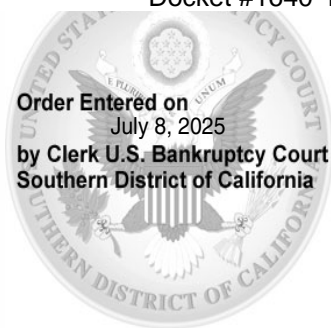


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Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)  
Steven W. Golden (Admitted Pro Hac Vice)  
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Los Angeles, CA 90067  
Telephone: 310/277-6910

Attorneys for the Co-Liquidating Trustee

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

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.  
22-02384-LT11

**ORDER ON  
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,  
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND  
ALBERTO RODRIGUEZ CRUZ REGARDING CLAIM NO. 308**

The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 26 pages. Stipulation Docket Entry No. 1636.

jro

/

//

//

DATED: July 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 ALBERTO RODRIGUEZ CRUZ REGARDING CLAIM NO. 308

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

---

On July 2, 2025, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Alberto Rodriguez Cruz filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Alberto Rodriguez Cruz Regarding Claim No. 308* [Docket No. 1636] (the "Stipulation").

IT IS HEREBY ORDERED:

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

# EXHIBIT 1

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

1 SAMUEL R. MAIZEL (Bar No. 189301)  
samuel.maizel@dentons.com

2 TANIA M. MOYRON (Bar No. 235736)  
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3 DENTONS US LLP  
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4 Los Angeles, California 90017-5704  
Telephone: 213 623-9300  
5 Facsimile: 213 623-9924

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

8 Jeffrey N. Pomerantz (Bar No. 143717)  
Steven W. Golden (Admitted Pro Hac Vice)  
9 PACHULSKI STANG ZIEHL & JONES LLP  
10 10100 Santa Monica Blvd., 13th Floor  
Los Angeles, CA 90067  
Telephone: 310-277-6910  
Facsimile: 310-201-0760  
11 Email: jpomerantz@pszjlaw.com  
sgolden@pszjlaw.com

12 Attorneys for the Co-Liquidating Trustee

13  
14 **UNITED STATES BANKRUPTCY COURT**  
15 **SOUTHERN DISTRICT OF CALIFORNIA**

16 In re

17 **BORREGO COMMUNITY**  
18 **HEALTH FOUNDATION,**

19 Debtor and Debtor in  
20 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  
ALBERTO RODRIGUEZ CRUZ  
REGARDING CLAIM NO. 308**



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

Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Alberto Rodriguez Cruz (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Alberto Rodriguez Cruz Regarding Claim No. 308*.

### **RECITALS**

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

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

WHEREAS, on or about November 22, 2022, after the Claims Bar Date, Roca Dental, Inc. filed Proof of Claim No. 172 in the amount of \$35,099.00 (“Claim 172”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, on or about June 11, 2025, Claimant filed Proof of Claim No. 308

1 in the amount of \$35,099.00 ("Claim 308"), a copy of which is attached hereto as  
2 **Exhibit B**. Claim 308 amends Claim 172 to reflect the correct name of Claimant.

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

9 WHEREAS, Claimant and the Co-Liquidating Trustees are in dispute over  
10 Claim 308 as to whether Claimant has sufficient evidence of excusable neglect to  
11 avoid having Claim 308 disallowed as late filed.

12 WHEREAS, the Parties have agreed to resolve their dispute regarding Claim  
13 308 as set forth herein.

#### 14 STIPULATION

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

17 1. Based on the evidence provided by the Claimant, and the fact that  
18 Claim 308 was filed after the Claims Bar Date, Claim 308 shall be reduced and  
19 allowed as a general unsecured claim in the amount of \$26,324.25 (the "Allowed  
20 Claim Amount").

21 2. Claimant shall not file any additional proofs of claim, nor will  
22 Claimant amend (or seek to amend) Claim 308.

23 3. Within thirty (30) days of entry of the order approving this Stipulation,  
24 and after Claimant has provided a completed W-9 to the Co-Liquidating Trustees,  
25 the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to  
26 the Plan.

