail.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIOB

7. How much is the claim? \$ 1750.00 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 reduced 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 reduced copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,150* of deposits toward purchases, leases, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for costs 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)?

☒ No.

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

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

**Part 1: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 501(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have 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 05/28/2024

Signature [Signature]

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

Name: Umg Hee Lee  
First name Middle name Last name

Title: Debit

Company: Umg Hee Lee DDS Inc.  
Indicate the corporate service as the company if the signatory agent is a service.

Address: 12411 Hespena Rd Ste C  
City: Victorville, CA Zip Code: 92395

Phone: 760-243-4364 Email: lee.office.manager@gmail.com

APR 12 2024

Official Form 410

Proof of Claim  
page 3



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 41  
ADA American Dental Association® Dental Claim Form 97

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ Statement - File XIX  
 2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center  
 C/O KCC  
 222 N. Pacific Coast Hwy Ste 300  
 El Segundo, Ca 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only)  
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee												
11/10/2020		JP			D0150		1	comprehensive oral evaluation - new	150.00												
11/10/2020		JP			D0274		1	bitewings - four radiographic images	150.00												
11/10/2020		JP			D0230		1	intraoral - periapical each additional ra	50.00												
11/10/2020		JP			D0230		1	intraoral - periapical each additional ra	50.00												
11/10/2020	00	JP			D1208		1	topical application of fluoride - exclusi	125.00												
11/10/2020		JP	2	O	D1351		1	sealant - per tooth	175.00												
11/10/2020		JP	3	O	D1351		1	sealant - per tooth	175.00												
11/10/2020		JP	14	O	D1351		1	sealant - per tooth	175.00												
11/10/2020		JP	15	O	D1351		1	sealant - per tooth	175.00												
11/10/2020		JP	19	O	D1351		1	sealant - per tooth	175.00												
33. Missing Teeth Information (Place an "X" on each missing tooth.)					34. Diagnosis Code List Qualifier			31a. Other Fee(s)													
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A	C		
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34b. (Primary diagnosis in "A")		B	D	
35. Remarks										32. Total Fee										1400.00	

## AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental provider has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/28/2024  
 Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024  
 Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

40. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

41. NPI 1760858153 50. License Number 64834 51. State ID 822159868

42. Phone Number 760-243-4366 52a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. In-office, 22-OP Hospital)  
 (Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

42. Months of Treatment Remaining 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024  
 X

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 56a. Provider Specialty Code  
 12611 Hesperia Rd.  
 Victorville CA 923958307

57. Phone Number 760-243-4366 58. Additional Provider ID



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**ADA American Dental Association® Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark off applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ SDF - File XDR

2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
Bortego Health Claims Processing Center  
c/o KAC  
222 N. Pacific Coast Hwy Ste C  
El Segundo CA 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Printer	29b. Qty	30. Description	31. Fee
1	11/10/2020		JF	30	O	D1351		1	sealant - per tooth	175.00
2	11/10/2020		JF	31	O	D1351		1	sealant - per tooth	175.00
3										
4										
5										
6										
7										
8										
9										
10										

32. Missing Teeth Information (Place an "X" on each missing tooth.)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)

34a. Diagnosis Code(s) A C  
(Primary diagnosis in "A") B D

31a. Other Fee(s)

32. Total Fee 350.00

35. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/29/2024  
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024  
Subscriber Signature Date

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment 11 (e.g. 11=office; 22=OP Hospital)  
(Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining ☒ No ☐ Yes (Complete 43)

43. Replacement of Prosthesis

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY)

47. Auto Accident State

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN/TIN 822169868

52. Phone Number 760-243-4366 52a. Additional Provider ID

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Yonghee Lee 03/29/2024  
Signed (Treating Dentist) Date

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code  
12611 Hesperia Rd.  
Victorville CA 923958307

57. Phone Number 760-243-4366 58. Additional Provider ID

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# EXHIBIT 7



<div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 45 of 297</span> </div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.7em;">                     Page: Give Information About the Claim as of the Date the Case Was Filed                 </div>	
6.	<div style="display: flex;"> <div style="flex: 1;">                     Do you have any number you use to identify the debtor?                 </div> <div style="flex: 1;"> <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u>  <div style="text-align: center; margin-top: -10px;"><u>7204</u></div> </div> </div>
7.	<div style="display: flex;"> <div style="flex: 1;">                     How much is the claim? \$ <u>305.00</u> </div> <div style="flex: 1; padding-left: 10px;">                     Does this amount include interest or other charges?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).                 </div> </div>
8.	<div style="font-size: 0.8em;">                     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.                 </div> <div style="margin-top: 10px; text-align: center;"><u>Dental</u></div>
9.	<div style="display: flex;"> <div style="flex: 1;">                     Is all or part of the claim secured?                 </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <div style="margin-top: 5px;">                         Nature of property:                         <div style="margin-top: 5px;"> <input type="checkbox"/> First 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.  <input type="checkbox"/> Motor vehicle  <input type="checkbox"/> Other: <u>Dental</u> </div> </div> <div style="margin-top: 10px;">                         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.)                     </div> <div style="margin-top: 10px;">                         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.)                     </div> <div style="margin-top: 10px;">                         Amount necessary to cure any default as of the date of the petition: \$ _____                          Annual Interest Rate (when case was filed) _____ %  <input type="checkbox"/> Fixed  <input type="checkbox"/> Variable                     </div> </div> </div>
10.	<div style="display: flex;"> <div style="flex: 1;">                     Is this claim based on a lease?                 </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____                 </div> </div>
11.	<div style="display: flex;"> <div style="flex: 1;">                     Is this claim subject to a right of setoff?                 </div> <div style="flex: 1;"> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Identify the property: _____                 </div> </div>

Official Form 410
Proof of Claim  
page 2



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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,150* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment in 401025 and every 5 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. § 502(b)(9)?

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9011(b)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

\_\_\_\_\_  
Signature

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

First name	Ming	Hee	Lee
Title	Debtist		
Company	Yong Hee Lee DDS Inc.		

Address

12611 Hesperia Rd Ste C  
Victorville, CA 92395

Contact phone 760-243-4366 email Lee Office manager@gmail.com

APR 12 2024

NOTED AND CHASED CONSUMER RIGHTS

Official Form 410

Proof of Claim  
page 3

Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT 8

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 49 of 297

Claim #255 Date Filed: 4/2/2024

Your claim can be filed electronically on NCC's website at <https://ncc.uscourts.gov/e-filing>.

## Fill in this information to identify the case:

Debtor: Bernard 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3671.

Fill in all the information about the claim as of the date the case was filed.

## Part 1: Identify the Claim

1. Who is the current creditor?	<u>Young Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>				
	<small>Other names the creditor used with the debtor</small>				
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____				
3. Where should notices and payments to the creditor be sent?	<table border="0"> <tr> <td> <b>Where should notices to the creditor be sent?</b>            Name: <u>Young Hee Lee DDS Inc</u>            Address: <u>2211 Hesperia Rd. Ste C</u>            City: <u>Victorville, CA</u> State: <u>92395</u>            Country: <u>USA</u>            Contact phone: <u>760-243-4366</u>            Contact email: <u>lee@ice-manager.com</u>  <small>Use this claim identifier for electronic payments in chapter 13 (if you use one)</small> </td> <td> <b>Where should payments to the creditor be sent? (if different)</b>            Name: _____            Address: _____            City: _____ State: _____ ZIP Code: _____            Country: _____            Contact phone: _____            Contact email: _____         </td> </tr> </table>			<b>Where should notices to the creditor be sent?</b> Name: <u>Young Hee Lee DDS Inc</u> Address: <u>2211 Hesperia Rd. Ste C</u> City: <u>Victorville, CA</u> State: <u>92395</u> Country: <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>lee@ice-manager.com</u> <small>Use this claim identifier for electronic payments in chapter 13 (if you use one)</small>	<b>Where should payments to the creditor be sent? (if different)</b> Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
<b>Where should notices to the creditor be sent?</b> Name: <u>Young Hee Lee DDS Inc</u> Address: <u>2211 Hesperia Rd. Ste C</u> City: <u>Victorville, CA</u> State: <u>92395</u> Country: <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>lee@ice-manager.com</u> <small>Use this claim identifier for electronic payments in chapter 13 (if you use one)</small>	<b>Where should payments to the creditor be sent? (if different)</b> Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____				
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: ____/____/____				
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____				

Official Form 410

Proof of Claim  
page 1

220238424040200000000008



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

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIO#

7. How much is the claim? \$ 450.00 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.  
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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (A)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(1)(F).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/1/05 and every 3 years after that for rates begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(5)?

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5002(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when completing the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature: [Signature]

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

Name: Yong Hee Lee

Title: Debtist

Company: Yong Hee Lee ODS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA State: 92395 ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact phone: 760-243-4366 Email: lee.office.manager@gmail.com

RECEIVED  
APR 02 2024  
VICTORVILLE CLERK OF COURT

Official Form 410

Proof of Claim  
Page 3

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### ADA Dental Claim Form

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Prior Authorization  
☐ EFSDT Title XIX

2. Predetermination/Prior Authorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
 Barrego Health Claims Processing Center  
 c/o KCC  
 833 N. Pacific Coast Hwy Ste 300  
 El Segundo Ca 90245

**OTHER COVERAGE**

4. Other Dental or Medical Coverage? ☒ No (Skip 5-11) ☐ Yes (Complete 5-11)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person Named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

	24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30. Description	31. Fee
1	11/23/2020		JP	13		D2751	crown - porcelain fused to predominantly base meta	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								
5								
6								
7								
8								
9								
10								

**MISSING TEETH INFORMATION**

32. (Place an 'X' on each missing tooth)

Permanent																Primary												32. Other Fee(s)
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	A	B	C	D	E	F	G	H	I	J			
3X																												
33. Total Fee																											400.00	

33. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/29/2024  
 Patient/Guardian signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024  
 Subscriber signature Date

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)

48. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822169868

52. Phone Number (760) 243 4366 53A. Additional Provider ID

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment  
☒ Provider's Office ☐ Hospital ☐ ECF ☐ Other

39. Number of Enclosures (00 to 99) (Prescription, Radiographs, Models)

40. Is Treatment for Orthodontics? ☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment Remaining ☒ No ☐ Yes (Complete 44)

43. Replacement of Prosthesis? ☒ No ☐ Yes (Complete 44)

44. Date Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from  
☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Yonghee Lee 03/29/2024  
 Signed (Treating Dentist) Date

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 56A. Provider Specialty Code 1223G0001X  
 12611 Hesperia Rd.  
 Victorville CA 923958307

57. Phone Number 760 243 4366 58. Additional Provider ID

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

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# EXHIBIT 9





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**Part 2** Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
710th

7. How much is the claim? \$ 305.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges received by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Example: 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. This 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (excluding alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,000* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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)?

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying who's signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the debtor, or the debtor, or their authorized agent. Bankruptcy Rule 3004.


☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/23/2024  
MM / DD / YYYY



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

Name	Title	Company	Address	City	State	ZIP Code	County	Contact Phone	Email
Wong	Debtist	Wong Hee Lee DDS Inc.	12411 Hespena Rd Ste C	Victorville	CA	92395		760-243-4366	hee.office.manager@gmail.com

Official Forms 410

Proof of Claim  
FD-509 3



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Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT 10

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 59 of 297

Claim #257 Date Filed: 4/2/2024

Your claim can be filed electronically on KGC's website at <https://kcc.kcals.net/fourmsouthwest>.

**Fill in this information to identify the case:**

Debit: Herndon Community Health Foundation  
 United States Bankruptcy Court for the Southern District of California  
 Case Number: 22-02384

**Official Form 410  
Proof of Claim**

04/23

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.

Debit must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Noma Lee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Check whether the creditor used each of the below</small>			
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____			
3. Where should notices and payments to the creditor be sent?	Where should notices to this creditor be sent? <u>Noma Lee Lee DDS Inc</u> <u>2411 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@noma.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) <b>RECEIVED</b> <b>APR 02 2024</b> KURTZMAN CHAPMAN CONSULTANTS	
4. Does this claim exceed one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: <u>          </u>			
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____			

Official Form 410

Proof of Claim  
page 1



220238424040200000000000

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 60  
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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TRIP#

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.  
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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/10/25 and every 3 years after that for cases reopened or after the date of adjustment.

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

☒ No

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

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

**Part 3. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(a).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004)

☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005)

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name: Ung Hee Lee  
First name Middle name Last name

Title: Debtist

Company: Ung Hee Lee DDS, Inc.  
Identify the corporate entity as the company if the authorized agent is a service.

Address: 12411 Hesperia Rd Ste C  
Number Street

Victorville, CA 92395  
City State ZIP Code

Contact phone: 760-243-4346 Email: Lee Office manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 255.00 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 received 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed): \_\_\_\_\_ %  
☐ Fixed ☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2



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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/05 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. § 502(b)(3)?

☒ No

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

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

**Part 2: 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(h)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3804.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name:	<u>Uling</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title:	<u>Debtist</u>		
Company:	<u>Uling Hee Lee DDS Inc.</u>		
	Specify the corporate function or the company if the authorized agent is a partner		
Address:	<u>12411 Hesperia Rd Ste C</u>		
	Number	Street	
	<u>Victorville, CA</u>		<u>92395</u>
	City	State	ZIP Code
	<u>760-243-4364</u>		County
	Email: <u>lee.office.manager@gmail.com</u>		

Official Form 410

Proof of Claim  
page 3

To reorder call 800.947.4743

# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 69  
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Claim #259 Date Filed: 4/2/2024

Your claim can be filed electronically on NCG's website at <https://ncgncourt.uscourts.gov/ncgncourt>

**Fill in this information to identify the case:**

Debit: Debit 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 357.

Fill in all the information about the claim as of the date the case was filed.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Young Hee Lee DDS Inc</u> <small>Name of the creditor (indicate the person or entity to be sent for the claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
<small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(p)</small>  <small>NOTICE TO CREDITORS</small>	<u>Young Hee Lee DDS Inc</u> <small>Name</small> <u>2601 Hesperia Rd. Ste C</u> <small>Address</small> <u>Victorville, CA 92395</u> <small>City State ZIP Code</small> <u>USA</u> <small>Country</small> <u>760-243-4366</u> <small>Contact phone</small> <u>leeoffice@manager.com</u> <small>Contact email</small>	<small>Name</small> <small>Number Street</small> <small>City State ZIP Code</small> <small>Country</small> <small>Contact phone</small> <small>Contact email</small>	
	<small>Use this claim identifier for electronic payments in Chapter 12 (if you wish and)</small>		
	4. Does this claim amend one already filed?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ AM / PM / YYYY		
	5. Do you know if anyone else has filed a proof of claim for this claim?		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of C  
page 1



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

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 10.00 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 subject 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.  
Name 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/05 and every 3 years after that for cases begun on or after the date of adjustment.

**13. Is all or part of the claim present to 11 U.S.C. § 541(c)(2)?**

☒ No

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

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

**Part 1 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5011(b)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature [Handwritten Signature]

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

Name: Ying Hee Lee  
First name Middle name Last name

Title: Debtist

Company: Ying Hee Lee DDS Inc.  
(Specify the corporate division or the company if the authorized agent is a service.)

Address: 12611 Hesperia Rd Ste C  
Number Street  
Victorville, CA 92395  
City State ZIP Code County

Contact phone: 760-243-4366 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 74  
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Claim #260 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kcc.com/efr/submitclaim>

Fill in this information to identify the case:

Debtor: Bonito 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing 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.

### Part 1. Identify the Claim

1. Who is the current creditor?	<u>Mona Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small> <small>Other (check the creditor last with the dollar sign)</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	<div> <p>Where should notices to the creditor be sent?</p> <p>Name: <u>Mona Hee Lee DDS Inc</u>            Address: <u>2411 Hesperia Rd Ste C</u>            City: <u>Victorville, CA</u> State: <u>CA</u> ZIP Code: <u>92395</u>            Country: <u>USA</u>            Contact phone: <u>760-243-4366</u>            Contact email: <u>LeeOfficeManager@gmail.com</u></p> </div> <div> <p>Where should payments to the creditor be sent? (if different)</p> <p>Name: _____            Address: _____            City: _____ State: _____ ZIP Code: _____            Country: _____            Contact phone: _____            Contact email: _____</p> </div>		
4. Does this claim amount one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



2202384240402000000000013

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

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes: Last 4 digits of the debtor's account or any number you use to identify the debtor: TECH 9868

7. How much is the claim? \$ 1270.00  
 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 lent, 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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ Yes

☐ No. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$1,350* of deposits toward purchases, leases, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for linked sequences or after the date of adjustment.

12. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No.

☐ Yes. Include the amount of your claim arising from the value of any goods received by the debtor within 28 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 II. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 501(b)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other co-obligor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that this information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature: [Signature]

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

Name: Yong Hee Lee

First name: Yong Middle name: Hee Last name: Lee

Title: dentist

Company: Yong Hee Lee DDS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395 Country:

Contact phone: 760-243-4346 Email: lee.office.manager@gmail.com

RECEIVED  
APR 02 2024  
CLERK OF DISTRICT COURT

DR-001 Form 415

Proof of Claim  
page 3



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Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 79 of 297 Claim #261 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccourt.com/forcreditor.html>.

**Fill in this information to identify the case:**

Debtor: Global Community Health Enterprises

Court: United States Bankruptcy Court for the Southern District of California

Case number: 22-02384

## Official Form 410 Proof of Claim

04/23

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)(5), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Fillers 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 357.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor? Noma Hee Lee DDS Inc.  
Name of the creditor (the person or entity to be paid by this claim)  
Other names the creditor used with the debtor

2. Has this claim been assigned 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?  
Noma Hee Lee DDS Inc.  
Name  
2411 Hesperia Rd. Ste C  
Address  
Victorville, CA 92395  
City State ZIP Code  
USA  
Country  
Contact person 714-243-4366  
Contact phone  
Lee.H@icemanager.com  
Contact email  
Uniform claim identifier (an electronic equivalent to chapter 11, if you use one)

Where should payments to the creditor be sent? (if different)  
Name  
Address  
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 on: 4/2/2024

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. 80  
of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6.	Did you have any number you use to identify the debtor? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>TIOH</u>	
7.	How much is the claim? \$ <u>0.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 501(c)(2)(A).
8.	What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Dental</u>	
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Actual interest rate (what rate you filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____	
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

Official Form 410

Proof of Claim  
page 2

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 81 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 priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,300* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/08 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)?

☒ No

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

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

**Part 3. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 901(b).

If you file this claim electronically, FRBP 9005(a)(2) authorizes you to instruct local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,300, imprisoned for up to 5 years, or both. 11 U.S.C. §§ 152, 157, and 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when completing the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature [Signature]

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

Name Yong Hee Lee

Title dentist

Company Yong Hee Lee DDS Inc.

Address 12411 Hespena Rd Ste C

City Victorville, CA ZIP Code 92391 County S

Contact phone 760-243-4366 Email lee.office.manager@gmail.com

APR 02 2024

Official Form 410 Proof of Claim page 3



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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 84 of 297

Claim #262 Date Filed: 4/2/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccs.net/BankruptcyHealth>

**Fill in this information to identify the case:**

Debtor: Bonanza Community Health Foundation  
 United States Bankruptcy Court for the Southern District of California  
 Case number: 22-02384

**Official Form 410  
 Proof of Claim**

04/23

Read the instructions before filing 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of working 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. §§ 1592, 1593, and 3571.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Ming Hee Lee DDS Inc</u> <small>Name of the creditor (the person or entity to be paid for this claim)</small>		
	<small>Other names the creditor used with this debtor:</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	<div> <div> <p><b>Where should notices to the creditor be sent?</b></p> <p><u>Ming Hee Lee DDS Inc</u>  <u>2201 Hesperia Rd. Ste C</u>  <u>Victorville, CA 92395</u>  <u>USA</u></p> <p>Country: _____                      Contact phone: <u>760-243-4366</u>                      Contact email: <u>leeoffice@managerle@gmail.com</u></p> <p><small>Uniform claim identifier for electronic payments in chapter 12 (if you use one):</small></p> </div> <div> <p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>Name: _____                      Address: _____                      City: _____ State: _____ ZIP Code: _____                      Country: _____                      Contact phone: _____                      Contact email: _____</p> </div> </div>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
 page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes: Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TD Bank

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 301(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 recorded copies of any documents supporting the claim required by Bankruptcy Rule 301(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 recorded copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 86 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 priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (excluding alimony and child support under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)).	\$ _____
<input type="checkbox"/> Up to \$8,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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. § 502(b)(8)?

☒ No.

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

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

**Part 1 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5006(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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004).

☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005).

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that, when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name: Wong Hee Lee

First name Middle name Last name

Title: dentist

Company: Wong Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA State: 92395 ZIP Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact phone: 760-243-4366 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 89 of 297

Claim #263 Date Filed: 4/2/2024

Your claim can be filed electronically on WCC's website at <https://www.wccdc.com/submitclaim/>.

Fill in this information to identify the case:

Debtor: Winn-Her Lee DDS Inc.  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-07298

## Official Form 410 Proof of Claim

64723

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.

Files must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 367.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Winn-Her Lee DDS Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor used with the debtor</small>	
2. Has this claim been assigned from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Winn-Her Lee DDS Inc.</u> <u>2411 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>Two-243-4366</u> Contact email: <u>leeoffice@manageria.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
<small>Use your claims identifier for electronic payments in question 13 (if you use one).</small>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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. 90 of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

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(d).  
 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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when cash was lent) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$1,200* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4)	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/1/05 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)?

☒ No

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

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

**Part 2: 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 prescribe 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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/29/2024

[Signature]

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

Name: Ying Hee Lee

Title: Dentist

Company: Ying Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 417

Proof of Claim  
page 3

Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 94  
of 297

Claim #264 Date Filed: 4/2/2024

Your claim can be filed electronically on KCED's website at <https://kced.kcedc.net/filing/index.html>.

## Fill in the information to identify the case:

Debit: Wong Hec Lee DDS Inc.  
United States Bankruptcy Court in 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)(1), 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 157, 159, and 357.

Fill in all the information about the claim as of the date the case was filed.

## Part 1 Identify the Claim

1. Who is the current creditor?	<u>Wong Hec Lee DDS Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2003(g)	Name <u>Wong Hec Lee DDS Inc.</u> Address <u>12411 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> City <u>U.S.A.</u> State <u>CA</u> ZIP Code <u>92395</u> Country <u>U.S.A.</u> Contact phone <u>760-243-4366</u> Contact email <u>lee@hecmanager@gmail.com</u>	Name _____ Address _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>Mar 7 2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page

220238424040200000000011

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 About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 560.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 301(c).

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 301(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 item 7.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Actual 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

Proof of Claim  
page 2

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 11 U.S.C. § 507(a)?

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4)	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 5 years after that by order 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)?

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 501(b).

If you file this claim electronically, FRBP 502(b)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3025.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024  
MM / DD / YYYY



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

Name: Ming Hee Lee  
First name Middle name Last name

Title: dentist

Company: Ming Hee Lee DDS Inc.  
Is/are the signatory/signatories at the company? If the authorized agent is a service.

Address: 12411 Hespena Rd Ste C  
Number Street

City: Victorville, CA ZIP Code: 92391 Country: USA

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

APR 02 2024

Official Court 410

Proof of Claim  
page 3



Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 99  
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Claim #265 Date Filed: 4/3/2024

Your claim can be filed electronically on FCC's website at <https://fscs.fcc.gov/etd/submitclaim>.

**Fill in this information to identify the case:**

Debtor: Boysen 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 1592, 1597, and 3571.  
Fill in all the information about the claim as of the date the case was filed.

**Part 1. Identify the Claim:**

1. Who is the current creditor?	<u>Monia Hee Lee DDS Inc.</u> <small>Name of the creditor (enter the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Monia Hee Lee DDS Inc.</u> <u>2611 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@manageria@gmail.com</u> Uniform claim number for electronic payments in chapter 12 of this case:	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number in court claims registry (if known): _____ Filed on: _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



220230424040360000000000

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**Part 2** Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 100.00 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 included 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 included 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 item 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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of 297

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 2 years after that for claims begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 502(b)(9)?

☒ No

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

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

**Part 1. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file the claim electronically, FRBP 3005(a)(2) requires 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, 167, and 357.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature

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

Name: Wong Hee Lee

First name Middle name Last name

Title: Dentist

Company: Wong Hee Lee DDS Inc.

Specify for corporate service on the company if the authorized agent is a service:

Address: 12411 Hesperian Rd Ste C

Number Street

City: Victorville, CA State: 92391 ZIP Code: Country:

Correct phone: 760-243-4364 Email: lee.office.manager@gmail.com

RECEIVED  
APR 03 2024  
KURTZMAN CARSON CONSULTANTS

(2) Fed. Form 411

Proof of Claim  
page 3



Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 104  
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Claim #266 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccdc.net/Forms/submit>.

**Fill in this information to identify the case:**

Debtor: Common Community Health Enterprise

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. § 563(b)(2), 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of existing 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.

**Part 1: Identify the Claim**

1. Who is the current creditor? Nong Hee Lee DDS Inc  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor: \_\_\_\_\_

2. Has this claim been acquired from someone else?  
☒ No  
☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?  
Where should notices to the creditor be sent?  
Nong Hee Lee DDS Inc  
2611 Hesperia Rd. Ste C  
Victorville, CA 92395  
USA  
City State ZIP Code  
Country: USA  
Contact phone: 760-243-4366  
Contact email: LeeOfficeManager@gmail.com  
Where should payments to the creditor be sent? (if different)  
Name: \_\_\_\_\_  
Number: \_\_\_\_\_ Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Country: \_\_\_\_\_  
Contact phone: \_\_\_\_\_  
Contact email: \_\_\_\_\_  
Uniform Claim Identifier for electronic payment in chapter 13 (if you use it): \_\_\_\_\_

4. Does this claim arise out of a contract 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? \_\_\_\_\_

KUREZIAN CARSON CONSULTANTS

Official Form 410

Proof of Claim  
Page 1



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of 297

**Part 2: Give information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TED

7. How much is the claim? \$ 300.00 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.  
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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed): \_\_\_\_\_  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025



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

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

☒ **No**

☐ **Yes. Check all that apply:**

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,050* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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)?**

☒ **No**

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. (FRBP 3011(b)).

If you file this claim electronically, FRBP 5005(n)(2) authorizes courts to establish local rules specifying when a signature is required.

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 1571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004).
- ☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005).

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

  
Signature

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

Name: Vong Hee Lee  
First name Middle name Last name

Title: Dentist

Company: Vong Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395 Country: USA

Overhead phone: 760-243-4364 Email: lee.office.manager@gmail.com

**RECEIVED**

APR 03 2024

KURTZMAN CARSON CONSULTANTS

Official Form 106

Proof of Claim  
page 3

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 109  
of 297

Claim #267 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://www.kcc.org/submitclaim>.

**File in this information to identify the case:**

Debit: Business Development Month Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-02384

**Official Form 410  
Proof of Claim**

04/23

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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of banking 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.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Young Hee Lee DDS Inc</u> <small>Name of the creditor (debtor's creditor to settle or be paid for the claim)</small>		
	<small>Other credit the creditor owes with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Bank of Bankruptcy Procedure (FRBP) 2007(g)	Name <u>Young Hee Lee DDS Inc</u>	Name	
	Address <u>2411 Hesperia Rd. Ste C</u>	Address	
	City <u>Victorville, CA</u>	City	State ZIP Code
	State <u>CA</u>	State	ZIP Code
	Country <u>USA</u>	Country	
Contact phone <u>Two-243-4366</u>	Contact phone		
Contact email <u>leeoffice@manageria@gmail.com</u>	Contact email		
<small>Uniform claim identifier for electronic payments to chapter 13 of your case debt:</small>			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made this earlier filing? _____		

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page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>TIOT</u>
7.	How much is the claim?	\$ <u>255.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Dental</u>
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Name of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 6/1/25 and every 3 years after that for claims 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)?

☒ No

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

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

**Part 3 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 8011(h).

If you file this claim electronically, FRBP 5035(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other cosigner. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on date: 03/29/2024

[Signature]

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

Name:	<u>Young</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title:	<u>Dentist</u>		
Company:	<u>Young Hee Lee DDS Inc.</u>		
Specify the corporate position as the company if the authorized agent is a company.			
Address:	<u>12411 Hesperia Rd Ste C</u>		
	City	State	ZIP Code
	<u>Victorville, CA</u>	<u>92395</u>	
Contact phone:	<u>760-243-4364</u>		
	Email: <u>lee.office.manager@gmail.com</u>		

Official Form 410

Proof of Claim  
page 3

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# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 114  
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Claim #268 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://www.kccs.net/claimsportal/>.

Fill in this information to identify the case:

Debtor Northwest 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.

Debtors 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 357.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Monica Hee Lee DDS Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor used with the debtor:</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Monica Hee Lee DDS Inc.</u> <u>2401 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Country Contact phone: <u>760-243-4360</u> Contact email: <u>Lee@picmanagers@gmail.com</u> <small>Uniform claim identifier (in electronic payments in U.S.A. 11 (if not use one))</small>	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 represent one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>net</u> / <u>03</u> / <u>2024</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the notice filing? _____	

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 3205.00  
 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 301(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 replicated copies of any documents supporting the claim required by Bankruptcy Rule 301(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. This 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 replicated copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
 Value of property: \$ \_\_\_\_\_  
 Amount of the claim that is secured: \$ \_\_\_\_\_  
 Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,150* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use: 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier: 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units: 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan: 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on A01025 and every 2 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)?

☒ No.

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

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

Part 3. Sign Below

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5005(a)(2) authenticates courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3006.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024  
M / DD / YYYY

Signature

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

Name: Wong Hee Lee  
First name Middle name Last name

Title: Dentist

Company: Wong Hee Lee DDS Inc.  
Specify the corporate services at the Company if the authorized agent is a service.

Address: 12011 Hesperia Rd Ste C  
Mailing Street  
Victorville, CA 92395  
City State ZIP Code Country

Contact phone: 760-243-4366 Email: hee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 1



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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 119  
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Claim #269 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccs.net/claimsubmit>

**Fill in this information to identify the claim:**

Debtor: Sevens 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 367.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

1. Who is the current creditor? Wong Hee Lee DDS Inc.  
Name of the current creditor (If a person or entity to be paid for the 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?  
Wong Hee Lee DDS Inc.  
2611 Hesperia Rd. Ste C  
Victorville, CA 92395  
USA  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  
City State ZIP Code  
Country  
Contact phone: Two-243-4366  
Contact email: leedficemanager@gmail.com  
Where should payments to the creditor be sent? (if different)  
Name  
Number Street  
City State ZIP Code  
Country  
Contact phone  
Contact email  
Use claim identifier for electronic payments in chapter 13 if you use one's

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?

Official Form 410

Proof of Claim  
page 1



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**Part 2. Give Information About the Claim as of the Date the Case Was Filed.**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TID#

7. How much is the claim? \$ 305.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement showing interest, fees, expenses, or other charges permitted 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed): \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

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Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,150* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/2/23 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(c)(9)?

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9005(a)(2) authorizes courts to enforce local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature: [Signature]

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

Name: Wong Hee Lee

First name Middle name Last name

Title: Debtist

Company: Wong Hee Lee Dps Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville State: CA ZIP Code: 92391 Country: USA

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

**RECEIVED**  
APR 03 2024  
KURTZMAN CARSON CONSULTANTS

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Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 124  
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Claim #270 Date Filed: 4/3/2024

This claim can be filed electronically on KDC's website at <https://kdc.kdcscourt.com/claim/>.

Fill in this information to identify the case:

Debit: Donor 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.

Debit must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3671.

Fill in all the information about the claim as of the date the case was filed.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Monk Hee Lee DDS Inc</u> <small>(Name of the current creditor (the person or entity to be paid for this claim))</small> Other names the creditor uses with the debtor: _____		
2. Has this claim been assigned from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Name: <u>Monk Hee Lee DDS Inc</u> Address: <u>2211 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> City: <u>USA</u> State: _____ ZIP Code: _____ Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>lee@ice-manager.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____	
RECEIVED APR 03 2024 KURTZWAN GIBSON CONSULTANTS			
4. Does this claim exceed one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>4/3/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

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Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

5. 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 can to identify the debtor: 9868  
1104

7. How much is the claim? \$ 100.00 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).

6. 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 3011(f).  
Line disclosing information that is entitled to privacy, such as health care information.  
Dental

8. 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2



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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that or cases begun (or after the date of adjustment).

