

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>Blue Ox II LLC dba MyHRScreens</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>Blue Ox II LLC dba MyHRScreens</u>	
	<u>Chris Cooley</u>	
	<u>401 Legacy Park, Suite B</u> <u>Ridgeland, MS 39157, United States</u>	
	Contact phone <u>866-899-8970 xt 108</u>	Contact phone _____
	Contact email <u>ccooley@myhrscreens.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 _____ <div style="text-align: right;">MM / DD / YYYY</div>	
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: ____ _

7. How much is the claim? \$ 359.55. 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 - Employee Screening services

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle 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: _____



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

No

Yes. Check all that apply:

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

* Amounts are subject to adjustment on 4/01/25 and every 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.

\$ 359.55

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 10/17/2022
MM / DD / YYYY

/s/Chris Cooley
Signature

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

Name Chris Cooley
First name Middle name Last name

Title Principal

Company Blue Ox II LLC dba MyHRScreens
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

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

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Blue Ox II LLC dba MyHRScreens Chris Cooley 401 Legacy Park, Suite B Ridgeland, MS, 39157 United States Phone: 866-899-8970 xt 108 Phone 2: Fax: Email: ccooley@myhrscreens.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed - Employee Screening services	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 359.55	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): Yes: 359.55 Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Chris Cooley on 17-Oct-2022 1:37:03 p.m. Eastern Time Title: Principal Company: Blue Ox II LLC dba MyHRScreens		

MyHRScreens

401 Legacy Park Ste B
 Ridgeland, MS 39157
 866-899-8970
 www.myhrscreens.com

**INVOICE**

BILL TO
 Miguel Baay
 Borrego Community Health Foundation
 PO Box 2369
 Borrego Springs, CA 92004

INVOICE 2816
DATE 09/12/2022
TERMS Due on receipt
DUE DATE 10/01/2022

DESCRIPTION	AMOUNT
Monthly Employee Screenings Ordered	359.55
Please see attached invoice detail for screens from 9/1/2022 to 9/12/2022	

Please note that if you pay by credit card or ACH, the charge will appear on your statement as "Blue Ox II LLC"

BALANCE DUE

\$359.55

Thank you for your business. It is appreciated.

[Pay invoice](#)

From 2022-09-01 to 2022-09-13

Terms : .

Line-item details may be reviewed online.

BORREGO COMMUNITY HEALTH FOUNDATION
c/o PAM SIME

,
phone :
fax :

Totals	
Item	Amount
Packages	\$342.55
Addons	\$0.00
Adjustments	\$12.00
State Fees	\$5.00
Taxes	\$0.00
Total	\$359.55

For questions, please call us at 866-899-8970

Billing Overview

Component counts		Fee Breakdown		Package counts	
4	Address to Criminal History (7 yea	342.55	Package billing total	3	A La Carte
5	County Courthouse search	0.00	Addon fees total	4	add2crim
2	Professional License verification	12.00	Adjustments total	2	Standard Package
4	Education verification	5.00	Billed state fees total	2	STANDARDPLUSLICENSE
4	Motor Vehicle Report	0.00	Taxes total	11	Total
4	Multijurisdictional Alias Criminal	359.55	Total		
4	Federal Criminal Search				
4	OIG Sanctions/SAM				
9	Professional Reference				
4	Sex Offender (nationwide)				

Billing Detail

0.1 Billing Identifier 1 = (Total: \$359.55) 4

BILLING DETAIL

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Component counts		Fee Breakdown		Package counts	
4	Address to Criminal History (7 yea	342.55	Package billing total	3	A La Carte
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2	Professional License verification	12.00	Adjustments total	2	Standard Package
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4	Motor Vehicle Report	0.00	Taxes total	11	Total
4	Multijurisdictional Alias Criminal	359.55	Total		
4	Federal Criminal Search				
4	OIG Sanctions/SAM				
9	Professional Reference				
4	Sex Offender (nationwide)				

FREDDY GARCIA ordered 2022-09-06 18:40:27

request #26784 user: **mgamez** Total: **82.90** Total (this subject this billing cycle): **82.90**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total
N	Standard Package package	82.90	0.00	0.00	0.00	0.00	82.90

							82.90

LUCIA MENDOZA ordered 2022-09-02 14:19:09

request #26629 user: **mgamez** Total: **82.90** Total (this subject this billing cycle): **94.90**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total
N	STANDARDPLUSLICENSE package	82.90	0.00	0.00	0.00	0.00	82.90

							82.90

LUCIA MENDOZA ordered 2022-09-02 15:57:00

request #26641 (a suborder of 26629) user: **mgamez** Total: **12.00** Total (this subject this billing cycle): **94.90**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total
N	billing adjustment/ PARCHMENT.COM	0.00	12.00	0.00	0.00	0.00	12.00

							12.00

ZULEMA MUNOZ ordered 2022-09-06 23:19:47

request #26793 user: **mgamez** Total: **82.90** Total (this subject this billing cycle): **87.90**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total
N	Standard Package package	82.90	0.00	0.00	0.00	0.00	82.90

							82.90

BILLING DETAIL

borrego : BORREGO COMMUNITY HEALTH FOUNDATION

ZULEMA MUNOZ ordered 2022-09-06 23:20:05

request #26794 (a suborder of 26793) user: **mgamez** Total: **5.00** Total (this subject this billing cycle): **87.90**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total		
	Y County Courthouse search/CA/RIVERSIDE	Included in package.	+7yrs @0.00/yr	0.00	0.00	5.00	0.00	0.00	5.00
								-----	5.00

NEVEEN YOUSIF ordered 2022-09-03 02:36:28

request #26650 user: **mgamez** Total: **93.85** Total (this subject this billing cycle): **93.85**

inc search type	location/adjustment reason	price	adjust- ments	3rd party fees	graced fees	taxes	total	
	N STANDARDPLUSLICENSE package	93.85	0.00	0.00	0.00	0.00	93.85	
							-----	93.85