

Fill in this information to identify the case:

Debtor 1 Beltmann Integrated Logistics

Debtor 2 _____
(Spouse, if filing)

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. 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?	<u>Beltmann Integrated Logistics</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?	Where should payments to the creditor be sent? (if different)
	<u>Beltmann Integrated Logistics</u> Name <u>2250 W. Pinehurst Blvd, Suite 100</u> Number Street <u>Addison IL 60101</u> City State ZIP Code Contact phone <u>630-562-6944</u> Contact email <u>caitlin.fulmer@beltmann.com</u>	<u>Beltmann Integrated Logistics</u> Name <u>NW5976 P.O. Box 1450</u> Number Street <u>Minneapolis MN 55485</u> City State ZIP Code Contact phone <u>630-576-5143</u> Contact email <u>sandra.cadena@beltmann.com</u>
	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? _____	

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220238422101300000000004

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: 0 0 7 8

7. How much is the claim? \$ 13,730.00 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.
Relocation 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 amounts should match the amount in line 7.)

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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:

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

* Amounts are subject to adjustment on 4/01/25 and every 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 09/16/2022
MM / DD / YYYY

Caitlin Fulmer
Signature

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

Name Caitlin L Fulmer
First name Middle name Last name

Title Director of Healthcare Operations

Company Beltmann Integrated Logistics
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2250 W. Pinehurst Blvd, Suite 100
Number Street

Addison IL 60101
City State ZIP Code

Contact phone 630-562-6944 Email caitlin.fulmer@beltmann.com

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OCT 13 2022
KURTZMAN CARSON CONSULTANTS

Federal I.D.
38-3408323



beltmann
integrated logistics
NW5976
P.O. Box 1450
Minneapolis, MN 55485-5976
Telephone: (630) 576-5090

INVOICE NUMBER

00172513TT

INVOICE DATE

9/12/2022

CUSTOMER

Borrego Health
ATTN: ACCOUNTS PAYABLE
1151 E. Washington Ave.
ESCONDIDO, CA 92025

TERMS: 30 DAYS

DATE	DESCRIPTION	CHARGES
9/12/2022	Riverside Clinics Move: Aug 29 – 4 Hour Minimum Attempt, Same Day Cancellation: \$1,430.00 Move 1971 University Ave - \$3,400.00 Move 1970 University Ave - \$3,400.00 Move 8856 Arlington Ave - \$5,500.00	\$13,730.00

Thank You
We Appreciate your business!

Contracts For Acct Use:
TTP0010078

INVOICE TOTAL:

\$13,730.00

If paid after 10/12/2022 then

\$13,935.95

(includes a finance charge of 1.5% of total invoice amount)

CAL-T-189175

OFFICE MOVING BILL OF LADING

THE BELTMANN GROUP, INC.
13021 LEFFINGWELL AVENUE, SANTA FE SPRINGS, CA 90670
(800) 726-3999

Contract # _____
MOVE DATE: 8/29/22
SITE START TIME: 8AM

A.M.
P.M.
A.M.
P.M.

No 34968

SHIPPER _____ CONSIGNEE _____
ADDRESS ORIGIN BIL (BORREGO HEALTH) ADDRESS DEST. (BORREGO HEALTH)
CITY/ST/ZIP 1971 UNIVERSITY AVE. CITY/ST/ZIP 68555 RAMON RD.
CONTACT RIVERSIDE, CA 92507 CONTACT CATHEDRAL CITY, CA 92234
PHONE _____ PHONE _____

Equipment	Name	Job Title	Time In	Time Out	S.T.	O.T.	Lunch
	MB#BORHLTH22AUG						
	Customer Not Ready at Origin. c/L Consignee						

Explanation	D=Driving	L=Loading	UL=Unloading	P=Packing	UP=Unpacking	X=Time Out For

VALUATION
Shipper is requested to read this document before signing and ask for an explanation of anything not clear or inconsistent with any previous representation. The consignor's signature on this document will authorize the carrier to move, ship, or store the goods referred to below, or on a separate inventory made a part of this document, from the above shipper location (Consignor) to the Consignee's address, subject to the conditions outlined on the reverse of this document. The shipper agrees or declared value of the shipment transported hereinunder will be:

- Not exceeding 0.60 per pound per article (Initial) _____
- A declared amount as \$ _____ of Actual Cash Value protection for which an added charge is required. (Initial) _____
- A declared amount as \$ _____ of Full Value protection for which an added charge is required. (Initial) _____

