

Name, Address, Telephone No. & I.D. No.
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Order Entered on
December 9, 2024
by Clerk U.S. Bankruptcy Court
Southern District of California

Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)
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Attorneys for the Co-Liquidating Trustee

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

BORREGO COMMUNITY HEALTH FOUNDATION,

Debtor.

BANKRUPTCY NO.
22-02384-LT11

**ORDER ON
STIPULATION BY AND AMONG THE POST-EFFECTIVE DATE DEBTOR,
THE LIQUIDATING TRUSTEE, THE CO-LIQUIDATING TRUSTEES AND GABRIEL MARTINEZ
REGARDING CLAIM NO. 99**

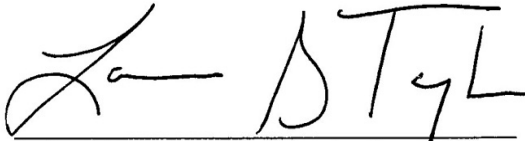
The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 20 pages. Stipulation Docket Entry No. 1502.

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DATED: December 6, 2024


Judge, United States Bankruptcy Court



DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

On December 5, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Gabriel Martinez filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Gabriel Martinez Regarding Claim No. 99* [Docket No.1502] (the "Stipulation").

IT IS HEREBY ORDERED:

1. That the Stipulation, attached hereto as **Exhibit 1**, is approved in its entirety.
2. That the terms and conditions of the Stipulation shall be binding upon the parties and are hereby fully incorporated into this Order by this reference.

EXHIBIT 1

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

SAMUEL R. MAIZEL (Bar No. 189301)
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TANIA M. MOYRON (Bar No. 235736)
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Facsimile: 213 623-9924

Attorneys for the Post-Effective Date
Debtor and the Co-Liquidating Trustee
Jeffrey N. Pomerantz (Bar No. 143717)
Steven W. Golden (Admitted Pro Hac Vice)
PACHULSKI STANG ZIEHL & JONES LLP
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Email: jpomerantz@pszjlaw.com
sgolden@pszjlaw.com

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

**STIPULATION BY AND AMONG THE
POST-EFFECTIVE DATE DEBTOR,
THE LIQUIDATING TRUSTEE, THE
CO-LIQUIDATING TRUSTEES AND
GABRIEL MARTINEZ REGARDING
CLAIM NO. 99**

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

Borrego Community Health Foundation, the debtor and debtor in possession (prior to the effective date of the Plan (defined below), the “Debtor,” and after the effective date, the “Post-Effective Date Debtor”) in the above-captioned chapter 11 bankruptcy case, the Liquidating Trustee (the “Liquidating Trustee”) of the Borrego Community Health Foundation Liquidating Trust (the “Liquidating Trust”), the Co-Liquidating Trustees of the Liquidating Trust (the “Co-Liquidating Trustees”) and Gabriel Martinez (the “Claimant”, and collectively with the Post-Effective Date Debtor, the Liquidating Trustee, and the Co-Liquidating Trustees, the “Parties”) hereby enter into this *Stipulation By and Among the Post-Effective Date Debtor, the Liquidating Trustee, the Co-Liquidating Trustees and Gabriel Martinez Regarding Claim No. 99*.

RECITALS

WHEREAS, on September 12, 2022, the Debtor filed a voluntary petition for relief under chapter 11 of title 11 of the United States Code commencing Case No. 22-02384 (the “Chapter 11 Case”) in the United States Bankruptcy Court for the Southern District of California;

WHEREAS, on or about November 15, 2022, Claimant filed Proof of Claim No. 99 in the amount of \$60,000.00 (“Claim 99”), a copy of which is attached hereto as **Exhibit A**;

WHEREAS, the Liquidating Trust was established pursuant to the *First Amended Joint Combined Disclosure Statement and Chapter 11 Plan of Liquidation of Borrego Community Health Foundation* [Docket No. 1168] (the “Plan”), confirmed by the order [Docket No. 1273] entered January 25, 2024 (the “Confirmation Order”), and that certain *Liquidating Trust Agreement*, dated as of

February 14, 2024 (the “Liquidating Trust Agreement”); and

WHEREAS, after the Post-Effective Date Debtor’s professionals reviewed Claim 99, the Parties have agreed to resolve any issues regarding Claim 99 as set forth herein.