27 4. In consideration of the agreements with and value provided herein and  
28 other good and valuable consideration, the Parties hereby waive, remise, release

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1 and forever discharge the other, including each of their respective former and  
2 current predecessors, successors, assigns, subsidiaries, parent companies,  
3 shareholders, partners, members, managers, investors directors, officers,  
4 accountants, attorneys, employees, agents, representatives and servants of, from and  
5 against any and all claims, actions, causes of action, suits, proceedings, defenses,  
6 counterclaims, contracts, judgments, damages, accounts, reckonings, executions,  
7 and liabilities whatsoever of every name and nature, whether known or unknown,  
8 whether or not well-founded in fact or in law, and whether in law, at equity or  
9 otherwise, which either Party ever had or now has for or by reason of any matter,  
10 cause or anything whatsoever to this date, relating to or arising out of the Chapter  
11 11 Case.

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

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

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

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

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

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

8  
9 Dated: July 2, 2025

DENTONS US LLP  
SAMUEL R. MAIZEL  
TANIA M. MOYRON

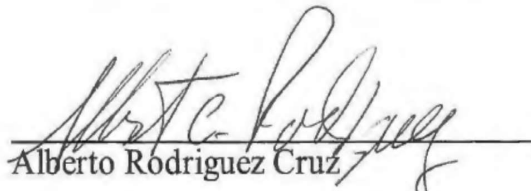
10  
11 By /s/ Tania M. Moyron  
12 Tania M. Moyron  
13 Attorneys for the Post-Effective Date  
Debtor and the Co-Liquidating Trustee

14 Dated: July 2, 2025

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

15  
16 By /s/ Steven W. Golden  
17 Steven W. Golden  
18 Attorneys for the Co-Liquidating Trustee

19  
20 Dated: July 2, 2025

  
Alberto Rodriguez Cruz

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

# EXHIBIT A



Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California  
 (State)

Case number 22-02384

Official Form 410  
 Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Roca Dental, 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) 2002(g)	<u>Roca Dental, Inc</u> <u>79-440 Corporate Center Dr #103</u> <u>La Quinta, CA 92253</u>	
	Contact phone <u>760-564-7716</u>	Contact phone _____
	Contact email <u>albertocrodriguezdds@yahoo.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



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

6.	Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _	
7.	How much is the claim? \$ <u>35099</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).	
8.	What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.  <u>Services performed</u>		
9.	Is all or part of the claim secured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		
10.	Is this claim based on a lease? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____		
11.	Is this claim subject to a right of setoff? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____		



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☐ No ☒ Yes. Check all that apply:

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

	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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>15150</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

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

13. Is all or part of the claim 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 11/22/2022  
MM / DD / YYYY

/s/Alberto Rodriguez Cruz  
Signature

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

Name Alberto Rodriguez Cruz  
First name Middle name Last name

Title owner

Company Roca Dental Inc  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 79440 CORPORATE CENTER DR, STE 103, LA QUINTA, California, 92253,  
United States

Contact phone 7605647716 Email albertocrodriguezdds@yahoo.





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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation		
<b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Roca Dental, Inc 79-440 Corporate Center Dr #103 La Quinta, CA, 92253 <b>Phone:</b> 760-564-7716 <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> albertocrodriguezdds@yahoo.com	<b>Has Supporting Documentation:</b> Yes, please mail physical supporting documentation <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b>	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Services performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 35099	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(8): 15150	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Alberto Rodriguez Cruz on 22-Nov-2022 7:52:24 p.m. Eastern Time <b>Title:</b> owner <b>Company:</b> Roca Dental Inc		
<b>Optional Signature Address:</b> Alberto Rodriguez Cruz 79440 CORPORATE CENTER DR STE 103 LA QUINTA, California, 92253 United States <b>Telephone Number:</b> 7605647716 <b>Email:</b> albertocrodriguezdds@yahoo.com		

# **Additional Supporting Documents Received on 11/28/2022**

RECEIVED

NOV 28 2022

KURTZMAN CONSULTANTS



220238422112800000000004

Case 22-02384-CL11 Filed 07/02/25 Entered 07/02/25 12:20:45 Doc 1636 Pg. 12  
of 23