13. Is all or part of the claim purchased to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Include 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 each claim.

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

Part 3 Sign Below

The person completing this proof of claim must sign and date it. FIRM § 901 (b).

If you file this claim electronically, FIRM § 903(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

\_\_\_\_\_  
Signature

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

First Name: Ying Middle Name: Hee Last Name: Lee

Title: Debtist

Company: Ying Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA State: 92395 ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Contact phone: 760-243-4366 Email: lee.office.manager@gmail.com

KURTZMAN CURSOR CONSULTANTS

Official Form 410

Proof of Claim  
Page 1

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# EXHIBIT 4

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Claim #271 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://cases.kcc.com/submitclaim.html>.

**Fill in this information to identify the case:**

Debtor: Monong Company Health Insurance  
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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing 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 1571.  
Fill in all the information about the claim as of the date the case was filed.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Monong Hee Lee DDS Inc</u> <small>Name of the debtor (the person or entity to be paid for the claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(b)	Name	Name	
	Address	Address	
	City	City	State ZIP Code
	Country	Country	Contact phone
	Contact email	Contact email	Contact email
<b>RECEIVED</b> <b>APR 03 2024</b> <b>KURTZMAN CARSON CONSULTANTS</b>	<u>Monong Hee Lee DDS Inc</u> <u>2201 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <u>760-243-4360</u> <u>leeoffice@monongheeleedental.com</u>	<u>760-243-4360</u> <u>leeoffice@monongheeleedental.com</u>	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



220238424040300000000038



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**Part 2** Give Information About the Claim as of the Date the Case Was Filed.

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TID#

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 3031(b)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money lent, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3031(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: \_\_\_\_\_  
Items for perfection:  
(Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchases, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4)	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other: Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 10/1/25 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. § 505(b)(9)?

☒ No

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

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

## Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 2011(c).

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 357.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature

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

Name: Wing Hee Lee  
First name Middle name Last name

Title: Debtist

Company: Wing Hee Lee ODS Inc.  
(Specify the corporate position as the creditor. If the authorized agent is a service)

Address: 12411 Hesperia Rd Ste C  
Number Street City State ZIP Code Country

City: Victorville, CA State: 92391 ZIP Code: 92391 Country: USA

Contact (e-mail): 760-243-4364 Email: lee.office.manager@gmail.com

RECEIVED  
APR 03 2024  
KURTZMAN CARSON CONSULTANTS

Official Form 410

Proof of Claim  
page 3

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ADA American Dental Association Dental Claim Form 97

## HEADER INFORMATION

Type of Transaction (Mark all applicable boxes)  
☒ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ FST- Tale XIX  
Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

Insurance Plan Name, Address, City, State, Zip Code  
Borrego Health Claims Processing Center  
C/O KCC  
222 N. Pacific Coast Hwy Ste 300  
El Segundo CA 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
9. Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Teeth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/19/2020	20	JF			D4341		1	UL periodontal scaling and root planin	250.00
11/19/2020	30	JF			D4341		1	LL periodontal scaling and root planin	250.00
11/19/2020		JF			D1999		1	Personal Protective Equipment	5.00

33. Missing Teeth Information (Place an "X" on each missing tooth.)  
1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X 9 10 11 12 X 13 14 15 X 16 X  
34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)  
34a. Diagnosis Code(s) A C  
34b. (Primary diagnosis in "A") B D  
35. Other Fee(s)  
36. Total Fee 505.00

35. Remarks

## AUTHORIZATIONS

37. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/29/2024  
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024  
Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

46. Name, Address, City, State, Zip Code  
Yonghee Lee  
12811 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN 822169868

52. Phone Number 760 243 4366 52a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. IT=office, Z2=OP Hospital)  
(Use "Place of Service Codes" for Professional Claims)

40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

42. Months of Treatment Remaining ☒ No ☐ Yes (Complete 44)

43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)

45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Yonghee Lee 03/29/2024  
Supporting Treatment Dentist Date

54. NPI 1760858153 55. License Number 64834  
56. Provider Specialty Code 1223G0001X

58. Address, City, State, Zip Code  
12811 Hesperia Rd.  
Victorville CA 923958307

57. Phone Number 760 243 4366 58. Additional Provider ID

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To reorder call 800.947.4746

# EXHIBIT



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Claim #272 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <http://www.kccourt.com/submit>.

Fill in this information to identify the case.

Debtor: Shasta Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case Number: 22-02384

## Official Form 410 Proof of Claim

04/23

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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 3 years, or both. 18 U.S.C. §§ 152, 157, and 3671.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Wing Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	<div> <div> <p>Where should notices to the creditor be sent?</p> <p><u>Wing Hee Lee DDS Inc</u> <u>22011 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u></p> <p>Country _____</p> <p>Contact phone <u>Two-243-4366</u></p> <p>Contact email <u>lee@icemanagement.com</u></p> <p><small>Uniform claim number for electronic payments in Chapter 12 (if you use one)</small></p> </div> <div> <p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Country _____</p> <p>Contact phone _____</p> <p>Contact email _____</p> </div> </div>		
4. Does this claim exceed one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIO#

7. How much is the claim? \$ 585.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement showing 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 indicated 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 indicated copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement), or other document that shows the lien has been filed or recorded.)  
 Value of property: \$ \_\_\_\_\_  
 Amount of the claim that is secured: \$ \_\_\_\_\_  
 Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when case was filed): \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 2 years thereafter for cases begun on or after the date of adjustment.

**11. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?**

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 201.1(b).

If you file this claim electronically, FRBP 206.2(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 1591.

Check the appropriate box:


- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gives the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonably believed that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024



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

Name Yung Hee Lee

Title Dentist

Company Yung Hee Lee DDS Inc.

Address 12611 Hesperia Rd Ste C

City Victorville, CA State 92381 ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Contact phone: 760-243-4364 Email hee.lee@manager@gmail.com

RECEIVED

APR 03 2024

KURTZMAN CARSON CONSULTANTS

Official Form 410

Proof of Claim  
page 3



Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT

Signed by Judge Laura Stuart Taylor May 7, 2025

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

8. 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  
TI04

9. How much is the claim? \$ 5.00 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).

10. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrong/di death, or credit card. Attach recorded 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

11. 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 recorded copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, UCC 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 equal the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when last was fixed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for costs 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)?

☒ No.

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

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

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 1592, 1593, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature

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

RECEIVED

APR 03 2024

KURTZMAN CARSON CONSULTANTS

Name: Young Hee Lee

Title: dentist

Company: Young Hee Lee DDS, Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395

County: \_\_\_\_\_

Debtor name: 7140-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT



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**Part 2. Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TID#

7. How much is the claim? \$ 100.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 301(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money lent, lease, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 301(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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025



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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) 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)(6).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other: Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for money begun on or after the date of adjustment.

13. Is all or part of the claim preserved to 11 U.S.C. § 503(b)(9)?

☒ No

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

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

**Part 2. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this paper electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004).
- ☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005).

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024  
by [Signature]

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

Name: Yong Hee Lee  
First name: Yong Middle name: Hee Last name: Lee  
Title: Debtist  
Company: Yong Hee Lee DDS Inc.  
Address: 12611 Hesperia Rd Ste C  
Victorville, CA 92395  
City: Victorville State: CA ZIP Code: 92395 Country: USA  
Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

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81297

**ADA American Dental Association Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
☒ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☐ CASOT / Title XIX

2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
Corrego Health Claims Processing Center  
C/O KCC  
222 N. Pacific Coast Hwy Ste 300  
El Segundo CA 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)  
4. ☐ Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender: ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty	30. Description	31. Fee
11/19/2020		JF			D9430		1	office visit for observation (during regu	100.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)  
1 X 2 3 4 5 6 7 8 9 10 11 12 13 14 X 15 16  
17 X 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100  
34. Diagnosis Code List Qualifier ☐ (ICD-9 = B; ICD-10 = AB)  
34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_  
(Primary diagnosis in "A") B \_\_\_\_\_ D \_\_\_\_\_  
31a. Other Fee(s)  
32. Total Fee 100.00

35. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.  
X Signature on File 03/29/2024  
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.  
X Signature on File 03/29/2024  
Subscriber Signature Date

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment ☒ 11 (e.g. 11-office; 22-OP Hospital) 39. Enclosures (Y or N) ☐  
(Use "Place of Service Codes for Professional Claims")

40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/CCYY)

42. Months of Treatment Remaining ☒ No ☐ Yes (Complete 43-44)

43. Replacement of Prosthesis

44. Date of Prior Placement (MM/DD/CCYY)

45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI 1760858153 50. License Number 84834 51. SSN or TIN 822159868

52. Phone Number 760 243 4366 52a. Additional Provider ID

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  
X Yonghee Lee 03/29/2024  
Signature (Treating Dentist) Date  
54. NPI 1760858153 55. License Number 84834  
56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307  
56a. Provider Specialty Code  
57. Phone Number 760 243 4366 58. Additional Provider ID

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 149  
of 297

Claim #275 Date Filed: 4/3/2024

Your claim can be filed electronically on KCC's website at <https://www.kccdc.com/onlineclaim>

Fill in this information to identify the case:

Name: San Jose Community Health Foundation  
 United States District Court for the Southern District of California  
 Case number: 22-02384

## Official Form 410 Proof of Claim

04/25

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)(3), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Fillers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 357.

Fill in all the information about the claim as of the date the case was filed.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>			
	<small>Check to reveal the creditor used with too closely</small>			
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____			
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Noma Hee Lee DDS Inc.</u> <u>2411 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeofficemanager@gmail.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Number: _____ City: _____ State: _____ Zip Code: _____ Country: _____ Contact phone: _____ Contact email: _____	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Uniform claim number for electronic payments is stated on back of this form only	
4. Does this claim exceed one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____			

Official Form 410

Proof of Claim  
page 1



220238424040300000000034



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 800.00  
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.  
Dental

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
Name 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$15,150* of deposits toward purchase, lease, or rental of property for services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 401(c) and every 5 years after that the court begins on or after the date of adjustment.

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

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the whole 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 I Sign Below

The person completing this proof of claim must sign and date it. FRBP 5011(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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 05/28/2024

Signature: [Signature]

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

Name	First name	Middle name	Last name
Wong	Wong	Hee	Lee

Title: Dentist

Company: Wong Hee Lee DDS Inc.

Address: 12011 Hesperia Rd Ste C

City: Victorville, CA State: 92395 ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Comd phone: 760-243-4364 Email: lee.office.manager@gmail.com

KLUITZMAN CARSON CONSULTANTS

RECEIVED

APR 03 2024

Official Form 410

Proof of Claim  
page 3

Signed by Judge Laura Stuart Taylor May 7, 2025

# EXHIBIT



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Claim #276 Date Filed: 4/3/2024

Your claim can be filed electronically on KDC's website at <https://kdc.kdc.com/BarrettHedley>.

Fill in this information to identify the case:

Debtor Barrett Concrete Pump, Inc.  
United States Bankruptcy Court for the Southern District of California  
Case number 24-02384

## Official Form 410 Proof of Claim

04/22

Read the instructions before filing 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

### Part I. Identify the Claim

1. Who is the current creditor?	<u>Yong Hee Lee DDS Inc</u> <small>(Name of the current creditor (the person or entity to be paid for this claim))</small> <small>Other names for creditor used with the debtor</small>	
2. Has this claim been assigned from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Yong Hee Lee DDS Inc</u> <u>2211 Hesperia Rd Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <small>Federal Title of Bankruptcy Procedure (FRBP) 2023(a)</small> <small>City State ZIP Code</small> Country _____ Contact phone <u>760-243-4360</u> Contact email <u>lee@yheemanagers.com</u> <small>Use claim classifier for electronic payments in chapter 13 if you use one.</small>	Where should payments to the creditor be sent? (if different) Name _____ Address _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

5. 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? \$ 600.00  
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).

11. 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

12. 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,150* of deposits toward purchase, lease, or rental of property for consumer for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 40102S and every 5 years after that the issues begin on or after the date of adjustment.

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

☒ No

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

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

**Part 3 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9013(b).

If you file this claim electronically, FRBP 5020(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 \$200,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3034.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Dated on date 03/28/2024

Signature [Signature]

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

Name Yong Hee Lee

Title Debtist

Company Yong Hee Lee DDS Inc.

Address 12611 Hesperia Rd Ste C

City Victorville, CA State 92395

Local phone 760-243-4364 Email lee.office.manager@gmail.com

Official Form 610

Proof of Claim  
page 3



Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 159  
of 297

Claim #277 Date Filed: 4/4/2024

Your claim can be filed electronically on KDC's website at <https://kdc3.kdc.net/BankruptcyHealth>.

**Fill in only information to identify the case:**

Debtor: Hesperia 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 nursing 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.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Monia Hee Lee DDS Inc</u> <small>Name of the current creditor (the person to whom to be sent for the claim)</small>			
	<small>Other names the creditor used with the debtor</small>			
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____			
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Monia Hee Lee DDS Inc</u> <u>2611 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@moniaheeleedental.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____	Federal Rule of Bankruptcy Procedure (FRBP) 2003(g) RECEIVED APR 04 2024	
Uniform claims statement for electronic payments to creditor (if you use one)				
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: <u>MM / DD / YYYY</u>			
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____			

Official Form 410

Proof of Claim  
page 1



220238424040400000000003

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

**Part 2** Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes: List 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>7104</u>
7.	How much is the claim?	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes: Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3011(c)(2)(A).
8.	What is the basis of the claim? Example: 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 3011(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Dental</u>	
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes: The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> 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. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other: Describe: _____ Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when claim was filed): _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Amount necessary to cure any default as of the date of the petition: \$ _____	
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Identify the property: _____	

Official Form 410

Proof of Claim  
page 2

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 161 of 297

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,380 <sup>1</sup> of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150 <sup>1</sup> ) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years thereafter in accordance with the date of adjustment.

13. Is all or part of the claim purchased to 11 U.S.C. § 503(b)(3)?

☒ 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 by the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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

**Part 3 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5028(a)(2) authorizes courts to disregard 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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that this information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name	<u>Yong</u>	<u>Hee</u>	<u>Lee</u>
	First Name	Middle Name	Last Name
Title	<u>Dentist</u>		
Company	<u>Yong Hee Lee DDS Inc.</u>		
<small>Indicate the corporate service to the company if the authorized agent is a service.</small>			
Address	<u>12411 Hesperia Rd Ste C</u>		
	City	State	ZIP Code
	<u>Victorville, CA</u>	<u>92395</u>	
Cell phone	<u>760-243-4364</u>		
	<u>Lee Office Manager</u>		

ymail.com

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 164  
of 297

Claim #278 Date Filed: 4/4/2024

Your claim can be filed electronically on KCC's website at <http://kcc.kccs.net/RemotePath>.

Fill in this information to identify the case:

Debtor: Hesperia 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.

Debtors 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 357.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Monica Hee Lee DDS Inc</u> <small>Name of the current creditor (The person or entity to be paid for the claim)</small>	
	<small>Other means the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Monica Hee Lee DDS Inc</u> <u>2401 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone <u>760-243-4366</u> Contact email <u>leeoffice@monicaheele.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Address _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



2202384240400000000002

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of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TLO#

7. How much is the claim? \$ 150.00 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 reflected copies of any documents supporting the claim required by Bankruptcy Rule 3601(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 reflected copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amounts should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed): \_\_\_\_\_ %  
☐ Fixed  
☐ Variable  
APR 04 2026  
KIMBERLY A. CONNORS, CLERK

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

Proof of Claim  
page 2



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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 10/1/25 and every 5 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. § 507(b)(5)?

☒ No

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

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

## Part 3. Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5009(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature [Handwritten Signature]

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

Name Yong Hee Lee

Title Dentist

Company Yong Hee Lee DDS Inc.