STIPULATION

NOW THEREFORE, subject to the approval of the Court, the Parties hereby agree and stipulate as follows:

1. Claim 99 shall be reduced and allowed as a general unsecured claim in the amount of \$20,000.00 (the “Allowed Claim Amount”).

2. Within thirty (30) days of entry of the order approving this Stipulation, the Liquidating Trust shall pay the Allowed Claim Amount to Claimant pursuant to the Plan.

3. In consideration of the agreements with and value provided herein and other good and valuable consideration, the Parties hereby waive, remise, release and forever discharge the other, including each of their respective former and current predecessors, successors, assigns, affiliates, subsidiaries, parent companies, shareholders, partners, members, managers, investors directors, officers, accountants, attorneys, employees, agents, representatives and servants of, from and against any and all claims, actions, causes of action, suits, proceedings, defenses, counterclaims, contracts, judgments, damages, accounts, reckonings, executions, and liabilities whatsoever of every name and nature, whether known or unknown, whether or not well-founded in fact or in law, and whether in law, at equity or otherwise, which either Party ever had or now has for or by reason of any matter, cause or anything whatsoever to this date relating to or arising out of the Parties’ prior business relationship, or the Chapter 11 Case.

4. Each of the Parties to the Stipulation acknowledge that they are familiar with California Civil Code Section 1542 and with respect to the matters released herein, each Party expressly waives any and all rights under California

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A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

[Remainder of Page Intentionally Left Blank]

6. The terms, covenants, conditions, and provisions of this Stipulation cannot be altered, changed, modified, or added to, or deleted from, except in a writing signed by all parties hereto.

7. This Stipulation may be executed in counterparts each of which shall be deemed an original, but all of which together shall constitute one and the same.

8. The Court shall retain jurisdiction over all matters relating to the interpretation and enforcement of this Stipulation.

Dated: December 5, 2024

DENTONS US LLP
SAMUEL R. MAIZEL
TANIA M. MOYRON

By /s/ Tania M. Moyron
Tania M. Moyron

Attorneys for the Post-Effective Date
Debtor and the Co-Liquidating Trustee


Dated: December 5, 2024

PACHULSKI STANG ZIEHL & JONES LLP
Jeffrey N. Pomerantz
Steven W. Golden

By /s/ Steven W. Golden
Steven W. Golden

Attorneys for the Co-Liquidating Trustee

Dated: December 04, 2024

By 
Gabriel Martinez

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

EXHIBIT A

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>Gabriel Martinez</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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Gabriel Martinez</u>	
	<u>1549 E Holt Ave</u>	
	<u>Pomona, CA 91767, United States</u>	
	Contact phone <u>909469-6967</u>	Contact phone _____
	Contact email <u>ladopomona1549@gmail.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$ 60000	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 rendered
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

\$ _____

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 11/15/2022
MM / DD / YYYY

/s/Gabriel G Martinez
Signature

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

Name Gabriel G Martinez
First name Middle name Last name

Title Owner

Company Martinez and Zermeno II, A Professional Dental Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Gabriel Martinez 1549 E Holt Ave Pomona, CA, 91767 United States Phone: 909469-6967 Phone 2: Fax: 909469-6957 Email: ladopomona1549@gmail.com	Has Supporting Documentation: Yes, please mail physical supporting documentation 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 rendered	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 60000	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: Gabriel G Martinez on 15-Nov-2022 2:01:48 p.m. Eastern Time Title: Owner Company: Martinez and Zermeno II, A Professional Dental Corporation		

Additional Supporting Documents Received on 11/23/2022

RECEIVED

NOV 23 2022

KURTZMAN CARSON CONSULTANTS



220238422112300000000004

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

ID: 25777630

PIN: 0rcE6fru

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

Official Form 410
Proof of Claim

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.

