

CSD 2015 [05/01/23]

- 2 **Within 30¹ days from the date of service of this motion**, you are further required to serve a copy of your **Declaration in Opposition to Motion** and separate **Request and Notice of Hearing** [Local Form CSD 1184] upon the undersigned moving party, together with any opposing papers. The opposing declaration must be signed and verified in the manner prescribed by FRBP 9011, and the declaration must:
- a. identify the interest of the opposing party; and
 - b. state, with particularity, the grounds for the opposition.
3. **You must** file the original of the Declaration and Request and Notice of Hearing with proof of service with the Clerk of the U.S. Bankruptcy Court at 325 West F Street, San Diego, California 92101-6991, no later than the next business day following the date of service.
- If you fail to serve your “Declaration in Opposition to Intended Action” and “Request and Notice of Hearing”** within the 30-day¹ period provided by this notice, **no hearing will take place**, you will lose your opportunity for hearing, and the debtor or trustee may proceed to take the intended action.

I hereby declare under penalty of perjury that the objection set forth above is true and correct to the best of my information and belief.

DATED: 7/31/2025

/s/ Tania M. Moyron

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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

**DECLARATION OF ISAAC LEE IN
SUPPORT OF OBJECTION TO CLAIM
307, FILED BY ADP INC**

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

1 I, Isaac Lee, hereby state and declare as follows:

2 1. I am a Co-Liquidating Trustee of the BCHF Liquidating Trust (the
3 “Liquidating Trust”).

4 2. I am a Managing Director at Ankura with more than 20 years of
5 operational and financial restructuring experience. I have advised numerous
6 companies on turnaround plan development and evaluation, liquidity improvement
7 initiatives, asset dispositions, liability management and bankruptcy filing
8 preparation. I have also assisted in managing and administering companies during
9 this chapter 11 case. Additionally, I have prior experience with health care providers,
10 including a nine surgical center system and had senior level responsibilities on two
11 prior engagements where Ankura has been involved as Chief Restructuring Officer.

12 3. I received my MBA from the Tuck School at Dartmouth College and
13 my BS in Business Administration from the University of Southern California.

14 4. I am knowledgeable and familiar with the Debtor’s day-to-day
15 operations, business, and financial affairs, restructuring efforts and the circumstances
16 leading to the commencement of this chapter 11 case. Except as otherwise indicated
17 herein, this declaration is based upon my personal knowledge, my review of relevant
18 documents, information provided to me by former employees of the Debtor, the
19 Debtor’s legal and financial advisors, the Liquidating Trust’s legal and financial
20 advisors, or my opinion based upon my experience, knowledge, and information
21 concerning the Debtor and the medical industry. If called upon to testify, I would
22 testify competently to the facts set forth in this Declaration.

23 5. I make this declaration (the “Declaration”) in support of the *Objection*
24 *to Claim 307* filed by ADP Inc (the “Objection”).

25 6. I incorporate by reference into this Declaration my *Declaration in*
26 *Support of Emergency First Day Motions* [Docket No. 7].
27
28

8. On April 17, 2025, ADP Inc (the “Claimant”) filed Proof of Claim Number 307 (“Claim 307”) in the amount of \$1,595.30. Based on the Debtor’s books and records, there are no outstanding amounts owed to Claimant. Further, Claim 307 was filed after the Claims Bar Date. A copy of Claim 307 is attached hereto as **Exhibit “A.”**

10. The Post-Effective Date Debtor and Liquidating Trustees expressly reserve their rights to amend, modify, or supplement this Objection to Claim 307, or file a new objection to assert objections to Claim No. 307. Should the grounds for disallowance of the Claim as stated in this Objection be deemed insufficient, the Post-Effective Date Debtor and the Liquidating Trustees reserve their rights to object to Claim 307 on any other grounds.

Executed this 31st day of July 2025, at Los Angeles, California.

/s/ Isaac Lee
Isaac Lee

EXHIBIT A

Fill in this information to identify the case:

Debtor 1 BORREGO COMMUNITY HEALTH FOUNDATIONDebtor 2
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of California

Case number 22-02384-LT11

FILED

2025 APR 17 PM 2:54

CLERK
U.S. BANKRUPTCY CT.
SO DIST. OF CALIF.

Official Form 410

Proof of Claim

12/15

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 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. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?

ADP 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?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

ADP INC

Name

1851 N. Resler

Number

Street

EL Paso

City

TX

State

79912

ZIP Code

Contact phone

Contact email

Where should payments to the creditor be sent? (if different)

Same

Name

Number

Street

City

State

ZIP Code

Contact phone

Contact email

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Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?

☒ No☐ Yes. Claim number on court claims registry (if known)Filed on 01/25/2024
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?

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: 5 8 1 7

7. How much is the claim? \$ 1,595.30 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 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

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)?

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 one:

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

☐ Up to \$2,775* 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 \$12,475*) 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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 a 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 04/15/2025
MM / DD / YYYY

Paul Rash

Signature

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

Name	Paul		Rash	
	First name	Middle name	Last name	
Title	Accounts Receivable			
Company	ADP INC			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	1851 N. Resler			
	Number	Street		
	El Paso	TX	79912	
	City	State	ZIP Code	
Contact phone			Email	

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ADP, Inc.
PO Box 31001-1874
Pasadena CA 91110-1874

INVOICE

Client Name : BORREGO COMMUNITY HEALTH
Client Number : 1105817
Invoice Number : 650225559
Invoice Date : 12/29/2023
Invoice Due Date : 01/05/2024
Total Due This Invoice : \$1,595.30

i Inquiries

For Product/Service inquiries, please contact your Client Service Team.

MIGUEL BAAY
BORREGO COMMUNITY HEALTH
PO BOX 2369
587 PALM CANYON DR. #208
BORREGO SPRINGS, CA 92004-2369

****IMPORTANT MESSAGE*********IMPORTANT NOTICE: Payment Remittance Address Change**

There has been a change in our payment remittance address for Fees for Services. All payments going forward should be sent to: PO Box 830272, Philadelphia, PA 19182-0272. Overnight Payments should be sent to ADP INC, Lockbox 830272, 525 Fellowship Road, Suite 330, Mt. Laurel, NJ 08054-3415

CURRENT CHARGES

ADP ENTERPRISE ETIME COMPANY CODE 0070-3C-070GJD	QUANTITY	RATE	BASE	TOTAL CHARGES	TAX
Processing Charges					
Enhanced Time and Attendance Includes: Hosting Fee Enhanced Hosted Time and Attendance	5			\$1,595.30	
TOTAL CHARGES FOR COMPANY CODE: 0070-3C-070GJD					\$1,595.30
Total Due This Invoice					\$1,595.30

WE APPRECIATE YOUR BUSINESS!

- Send your payment with the return stub below in the enclosed return envelope.
- Include on your check, the client number and invoice number to ensure accurate payment processing.
- Make your check payable to ADP, Inc. and mail to the address listed below.

Return Stub

Mail check payment to:

ADP, Inc.
PO Box 31001-1874
Pasadena, CA 91110-1874

Client Name : BORREGO COMMUNITY
HEALTH
Client Number : 1105817
Invoice Number : 650225559
Invoice Date : 12/29/2023
Invoice Due Date : 01/05/2024
Total Due This Invoice : \$1,595.30
Amount Enclosed \$

004087400110581721229236502255590001595303

ORACLE ADJUSTMENTS

Service Desk #:

DATE: 4/15/2025

ORACLE ADJUSTMENTS

CH 11
Controller Approval Attached