DESCRIPTION/INSTRUCTIONS STRAIGHT TIME	SERVICE	QUANTITY	RATE	AMOUNT
PACK AND MOVE	1 Van 1 men	hrs.	per hr.	
10 PACKED PLATIC BINS OF EQUIPMENT, 2 WALL MOUNT TVs, 8 SMALL/MEDIUM PRINTERS, 2 COPIERS/PRINTERS, 1 SPEEDPACK OF SERVER ROOM EQUIPMENT, 4 MEDICAL DEVICES ON WHEELS	1 X-men	hrs.	per hr.	
	1 Supervisor	hrs.	per hr.	
	1 Foreman	hrs.	per hr.	
	1 Installer			
BUBBLE WRAP EVERYTHING THAT IS NOT ALREADY PACKED IN BINS				
DESCRIPTION/INSTRUCTIONS OVERTIME	SERVICE	QUANTITY	RATE	AMOUNT
	Van men	hrs.	per hr.	
INVOICES: BIL060101				
BELTMANN INTEGRATED LOGISTICS	X-men	hrs.	per hr.	
ATTN: BILinvoices@beltmann.com	Supervisor	hrs.	per hr.	
cc: caitlin.fulmer@beltmann.com				
REFERENCE: BITTP0010078 RIVERSIDE CLINICIS	Foreman	hrs.	per hr.	
DI: Portal to Portal				
MB#BORHLTH22AUG				
PACKING MATERIAL/EQUIPMENT RENTAL	TYPE	QUANTITY	RATE	AMOUNT
SALES TAX				
TOTAL PACKING MATERIAL/EQUIPMENT RENTAL				
MISC. SERVICES	TYPE	QUANTITY	RATE	AMOUNT
VALUATION PROTECTION	TYPE	RATE	AMOUNT	

CUSTOMER AGREES THAT TITLE TO ALL PACKING MATERIALS AND OTHER PROPERTY SOLD TO CUSTOMER PASSES TO CUSTOMER PRIOR TO THE TRANSPORTATION OF SUCH PROPERTY TO THE CUSTOMER BY CARRIER. It is agreed that this document, WHICH INCLUDES THE CONDITIONS PRINTED ON THE REVERSE, shall be binding and valid, however that in case of storage, other than storage-in-transit, the Warehouse Receipt, when issued shall constitute the contract of storage between the carrier and the shipper. ALL DELIVERIES ARE C.O.D. UNLESS OTHERWISE CLEARLY SPECIFIED.

TOTAL
PREPAID
BAL. TO COLLECT

Origin: Bill attempt 4/5 min Destination: _____
Customer Signature: _____ Received by consignee in good order unless otherwise noted
Carrier's Signature: _____

Form #3062

Form #3062

THE BELTMANN GROUP, INC.
 13021 LEFFINGWELL AVENUE, SANTA FE SPRINGS, CA 90670
 (800) 726-3999

No **34980**

SHIPPER ORIGIN BIL (BORREGO HEALTH) CONSIGNEE DEST. (BORREGO HEALTH)
 ADDRESS 1971 UNIVERSITY AVE. ADDRESS 68555 RAMON RD.
 CITY/ST/ZIP RIVERSIDE, CA 92507 CITY/ST/ZIP CATHEDRAL CITY, CA 92234
 CONTACT FREDI PONCE 936-445-8850 CONTACT _____
 PHONE _____ PHONE FREDI PONCE 936-445-8850

Equipment	Name	Job Title	Time In	Time Out	S.T.	O.T.	Lunch
	MB#BORHLTH22AUG						
	Notes PBO X FF						

6 A.M.	7	8	9	10	11	12 P.M.	1	2	3	4	5	6 P.M.
Explanation D=Driving L=Loading UL=Unloading P=Packing UP=Unpacking X=Time Out For _____												

VALUATION
 Shipper is requested to read this document before signing and ask for an explanation of anything not clear or inconsistent with any previous representation. The consignor's signature on this document will authorize the carrier to move, ship, or store the goods referred to below, or on a separate inventory made a part of this document, from the above shipper location (Consignor) to the Consignee's address, subject to the conditions outlined on the reverse of this document. The shipper agrees or declared value of the shipment transported hereunder will be:

- Not exceeding 0.60 per pound per article (Initial) FF
- A declared amount as \$ _____ of Actual Cash Value protection for which an added charge is required. (Initial) _____
- A declared amount as \$ _____ of Full Value protection for which an added charge is required. (Initial) _____

DESCRIPTION/INSTRUCTIONS STRAIGHT TIME	SERVICE	QUANTITY	RATE	AMOUNT
PACK AND MOVE	1 Van men	1	hrs. per hr.	
10 PACKED PLATIC BINS OF EQUIPMENT, 2 WALL MOUNT TVs, 8 SMALL/MEDIUM PRINTERS, 2 COPIERS/PRINTERS, 1 SPEEDPACK OF SERVER ROOM EQUIPMENT, 4 MEDICAL DEVICES ON WHEELS	1 X-men Supervisor	1	hrs. per hr.	
	1 Foreman Installer	1	hrs. per hr.	
BUBBLE WRAP EVERYTHING THAT IS NOT ALREADY PACKED IN BINS				
DESCRIPTION/INSTRUCTIONS OVERTIME	SERVICE	QUANTITY	RATE	AMOUNT
INVOICES: BIL 060101	1 Van men	1	hrs. per hr.	
BELTMANN INTEGRATED LOGISTICS ATTN: BIL invoices@beltmann.com cc:caifin.fulmer@beltmann.com	1 X-men Supervisor	1	hrs. per hr.	
DT: Portal to Portal MB#BORHLTH22AUG	1 Foreman	1	hrs. per hr.	
PACKING MATERIAL/EQUIPMENT RENTAL	TYPE	QUANTITY	RATE	AMOUNT
SALES TAX				
TOTAL PACKING MATERIAL/EQUIPMENT RENTAL				
MISC. SERVICES	TYPE	QUANTITY	RATE	AMOUNT
VALUATION PROTECTION	TYPE	RATE	AMOUNT	