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: 15089594

1. Who is the current creditor?	Gabriel Martinez Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>NONE</u>		
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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Gabriel Martinez 1549 E Holt Ave Pomona, CA 91767	Name _____	
		Number _____ Street _____	
		City _____ State _____ ZIP Code _____	
	Address _____	Country _____	
	Contact phone <u>(909) 469-6967</u>	Contact phone _____	
	Contact email <u>ladopomona1549@gmail.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	<p><i>Power la cantidad que le debe</i></p> <p>\$ <u>60,000</u></p> <p>Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
8. What is the basis of the claim?	<p>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.</p> <p><u>Services Rendered</u></p>
9. Is all or part of the claim secured?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>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.)</p> <p>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.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
10. Is this claim based on a lease?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
11. Is this claim subject to a right of setoff?	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>



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

☐ 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.

\$ _____

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 8 2022
MM / DD / YYYY

Signature

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

Name

GABRIEL

First name

Middle name

Last name

Title

creditor

Company

LARIN AMERICAN DENTAL

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

Address

Number

Street

City

State

ZIP Code

Country

Contact phone

Email

RECEIVED

NOV 23 2022

KURTZBERG CARSON CONSULTANTS



claim_id	provider	patient	date_of_birth	date_of_serv	correction	n_submitted_d	procedures	claim_status	amount
374852						11/5/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
374854						11/5/2020	D0120,D0220,D0274,D	Pending Payment	\$ 110.00
374855						11/5/2020	D2751,D0220	Pending Payment	\$ 475.00
374856						11/5/2020	D1999,D2700	Pending Payment	\$ 5.00
374857						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
374858						11/5/2020	D9430,D0220	Pending Payment	\$ 100.00
374859						11/5/2020	D5002.1	Pending Payment	\$ -
374859						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
374860						11/5/2020	D9430,D0220,D0230	Pending Payment	\$ 100.00
374860						11/5/2020	D7140	Pending Payment	\$ 120.00
374863						11/5/2020	D1999,D2332	Pending Payment	\$ 155.00
374865						11/5/2020	D3310,D1999,D0220	Pending Payment	\$ 310.00
374868						11/5/2020	D1110,D1330	Pending Payment	\$ 110.00
374869						11/5/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
374870						11/5/2020	D0150,D0210	Pending Payment	\$ 130.00
374871						11/5/2020	D0120,D0210	Pending Payment	\$ 110.00
374871						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
374883						11/5/2020	D7140	Pending Payment	\$ 120.00
374886						11/19/2020	D1999,D2393	Pending Payment	\$ 155.00
374889						11/5/2020	D0210,D0120	Pending Payment	\$ 110.00
374890						11/5/2020	D5002.1,D5002.1	Pending Payment	\$ -
376499						11/12/2020	D7140	Pending Payment	\$ 120.00
376697						11/12/2020	D3330,D1999	Pending Payment	\$ 470.00
376699						11/12/2020	D3330,D1999	Pending Payment	\$ 470.00
376699						11/12/2020	D1999,D3320	Pending Payment	\$ 370.00
376700						11/12/2020	D1999,D2391	Pending Payment	\$ 155.00
376701						11/19/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376702						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376702						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376703						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
376704						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
376704						11/12/2020	D9430,D0220	Pending Payment	\$ 100.00
376706						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
376706						11/12/2020	D7140	Pending Payment	\$ 120.00
376707						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
376708						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
376709						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
376710						11/12/2020	D0120,D0220,D0274,D	Pending Payment	\$ 110.00
376711						11/12/2020	D0210,D0120	Pending Payment	\$ 110.00
376712						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
376713						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
376714						11/12/2020	D2391,D2391	Pending Payment	\$ 150.00
376715						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376717						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376718						11/12/2020	D1120,D1330,D1208	Pending Payment	\$ 100.00
376719						11/12/2020	D1120,D1330	Pending Payment	\$ 100.00
376722						11/12/2020	D2751,D0270	Pending Payment	\$ 475.00
376722						11/12/2020	D1999,D2391,D2391	Pending Payment	\$ 155.00
376724						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
376725						11/12/2020	D2751,D0270	Pending Payment	\$ 475.00
376728						11/12/2020	D7210,D7210,D1999	Pending Payment	\$ 190.00
376729						11/12/2020	D5001,D5001	Pending Payment	\$ -
376730						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
376731						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
376731						11/12/2020	D1999,D2700	Pending Payment	\$ 5.00
376732						11/12/2020	D0120,D0210	Pending Payment	\$ 110.00
376733						11/12/2020	D9430,D0220,D0270	Pending Payment	\$ 100.00
376734						11/16/2020	D0150,D0220,D0230	Pending Payment	\$ 130.00
376735						11/12/2020	D5003.1	Pending Payment	\$ -
376735						11/12/2020	D1999,D2391	Pending Payment	\$ 155.00
376740						11/12/2020	D1999,D2330,D2330	Pending Payment	\$ 155.00
376741						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
376743						11/12/2020	D1999,D4341,D4341	Pending Payment	\$ 145.00
376744						11/12/2020	D5002,D5002	Pending Payment	\$ -
377264						11/16/2020	D1110,D1330	Pending Payment	\$ 110.00
377265						11/16/2020	D7140,D7140	Pending Payment	\$ 120.00
377266						11/16/2020	D5003,D5003	Pending Payment	\$ -
377266						11/16/2020	D5211	Pending Payment	\$ 360.00
377267						11/16/2020	D1110,D1330	Pending Payment	\$ 110.00
377267						11/16/2020	D0120,D0210,D1110,D	Pending Payment	\$ 140.00

