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**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, TOMA,
PETROS, EVANS DDS, PETROS, TOMA
& PUTRUS DENTAL CORPORATION,
AND TOMA & PETROS DDS, INC.
REGARDING CLAIM NOS. 174, 175 AND
176**

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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”), Toma, Petros, Evans DDS (“Petros Evans”), Petros, Toma & Putrus Dental Corporation (“Petros Toma”), and Toma & Petros DDS, Inc. (“Toma & Petros”, and together with Petros Evans and Petros Toma, the “Petros Claimants”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees, Toma Petros, Evans DDS, Petros, Toma & Putrus Dental Corporation, and Toma & Petros DDS, Inc. Regarding Claim Nos. 174, 175, and 176.*

RECITALS

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

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

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WHEREAS, on or about November 23, 2022, after the Claims Bar Date, Toma, Petros, Evans DDS filed Proof of Claim No. 174 in the amount of \$17,000.00 (“Claim 174”), Petros, Toma & Putrus Dental Corporation filed Proof of Claim No. 175 in the amount of \$53,516.00 (“Claim 175”), and Toma & Petros DDS, Inc. filed Proof of Claim No. 176 in the amount of \$10,795.00 (“Claim 176”, and together with Claim 174 and Claim 175, the “Petros Claims”), copies of which are attached hereto respectively as **Exhibits A, B and C**;

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, Claimant and the Co-Liquidating Trustees are in dispute over the Petros Claims, as to whether the Petros Claimants have sufficient evidence of excusable neglect to avoid having the Petros Claims disallowed as late filed.

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

STIPULATION

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

1. Claim 174 shall be disallowed and expunged from the claims register maintained by the claims agent.

2. Claim 175 shall be disallowed and expunged from the claims register maintained by the claims agent.

3. Claim 176 shall be allowed as a general unsecured claim in the amount of \$60,983.25. (the “Allowed Claim Amount”).

4. The Petros Claimants shall not file any additional proofs of claim, nor

1 will the Petros Claimants amend (or seek to amend) the Petros Claims.

2 5. Within thirty (30) days of entry of the order approving this Stipulation,
3 and after the Petros Claimants have provided their completed W-9s to the Co-
4 Liquidating Trustees, the Liquidating Trust shall pay the Allowed Claim Amount to
5 the Petros Claimants pursuant to the Plan.

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

19 7. Each of the Parties to the Stipulation acknowledge that they are
20 familiar with California Civil Code Section 1542 and with respect to the matters
21 released herein, each Party expressly waives any and all rights under California
22 Civil Code Section 1542 and under any other federal or state statute or law of
23 similar effect. California Civil Code Section 1542 provides:

24
25 A general release does not extend to claims that the
26 creditor or releasing party does not know or suspect to
27 exist in his or her favor at the time of executing the
28 release and that, if known by him or her, would have
materially affected his or her settlement with the debtor
or released party.

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1
2 8. The Petros Claimants hereby warrant that the Petros Claimants (a) are
3 authorized and empowered to execute this Stipulation on behalf of the Petros
4 Claimants, (b) have read this Stipulation in its entirety and fully understand and
5 accept the terms set forth herein, (c) have had an opportunity to consult with legal
6 counsel and any other advisors of the Petros Claimants' choice with respect to the
7 terms of this Stipulation, and (d) are signing this Stipulation on the Petros
8 Claimants' own free will.

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

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

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

Dated: June 4, 2025

DENTONS US LLP
SAMUEL R. MAIZEL
TANIA M. MOYRON

By: /s/ Tania M. Moyron
Tania M. Moyron

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

Dated: June 4, 2025

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

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

Dated: May 30th
April, 2025

TOMA, PETROS, EVANS DDS

By: [Signature]
Its: CEO

Dated: May 30th
April, 2025

PETROS, TOMA & PUTRUS DENTAL
CORPORATION

By: [Signature]
Its: CEO

Dated: May 30th
April, 2025

TOMA & PETROS DDS, INC.

