

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>Enhanced Voice and Data Networks 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? 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>Enhanced Voice and Data Networks Inc</u> <u>1399 N Cuyamaca St</u> <u>El Cajon, California 92020, USA</u>	
	Contact phone <u>8586356504</u>	Contact phone _____
	Contact email <u>office@evdnetworks.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? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 24292 ____

7. How much is the claim? \$ 1989.93. 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 and work performed

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)?

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 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.

\$ _____

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 03/02/2023
MM / DD / YYYY

/s/Sue Toma
Signature

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

Name Sue Toma
First name Middle name Last name

Title Accounting Manager

Company Enhanced Voice and Data Networks Inc
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: Enhanced Voice and Data Networks Inc 1399 N Cuyamaca St El Cajon, California, 92020 USA Phone: 8586356504 Phone 2: 6192699734 Fax: Email: office@evdnetworks.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 and work performed	Last 4 Digits: Yes - 24292	Uniform Claim Identifier:
Total Amount of Claim: 1989.93	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No 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: Sue Toma on 02-Mar-2023 3:00:02 p.m. Eastern Time Title: Accounting Manager Company: Enhanced Voice and Data Networks Inc		



Invoice

1399 N Cuyamaca Street
El Cajon, CA. 92020

Date	Invoice #
9/6/2022	24292

Bill To		Ship To	
Borrego Health PO Box 2369 Borrego Springs, CA 92004		Borrego Health 83791 Date Avenue Indio, CA 92201	

P.O. No.	Terms	Rep	Project
Jose -	Due on receipt	STL	

Description	Qty / Hrs.	Rate	Serviced	Amount
SERVICE REQUEST 26639 - MARTHA'S VILLAGE CLINIC - CABLE RUNS FOR MVC				
Sep 2, 2022: Labor-David - Ran 4 cat 5-e cables from MPOE to MDF. •Terminated cables to jacks & surface Mount box at MPOE. •routed cables from floor conduit to ladder rack and terminated cables to bottom patch panel per Jose. •Labeled feed cables as BH-01 through BH-04	7.5	95.00	9/2/2022	712.50
Sep 2, 2022: EVD Trip-David	1	79.00	9/2/2022	79.00
Sep 2, 2022: Labor-Tech 2 Reese	7.5	95.00	9/2/2022	712.50
Sep 2, 2022: EVD Trip-Tech 2 Reese	1	79.00	9/2/2022	79.00
5E PLENUM BLUE M57546B	800	0.40582		324.66T
CAT5E E-Z JACK BLUE	4	5.95		23.80T
4PT SURFACE HOUSING WHITE	1	6.00		6.00T
GENERAL CONSUMABLE MATERIALS	1	25.00		25.00

			Subtotal
			Sales Tax (7.75%)
			Total
			Payments/Credits
			Balance Due

Phone #	Fax #	E-mail	Web Site
866-533-3836	866-503-1273	accounting@evdnetworks.com	www.evdnetworks.com



Invoice

1399 N Cuyamaca Street
El Cajon, CA. 92020

Date	Invoice #
9/6/2022	24292

Bill To			Ship To	
Borrego Health PO Box 2369 Borrego Springs, CA 92004			Borrego Health 83791 Date Avenue Indio, CA 92201	

P.O. No.	Terms	Rep	Project	
Jose -	Due on receipt	STL		

Description	Qty / Hrs.	Rate	Serviced	Amount
Service Request Detailed Description: SCOPE OF WORK: •Run (4) Cat5e riser cables from network closet, through existing rooftop conduit, to the MPOE. •Terminate to patch panel in network closet and to surface mount box in MPOE. •Tone, Test, and Label Martha's Village Clinic 83791 Date Avenue Indio, CA 92201 Contact - Jose Pastrana <jpastrana@borregohealth.org>				

Subtotal			
Sales Tax (7.75%)			
Total			
Payments/Credits			
Balance Due			

Phone #	Fax #	E-mail	Web Site
866-533-3836	866-503-1273	accounting@evdnetworks.com	www.evdnetworks.com



Invoice

1399 N Cuyamaca Street
El Cajon, CA. 92020

Date	Invoice #
9/6/2022	24292

Bill To		Ship To			
Borrego Health PO Box 2369 Borrego Springs, CA 92004		Borrego Health 83791 Date Avenue Indio, CA 92201			
P.O. No.	Terms	Rep	Project		
Jose -	Due on receipt	STL			
Description		Qty / Hrs.	Rate	Serviced	Amount
<p>From: Steve Lentz Sent: Monday, August 8, 2022 10:43 AM To: Jose Pastrana <jpastrana@borregohealth.org>; Abigail Johnson <abigail@evdnetworks.com> Subject: RE: [EXTERNAL]RE: Copper runs for MVC</p> <p>Hi Jose,</p> <p>Provided the pathway is usable you are looking at about</p> <p>\$1300 labor / Material / Trip</p> <p>Let me know if you would like to schedule. Adding Abi our project coordinator @Abigail Johnson.</p> <p>Thank You, Steve T. Lentz Enhanced Voice & Data Networks Inc. 1399 N Cuyamaca Street El Cajon, CA. 92020</p>					
		Subtotal			\$1,962.46
		Sales Tax (7.75%)			\$27.47
		Total			\$1,989.93
		Payments/Credits			\$0.00
		Balance Due			\$1,989.93
Phone #	Fax #	E-mail		Web Site	
866-533-3836	866-503-1273	accounting@evdnetworks.com		www.evdnetworks.com	