3772688	11/16/2020	01999,02331	Pending Payment	\$	155.00
3772693	11/16/2020	01330,00210,00120,0	Pending Payment	\$	140.00
3772698	11/16/2020	04910,01330,01999	Pending Payment	\$	145.00
3772704	11/16/2020	01999,02393	Pending Payment	\$	155.00
3772709	11/16/2020	05003.1,05003.1	Pending Payment	\$	-
3772714	11/16/2020	04341,04341,01999	Pending Payment	\$	145.00
3772719	11/30/2020	09430,00220,00230	Pending Payment	\$	100.00
3772728	11/16/2020	01999,02391	Pending Payment	\$	155.00
3772739	11/16/2020	00120,00210,01110,0	Pending Payment	\$	140.00
3772749	11/16/2020	00120,00210,01110,0	Pending Payment	\$	140.00
3772754	11/19/2020	00130,00210	Pending Payment	\$	130.00
3772763	11/16/2020	07140	Pending Payment	\$	120.00
3772768	11/16/2020	09930	Pending Payment	\$	50.00
3784278	11/19/2020	01120,01330,01208	Pending Payment	\$	100.00
3784288	11/19/2020	02751,00270	Pending Payment	\$	475.00
3784308	11/19/2020	09430,00220	Pending Payment	\$	100.00
3784342	11/19/2020	09430,00220	Pending Payment	\$	100.00
3784353	11/19/2020	07140	Pending Payment	\$	120.00
3784360	12/10/2020	01110,01330	Pending Payment	\$	110.00
3784363	11/30/2020	01999,03991	Pending Payment	\$	5.00
3784374	11/19/2020	04910,01999	Pending Payment	\$	145.00
3784377	11/19/2020	00120,00210	Pending Payment	\$	110.00
3784384	11/19/2020	00130,00220,00230	Pending Payment	\$	130.00
3784390	11/19/2020	05003.1	Pending Payment	\$	-
3784394	11/19/2020	00120,00210	Pending Payment	\$	110.00
3784400	11/19/2020	01999,04341,04341	Pending Payment	\$	145.00
3784430	11/19/2020	00130,00210	Pending Payment	\$	130.00
3784434	11/19/2020	07210,01999	Pending Payment	\$	190.00
3784440	11/19/2020	01999,02391	Pending Payment	\$	155.00
3784449	11/19/2020	01999,02392	Pending Payment	\$	155.00
3784451	11/19/2020	09430,00220	Pending Payment	\$	100.00
3784459	11/19/2020	07140,07140	Pending Payment	\$	120.00
3784497	11/19/2020	01110,01330	Pending Payment	\$	110.00
3784500	11/19/2020	09430,00220	Pending Payment	\$	100.00
3784516	11/19/2020	01110,01330	Pending Payment	\$	110.00
3784522	11/19/2020	00210,02751	Pending Payment	\$	475.00
3784576	11/19/2020	02391,01999	Pending Payment	\$	155.00
3784547	11/19/2020	02394,01999	Pending Payment	\$	155.00
3784557	11/19/2020	01999,02700	Pending Payment	\$	5.00
3784581	11/19/2020	01999,02393	Pending Payment	\$	155.00
3784599	11/19/2020	02393,01999	Pending Payment	\$	155.00
3784602	11/19/2020	05110,05120	Pending Payment	\$	1,270.00
3784608	11/19/2020	00130,00220,00230	Pending Payment	\$	130.00
3784636	11/19/2020	07140	Pending Payment	\$	120.00
3803293	11/30/2020	05213	Pending Payment	\$	660.00
3807851	12/3/2020	05213,05214	Pending Payment	\$	1,320.00
3807856	12/3/2020	05401.1,05401.1	Pending Payment	\$	-
3814490	12/14/2020	02751,00220	Pending Payment	\$	475.00