By: [Signature]
Its: CEO

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

EXHIBIT A

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

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the Southern District of California

Case number 22-02384

The Debtor has listed your claim as Disputed on Schedule F (E/F, Part 2) as a General Unsecured claim. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

Official Form 410

Proof of Claim

04/22

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

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

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

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

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Toma Petros Evans DDS</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? <u>Toma Petros Evans DDS</u> <u>1901 4th Ave Suite 300</u> <u>San Diego, CA 92101</u> Address Contact phone <u>619-236-7959</u> Contact email <u>tomapetros@evansdental.com</u> Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	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? _____	



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>48043</u>	
7. How much is the claim?	\$ <u>17,000</u>	Does this amount include interest or other charges? <input 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 services provided</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 <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ Basis for perfection: _____ Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.) Value of property: \$ _____ Amount of the claim that is secured: \$ _____ Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	

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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

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

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

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



No



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

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:



I am the creditor.



I am the creditor's attorney or authorized agent.



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



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

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

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

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

Executed on date

11 21 2022
MM / DD / YYYY

Signature

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

Name

Ona

First name

Middle name

Reed

Last name

Title

Chief Executive Officer

Company

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

Address

1901 4th Ave Suite 300

Number

Street

San Diego

City

CA

State

92101

ZIP Code

USA

Country

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Contact phone

619 236-7959

Email



Supporting Documentation Redacted
(on file with KCC)

EXHIBIT B

Your claim can be filed electronically on KCC's website at <https://epoc.kccilc.net/borrego.html>.
ID: 25784020 PIN: yrHtEMQj

Fill in this information to identify the case:

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

NameID: 15087217

1. Who is the current creditor?	Petros, Toma & Putrus Dental Corporation 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? Petros, Toma & Putrus Dental Corporation Attn Dr. Petros 4844 University Avenue, Suite B San Diego, CA 92105 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Address Contact phone (619) 285-5010 Contact email petros.toma@live.com Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	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? _____		



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: 9279

7. How much is the claim?

\$ 53,516.00

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 Services Provided

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

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

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

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

☒ No

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

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:

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

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

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

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

Executed on date

11/21/2022
MM/DD/YYYY

Signature

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

Name

First name

Middle name

Last name

Title

Company

Address

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

Number

Street

City

State

ZIP Code

Country

Email

Contact phone

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HORIZON CARSON CONSULTANTS



Supporting Documentation Redacted
(on file with KCC)

EXHIBIT C

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

ID: 25784277

PIN: yILfepWu

Fill in this information to identify the case:

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

Official Form 410
Proof of Claim

04/22

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

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

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

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

Part 1: Identify the Claim

NameID: 15087474

1. Who is the current creditor?	Toma & Petros, 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?	<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? Toma & Petros, DDS, Inc. Attn Nancy Reyna Vargas & Dr. Dhafir Petros 3737 Moraga Ave., Suite #B 311 San Diego, CA 92117 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Address _____ Contact phone <u>858-483-2093</u> Contact email <u>tomapetros@live.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone _____ Contact email _____
RECEIVED NOV 23 2022 KURTZWEIN CARSON CONSULTANTS Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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

6. Do you have any number you use to identify the debtor? ☐ No ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 2640

7. How much is the claim? \$ 10,795 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 Services Provided

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.)

RECEIVED

NOV 23 2022

KURTZMAN CARSON CONSULTANTS

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: _____

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

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

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

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). \$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). \$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. \$ _____

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

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

☒ No

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

\$ _____

Part 3: Sign Below

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

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

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

Check the appropriate box:

☒ I am the creditor.

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

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

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

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

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

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

Executed on date

11/21/2022
MM / DD / YYYY

Signature

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

Name

First name

Middle name

Last name

Title

Company

Address

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

3737 Moraga Ave., Suite B311

Number

Street

City

State

ZIP Code

Country

San Diego CA

92117

USA

Contact phone

(619) 322-4949

Email

Orneedtoma@gmail.com

RECEIVED

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Supporting Documentation Redacted
(on file with KCC)