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TOTAL	
PREPAID	
BAL. TO COLLECT	

Origin: _____ Destination: _____
 Customer Signature: Franisco Flores Received by consignee in good order unless otherwise noted
 Carrier's Signature: _____

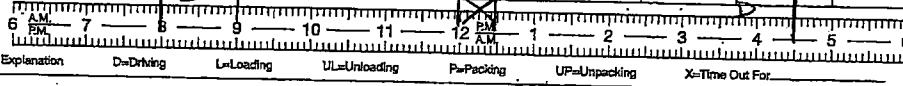
WILL OF LADING
THE BELTMANN GROUP, INC.
 13021 LEFFINGWELL AVENUE, SANTA FE SPRINGS, CA 90670
 (800) 726-3999

Contract # **BORHLTH2**
 MOVE DATE **9/1/22**
 ESTE START TIME **9 AM**

No **34982**

SHIPPER **ORIGIN BIL (BORREGO HEALTH)** CONSIGNEE **DEST (BORREGO HEALTH)**
 ADDRESS **1074 UNIVERSITY AVE** ADDRESS **68555 RAMON RD**
 CITY/ST/ZIP **RIVERSIDE, CA 92507** CITY/ST/ZIP **CATHEDRAL CITY, CA 92234**
 CONTACT **FRED PONCE 936-445-8850** CONTACT
 PHONE **FRED PONCE 936-445-8850** PHONE

Equipment	Name	Job Title	Time In	Time Out	S.T.	O.T.	Lunch
	MB#BORHLTH22AUG						



VALUATION
 Shipper is requested to read this document before signing and ask for an explanation of anything not clear or inconsistent with any previous representation. The consignee's signature on this document will authorize the carrier to move, ship, or store the goods referred to below, or on a separate inventory made a part of this document, from the above shipper location (Consignor) to the Consignee's address, subject to the conditions outlined on the reverse of this document. The shipper agrees or declares value of the shipment transported hereunder will be:

- Not exceeding 0.60 per pound per article (Initial)
- A declared amount as \$ _____ of Actual Cash Value protection for which an added charge is required. (Initial)
- A declared amount as \$ _____ of Full Value protection for which an added charge is required. (Initial)

DESCRIPTION/INSTRUCTIONS STRAIGHT TIME	SERVICE	QUANTITY	RATE	AMOUNT
PACK AND MOVE	1 Van 1 men	hrs.	per hr.	
10 PACKED PLATIC BINS OF EQUIPMENT, 2 WALL MOUNT TVs, 8 SMALL/MEDIUM PRINTERS, 2 COPIERS/PRINTERS, 1 SPEEDPACK OF SERVER ROOM EQUIPMENT, & MEDICAL DEVICES ON WHEELS	1 X-men	hrs.	per hr.	
	1 Supervisor	hrs.	per hr.	
	1 Foreman	hrs.	per hr.	
	1 Installer			
BUSBI E WRAP EVERYTHING THAT IS NOT ALREADY PACKED IN BINS				
DESCRIPTION/INSTRUCTIONS OVERTIME	SERVICE	QUANTITY	RATE	AMOUNT
INVOICES-BIL080401	1 Van 1 men	hrs.	per hr.	
BELTMANN INTEGRATED LOGISTICS	X-men	hrs.	per hr.	
ATTN: BILinvoices@belmann.com	Supervisor	hrs.	per hr.	
cc:ca@in.fulmer@belmann.com				
DT: Portal to Portal	Foreman	hrs.	per hr.	
MB#BORHLTH22AUG				
PACKING MATERIAL/EQUIPMENT RENTAL	TYPE	QUANTITY	RATE	AMOUNT
SALES TAX				
TOTAL PACKING MATERIAL/EQUIPMENT RENTAL				
MISC. SERVICES	TYPE	QUANTITY	RATE	AMOUNT
VALUATION PROTECTION	TYPE	RATE	AMOUNT	

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TOTAL
 PREPAID
 BAL TO COLLECT

Origin: **Custom Signed Labor Sheet** Destination:
 Customer Signature: **SEE ATTACHED** Received by consignee in good order unless otherwise noted
 Carrier's Signature: **LABOR SHEET**