

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

ID: 25777629

PIN: xGrIRyvo

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the Southern District of California

Case number 22-02384

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

**Official Form 410
Proof of Claim**

04/22

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

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

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

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

Part 1: Identify the Claim NameID: 15089593

1. Who is the current creditor?
 Epifania Nicolas
 Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor EPIFANIA NICOLAS DDS
EPIFANIA NICOLAS DDS INC.

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? N/A

3. Where should notices and payments to the creditor be sent?
 Epifania Nicolas
 301 E Hobson Way
 Blythe, CA 92225 ✓
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
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Where should notices to the creditor be sent?
 Epifania Nicolas
 301 E Hobson Way
 Blythe, CA 92225 ✓

Where should payments to the creditor be sent? (if different)
 Epifania Nicolas DDS
 Name
 301 E. HOBSONWAY
 Number Street
 BLYTHE CA 92225
 City State ZIP Code
 USA
 Country
 Contact phone 760 922-2300
 Contact email smilebrightdental@yahoo.com

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 _____ 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: 1975

7. How much is the claim? \$ 5,225.00 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.
owner

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

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10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



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

No

Yes. Check all that apply:

Amount entitled to priority

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

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

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

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

No

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

\$ ~~5,225.00~~ (EN)

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 16 2022
MM / DD / YYYY

Signature [Handwritten Signature]

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

Name Epifania V. NICOLAS DDS
First name Middle name Last name

Title DOCTOR / DENTAL OFFICE OWNER

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

Address 301 E. HOBSONWAY
Number Street

BLYTHE CA 92225 USA
City State ZIP Code Country

Contact phone 760 922 2300 Email smilebrightdental@yahoo.com

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**Additional Supporting
Documents Received on
11/21/2022
Redacted and on File
with KCC**

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NOV 21 2022

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220238422112100000000028

ID: 25777629

PIN: xGrIRyvo

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 United States Bankruptcy Court for the Southern District of California
 Case number 22-02384

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Part 1: Identify the Claim

NameID: 15089593

1. Who is the current creditor?	<u>Epifania Nicolas</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor <u>EPIFANIA NICOLAS DDS</u> <u>EPIFANIA NICOLAS DDS INC</u>	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? <u>N/A</u>	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? <u>Epifania Nicolas</u> <u>301 E Hobson Way</u> <u>Blythe, CA 92225</u>	Where should payments to the creditor be sent? (if different) <u>Epifania Nicolas DDS</u> Name <u>301 E. HOBSONWAY</u> Number Street <u>BLYTHE CA 92225</u> City State ZIP Code <u>USA</u> Country Contact phone <u>760 922 2300</u> Contact email <u>smilebrightdental@yahoo.com</u>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
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tooth crown

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- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
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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 16 2022
MM / DD / YYYY

[Signature]
Signature

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

Name Espania V. Nicolas DDS
First name Middle name Last name

Title DOCTOR / Dental office Owner

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

Address 301 E. HOBSON WAY

BLYTHE CA 92225 USA
City State ZIP Code Country

Contact phone 7609222300 Email smilebrightdental@yahoo.com

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NOV 21 2022

KURIZUMI CARSON CONSULTANTS