Address 12611 Hesperia Rd Ste C

City Victorville, CA State 92391 ZIP Code 92391 Country USA

Phone 760-243-4364 Email lee.office.manager@gmail.com

Official Form 419

Proof of Claim  
page 3

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 167

**ADA American Dental Association Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ EPSDT - Title XIX  
2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
Barrogo Health Claims Processing Center  
c/o KOC  
202 N Pacific Coast Hwy Ste 300  
El Segundo, CA 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11, if none, leave blank)  
4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pumper	29b. Qty.	30. Description	31. Fee
11/17/2020		JF			D0120		1	periodic oral evaluation - established	150.00

32. Missing Teeth Information (Place an "X" on each missing tooth):  
1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X 9 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21 X 22 X 23 X 24 X 25 X 26 X 27 X 28 X 29 X 30 X 31 X 32 X  
34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)  
34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_  
(Primary diagnosis in "A") B \_\_\_\_\_ D \_\_\_\_\_  
32. Total Fee 150.00  
35. Remarks

**AUTHORIZATIONS**

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.  
X Signature on File 03/29/2024  
Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.  
X Signature on File 03/29/2024  
Subscriber Signature Date

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)  
40. Name, Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822189868  
52. Phone Number 760 243 4366 52a. Additional Provider ID  
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  
Yonghee Lee 03/29/2024  
X  
Signature (Treating Dentist) Date  
54. NPI 1760858153 55. License Number 64834  
56. Address, City, State, Zip Code 56a. Provider Specialty Code  
12611 Hesperia Rd. 1223G0001X  
Victorville CA 923958307  
57. Phone Number 760 243 4366 58. Additional Provider ID

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 169  
of 297

Claim #279 Date Filed: 4/4/2024

Your claim can be filed electronically on KCE's website at <http://kce.kcunet.com/claim>.

Fill in this information to identify the case:

Debit: Bank of America Business Checking  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-02384

## Official Form 410 Proof of Claim

04/23

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 earnings, 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.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor uses with the debtor</small>	
2. Has this claim been assigned from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<small>Federal Rule of Bankruptcy Procedure (FRBP) 2003(a)</small>	Name: <u>Noma Hee Lee DDS Inc</u>	Name: _____
	Address: <u>2611 Hesperia Rd Ste C</u>	Address: _____
	City: <u>Victorville, CA</u>	City: _____
	State: <u>CA</u>	State: _____
	ZIP Code: <u>92395</u>	ZIP Code: _____
	Country: <u>USA</u>	Country: _____
Contact phone: <u>760-243-4366</u>	Contact phone: _____	Contact email: _____
Contact email: <u>leeoffice@nomaheele.com</u>	Contact email: _____	Contact email: _____
<small>Uniform claim identifier for electronic payments to Chapter 13 filers only (see 11 U.S.C. § 1306)</small>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>04/01/2024</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of C  
page 1



220236424040400000000004



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

**Part 2 Give Information About the Claim as of the Date the Case Was Filed**

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Let's 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>7104</u>
7.	How much is the claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Does this amount include interest or other charges? \$ <u>255.00</u> Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3011(c)(2)(A).
8.	What is the basis of the claim?	<p>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 3011(c). List disclosing information that is entitled to privacy, such as health care information.</p> <p><u>Dental</u></p>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<p>The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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).</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual interest rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount necessary to cure any default as of the date of the petition: \$ _____
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Identify the property: _____

Official Form 410

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$1,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 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. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(6).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustments 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)?

☒ No

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

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

Part 2: Sign Below

The person completing this proof of claim must sign and date it. FHRP 9011(b).

If you file this claim electronically, FHRP 5010(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on date: 05/28/2024



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

Name: Yung Hee Lee

First name: Yung Middle name: Hee Last name: Lee

Title: Dentist

Company: Yung Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville State: CA Zip: 92391

County: S

Contact phone: 760-243-4364

Lee Office Manager

Official Form 410

Proof of Claim  
page 2

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# EXHIBIT



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Claim #280 Date Filed: 4/4/2024

Your claim can be filed electronically on RCC's website at <https://www.rcc.org/claims>.

Fill in this information to identify the case:

Debtor: Shelton 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000; imprisoned for up to 5 years; or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (11 Fed. 2002g)	Name: <u>Noma Hee Lee DDS Inc</u>	Name: _____	
	Address: <u>2411 Hesperia Rd Ste C</u>	Address: _____	
	City: <u>Victorville</u> State: <u>CA</u> ZIP Code: <u>92395</u>	City: _____ State: _____ ZIP Code: _____	
	Country: <u>USA</u>	Country: _____	
	Contact phone: <u>760-243-4366</u>	Contact phone: _____	
	Contact email: <u>Lee.D@icemanager@gmail.com</u>	Contact email: _____	
<small>Use the claims identifier for electronic payments in chapter 12 of your local form.</small>			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on: <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Part 2 Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 305.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 305.1(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 included 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 included copies of documents, if any, that show evidence of perfection of a security interest. (For example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025

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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchases, leases, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 2 years after that for costs 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)?**

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5009(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 1571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature

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

Name: Young Hee Lee  
First name Middle name Last name

Title: Dentist

Company: Young Hee Lee DDS Inc.  
Specify the corporate services as the company if the individual agent is a service.

Address: 12611 Hesperia Rd Ste C  
Number Street City State ZIP Code Country

City: Victorville, CA 92395

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

(Official Form 410)

Proof of Claim  
page 3



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# EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 179  
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Claim #281 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <http://theclerk.usdc-ca.org/courtweb/>.

Fill in this information to identify the case:

Title: Business Community Health Economy  
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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Mona Hee Lee DDS Inc</u> <small>(Name of the current creditor (the person or entity to be paid for this claim))</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____ <small>(Name of the creditor that sold this claim)</small>		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Mona Hee Lee DDS Inc</u> <u>2201 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>lee@firemanager.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____	Federal Rule of Bankruptcy Procedure (FRBP 2002(g)) RECEIVED APR 05 2024 UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: MM / DD / YYYY		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TL04

7. How much is the claim? \$ 255.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges incurred by Bankruptcy Rule 305.1(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 reduced copies of any documents supporting the claim required by Bankruptcy Rule 303.1(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 reduced copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,300* of deposits for rent of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(6).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for costs of inflation or after the date of adjustment.

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

☒ No

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

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

**Part 2 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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonably relied that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on date: 03/28/2024

[Signature]

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

Name	First name	Middle name	Last name
<u>Yong Hee Lee</u>	<u>Yong</u>	<u>Hee</u>	<u>Lee</u>

Title: Dentist

Company: Yong Hee Lee DDS, Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA State: 92391 ZIP code: \_\_\_\_\_ County: \_\_\_\_\_

Phone: 760-243-4364 Email: lee.office.manager@gmail.com

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Official Form 410

Proof of Claim  
page 3



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8797

ADA American Dental Association Dental Claim Form																																	
HEADER INFORMATION																																	
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input checked="" type="checkbox"/> EPODT/TRA XIX																																	
2. Predetermination/Preauthorization Number																																	
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION																																	
3. Company/Plan Name, Address, City, State, Zip Code Borrogo Health Claims Processing Center c/o KCC 222 N. Pacific Coast Hwy Ste 300 El Segundo, CA 90245																																	
OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)																																	
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)																																	
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)																																	
6. Date of Birth (MM/DD/CCYY) 7. Gender <input type="checkbox"/> M <input type="checkbox"/> F 8. Policyholder/Subscriber ID (SSN or ID#)																																	
9. Plan/Group Number 10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other																																	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																																	
RECORD OF SERVICES PROVIDED																																	
1	24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Printer	29b. Qty.	30. Description	31. Fee																							
1	11/13/2020		JF			D1999		1	Personal Protective Equipment	5.00																							
2	11/13/2020		JF	12	MO	D2392		1	resin-based composite - two surfaces,	250.00																							
3																																	
4																																	
5																																	
6																																	
7																																	
8																																	
9																																	
10																																	
11																																	
32. Missing Teeth Information (Place an "X" on each missing tooth.)																																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32		
				X																													
33. Diagnosis Code List Qualifier: <input type="checkbox"/> (ICD-9 = B; ICD-10 = AB)																																	
34a. Diagnosis Code(s) A _____ C _____																																	
34b. (Primary diagnosis in "A") B _____ D _____																																	
31a. Other Fee(s)																																	
32 Total Fee 255.00																																	
35. Remarks																																	
AUTHORIZATIONS																																	
36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to my use and disclosure of my protected health information to carry out payment activities in connection with this claim. Signature on File 03/29/2024 Patient/Guardian Signature Date																																	
37. I 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 03/29/2024 Subscriber Signature Date																																	
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)																																	
43. Name, Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 923958307																																	
44. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822169868																																	
52. Phone Number 760-243-4366 52a. Additional Provider ID																																	
ANCILLARY CLAIM/TREATMENT INFORMATION																																	
38. Place of Treatment <input checked="" type="checkbox"/> (e.g. 11=office; 22=OP Hospital) (Use "Place of Service Codes for Professional Claims")																																	
39. Enclosures (Y or N)																																	
40. Is Treatment for Orthodontics? <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)																																	
41. Date Appliance Placed (MM/DD/CCYY)																																	
42. Months of Treatment Remaining <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)																																	
43. Replacement of Prosthesis																																	
44. Date of Prior Placement (MM/DD/CCYY)																																	
45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																																	
46. Date of Accident (MM/DD/CCYY)																																	
47. Auto Accident State																																	
TREATING DENTIST AND TREATMENT LOCATION INFORMATION																																	
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. Yonghee Lee 03/29/2024 X Signed (Treating Dentist) Date																																	
54. NPI 1760858153 55. License Number 64834																																	
56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307																																	
57. Phone Number 760-243-4366 58. Additional Provider ID																																	

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 184  
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Claim #282 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://ccoc.kc.courts/claims/filing>.

Fill in this information to identify the case:

Debt: Debtors Community Health Foundation  
Credit: State of Missouri 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available explain in an attachment.

A person who files a fraudulent claim could be fined up to \$250,000, imprisoned for up to 5 years, or both: 18 U.S.C. §§ 152, 157, and 357i.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Noma Hee Lee DDS Inc</u> <u>2211 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@nomaheeleedds.com</u> <small>Uniform claim identifier for electronic payments is chapter 13 or 11 case no.</small>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known): _____ Filed on: <u>4/5/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes: Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIOL

7. How much is the claim? 1955.00  
Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 301.2(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 301.2(a)).  
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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

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Proof of Claim  
page 2

Signed by Judge Laura Stuart Taylor May 7, 2025



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

☒ No

☐ Yes. Check all that apply:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other: Specify subsection of 11 U.S.C. § 507(a)( ) that applies: _____	\$ _____

\* Amounts are subject to adjustment in § 507(c), and only 2 years after that for claims begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(c)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the estate 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 2: Sign Below

The person completing this proof of claim must sign and date it. FRBP 301.1(b).

If you file this claim electronically, FRBP 301.1(c)(2) requires you 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 357.

Check the appropriate box:

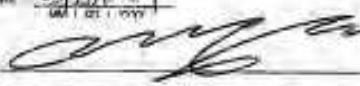
- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other creditor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of this 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 cause to believe the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024



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

Name Yung Hee Lee

Title Debitist

Company Yung Hee Lee DDS Inc.

Address 12611 Hesperia Rd Ste C

City Victorville, CA

State 92395

County San Diego

Phone 760-243-4366

Email lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 2

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# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 189  
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Claim #283 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://www.kcc.com/Forms/submit.htm>

**Fill in the information to identify the case:**

Credit: Beijing Chemical Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 23-02384

**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. § 506(c)(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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3671.

Fill in all the information about the claim as of the date the case was filed.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Wong Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small> <small>Check names the creditor uses with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	<p>Where should notices to the creditor be sent?</p> <p><u>Wong Hee Lee DDS Inc</u> <u>2211 Hesperia Rd Ste C</u> <u>Victorville, CA 92345</u> <u>USA</u></p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(a) <b>RECEIVED</b> <b>APR 05 2024</b></p> <p>Contact phone: <u>760-243-4366</u> Contact email: <u>leeofficemanager@gmail.com</u></p> <p>Where should payments to the creditor be sent? (if different)</p> <p>Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____</p>	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



220238424040500000000013



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes: Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 3000.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3011(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, items, services performed, personal injury or wrongful death, or credit card.  
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3011(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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 5 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)?

☒ No

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

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

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 357t.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent, Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor, Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in the Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature 

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

Name:	<u>Yung</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title:	<u>Dentist</u>		
Company:	<u>Yung Hee Lee DDS Inc.</u>		
(Signify the corporate division or the company if the authorized agent is a servant)			
Address:	<u>12411 Hesperia Rd Ste C</u>		
	Number	Street	
City:	<u>Victorville, CA</u>		<u>92391</u>
	City	State	ZIP Code
Country:	<u>USA</u>		
Contact phone:	<u>760-243-4366</u>		
	Email <u>Lee Office manager@gmail.com</u>		

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Proof of Claim  
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05/07/25

## ADA American Dental Association Dental Claim Form

## HEADER INFORMATION

Type of Transaction (Mark all applicable boxes)

☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ EXPEDIT - Title XIX

2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

Correbo Health Claims Processing Center  
c/o KCC  
322 N. Pacific Coast Hwy Ste 300  
El Segundo, CA 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY)

7. Gender

☐ M ☐ F

8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number

10. Patient's Relationship to Person named in #5

☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/06/2020		JF	18		D2751		1	crown - porcelain fused to predomina	1500.00
11/09/2020		JF	19		D2751		1	crown - porcelain fused to predomina	1500.00

33. Missing Teeth Information (Place an "X" on each missing tooth.)

34. Diagnosis Code List Qualifier: ☐ (ICD-9 = B; ICD-10 = AB)  
34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_  
34b. Primary diagnosis in "A" B \_\_\_\_\_ D \_\_\_\_\_

35. Remarks

## AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

X Signature on File 03/29/2024

Patient Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024

Subscriber Signature Date

BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

46. Name, Address, City, State, Zip Code

Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI

1760858153

50. License Number

64834

51. SSN or TIN

822169868

52a. Additional Provider ID

760 243 4366

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment ☒ (e.g. I=office; 22=O/P Hospital)  
(Use "Place of Service Codes for Professional Claims")

39. Enclosures (Y or N)

40. Is Treatment for Orthodontics?

☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment Remaining

43. Replacement of Prosthesis

☒ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from

☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY)

47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

X Yonghee Lee 03/29/2024

Signed (Treating Dentist)

34. NPI

1760858153

55. License Number

64834

56. Address, City, State, Zip Code

12611 Hesperia Rd.  
Victorville CA 923958307

57. Phone Number

760 243 4366

58. Additional Provider ID

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To reorder call 800.947.4746

# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 194  
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Claim #284 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccdcps.com/submitclaim>.

Fill in this information to identify the case:

Debtor: Winnipeg 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. § 902(a)(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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3671.

Fill in all the information about the claim as of the date the case was filed.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Winnipeg Health DDS Inc.</u> <small>Name of the creditor or the person or entity to be paid for this claim</small>				
	<small>Other names the creditor used with the debtor</small>				
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____				
3. Where should notices and payments to the creditor be sent?	<table border="0"> <tr> <td> <b>Where should notices to the creditor be sent?</b>  <u>Winnipeg Health DDS Inc.</u>            Name: <u>2011 Hesperia Rd. Ste C</u>            Number: <u>Victorville, CA 92395</u>            City: <u>USA</u>            State: _____ ZIP Code: _____            Country: _____            Contact phone: <u>760-243-4366</u>            Contact email: <u>ledoffice@manager@gmail.com</u> </td> <td> <b>Where should payments to the creditor be sent? (if different)</b>            Name: _____            Number: _____ Street: _____            City: _____ State: _____ ZIP Code: _____            Country: _____            Contact phone: _____            Contact email: _____         </td> </tr> </table>			<b>Where should notices to the creditor be sent?</b> <u>Winnipeg Health DDS Inc.</u> Name: <u>2011 Hesperia Rd. Ste C</u> Number: <u>Victorville, CA 92395</u> City: <u>USA</u> State: _____ ZIP Code: _____ Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>ledoffice@manager@gmail.com</u>	<b>Where should payments to the creditor be sent? (if different)</b> Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
<b>Where should notices to the creditor be sent?</b> <u>Winnipeg Health DDS Inc.</u> Name: <u>2011 Hesperia Rd. Ste C</u> Number: <u>Victorville, CA 92395</u> City: <u>USA</u> State: _____ ZIP Code: _____ Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>ledoffice@manager@gmail.com</u>	<b>Where should payments to the creditor be sent? (if different)</b> Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____				
<small>Uniform claim identifier for electronic payments in Chapter 13 (see case law)</small>					
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>				
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____				

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIP#

7. How much is the claim? \$ 305.00  
 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(a)(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.  
 Name 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 equal the amount in line 7.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
<input type="checkbox"/> Up to \$9,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies:	\$

\* Amounts are subject to adjustment on 4/1/23 and every 3 years after that for claims begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(c)(9)?