Signed by Judge Laura Stuart Taylor December 6, 2024

United States Bankruptcy Court
Southern District of California

In re:
BORREGO COMMUNITY HEALTH FOUNDATION,
Debtor

Case No. 22-02384-LT
Chapter 11

CERTIFICATE OF NOTICE

District/off: 0974-3
Date Rcvd: Dec 09, 2024

User: Admin.
Form ID: pdfO1

Page 1 of 4
Total Noticed: 2

The following symbols are used throughout this certificate:

Symbol	Definition
+	Addresses marked '+' were corrected by inserting the ZIP, adding the last four digits to complete the zip +4, or replacing an incorrect ZIP. USPS regulations require that automation-compatible mail display the correct ZIP.

Notice by first class mail was sent to the following persons/entities by the Bankruptcy Noticing Center on Dec 11, 2024:

Recip ID	Recipient Name and Address
db	BORREGO COMMUNITY HEALTH FOUNDATION,, 587 Palm Canyon Dr., Suite 208, Borrego Springs, CA 92004
aty	+ Samuel Ruven Maizel, Dentons US LLP, 601 South Figueroa Street, Suite 2500, Los Angeles, CA 90017-5709

TOTAL: 2

Notice by electronic transmission was sent to the following persons/entities by the Bankruptcy Noticing Center.
Electronic transmission includes sending notices via email (Email/text and Email/PDF), and electronic data interchange (EDI).

NONE

BYPASSED RECIPIENTS

The following addresses were not sent this bankruptcy notice due to an undeliverable address, *duplicate of an address listed above, *P duplicate of a preferred address, or ## out of date forwarding orders with USPS.

NONE

NOTICE CERTIFICATION

I, Gustava Winters, declare under the penalty of perjury that I have sent the attached document to the above listed entities in the manner shown, and prepared the Certificate of Notice and that it is true and correct to the best of my information and belief.

Meeting of Creditor Notices only (Official Form 309): Pursuant to Fed .R. Bank. P.2002(a)(1), a notice containing the complete Social Security Number (SSN) of the debtor(s) was furnished to all parties listed. This official court copy contains the redacted SSN as required by the bankruptcy rules and the Judiciary's privacy policies.