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

ID: 25784151

PIN: QGzB3byT

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: 15087348

1. Who is the current creditor?	<u>Roca Dental, 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 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>Roca Dental, Inc</u> <u>79-440 Corporate Center Dr #103</u> <u>La Quinta, CA 92253</u>	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Address _____ Contact phone <u>760 250 5262</u> Contact email <u>albertocrodriguez@yaho.com</u>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) <b>RECEIVED</b> NOV 28 2022 KURTZMAN 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? _____	

Official Form 410

Proof of Claim  
page 1



2202384221019011923006803

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of 23

**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: \_\_\_\_\_

7. How much is the claim? \$ 35,099.<sup>00</sup> 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.  
Services Performed

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



2202384221019011923006803

Signed by Judge Christopher B. Latham July 7, 2025

Case 22-02384-CL11 Filed 07/02/25 Entered 07/02/25 12:20:45 Doc 1636 Pg. 14  
of 23

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? ☐ No ☒ Yes. Check all that apply.

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). \$ 15,150.00

☐ 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

11/26/22  
MM / DD / YYYY  
Albert C. Rodriguez  
Signature

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

Name Albert Rodriguez Cruz  
First name Middle name Last name

Title Owner

Company Roca Dental Inc.

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

Address 79440 Corporate Center Dr #103  
Number Street

La Quinta CA 92253 United States  
City State ZIP Code Country

Contact phone 760 564 7716 Email albertcruz@roca.com

RECEIVED

NOV 28 2022

NORTON CARSON CONSULTANTS

Official Form 410

Proof of Claim  
page 3



2202384221019011923006803

Supporting Documentation Redacted  
(on file with KCC)

# EXHIBIT B

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California  
 (State)

Case number 22-02384

Official Form 410  
**Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

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

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

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>Alberto Rodriguez Cruz</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?	<b>Where should notices to the creditor be sent?</b> Alberto Rodriguez Cruz 79440 Corporate Center Dr #103 La Quinta, CA 92253  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Contact phone <u>7606736269</u> Contact email <u>albertocrodriguezdds@yahoo.com</u>	<b>Where should payments to the creditor be sent? (if different)</b>     Contact phone _____ Contact email _____  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____
4. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>172</u> Filed on <u>11/22/2022</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Roca Dental Inc.</u>	





## Part 2:

☒ No

5

\$ 35099.00

**Does this amount include interest or other charges?**

☒

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.

### Services Performed

☒ No

**Nature or property:**

☐☐

9

**Basis for perfection:**

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

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

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

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

**Amount necessary to cure any default as of the date of the petition:**

Annual Interest Rate (when case was filed) \_\_\_\_\_ %

☐

9

☒ No☐☒ No☐

<p><b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b></p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Check all that apply:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><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). \$ _____</p> <p><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). \$ _____</p> <p><input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). \$ <u>15150</u></p> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). \$ _____</p> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies. \$ _____</p> <p><small>* 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.</small></p>	<p style="text-align: center;"><b>Amount entitled to priority</b></p>
<p><b>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?</b></p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> 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.</p> <p>\$ _____</p>	

**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 06/11/2025  
MM / DD / YYYY

/s/Alberto Rodriguez Cruz  
Signature

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

Name Alberto Rodriguez Cruz  
First name Middle name Last name

Title \_\_\_\_\_

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

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



## Verita (KCC) ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation		
<b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Alberto Rodriguez Cruz 79440 Corporate Center Dr #103 La Quinta , CA, 92253 <b>Phone:</b> 7606736269 <b>Phone 2:</b> 7602505262 <b>Fax:</b> <b>Email:</b> albertocrodriguezdds@yahoo.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> Yes <b>Related Claim Filed By:</b> Roca Dental Inc.	
	<b>Filing Party:</b>	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> Yes - 172, 11/22/2022 <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Services Performed	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 35099.00	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(8): 15150	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Alberto Rodriguez Cruz on 11-Jun-2025 11:00:06 a.m. Pacific Time <b>Title:</b> <b>Company:</b>		

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

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>Alberto Rodriguez Cruz</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?  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name <u>79440 Corporate Center Dr. #103</u> Number <u>La Quinta</u> Street <u>CA</u> City <u>United States</u> State <u>92253</u> ZIP Code Country _____ Contact phone <u>760 673 6269</u> Contact email <u>albertorodriguezdds@yahoo.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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>172</u> Filed on <u>7/22/2022</u> MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Who made the earlier filing? <u>Loca Dental Inc.</u>	