☒ No

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

\$

Part 2: 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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other obligor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature: [Handwritten Signature]

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

Name: Young, Hee, Lee

Title: Dentist

Company: Young Hee Lee DDS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA 92395

State: CA

ZIP Code: 92395

County: [Blank]

Contact phone: 760-243-4364

Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT

Signed by Judge Laura Stuart Taylor May 7, 2025

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 145.00 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 related 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 related copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when claim 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$16,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for cases begun on or after the date of adjustment.

12. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

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

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

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have submitted the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024  
MM / DD / YYYY

Signature

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

Name Yong Hee Lee  
First name Middle name Last name

Title owner

Company Yong Hee Lee DDS Inc.  
Specify the corporate service as the company if the authorized agent is a service

Address 12611 Hesperia Rd Ste C  
Number Street

City Victorville, CA State 92395  
City State ZIP Code

Contact phone 760-243-4364 Email lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 204  
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Claim #286 Date Filed: 4/5/2024

Your claim can be filed electronically on RCC's website at <https://rcc.courtclerk.net/CaseWebEntry>.

Fill in this information to identify the case:

Debtor: Reverend Community Health Education  
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.

Fillers must leave out or redact information that is entitled in privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$200,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 357.

Fill in all the information about the claim as of the date the case was filed.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Mona Hee Lee DDS Inc</u> Name of the current creditor (the person or entity to be paid for this claim) Other named the creditor used with the debtor		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: From whom?		
3. Where should notices and payments to the creditor be sent?	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(a) RECEIVED APR 05 2024 CUSTOMER SERVICE CONSULTANTS	Name <u>Mona Hee Lee DDS Inc</u>	Name	
	Address <u>2211 Hesperia Rd. Ste C</u>	Address	
	City <u>Victorville, CA</u>	City	State
	State <u>CA</u>	State	ZIP Code
	Country <u>USA</u>	Country	ZIP Code
Contact phone <u>760-293-4366</u>	Contact phone	Contact phone	
Contact email <u>leeoffice@monalee.com</u>	Contact email	Contact email	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Claim number on court claims registry (if known) Filed on: <u>4/5/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: Who made this earlier filing?		

Official Form 410

Proof of Claim  
page 1



220238424040500000000016

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 3010.00  
Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges incurred by Bankruptcy Rule 3011(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 undated copies of any documents supporting the claim required by Bankruptcy Rule 3011(c).  
(omit 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 undated copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed): \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2



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

☒ No

☐ Yes. Check all that apply:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority
<input type="checkbox"/> Up to \$2,550* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment in 40/025 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. § 603(b)(5)?

☒ No

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

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

**Part 3. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(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 357.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024



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

Name Ming Hee Lee

Title dentist

Company Ming Hee Lee DDS Inc.

Address 12411 Hesperia Rd Ste C

City Victorville, CA State 92395

Day 760-243-4364 Fax \_\_\_\_\_ ZIP Code \_\_\_\_\_ County \_\_\_\_\_

Other Lee Office manager@gmail.com

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**ADA American Dental Association Dental Claim Form**

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ E-SET - The XDS

2. Predetermination/Preauthorization Number

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company/Plan Name, Address, City, State, Zip Code  
Bonterra Health Claims Processing Center  
c/o KCC  
222 N. Pacific Coast Hwy Ste 300  
El Segundo CA 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)

4. (a) Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Either Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/10/2020		JF			D1999	1		Personal Protective Equipment	5.00
11/17/2020		JF			D1999	1		Personal Protective Equipment	5.00
10/27/2020		JF	19		D3330	1		Endodontic therapy, molar tooth (exclu	1200.00
11/10/2020		JF	19		D3300	1		Finishing Root Canal	300.00
11/17/2020		JF	19		D2751	1		Crown - porcelain fused to predomina	1500.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)

2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

33. Diagnosis Code List Qualifier ☐ (ICD-9 = B, ICD-10 = AB)

34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_

34b. Primary diagnosis in "A" B \_\_\_\_\_ D \_\_\_\_\_

35. Other Fee(s)

36. Total Fee 3010.00

37. Remarks

**AUTHORIZATIONS**

40. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with me plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my provided health information to carry out payment activities in connection with this claim.

X Signature on File 03/29/2024

Patient/Guardian Signature Date

41. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

X Signature on File 03/29/2024

Subscriber Signature Date

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

42. Entity Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

43. NPI 1760858153 44. License Number 64834 45. State for Billing 822189868

46. Phone Number 760 243 4366 47. Additional Provider ID

**ANCILLARY CLAIM/TREATMENT INFORMATION**

38. Place of Treatment ☒ Office (e.g. 11-Office, 22-OP Hospital) 39. Enclosures (Y or N)

40. Is Treatment for Orthodontics? ☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment Remaining 43. Replacement of Prosthesis ☒ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024

X Signature (Treating Dentist) 64834

54. NPI 1760858153 55. License Number 122360004X

56. Address, City, State, Zip Code 57. Phone Number 58. Additional Provider ID

12611 Hesperia Rd. Victorville CA 923958307

760 243 4366

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# EXHIBIT 4





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of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIOL

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).  
List 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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of 297

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 10/25 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)?

☒ No.

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

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

**Part 2. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9009(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 357.

Check the appropriate box:

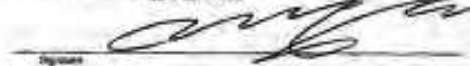
- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024



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

Name: Ming Hee Lee

Title: Debtist

Company: Ming Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA

State: 92395

Country: USA

Contact phone: 760-243-4364

Email: lee.office.manager@gmail.com

RECEIVED

APR 15 2024

UNITED STATES BANKRUPTCY COURT

Official Form 410

Proof of Claim  
page 3

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# EXHIBIT 4



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 214  
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Claim #288 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://kccs.kccs.net/claimsportal>.

FBI is this information to identify the case.

Date: 04/05/2024  
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)(6), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Debtors 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.

### Part 3: Identify the Claim

1. Who is the current creditor?	<u>Nona Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name	
	Address	Address	
	City	City	State ZIP Code
	Country	Country	Contact phone
	Contact email	Contact email	
	<u>Nona Hee Lee DDS Inc</u> <u>2201 Hesperia Rd Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <u>714-243-4366</u> <u>leeoffice@manageria.com</u>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>4/5/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



220238424040500000000019

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TL04

7. How much is the claim? \$ 1655.00  
 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 (include) 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 (include) copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
 Value of property: \$ \_\_\_\_\_  
 Amount of the claim that is secured: \$ \_\_\_\_\_  
 Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when cash was paid): \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 1 year thereafter 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)?

☒ No

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

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

**Part 2. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 201(b).

If you file this claim electronically, FRBP 201(a)(2) authorizes courts to attach 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 357f.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004).
- ☐ I am a guarantor, surety, indorser, or other codebtor. (Bankruptcy Rule 3005).

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signed on date: 03/28/2024

Signature

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

Name: Yong Hee Lee

First name: Yong Middle name: Hee Last name: Lee

Title: Dentist

Company: Yong Hee Lee DDS, Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92395

State: CA Country: USA

Contact phone: 760-243-4366

Email: lee.office.manager@gmail.com

APR 05 2024

Official Form 410

Proof of Claim  
page 3



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### ADA American Dental Association Dental Claim Form

#### HEADER INFORMATION

Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
☒ EPSDT Title XIX

Predetermination/Preauthorization Number

#### INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

Company/Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center c/o Kcc  
 222 N. Pacific Coast Hwy., Ste 300  
 El Segundo, CA 90245

#### OTHER COVERS (Mark applicable box and complete items 5-11. If none, leave blank)

1. Dental? ☐ Medical? ☐ If both, complete 5-11 for dental only:  
 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
 6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
 9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

#### POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 13. Date of Birth (MM/DD/CCYY) 14. Gender ☐ M ☒ F 15. Policyholder/Subscriber ID (SSN or ID#)  
 16. Plan/Group Number 17. Employer Name

#### PATIENT INFORMATION

18. Relationship to Policyholder/Subscriber in #12 Above  
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other 19. Reserved For Future Use  
 20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
 21. Date of Birth (MM/DD/CCYY) 22. Gender ☐ M ☒ F 23. Patient ID/Account # (Assigned by Dentist)

#### RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Cavity	26. Teeth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/10/2020		JF			D0120		1	periodic oral evaluation - established	150.00
11/16/2020		JF			D4910		1	periodontal maintenance	300.00
11/16/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/30/2020		JF	3,4		D5211		1	maxillary partial denture - resin base (	1200.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)  
 1 X 2 X 3 X 4 X 5 X 6 7 8 9 10 11 12 13 14 15 16 X  
 17 X 18 19 20 21 22 23 24 25 26 27 28 29 30 31 X  
 34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)  
 34a. Diagnosis Code(s) A C  
 34b. Primary diagnosis in "A" B D  
 31a. Other Fee(s)  
 32. Total Fee 1655.00

35. Remarks

#### AUTHORIZATIONS

36. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental provider has a contractual agreement with my plan prohibiting all or a portion 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.  
 X Signature on File 03/29/2024  
 Patient/Guardian Signature Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.  
 X Signature on File 03/29/2024  
 Subscriber Signature Date

#### BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822169868

52. Phone Number 760-243-4366 52a. Additional Provider ID 57. Phone Number 760-243-4366 58. Additional Provider ID

#### ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. IT-office; 22=OP Hospital)  
 (Use "Place of Service Codes for Professional Claims")  
 39. Enclosures (Y or N)  
 40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)  
 41. Date Appliance Placed (MM/DD/CCYY)  
 42. Months of Treatment Remaining ☒ No ☐ Yes (Complete 44)  
 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)  
 44. Date of Prior Placement (MM/DD/CCYY)  
 45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident  
 46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

#### TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  
 X Yonghee Lee 03/29/2024  
 Signed (Treating Dentist) Date  
 54. NPI 1760858153 54a. License Number 64834  
 55. License Number 1223G0001X  
 56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307  
 56a. Provider Specialty Code  
 57. Phone Number 760-243-4366 58. Additional Provider ID

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# EXHIBIT 4

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Claim #289 Date Filed: 4/5/2024

Your claim can be filed electronically on JCC's website at <https://jccs.uscourts.gov/claims/filing>

**Part 1: Provide information to identify the case:**

Debtor: Alameda 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.

Debtors 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 nursing 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 357.

Fill in all the information about the claim as of the date the case was filed.

### Part 1: Identify the Claim

1. Who is the current creditor? Noma Hee Lee DDS, Inc  
Name of the person or entity to be paid for the claim  
Other names for creditor (used with the debtor)

2. Has this claim been assigned 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?  
Noma Hee Lee DDS, Inc  
2201 Hesperia Rd Ste C  
Victorville, CA 92395  
USA  
Federal Rule of Bankruptcy Procedure (FRBP) 2007.201  
City State ZIP Code  
Country  
Contact phone Two-243-4366  
Contact email leeoffice@comcast.net  
When should payments to the creditor be sent? (if different)  
Name  
Number 200  
City Victorville State CA 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 on 4/5/2024

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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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

5. 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  
TRIM

7. How much is the claim? \$ 255.00  
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.  
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: \$ \_\_\_\_\_ (This 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) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority
<input type="checkbox"/> Up to \$3,380* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/1/02 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. § 542(c)(1)?

☒ No

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

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

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5011(a)(2) authorizes courts to require 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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3006.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature [Handwritten Signature]

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

Name: Young Hee Lee  
First name Middle name Last name

Title: Owner

Company: Young Hee Lee OHS Inc.  
Indicate the corporate position in the company if the authorized agent is a person.

Address: 12411 Hesperia Rd Ste C  
City: Victorville, CA ZIP Code: 92395 County: \_\_\_\_\_

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3



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ADA American Dental Association Dental Claim Form 97

## HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization  
2. Predetermination/Preauthorization Number

## INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
Barrego Health Claims Processing Center  
C/O KCC  
222 N. Pacific Coast Hwy Ste. 300  
El Segundo Ca 90245

## OTHER COVERAGE (Mark applicable box and complete items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

## RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee
11/12/2020		JF	29	OD	D2392		1	resin-based composite - two surfaces,	250.00
11/12/2020		JF			D1998		1	Personal Protective Equipment	5.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16  
X X X X X X X X X X X X X X X X  
34. Diagnosis Code List Qualifier (ICD-9 = B, ICD-10 = AB)  
34a. Diagnosis Code(s) A \_\_\_\_\_ C \_\_\_\_\_  
34b. Primary diagnosis in "A" B \_\_\_\_\_ D \_\_\_\_\_  
31a. Other Fee(s)  
32. Total Fee 255.00

## AUTHORIZATIONS

35. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.  
Signature on File 03/29/2024  
Patient/Guardian Signature Date

37. I 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 03/29/2024  
Subscriber Signature Date

## BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber.)

48. Name, Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

49. NPI 1760858153 50. License Number 64834 51. SSN 822169868

52. Phone Number 760-243-4366 52a. Additional Provider ID

## ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment 11 (e.g. 11 office; 22-OP Hospital) 39. Enclosures (Y or N)  
(Use "Place of Service Codes for Professional Claims")  
40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)  
41. Date Appliance Placed (MM/DD/CCYY)  
42. Months of Treatment Remaining 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)  
44. Date of Prior Placement (MM/DD/CCYY)  
45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident  
46. Date of Accident (MM/DD/CCYY) 47. Auto Accident State

## TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024

X Signed Treating Dentist Date

54. NPI 1760858153 55. License Number 64834

56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307

57. Phone Number 760-243-4366 58. Additional Provider ID

# EXHIBIT 4

Signed by Judge Laura Stuart Taylor May 7, 2025

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TDH

7. How much is the claim? \$ 230.00 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.  
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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual interest rate (When does this end)? \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2



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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or 6a(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(6).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for costs begun (or after the date of adjustment).

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

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 30 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 9009(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 1571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable basis that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name	First Name	Middle Name	Last Name
Uong	Uong	Hee	Lee

Title Dentist

Company Uong Hee Lee DDS Inc.

Address 12011 Hesperia Rd Ste C

City Victorville, CA State 92391 ZIP Code 92391 Country USA

Contact phone 760-243-4366 Email lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

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# EXHIBIT 44

Signed by Judge Laura Stuart Taylor May 7, 2025



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TECH

7. How much is the claim? \$ 415.00  
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 included 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. This 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 included copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,300* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the date of commencement of the case, or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment under 11 U.S.C. § 507(a)(1) and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim fraudulent to 11 U.S.C. § 540(b)(3)?