Date: Dec 11, 2024

Signature: /s/Gustava Winters

CM/ECF NOTICE OF ELECTRONIC FILING

The following persons/entities were sent notice through the court's CM/ECF electronic mail (Email) system on December 9, 2024 at the address(es) listed below:

Name	Email Address
Ali Mojdehi	on behalf of Creditor Premier Healthcare Management Inc. amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com
Ali Mojdehi	on behalf of Creditor Promenade Square LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com
Ali Mojdehi	on behalf of Creditor DRP Holdings LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com
Ali Mojdehi	on behalf of Creditor Inland Valley Investments LLC amojdehi@btlaw.com, jgertz@btlaw.com;arego@btlaw.com;melissa.turpin@btlaw.com;docketinglitin@btlaw.com

District/off: 0974-3
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Total Noticed: 2

Allison Rego	on behalf of Creditor Premier Healthcare Management Inc. arego@btlaw.com, melissa.turpin@btlaw.com, docketinglitin@btlaw.com
Allison Rego	on behalf of Creditor Promenade Square LLC arego@btlaw.com, melissa.turpin@btlaw.com, docketinglitin@btlaw.com
Allison Rego	on behalf of Creditor DRP Holdings LLC arego@btlaw.com, melissa.turpin@btlaw.com, docketinglitin@btlaw.com
Allison Rego	on behalf of Creditor Inland Valley Investments LLC arego@btlaw.com, melissa.turpin@btlaw.com, docketinglitin@btlaw.com
Andrew B. Still	on behalf of Creditor California Physicians' Service dba Blue Shield of California astill@swlaw.com kcollins@swlaw.com
Andrew B. Still	on behalf of Creditor Blue Shield of California Promise Health Plan astill@swlaw.com kcollins@swlaw.com
Anthony Bisconti	on behalf of Interested Party San Ysidro Health tbisconti@bklwlaw.com 1193516420@filings.docketbird.com, docket@bklwlaw.com
Anthony Dutra	on behalf of Creditor Desert AIDS Project dba DAP Health adutra@hansonbridgett.com SSingh@hansonbridgett.com
Anthony Dutra	on behalf of Creditor Philip D. Szold M.D., Inc. dba La Mesa Pediatrics adutra@hansonbridgett.com, SSingh@hansonbridgett.com
Bernard M. Hansen	on behalf of Creditor Premier Healthcare Management Inc. bernardmhansen@sbcglobal.net
Cheryl Skigin	on behalf of Creditor Ally Bank caskigin@earthlink.net ca.ecf@aislegaltrac.com
Christine E. Baur	on behalf of Creditor Greenway Health LLC christine@baurbklaw.com, admin@baurbklaw.com
Christine M. Fitzgerald	on behalf of Attorney Christine M. Fitzgerald cfitzgerald@littler.com maria@thersfirm.com; amy@thersfirm.com
Daren Brinkman	on behalf of Creditor Pourshirazi & Youssefi Dental Corporation firm@brinkmanlaw.com 7764052420@filings.docketbird.com
Darin L. Wessel	on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass darin.wessel@doj.ca.gov
Darin L. Wessel	on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass darin.wessel@doj.ca.gov
Dean T. Kirby, Jr.	on behalf of Creditor Ramona Crossings LLC dkirby@fsl.law, jwilson@fsl.law
Elvina Rofael	on behalf of United States Trustee United States Trustee elvina.rofael@usdoj.gov Tiffany.L.Carroll@usdoj.gov; USTP.Region15@usdoj.gov
Gerald N. Sims	on behalf of Creditor BETA Risk Management Authority jerrys@psdslaw.com bonniec@psdslaw.com
Gerald N. Sims	on behalf of Creditor BETA Healthcare Group jerrys@psdslaw.com bonniec@psdslaw.com
Hala Hammi	on behalf of Creditor James Wermers hala.hammi@fennelllaw.com wpf@ecf.courtdrive.com; samantha.larimer@fennelllaw.com; naomi.cwalinski@fennelllaw.com; office@fennelllaw.com; Brendan.Bargmann@fennelllaw.com
Helen Yang	on behalf of Interested Party Inland Empire Health Plan helen.yang@squirepb.com helen-h-yang-8259@ecf.pacerpro.com; PHX_DCKT@squirepb.com
Jeffrey Garfinkle	on behalf of Creditor McKesson Corporation on behalf of itself and certain corporate affiliates jgarfinkle@buchalter.com, lverstegen@buchalter.com; docket@buchalter.com
Jeffrey Garfinkle	on behalf of Interested Party McKesson Corporation jgarfinkle@buchalter.com lverstegen@buchalter.com; docket@buchalter.com