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

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>35,099.00</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>Services Performed</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <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 <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____ <b>Basis for perfection:</b> _____ 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.) <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.) <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____ <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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

☐ No

☒ Yes. Check all that apply:

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). \$ 15,150.00

☐ 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 06/11/2025

Alberto C. Rodriguez Cruz  
Signature

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

Name Alberto Rodriguez Cruz  
First name Middle name Last name

Title Owner

Company \_\_\_\_\_

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

Address 79440 Corporate Center Dr. #103  
Number Street  
La Quinta CA 92253 United States  
City State ZIP Code Country

Contact phone 760 673 6269

Email albertorodriguezdds@yahoo.com

United States Bankruptcy Court  
Southern District of California

In re:  
BORREGO COMMUNITY HEALTH FOUNDATION,  
Debtor

Case No. 22-02384-CL  
Chapter 11

## CERTIFICATE OF NOTICE

District/off: 0974-3  
Date Rcvd: Jul 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 Jul 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: Jul 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 July 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: Jul 08, 2025

Form ID: pdf01

Total Noticed: 2

Anthony Bisconti

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

Anthony Dutra

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

Anthony Dutra

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

Bernard M. Hansen

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

Cheryl Skigin

on behalf of Creditor Ally Bank caskigin@earthlink.net

Christine E. Baur

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

Christine M. Fitzgerald

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

Daren Brinkman

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

Darin L. Wessel

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

Darin L. Wessel

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

Dean T. Kirby, Jr.

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

Elvina Rofael

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

Eric J Beste

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

Eric J Beste

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

Eric J Beste

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

Eric J Beste

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

Gerald N. Sims

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

Gerald N. Sims

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

Haeji Hong

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

Hala Hammi

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

Helen Yang

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

Jeffrey Garfinkle

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

Jeffrey Garfinkle

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

Jeffrey N. Pomerantz

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



District/off: 0974-3  
Date Rcvd: Jul 08, 2025

User: Admin.  
Form ID: pdf01

Page 3 of 3  
Total Noticed: 2

Jeffrey N. Pomerantz	on behalf of Other Prof. FTI Consulting Inc. jpomerantz@pszjlaw.com, scho@pszjlaw.com
Jeffrey N. Pomerantz	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com scho@pszjlaw.com
Keith H. Rutman	on behalf of Creditor Waleed Stephen D.D.S. krutman@krutmanlaw.com
Kelly Ann Mai Khanh Tran	on behalf of Creditor Anna Navarro kelly@smalllawcorp.com emma@smalllawcorp.com
Kenneth K. Wang	on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kenneth K. Wang	on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kirsten Martinez	on behalf of Creditor Wells Fargo Bank N.A., d/b/a/ Wells Fargo Auto kirsten.martinez@bonialpc.com, Notices.Bonial@ecf.courtdrive.com
Leslie Gardner	on behalf of Creditor U.S. Department of Health and Human Services leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.dkt.civ@usdoj.gov
Leslie Gardner	on behalf of Creditor Internal Revenue Service leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.dkt.civ@usdoj.gov
Michael B. Reynolds	on behalf of Creditor Blue Shield of California Promise Health Plan mreynolds@swlaw.com kcollins@swlaw.com
Michael B. Reynolds	on behalf of Creditor California Physicians' Service dba Blue Shield of California mreynolds@swlaw.com kcollins@swlaw.com
Michael I. Gottfried	on behalf of Creditor Tower Energy Group Inc. mgottfried@elkinskalt.com, rzur@elkinskalt.com,1648609420@filings.docketbird.com
Randy B. Soref	on behalf of Interested Party Family Health Centers of San Diego rsoref@polsinelli.com
Shawn Christianson	on behalf of Creditor Oracle America Inc. SII to NetSuite, Inc. schristianson@buchalter.com, cmcintire@buchalter.com
Steven W Golden	on behalf of Trustee Co-Liquidating Trustee sgolden@pszjlaw.com
Steven W Golden	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation sgolden@pszjlaw.com
Susan C. Stevenson	on behalf of Creditor BETA Healthcare Group sstevenson@psdslaw.com bonniec@psdslaw.com
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