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5003(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name:	<u>Ying</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title:	<u>dentist</u>		
Company:	<u>Ying Hee Lee DDS Inc.</u>		
	Specify the corporate service in the company if the authorized agent is a service.		
Address:	<u>12611 Hesperia Rd Ste C</u>		
	City	State	ZIP Code
	<u>Victorville</u>	<u>CA</u>	<u>92395</u>
Contact phone:	<u>760-243-4364</u>		
	Email: <u>lee.office.manager@gmail.com</u>		

Official Form 416

Proof of Claim  
page 3

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## ADA American Dental Association Dental Claim Form

HEADER INFORMATION		POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																																
Type of Transaction (Mark all applicable boxes) <input checked="" type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> E-SOT, Title XIX		12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code [Redacted]																																
1. Predetermination/Preauthorization Number		13. Date of Birth (MM/DD/CCYY) 14. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F 15. Policyholder/Subscriber ID (SSN or ID#) [Redacted]																																
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION		16. Plan/Group Number 17. Employer Name																																
3. Company/Plan Name, Address, City, State, Zip Code Borrego Health claims processing Center c/o KCC 222N. Pacific Coast Hwy Ste 300 El Segundo, CA 90245		18. Relationship to Policyholder/Subscriber in #12 Above <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other																																
4. Dental? <input type="checkbox"/> Medical? <input type="checkbox"/> (If both, complete 5-11 for dental only.)		19. Reserved For Future Use																																
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code [Redacted]																																
6. Date of Birth (MM/DD/CCYY)	7. Gender <input type="checkbox"/> M <input type="checkbox"/> F	21. Date of Birth (MM/DD/CCYY) 22. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F																																
8. Policyholder/Subscriber ID (SSN or ID#)	23. Patient ID/Account # (Assigned by Dentist)																																	
9. Plan/Group Number	10. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other																																	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code																																		
RECORD OF SERVICES PROVIDED																																		
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee																									
10/20/2020		JF			D9430		1	office visit for observation (during regu	100.00																									
11/13/2020		JF			D4810		1	periodontal maintenance	300.00																									
11/13/2020		JF			D1999		1	Personal Protective Equipment	5.00																									
11/20/2020		JF			D1999		1	Personal Protective Equipment	5.00																									
11/24/2020		JF			D1999		1	Personal Protective Equipment	5.00																									
32. Missing Teeth Information (Place an "X" on each missing tooth.)																																		
1	X	3	4	5	X	7	8	9	10	11	12	X	13	14	15	16	X	17	18	19	20	21	X	22	23	24	25	26	27	28	29	30	31	32
33. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)										31a. Other Fee(s)																								
31a. Diagnosis Code(s) A _____ C _____										32. Total Fee 415.00																								
(Primary diagnosis in "A") B _____ D _____																																		
25. Remarks																																		
AUTHORIZATIONS										ANCILLARY CLAIM/TREATMENT INFORMATION																								
30. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and conditions not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.										38. Place of Treatment <input checked="" type="checkbox"/> 1 (e.g. 11=office; 22=O/P Hospital) 39. Enclosures (Y or N) <input type="checkbox"/>																								
Signature on File 03/29/2024										40. Is Treatment for Orthodontics? <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)																								
Patient/Guardian Signature Date										41. Date Appliance Placed (MM/DD/CCYY)																								
37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.										42. Months of Treatment Remaining 43. Replacement of Prosthesis <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)																								
Signature on File 03/29/2024										44. Date of Prior Placement (MM/DD/CCYY)																								
Subscriber Signature Date										45. Treatment Resulting from <input type="checkbox"/> Occupational illness/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																								
46. Date of Accident (MM/DD/CCYY)										47. Auto Accident State																								
BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)										TREATING DENTIST AND TREATMENT LOCATION INFORMATION																								
36. Name, Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 923958307										53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. Yonghee Lee 03/29/2024																								
49. NPI 1760858153 50. License Number 64834 51. SSN or TIN 822169868										54. NPI 1760858153 55. License Number 64834 56. Address, City, State, Zip Code 12611 Hesperia Rd. Victorville CA 923958307 57a. Provider Specialty Code 1223G0004X																								
77. Phone Number 760 243 4366 52a. Additional Provider ID										57. Phone Number 760 243 4366 58. Additional Provider ID																								

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# EXHIBIT 4



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 234  
of 297

Claim #292 Date Filed: 4/5/2024

Your claim can be filed electronically on KDC's website at <https://kdc.kdc.com/submitclaim/>

Fill in this information to identify the case:

Debit: Debit: Corporate Health Collection  
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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing 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.

### Part 1 Identify the Claim

1. Who is the current creditor?	<u>Nong Hee Lee DDS Inc</u> <small>Name of the creditor (include the address or ability to sue for the claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) <b>RECEIVED</b> <b>APR 05 2024</b>	<u>Nong Hee Lee DDS Inc</u> <u>2201 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>Two-243-4366</u> Contact email: <u>Lee@HeeLee.com</u>	Name: _____ Number: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____	
<small>Use the claim identifier for electronic payments at Chapter 11, if you use one.</small>			
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>4/5/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



220238424040500000000024

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**Part 2** Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 255.00 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.  
Dental

9. Is all or part of the claim secured? ☒ No  
☐ Yes. The claim is secured by a lien on property.  
Name 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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of 297

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchases, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 1 year thereafter by costs begin on or after the date of adjustment.

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

☒ No

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

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

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 3011(b).

If you file this claim electronically, FRBP 3011(b)(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 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004).

☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005).

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that this information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/23/2024

[Signature]

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

Name	First Name	Middle Name	Last Name
	Ying	Hee	Lee

Title: Dentist

Company: Ying Hee Lee DDS Inc.

Address: 12611 Hesperia Rd Ste C

City: Victorville, CA State: 92395

Contact phone: 760-243-4364

Print: Lee Office Manager

Official Form 410 Proof of Claim page 3



Signed by Judge Laura Stuart Taylor May 7, 2025



# EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 239  
of 297

Claim #293 Date Filed: 4/5/2024

Your claim can be filed electronically on KDC's website at <https://kdc.kentdcourt.com/Health>.

Fill in this information to identify the case:

Debtor: Bellevue Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 23-02384

## 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing 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.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Nona Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small> <small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	<div> <p>Where should notices to the creditor be sent?</p> <p>Name: <u>Nona Hee Lee DDS Inc</u></p> <p>Address: <u>2611 Hesperia Rd. Ste C</u></p> <p>City: <u>Victorville, CA</u> State: <u>92395</u> ZIP Code: _____</p> <p>Country: <u>USA</u></p> <p>Contact phone: <u>760-243-4366</u></p> <p>Contact email: <u>leeoffice@manager@gmail.com</u></p> </div> <div> <p>Where should payments to the creditor be sent? (if different)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Country: _____</p> <p>Contact phone: _____</p> <p>Contact email: _____</p> </div>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



22023842404050000000011

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**Part 2 Give Information About the Claim as of the Date the Case Was Filed**

5. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIOH

6. How much is the claim? \$ 1450.00 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).

7. 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

8. 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 6.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

9. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_

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

Official Form 410

Proof of Claim  
page 2

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment on 401(k)s and every 3 years after the first case begins or after the date of adjustment.

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

☒ No.

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

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

**Part 1: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 3011(b).

If you file this claim electronically, FRBP 3009(c)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

Name	First name	Middle name	Last name
	Uring	Hee	Lee

Title: Debtist

Company: Uring Hee Lee DDS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA State: 92391 ZIP Code: 92391 Country: USA

Contact phone: 760-243-4366 Email: lee.office.manager@gmail.com

Official Form 411

Proof of Claim  
page 2



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### ADA American Dental Association Dental Claim Form 97

**HEADER INFORMATION**

1. Type of Transaction (Mark all applicable boxes)

☐ Statement of Actual Services ☐ Request for Predetermination/Predetermination

☒ CASOT: Item XXX

2. Predetermination/Predetermination Number

**POLICYHOLDER/SUBSCRIBER INFORMATION** (For Insurance Company Named in #3)

12. Policyholder/Subsriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/CCYY) 14. Gender ☐ M ☒ F 15. Policyholder/Subsriber ID (SSN or ID#)

16. Plan/Group Number 17. Employer Name

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**

3. Company Plan Name, Address, City, State, Zip Code

Bonrego Health Care Processing Center  
C/O KCC  
2222 N. Pacific Coast Hwy Ste 300  
El Segundo Ca 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank)

4. Available ☐ Monthly ☐ (If both, complete 5-11 for dental only)

5. Name of Policyholder/Subsriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/CCYY) 7. Gender ☐ M ☒ F 8. Policyholder/Subsriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person named in #5 ☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**PATIENT INFORMATION**

18. Relationship to Policyholder/Subsriber in #12 Above ☒ Self ☐ Spouse ☐ Dependent Child ☐ Other 19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/CCYY) 22. Gender ☐ M ☒ F 23. Patient ID/Account # (Assigned by Dentist)

**RECORD OF SERVICES PROVIDED**

24. Procedure Code (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Power	29b. Qty.	30. Description	31. Fee
11/17/2020		JF			D6999		1	unspecified fixed prosthodontic proce	250.00
10/19/2020		JF			D9430		1	office visit for observation (during regu	100.00
11/02/2020		JF	3		D2751		1	crown - porcelain fused to predomina	1500.00
11/17/2020		JF	3		2810.10		1	Seat Crown	100.00

32. Reimbursement

33. Diagnosis Code List Qualifier ☐ (ICD-9 = B; ICD-10 = A9) 34. Other Fee(s)

35. Date of Service Code(s) A \_\_\_\_\_ C \_\_\_\_\_ 36. Total Fee 1950.00

37. Primary Diagnosis in "A" B \_\_\_\_\_ D \_\_\_\_\_

**AUTHORIZATIONS**

38. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental provider has a contract agreement with my plan prohibiting or as a portion 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.

39. Signature on File 03/29/2024

40. Patient/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

41. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity

42. Signature on File 03/29/2024

43. Subscriber Signature \_\_\_\_\_ Date \_\_\_\_\_

**ANCILLARY CLAIM/TREATMENT INFORMATION**

44. Price of Treatment ☐ (e.g. 11=other, 22=DIP Hospital) 45. Enclosures (Y or N)

46. Place of Service Codes for Professional Claims

47. Is Treatment for Orthodontics? ☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

48. Date of Placement (MM/DD/CCYY)

49. Months of Treatment Remaining 50. Replacement of Prosthesis ☒ No ☐ Yes (Complete 44)

51. Date of Prior Placement (MM/DD/CCYY)

52. Treatment Resulting from ☐ Occupational illness/injury ☐ Auto accident ☐ Other accident

53. Date of Accident (MM/DD/CCYY) 54. Auto Accident State

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subsriber)

55. Name, Address, City, State, Zip Code

Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

56. NPI 1760858153 57. License Number 64834 58. Provider Specialty Code 1223G0004X

59. Address, City, State, Zip Code 12611 Hesperia Rd Victorville CA 923958307

60. Phone Number 760 243 4366 61. Additional Provider ID

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**

62. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

Yonghee Lee 03/29/2024

63. Signature (Treating Dentist) 64. Date

65. NPI 1760858153 66. License Number 64834

67. Address, City, State, Zip Code 12611 Hesperia Rd Victorville CA 923958307

68. Phone Number 760 243 4366 69. Additional Provider ID

# EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 244  
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Claim #294 Date Filed: 4/5/2024

Your claim can be filed electronically on KOC's website at <https://koc.kocis.com/submitclaim/>.

**Fill in this information to identify the case:**

Debtor Hesperia Community Health Trustees  
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, recordings, 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.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Wing Hee Lee DDS Inc</u> <small>(Name of the current creditor (the person or entity to be paid for the claim))</small>			
	<small>Check here: No creditor used with the claim.</small>			
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____			
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Wing Hee Lee DDS Inc</u> <u>2211 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone <u>760-243-4366</u> Contact email <u>lee@ice-manager.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____	Federal Rule of Bankruptcy Procedure (FRBP) 2007(g) <b>RECEIVED</b> <b>APR 05 2024</b>	
<small>Uniform claim identifier for electronic payments in chapter 13 if you use one:</small>				
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number in court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>			
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____			

Official Form 410

Proof of C  
page



220238424040500000000012

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of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List it (give the debtor's account or any number you use to identify the debtor). 9868  
TEOB

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 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (after date 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

Proof of Claim  
page 2



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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$5,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* Amounts are subject to adjustment on 6/1/25 and every 5 years after that for issues 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)?**

☒ No.

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 5011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Execution date: 03/28/2024  
MAY 11 2024

Signature: [Handwritten Signature]

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

Name	<u>Yong</u>	<u>Hee</u>	<u>Lee</u>
	First name	Middle name	Last name
Title	<u>dentist</u>		
Company	<u>Yong Hee Lee DDS Inc.</u>		
	Indicate the corporate service as the company if the authorized agent is a corporation		
Address	<u>12411 Hesperia Rd Ste C</u>		
	Residential	Office	
City	<u>Victorville, CA</u>	State	<u>923915</u>
	City	State	ZIP Code
Country	<u>USA</u>		
Country			
Official phone	<u>760-243-4366</u>		
	Email: <u>lee.office.manager@gmail.com</u>		

Official Form 412

Proof of Claim  
page 1

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## EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 249  
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Claim #295 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <http://kccs.kccourt.us/crmccstt.html>.

## Fill in this information to identify the case:

Debit: Bonanza 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. §§ 1592, 1597, and 1597i.

Fill in all the information about the claim as of the date the case was filed.

## Part 1 Identify the Claim

1. Who is the current creditor?	<u>Wong Hee Lee DDS Inc.</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small> <small>Other names the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Wong Hee Lee DDS Inc.</u> <u>2201 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <small>City State ZIP Code</small> Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>lee@fice-manager.com</u>	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on: <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7204

7. How much is the claim? \$ 15.00 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 retained 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. This 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 retained copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when cash was lent) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (B).	\$ _____
<input type="checkbox"/> Up to \$3,350 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a): _____ 11th Circuit.	\$ _____

\* Amounts are subject to adjustment on 10/1/25 and every 5 years after that for issues begun on or after the date of adjustment.

13. Is all or part of the claim preserved to 11 U.S.C. § 503(b)(3)?

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 3011(b).

If you file this claim electronically, FRBP 3015(e)(3) authorizes courts to restrict local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

Signature: [Signature]

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

Name: Young Hee Lee  
First name Middle name Last name

Title: Debtist

Company: Young Hee Lee ODS Inc.  
(List the corporate entity as the company if the individual agent is a servant.

Address: 12411 Hesperia Rd Ste C  
City: Victorville, CA ZIP Code: 92391 Country: USA

Contact phone: 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

To reorder call 800.847.4746

## EXHIBIT 4



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Claim #296 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://kcc.filedirect.com/kccweb/>

Fill in this information to identify the case:

Debtor: Roberto Gonzalez 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)(8), 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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Noma Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small> <small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	<div> <div> <p>Where should notices to the creditor be sent?</p> <p>Name: <u>Noma Hee Lee DDS Inc</u></p> <p>Address: <u>2411 Hesperia Rd. Ste C</u></p> <p>City: <u>Victorville, CA</u> State: <u>CA</u> ZIP Code: <u>92395</u></p> <p>Country: <u>USA</u></p> <p>Contact phone: <u>760-243-4366</u></p> <p>Contact email: <u>Lee@OfficeManager.co</u></p> </div> <div> <p>Where should payments to the creditor be sent? (if different)</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP Code: _____</p> <p>Country: _____</p> <p>Contact phone: _____</p> <p>Contact email: _____</p> </div> </div> <p><small>Federal Rule of Bankruptcy Procedure (FRBP) 2003(g)</small></p> <p><small>Electronic claims should be filed for electronic payments to avoid the 10% of your own money</small></p>		
4. Does this claim exceed one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Page 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TID#

7. How much is the claim? \$ 4500.00 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)(1).

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 410A) 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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (4)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.	\$ _____

\* Amounts are subject to adjustment on 4/1/25 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)?

☒ No

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

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

**Part 2. Sign Below**

The person completing this proof of claim must sign and date it. FRBP 3011(b).

If you file this claim electronically, FRBP 5020(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other cosignor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in the Proof of Claim and have made a good faith belief that this information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name: Ying Hee Lee

First name: Ying Middle name: Hee Last name: Lee

Title: Debtist

Company: Ying Hee Lee DDS Inc.

I certify the corporate person at the company if the authorized agent is a corporate person.