District/off: 0974-3
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Total Noticed: 2

Jeffrey N. Pomerantz	on behalf of Attorney Pachulski Stang Ziehl & Jones LLP jpomerantz@pszjlaw.com scho@pszjlaw.com
Jeffrey N. Pomerantz	on behalf of Other Prof. FTI Consulting Inc. jpomerantz@pszjlaw.com, scho@pszjlaw.com
Jeffrey N. Pomerantz	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com scho@pszjlaw.com
Keith H. Rutman	on behalf of Creditor Waleed Stephen D.D.S. krutman@krutmanlaw.com
Kelly Ann Mai Khanh Tran	on behalf of Creditor Anna Navarro kelly@smalllawcorp.com emma@smalllawcorp.com
Kenneth K. Wang	on behalf of Defendant CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kenneth K. Wang	on behalf of Creditor CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES by and through its Director, Michelle Baass Kenneth.Wang@doj.ca.gov, anthony.conklin@doj.ca.gov
Kirsten Martinez	on behalf of Creditor Wells Fargo Bank N.A., d/b/a/ Wells Fargo Auto kirsten.martinez@bonialpc.com, Notices.Bonial@ecf.courtdrive.com
Leslie Gardner	on behalf of Creditor U.S. Department of Health and Human Services leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.dkt.civ@usdoj.gov
Leslie Gardner	on behalf of Creditor Internal Revenue Service leslie.gardner2@usdoj.gov brenda.seyler@usdoj.gov;Efile.dkt.civ@usdoj.gov
Michael B. Reynolds	on behalf of Creditor Blue Shield of California Promise Health Plan mreynolds@swlaw.com kcollins@swlaw.com
Michael B. Reynolds	on behalf of Creditor California Physicians' Service dba Blue Shield of California mreynolds@swlaw.com kcollins@swlaw.com
Michael I. Gottfried	on behalf of Creditor Tower Energy Group Inc. mgottfried@elkinskalt.com, rzur@elkinskalt.com,cavila@elkinskalt.com,1648609420@filings.docketbird.com
Randy B. Soref	on behalf of Interested Party Family Health Centers of San Diego rsoref@polsinelli.com
Shawn Christianson	on behalf of Creditor Oracle America Inc. SII to NetSuite, Inc. schristianson@buchalter.com, cmcintire@buchalter.com
Steven W Golden	on behalf of Trustee Co-Liquidating Trustee sgolden@pszjlaw.com
Steven W Golden	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation sgolden@pszjlaw.com
Susan C. Stevenson	on behalf of Creditor BETA Healthcare Group sstevenson@psdslaw.com bonniec@psdslaw.com
Tania M. Moyron	on behalf of Debtor BORREGO COMMUNITY HEALTH FOUNDATION tania.moyron@dentons.com, derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com
Tania M. Moyron	on behalf of Attorney Dentons US LLP tania.moyron@dentons.com derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com
Tania M. Moyron	on behalf of Plaintiffs BORREGO COMMUNITY HEALTH FOUNDATION tania.moyron@dentons.com, derry.kalve@dentons.com;DOCKET.GENERAL.LIT.LOS@dentons.com
Teddy Kapur	on behalf of Creditor Committee Official Committee of Unsecured Creditors of Borrego Community Health Foundation tkapur@pszjlaw.com;jpomerantz@pszjlaw.com;sgolden@pszjlaw.com
United States Trustee	ustp.region15@usdoj.gov
Van C. Durrer, II	on behalf of Attorney Skadden Arps, Slate, Meagher & Flom LLP van.durrer@skadden.com, rebecca.ritchie@skadden.com;andrea.bates@skadden.com;brigitte.travaglini@skadden.com;van-durrer-7974@ecf.pacerpro.com

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TOTAL: 52