Address: 12411 Hesperia Rd Ste C

Number: Victorville, CA 92391

City: Victorville State: CA ZIP Code: 92391 Country: USA

Contact phone: 714-243-4364 Email: lee.office.manager@gmail.com

Official Form 419

Proof of Claim  
page 1



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ADA American Dental Association Dental Claim Form 97

HEADER INFORMATION		POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Named in #3)																																																																													
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input checked="" type="checkbox"/> X - Tell XIZ		12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																																																																													
2. Predetermination/Preauthorization Number		13. Date of Birth (MM/DD/YYYY)																																																																													
3. Insurance Company/Dental Benefit Plan Information 7. Company/Plan Name, Address, City, State, Zip Code Borrego HealthMains Processing Center c/o KOC 822 N Pacific Coast Hwy Ste 300 El Segundo CA 90245		14. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F																																																																													
8. Date(s) <input type="checkbox"/> Medical <input type="checkbox"/> (If both, complete 5-11 for dental only)		15. Policyholder/Subscriber ID (SSN or ID#)																																																																													
9. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)		16. Plan/Group Number																																																																													
10. Date of Birth (MM/DD/YYYY)		17. Employer Name																																																																													
11. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other		18. Relationship to Policyholder/Subscriber in #12 Above <input checked="" type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Other																																																																													
12. Patient's Relationship to Person named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other		19. Reserved For Future Use																																																																													
13. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code		20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code																																																																													
21. Date of Birth (MM/DD/YYYY)		22. Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F																																																																													
23. Patient ID/Account # (Assigned by Dentist)																																																																															
RECORD OF SERVICES PROVIDED																																																																															
24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care	26. Teeth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diag. Pointer	29b. Qty.	30. Description	31. Fee																																																																						
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32. Missing Teeth Information (Place an "X" on each missing tooth.)																																																																															
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			X																																																																												
33. Missing Teeth Information (Place an "X" on each missing tooth.)										34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = A5)										35. Other Fee(s)																																																											
36. Diagnosis Code(s)										37. Primary diagnosis in "A"										38. Total Fee 4500.00																																																											
39. Remarks																																																																															
AUTHORIZATIONS																				ANCILLARY CLAIM/TREATMENT INFORMATION																																																											
40. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental provider has a contractual agreement with my plan prohibiting all or a portion 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.																				41. Place of Treatment (11 (e.g. 11-office; 22-COP Hospital) (Use "Place of Service Codes for Professional Claims")																				42. Enclosures (Y or N)																																							
43. Signature on File 03/29/2024																				43. Is Treatment for Orthodontics? <input checked="" type="checkbox"/> No (Skip 41-42) <input type="checkbox"/> Yes (Complete 41-42)																				44. Date Appliance Placed (MM/DD/YYYY)																																							
44. Patient Signature Date																				45. Months of Treatment Remaining																				46. Replacement of Prostheses <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Complete 44)																				47. Date of Prior Placement (MM/DD/YYYY)																			
45. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.																				46. Treatment Resulting from <input type="checkbox"/> Occupational disease/injury <input type="checkbox"/> Auto accident <input type="checkbox"/> Other accident																				47. Date of Accident (MM/DD/YYYY)																				48. Auto Accident State																			
46. Signature on File 03/29/2024																				49. Date of Accident (MM/DD/YYYY)																				50. Auto Accident State																																							
47. Signature on File 03/29/2024																				51. Date of Accident (MM/DD/YYYY)																				52. Auto Accident State																																							
48. Billing Dentist or Dental Entity (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/subscriber)																				53. Treating Dentist and Treatment Location Information																																																											
49. Name, Address, City, State, Zip Code Yonghee Lee 12611 Hesperia Rd. Suite C Victorville CA 923958307																				54. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed. Yonghee Lee 03/29/2024																																																											
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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 259  
of 297

Claim #297 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://www.kccs.net/Forms/Claims>.

**Fill in this information to identify the case:**

Debtor: Woodward 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 in 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 \$200,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 357.

Fill in all the information about the claim as of the date the case was filed.

**Part 1 Identify the Claim**

1. Who is the current creditor?	
<u>Woodward Health DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
<small>Other names the creditor used with the debtor</small>	
2. Has this claim been assigned from someone else?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name: <u>Woodward Health DDS Inc</u>
	Address: <u>2411 Hesperia Rd. Ste C</u>
	City: <u>Victorville, CA</u>
	State: <u>CA</u>
	ZIP Code: <u>92345</u>
Country: <u>USA</u>	Where should payments to the creditor be sent? (if different)
Contact phone: <u>760-243-4366</u>	Name: _____
Contact email: <u>leeoffice@manager@gmail.com</u>	Number: _____ Street: _____
	City: _____ State: _____ ZIP Code: _____
	Country: _____
	Contact phone: _____
	Contact email: _____
4. Does this claim amend one already filed?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	
<input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



22023842404050000000000000

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 260  
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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>7104</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>1250.00</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges incurred by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.</p> <p>Attach retained copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).</p> <p>List disclosing information that is entitled to privacy, such as health care information.</p> <p><u>Debtors</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property:</p> <p><b>Nature of property:</b></p> <p><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this Proof of Claim.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other, Describe: _____</p> <p><b>Basis for perfection:</b></p> <p>Attach retained 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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed): _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

Official Form 410

Proof of Claim  
page 2

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

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy case is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies.	\$ _____

\* Amounts are subject to adjustment in 401(k)s and every 3 years after that for claims begun 90 or after the date of enactment.

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

☒ No.

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

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

**Part 3 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 501(f).

If you file this claim electronically, FRBP 503(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 \$300,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 357.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005.)

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonably believed that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

Signature [Signature]

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

Name Wing Hee Lee

Title Debtist

Company Wing Hee Lee ODS Inc.

Address 12411 Hesperia Rd Ste C

City Victorville, CA State 92395 ZIP Code 92395 County

Phone 760-243-4364 Email lee.office.manager@gmail.com

US-2014 Form 410

Proof of Claim  
page 3



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### ADA American Dental Association Dental Claim Form

1. Type of Transaction (Mark all applicable boxes):  
☐ Statement of Account Services ☐ Request for Predetermination/Preauthorization  
☒ FST-17, Form XIX

2. Predetermination/Preauthorization Number

#### INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code  
Borrego Health Claims Processing Center  
c/o KBO  
222 N. Pacific Coast Hwy. Ste 300  
El Segundo Ca 90245

#### OTHER COVERAGE (Mark applicable box and complete items 5-11 if none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)  
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)  
9. Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

#### PATIENT INFORMATION

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
13. Date of Birth (MM/DD/YYYY) 14. Gender ☐ M ☒ F 15. Policyholder/Subscriber ID (SSN or ID#)  
16. Plan/Group Number 17. Employer Name  
18. Relationship to Policyholder/Subscriber in #12 Above  
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other  
19. Reserved For Future Use  
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
21. Date of Birth (MM/DD/YYYY) 22. Gender ☐ M ☒ F 23. Patient ID/Account # (Assigned by Dentist)

#### RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) on Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Diag. Pontic	30b. Qty	30. Description	31. Fee
11/13/2020	10	JF			D4341		1	UR periodontal scaling and root planin	250.00
11/13/2020	40	JF			D4341		1	LR periodontal scaling and root planin	250.00
11/13/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/17/2020	20	JF			D4341		1	UL periodontal scaling and root planin	250.00
11/17/2020	30	JF			D4341		1	LL periodontal scaling and root planin	250.00
11/17/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/20/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/23/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/24/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/16/2020		JF	28	B	D2391		1	resin-based composite - one surface,	225.00

32. Missing Teeth Information: (Place an "X" on each missing tooth.)  
1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X 9 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21 X 22 X 23 X 24 X 25 X 26 X 27 X 28 X 29 X 30 X 31 X 32 X 33 X 34 X 35 X 36 X 37 X 38 X 39 X 40 X 41 X 42 X 43 X 44 X 45 X 46 X 47 X 48 X 49 X 50 X 51 X 52 X 53 X 54 X 55 X 56 X 57 X 58 X 59 X 60 X 61 X 62 X 63 X 64 X 65 X 66 X 67 X 68 X 69 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 77 X 78 X 79 X 80 X 81 X 82 X 83 X 84 X 85 X 86 X 87 X 88 X 89 X 90 X 91 X 92 X 93 X 94 X 95 X 96 X 97 X 98 X 99 X 100 X  
33a. Diagnosis Code(s) A C  
33b. Diagnosis Code(s) B D  
33c. Total Fee 1250.00

#### AUTHORIZATIONS

40. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law. I hereby authorize my dental practice to have a contractual agreement with my plan prohibiting all or a portion 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.  
Signature on File 03/29/2024  
Patient/Subscriber Signature Date

41. I hereby authorize and direct payment of the dental benefit otherwise payable to me, directly to the below named dentist or dental entity.  
Signature on File 03/29/2024  
Subscriber Signature Date

#### BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured subscriber.)

48. Name, Address, City, State, Zip Code  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307  
49. NPI 1760858153 50. License Number 64834 51. SSN 822169868  
49a. Phone Number 760-243-4366 52. Appointment Provider ID

#### ANCILLARY CLAIM/TREATMENT INFORMATION

38. Place of Treatment: 11 (e.g., 11-Office; 22-Outpatient Hospital) (Use "Place of Service Codes for Professional Claims")  
39. Endoscopy (Y or N) ☐  
40. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)  
41. Date Appliance Placed (MM/DD/YYYY)  
42. Months of Treatment Remaining 43. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)  
44. Date of Prior Placement (MM/DD/YYYY)  
45. Treatment Resulting from  
☐ Occupational illness/injury ☐ Auto accident ☐ Other incident  
46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

#### TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  
Yonghee Lee 03/29/2024  
X  
Signature (Treating Dentist) Date  
54. NPI 1760858153 55. License Number 64834  
56. Address, City, State, Zip Code 56a. Provider Specialty Code  
12611 Hesperia Rd. 1223G0001X  
Victorville CA 923958307  
57. Phone Number 760-243-4366 58. Appointment Provider ID

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 264  
of 297

Claim #298 Date Filed: 4/5/2024

Your claim can be filed electronically on MCC's website at <https://www.mccdc.net/Forms/electronic>.

**Fill in this information to identify the case:**

Debtor: Sectree Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-02384

**Official Form 410  
Proof of Claim**

04/23

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.

**Part 1. Identify the Claim**

1. Who is the current creditor?	<u>Monia Hee Lee DDS, Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>Other names the creditor used with the debtor</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> <u>Monia Hee Lee DDS, Inc.</u> <u>12111 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@manageria@gmail.com</u>	<b>Where should payments to the creditor be sent? (if different)</b> Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: _____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



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**Part 2.** Give Information About the Claim as of the Date the Case Was Filed

6.	Do you have any number you use to identify the debtor?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9868</u> <u>TIOL</u>	
7.	How much is the claim?	\$ <u>3100.00</u> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach recorded copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information. <u>Dental</u>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property: <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ <b>Basis for perfection:</b> (Attach recorded copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded). Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual interest rate (when rate was fixed): _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition: \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

Official Form 410

Proof of Claim  
page 2

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APR 05 2024

KURTZBERG DESIGN CONSULTANTS



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

☒ No

☐ Yes. Check all that apply.

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(2)	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4)	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8)	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(9)	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it: FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. (Bankruptcy Rule 3004.)

☐ I am a guarantor, surety, endorser, or other codebtor. (Bankruptcy Rule 3005.)

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name	First name	Middle name	Last name
Yung	Yung	Hee	Lee

Title dentist

Company Yung Hee Lee DDS Inc.

Address 12611 Hesperia Rd Ste C

City Victorville, CA State 92395 ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Direct phone 760-243-4366 Email lee.office.manager@gmail.com

APR 15 2024

Official Form 410 Proof of Claim page 3

To reorder call 800.947.4746

# EXHIBIT

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 305.00 Does this amount include interest or other charges?  
☒ No  
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3011(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, taxes, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3011(c).  
 Limit disclosing information that is entitled in 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.)  
 Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
 Annual Interest Rate (when goods were sold) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$2,750* of deposits toward purchases, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/1/02 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. § 502(b)(3)?

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5009(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other cosigner. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information on the Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/28/2024

[Signature]

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

First name:	<u>Ying</u>	Middle name:	<u>Hee</u>	Last name:	<u>Lee</u>
Title:	<u>Debit</u>				
Company:	<u>Ying Hee Lee DDS Inc.</u>				
Merge the outside person as the company if the authorized agent is a service.					
Address:	<u>12411 Hesperia Rd Ste C</u>				
City:	<u>Victorville, CA</u>	State:	<u>92391</u>	ZIP Code:	<u>5</u>
Country:	<u>USA</u>				
Contact person:	<u>Lee Office manager@gmail.com</u>				

Official Form 410

Proof of Claim  
page 3

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# EXHIBIT



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 274  
of 297

Claim #300 Date Filed: 4/5/2024

Your claim can be filed electronically on KGC's website at <https://kccs-bc.ca.net/300myclaim>.

**Fill in this information to identify the case:**

Clerk: Marissa Grossman Health Foundation  
United States Bankruptcy Court Northern 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 357.

Fill in all the information about the claim as of the date the case was filed.

**Part 1 Identify the Claim**

1. Who is the current creditor?	<u>Wong Hee Lee DDS Inc.</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>	
	<small>(Enter reason the creditor listed with the debtor)</small>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From Whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Wong Hee Lee DDS Inc.</u> <u>2211 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Contact phone: <u>760-243-4366</u> Contact email: <u>leeoffice@manageria.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Number: _____ Street: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
Federal Rule of Bankruptcy Procedure (FRBP) 2003(h) <b>PROHIBITED</b> <b>APR 05 2024</b> <b>WONGHEELEEDDSINC.COM/STAYAWAY</b>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Claim number on court claims registry (if known) _____ Filed on <u>4/5/2024</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Who made the earlier filing? _____	

Official Form 410

Proof of Claim  
page 1



22023842404050000000000000

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of 297

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. List it right of the debtor's account or any number you use to identify the debtor: 9868  
TLO#

7. How much is the claim? \$ 305.00 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.  
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: Unsecured  
Basis for perfection:  
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (after 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

Proof of Claim  
page 2

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$19,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(6).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies: _____	\$ _____

\*Amounts are subject to adjustment in 401(c)25 and every 3 years after that for claims 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)?

☒ No

☐ Yes. Attach the amount of your claim arising from the value of any goods received by the debtor within 21 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it, FRBP 5011(b).

If you file this claim electronically, FRBP 5009(a)(2) authorizes courts to instruct local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee of the debtor, or their authorized agent, Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor, Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date: 03/29/2024

[Signature]

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

Name	First name	Middle name	Last name
Young	Hee	Lee	

Prof: dentist

Company: Young Hee Lee DDS Inc.

Address: 12411 Hesperia Rd Ste C

City: Victorville, CA ZIP Code: 92391 State: CA

County: San Diego

Phone: 760-243-4366 Email: lee.office.manager@gmail.com



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# EXHIBIT 4

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 279  
of 297

Claim #301 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://www.kcc.com/Forms/Health>.

**Fill in this information to identify the case:**

Debtor: Bohannon 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. § 540(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 of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of nursing 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.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Nona Hee Lee DDS Inc</u> <small>(Name of the current creditor (the person or entity to be paid for this claim))</small>		
	<small>Other identify the creditor used with the debtor:</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2003(g)	Name	Name	
	Address	Address	
	City	City	State ZIP Code
	Country	Country	
	Contact phone	Contact phone	
	Contact email	Contact email	
<u>Nona Hee Lee DDS Inc</u> <u>12011 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> <u>Two-243-4366</u> <u>lee@office manager@gmail.com</u>			
4. Does this claim extend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. List 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
710#

7. How much is the claim? \$ 3300.00 Does this amount include interest or other charges? ☒ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges as 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 reduced copies of any documents supporting the claim required by Bankruptcy Rule 3001(g). 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 reduced copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded).  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed) \_\_\_\_\_ %  
☐ 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

Proof of Claim  
page 2

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

☒ No.

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/15/25 and every 3 years after that for taxes 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)?

☒ 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 in the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

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

**Part 2: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file the claim electronically, FRBP 503(b)(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 3671.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024



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

Name Ming Hee Lee

Title Debtist

Company Ming Hee Lee DCS Inc.

Address 12011 Hesperia Rd Ste C

City Victorville, CA State 92395

Contact phone 760-243-4366 Email lee.office.manager@gmail.com

RECEIVED

APR 05 2024

KURTZMAN AND ASSOCIATES



Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 282

**ADA American Dental Association Dental Claim Form 97**

**HEADER INFORMATION**  
Type in Treatment (Mark all applicable boxes):  
☐ Statement of Actual Services ☐ Request for Predetermination/Prior Authorization  
☐ FSDT Title XIX

**INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION**  
Company/Plan Name, Address, City, State, Zip Code:  
Porrego Health Claims Processing Center  
c/o KCC  
222 N. Pacific Coast Hwy Ste 300  
El Segundo, CA 90245

**OTHER COVERAGE** (Mark applicable box and complete items 5-11. If none, leave blank.)  
☐ Limited? ☐ Medically? ☐ (If both, complete 5-11 for dental only.)  
Primary of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)  
Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 5. Policyholder/Subscriber ID (SSN or ID#)  
Plan Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other  
Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

**PATIENT INFORMATION**  
13. Relationship to Policyholder/Subscriber in #12 Above:  
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other  
18. Reserved For Future Use  
20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code  
21. Date of Birth (MM/DD/YYYY) 22. Gender ☐ M ☐ F 23. Patient ID/Account # (Assigned by Dental)

**RECORD OF SERVICES PROVIDED**

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care	26. Tooth Number(s) or Lesion(s)	27. Tooth Surface	28. Procedure Code	29a. Diag. Power	29b. Qty.	30. Description	31. Fee
11/10/2020		JF		D9430		1	office visit for observation (during regu	100.00
11/03/2020		JR 19		D2751		1	crown - porcelain fused to predomina	1500.00
11/23/2020		JH 19		2810.10		1	Seat Crown	100.00
11/02/2020		JF 20		D2751		1	crown - porcelain fused to predomina	1500.00
11/20/2020		JF 20		2810.10		1	Seat Crown	100.00

32. Missing Teeth Information (Place an "X" on each missing tooth.)  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 X 31 X  
33. Diagnostic Code List Identifier (ICD-9 = E, ICD-10 = A0)  
34a. Diagnostic Code(s) A C  
34b. Primary diagnosis in "A" B C  
35. Remarks:  
36. Other Fee(s)  
37. Total Fee 3300.00

**AUTHORIZATIONS**  
38. I have been informed of the treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion 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.  
X Signature on File 03/29/2024  
Patient/Subscriber Signature Date  
39. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.  
X Signature on File 03/29/2024  
Subscriber Signature Date

**BILLING DENTIST OR DENTAL ENTITY** (Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured subscriber)  
40. Name, Address, City, State, Zip Code:  
Yonghee Lee  
12611 Hesperia Rd.  
Suite C  
Victorville CA 923958307

**ANCILLARY CLAIM/TREATMENT INFORMATION**  
41. Place of Treatment: ☒ Office (e.g. Hospital, 22-OP Hospital) (Use Place of Service Codes for Professional Claims)  
42. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)  
43. Months of Treatment Remaining  
44. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)  
45. Treatment Resulting from:  
☐ Occupational illness/injury ☐ Auto accident ☐ Other accident  
46. Date of Accident (MM/DD/YYYY) 47. Auto Accident State

**TREATING DENTIST AND TREATMENT LOCATION INFORMATION**  
53. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.  
Yonghee Lee 03/29/2024  
X Signature (Treating Dentist)  
54. NPI 1760858153 55. License Number 64834  
56. Address, City, State, Zip Code: 12611 Hesperia Rd. Victorville CA 923958307  
57. Phone Number 760-243-4366 58. Additional Provider ID

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# EXHIBIT

Case 22-02384-LT11 Filed 05/07/25 Entered 05/07/25 08:04:02 Doc 1611 Pg. 284  
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Claim #302 Date Filed: 4/5/2024

Your claim can be filed electronically on KCC's website at <https://www.kcc.com/submitclaim>.

Fill in this information to identify the case:

Creditor: Monica Community Health Foundation  
United States Bankruptcy Court in 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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after processing. If the documents are not redactable, 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.

#### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Monica Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for the claim)</small> <small>Or, name the creditor used with the debtor</small>				
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____				
3. Where should notices and payments to the creditor be sent?	<table border="0"> <tr> <td>           Where should notices to the creditor be sent?  <u>Monica Hee Lee DDS Inc</u>  <u>22011 Hesperia Rd. Ste C</u>  <u>Victorville, CA 92395</u>  <u>USA</u>            Country: _____            Contact phone: <u>760-243-4366</u>            Contact email: <u>lee@office@monicaheele.com</u> </td> <td>           Where should payments to the creditor be sent? (if different)            Name: _____            Address: _____            City: _____ State: _____ ZIP Code: _____            Country: _____            Contact phone: _____            Contact email: _____         </td> </tr> </table>			Where should notices to the creditor be sent? <u>Monica Hee Lee DDS Inc</u> <u>22011 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>lee@office@monicaheele.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____
Where should notices to the creditor be sent? <u>Monica Hee Lee DDS Inc</u> <u>22011 Hesperia Rd. Ste C</u> <u>Victorville, CA 92395</u> <u>USA</u> Country: _____ Contact phone: <u>760-243-4366</u> Contact email: <u>lee@office@monicaheele.com</u>	Where should payments to the creditor be sent? (if different) Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____ Country: _____ Contact phone: _____ Contact email: _____				
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known): _____ Filed on: <u>MM / DD / YYYY</u>				
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____				

NON-DEBTOR CREDITORS CONSULTANTS

Official Form 410

Proof of Claim  
page 1



220238424040500000000000

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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of this debtor's account or any number you use to identify the debtor: 9868  
7104

7. How much is the claim? \$ 1015.00 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.  
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 Affidavit (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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when case was filed): \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2



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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use, 11 U.S.C. § 507(a)(2)	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier, 11 U.S.C. § 507(a)(4)	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units, 11 U.S.C. § 507(a)(8)	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan, 11 U.S.C. § 507(a)(5)	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/1/25 and every 3 years after that for cost of inflation or other the date of adjustment.

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

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 901(b).

If you file this claim electronically, FRBP 503.5(a)(2) authorizes courts to establish local rules specifying what is a signature.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3055.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2024

[Signature]

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

Name	First name	Middle name	Last name
Wong	Wong	Hee	Lee

Title: dentist

Company: Wong Hee Lee DDS Inc.

Address: 12611 Aspenia Rd Ste C

City: Victorville, CA ZIP Code: 92395 County: \_\_\_\_\_

Contact phone: 760-243-4364 Email: hee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

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### ADA American Dental Association Dental Claim Form

1. Type of Insurance (Mark all applicable boxes)  
☐ Statement of Actual Services ☐ Request for Predetermination/Precertification  
☒ X-RTF Table 218

2. Predetermination/Precertification Number

#### INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Insurance Plan Name, Address, City, State, Zip Code  
 Borrego Health Claims Processing Center  
 410 KCC  
 222 N. Pacific Coast Hwy Ste 300  
 El Segundo, CA 90245

4. Headset? ☐ Medical? ☐ (If both, complete 5-11 for dental only.)

5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY) 7. Gender ☐ M ☐ F 8. Policyholder/Subscriber ID (SSN or ID#)

9. Plan/Group Number 10. Patient's Relationship to Person named in #5  
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

#### PATIENT INFORMATION

12. Policyholder/Subscriber Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/YYYY) 14. Gender ☒ M ☐ F 15. Policyholder/Subscriber ID (SSN or ID#)

16. Plan/Group Number 17. Employer Name

18. Relationship to Policyholder/Subscriber in #12 Above  
☒ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix), Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY) 22. Gender ☒ M ☐ F 23. Patient ID/Account # (Assigned by Dentist)

#### RECORD OF SERVICES PROVIDED

24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Care	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	30a. Diag. Modifier	30b. Day	31. Description	32. Fee
11/13/2020	10	JF			D4341		1	JR periodontal scaling and root plan	250.00
11/13/2020	40	JF			D4341		1	LR periodontal scaling and root plan	250.00
11/13/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/23/2020	20	JF			D4341		1	JL periodontal scaling and root plan	250.00
11/23/2020	30	JF			D4341		1	LL periodontal scaling and root plan	250.00
11/23/2020		JF			D1999		1	Personal Protective Equipment	5.00
11/24/2020		JF			D1999		1	Personal Protective Equipment	5.00

33. Missing Teeth Information (Place an "X" on each missing tooth.)  
 1 X 2 X 3 X 4 X 5 X 6 X 7 X 8 X 9 X 10 X 11 X 12 X 13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21 X 22 X 23 X 24 X 25 X 26 X 27 X 28 X 29 X 30 X 31 X 32 X 33 X 34 X 35 X 36 X 37 X 38 X 39 X 40 X 41 X 42 X 43 X 44 X 45 X 46 X 47 X 48 X 49 X 50 X 51 X 52 X 53 X 54 X 55 X 56 X 57 X 58 X 59 X 60 X 61 X 62 X 63 X 64 X 65 X 66 X 67 X 68 X 69 X 70 X 71 X 72 X 73 X 74 X 75 X 76 X 77 X 78 X 79 X 80 X 81 X 82 X 83 X 84 X 85 X 86 X 87 X 88 X 89 X 90 X 91 X 92 X 93 X 94 X 95 X 96 X 97 X 98 X 99 X 100 X

34. Diagnosis Code (1st Quarter) 35. ICD-9 = B, ICD-10 = AB

36a. Diagnosis Code(s) A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

36b. Primary diagnosis in "A"

37. Other Fee(s)

38. Total Fee 1015.00

39. Remarks

#### AUTHORIZATIONS

40. I have been informed of this treatment plan and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law in the treating dentist's dental practice has a contractual agreement with my plan prohibiting all or a portion 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.

41. Signature on File 03/29/2024  
 Patient Signature Date

42. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity.

43. Signature on File 03/29/2024  
 Subscriber Signature Date

#### BILLING DENTIST OR DENTAL ENTITY (Leave blank if dentist or dental entity is not verifying claim on behalf of the patient or insured/subscriber)

44. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Suite C  
 Victorville CA 923958307

45. NPI 1760658153 46. License Number 64834 47. State 48. Additional Provider ID

#### ANCILLARY CLAIM/TREATMENT INFORMATION

49. Place of Treatment 11 (e.g. 11-office, 22-DIP Hospital) (Use "Place of Service Codes for Professional Claims")

50. Is Treatment for Orthodontics?  
☒ No (Skip 41-42) ☐ Yes (Complete 41-42)

51. Date Appliance Placed (MM/DD/YYYY)

52. Months of Treatment Remaining 53. Replacement of Prosthesis  
☒ No ☐ Yes (Complete 44)

54. Date of Prior Placement (MM/DD/YYYY)

55. Treatment Resulting from  
☐ Occupational Illness/Injury ☐ Auto accident ☐ Other accident

56. Date of Accident (MM/DD/YYYY) 57. Auto Accident State

#### TREATING DENTIST AND TREATMENT LOCATION INFORMATION

58. I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.

59. Name, Address, City, State, Zip Code  
 Yonghee Lee  
 12611 Hesperia Rd.  
 Victorville CA 923958307

60. Signature (Treating Dentist) 61. Date 03/29/2024

62. NPI 1760658153 63. License Number 64834 64. State 65. Additional Provider ID

66. Address, City, State, Zip Code  
 12611 Hesperia Rd.  
 Victorville CA 923958307

67. Phone Number 760-243-4366 68. Additional Provider ID

# EXHIBIT

20202384247415000000000000



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor? ☐ No  
☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 9868  
TIOB

7. How much is the claim? \$ 3000.00 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.  
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.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual Interest Rate (when case was filed) \_\_\_\_\_ %  
☐ Fixed  
☐ Variable

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

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

Official Form 410

Proof of Claim  
page 2

RECEIVED  
APR 15 2024  
KUSZMAN CASSIN CONSULTANTS

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

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies:	\$ _____

\* Amounts are subject to adjustment on 4/1/05 and every 3 years after that for levels 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)?

☒ No

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

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

**Part 3: Sign Below**

The person completing this proof of claim must sign and date it. FRBP 501(b).

If you file this claim electronically, FRBP 505(b)(2) authorizes courts to establish legal rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2020  
by Lee

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

Name: Yong Hee Lee  
First name Middle name Last name

Title: Debitist

Company: Yong Hee Lee DDS Inc.  
(Specify the corporate position as the company if the authorized agent is a company.)

Address: 12411 Hesperia Rd Ste C  
Number Street

City: Victorville, CA 92395  
City State ZIP Code

Country: USA

Created phone: 760-243-4364 Email: lee.office.manager@gmail.com

Official Form 410

Proof of Claim  
page 3

To reorder call 800.947.4746

# EXHIBIT



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Claim #304 Date Filed: 4/15/2024

Your claim can be filed electronically on KCC's website at <https://kcc.kccdc.com/BortecottHealth>

**Fill in the information to identify the case:**

Debtor: Monterey Community Health Foundation  
United States Bankruptcy Court for the Southern District of California  
Case number: 22-02384

**Official Form 410**

**Proof of Claim**

04/21

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.

Debtors must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both, 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Monterey Hee Lee DDS Inc</u> <small>Name of the current creditor (the person or entity to be paid for this claim)</small>		
	<small>Other names the creditor used with the debtor</small>		
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____		
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2003(b)	Name	Name	
	<u>Monterey Hee Lee DDS Inc</u>		
	Address	Address	
	<u>12411 Hesperia Rd. Ste C</u>		
	<u>Victorville, CA 92395</u>		
	City	State	ZIP Code
	<u>USA</u>		
	Country	Country	
	Contact phone	Contact phone	
	<u>Two-243-4366</u>		
	Contact email	Contact email	
	<u>LeeOfficemanager@aol.com</u>		
	<small>Uniform claim identifier for electronic payments is attached to the back of this form.</small>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>4/15/2024</u>		
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____		

Official Form 410

Proof of Claim  
page 1



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**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number just 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  
TIOB

7. How much is the claim? \$ 5.00 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 recorded 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:  
☐ First lien: 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 indicated copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)  
Value of property: \$ \_\_\_\_\_  
Amount of the claim that is secured: \$ \_\_\_\_\_  
Amount of the claim that is unsecured: \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)  
Amount necessary to cure any default as of the date of the petition: \$ \_\_\_\_\_  
Annual interest rate (when claim 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

Proof of Claim  
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APR 15 2024  
WILSON CARSON CONSULTANTS

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

☒ No

☐ Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,250* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(2).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(9).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies: _____	\$ _____

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for dates begun to or after the date of adjustment.

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

☒ No

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

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

**Part 3 Sign Below**

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5010(a)(2) authorizes courts to establish local rules specifying when 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 397.

Check the appropriate box:

- ☒ I am the creditor.
- ☐ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that this information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 03/28/2020  
MM / DD / YYYY

Signature

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

Name: Yung Hee Lee  
First name Middle name Last name

Title: Debtist

Company: Yung Hee Lee ODS Inc.  
Indicate the corporate service to the company if the authorized agent is a service.

Address: 12411 Hesperia Rd Ste C  
Number Suite

City: Victorville, CA State: 92391 ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

Contact: 760-243-4364 Email: lee.office.manager@gmail.com

RECEIVED

APR 15 2024

NOTARIAL CARSON CONSULTANTS

Official Form 410

Proof of Claim  
page 3







United States Bankruptcy Court  
Southern District of California

In re:  
BORREGO COMMUNITY HEALTH FOUNDATION,  
Debtor

Case No. 22-02384-LT  
Chapter 11

## CERTIFICATE OF NOTICE

District/off: 0974-3  
Date Rcvd: May 08, 2025

User: Admin.  
Form ID: pdfO1

Page 1 of 3  
Total Noticed: 2

The following symbols are used throughout this certificate:

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

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on May 10, 2025:

Recip ID	Recipient Name and Address
db	BORREGO COMMUNITY HEALTH FOUNDATION,, 587 Palm Canyon Dr., Suite 208, Borrego Springs, CA 92004
aty	+ Samuel Ruven Maizel, Dentons US LLP, 601 South Figueroa Street, Suite 2500, Los Angeles, CA 90017-5709

TOTAL: 2

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

NONE

## BYPASSED RECIPIENTS

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

NONE

## NOTICE CERTIFICATION

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

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

Date: May 10, 2025                      Signature: /s/Gustava Winters

## CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on May 8, 2025 at the address(es) listed below:

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

District/off: 0974-3

User: Admin.

Page 2 of 3

Date Rcvd: May 08, 2025

Form ID: pdfO1

Total Noticed: 2

Anthony Bisconti

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

Anthony Dutra

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

Anthony Dutra

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