

Name, Address, Telephone No. & I.D. No.
Samuel R. Maizel (Bar No. 189301)
Tania M. Moyron (Bar No. 235736)
DENTONS US LLP
601 South Figueroa Street, Suite 2500
Los Angeles, CA 90017-5704
Telephone: 213/623-9300



Attorneys for 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
10100 Santa Monica Blvd., 13th Floor
Los Angeles, CA 90067
Telephone: 310/277-6910

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 SUREN CHTCHYAN
REGARDING CLAIM NO. 94**

The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 18 pages. Stipulation Docket Entry No. 1510.

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DATED: December 11, 2024

Judge, United States Bankruptcy Court



DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

On December 11, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees and Suren Chtchyan filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees And Suren Chtchyan Regarding Claim No. 94* [Docket No. 1510] (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)
samuel.maizel@dentons.com
TANIA M. MOYRON (Bar No. 235736)
tania.moyron@dentons.com
DENTONS US LLP
601 South Figueroa Street, Suite 2500
Los Angeles, California 90017-5704
Telephone: 213 623-9300
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
10100 Santa Monica Blvd., 13th Floor
Los Angeles, CA 90067
Telephone: 310-277-6910
Facsimile: 310-201-0760
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
SUREN CHTCHYAN REGARDING
CLAIM NO. 94**

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 Suren Chtchyan (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 Suren Chtchyan Regarding Claim No. 94*.

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 14, 2022, Claimant filed Proof of Claim No. 94 in the amount of \$224,819.00 (“Claim 94”), 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”);

WHEREAS, the Post-Effective Date Debtor has reviewed its books and records and believes that Claim 94 relates to dental services performed by the Claimant on behalf of the Debtor; and

WHEREAS, after the Post-Effective Date Debtor’s professionals reviewed Claim 94, the Parties have agreed to resolve any issues regarding Claim 94 as set forth herein.

STIPULATION

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

1. Claim 94 shall be reduced and allowed as a general unsecured claim in the amount of \$110,000.00 (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.

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

1 4. Each of the Parties to the Stipulation acknowledge that they are
2 familiar with California Civil Code Section 1542 and with respect to the matters
3 released herein, each Party expressly waives any and all rights under California
4 Civil Code Section 1542 and under any other federal or state statute or law of
5 similar effect. California Civil Code Section 1542 provides:

6
7 A general release does not extend to claims that the
8 creditor or releasing party does not know or suspect to
9 exist in his or her favor at the time of executing the
10 release and that, if known by him or her, would have
11 materially affected his or her settlement with the debtor
12 or released party.

13 5. Claimant hereby warrants that Claimant (a) is authorized and
14 empowered to execute this Stipulation on behalf of the Claimant, (b) has read this
15 Stipulation in its entirety and fully understands and accepts the terms set forth
16 herein, (c) has had an opportunity to consult with legal counsel and any other
17 advisors of Claimant's choice with respect to the terms of this Stipulation, and (d)
18 is signing this Stipulation on Claimant's own free will.
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[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 11, 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 11, 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 6, 2024

By 
Suren Chtchyan

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>Suren Chtchyan</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>Suren Chtchyan</u> <u>3727 W. Sunset Blvd</u> <u>Los Angeles, CA 90026</u>	
	Contact phone <u>3236659693</u>	Contact phone _____
	Contact email <u>schtchyan@hotmail.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? \$ <u>224819.00</u>	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. <u>Services Performed</u>	
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/SUREN CHTCHYAN
Signature

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

Name SUREN CHTCHYAN
First name Middle name Last name

Title OWNER/DENTIST

Company SUREN CHTCHYAN DDS
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____



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: Suren Chtchyan 3727 W. Sunset Blvd Los Angeles, CA, 90026 Phone: 3236659693 Phone 2: 3237918049 Fax: Email: schtchyan@hotmail.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	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 224819.00	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: SUREN CHTCHYAN on 15-Nov-2022 1:52:03 a.m. Eastern Time Title: OWNER/DENTIST Company: SUREN CHTCHYAN DDS		

Supporting Documentation Redacted
(on file with KCC)

Additional Supporting Documents Received on 11/18/2022

RECEIVED

NOV 18 2022

KURTZMAN CARSON CONSULTANTS



220238422118000000000007

Signed by Judge Laura Stuart Taylor December 11, 2024

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

ID: 25777721

PIN: 9vvyRmgF

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 22-02384Official 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: 15089685

1. Who is the current creditor?	<u>Suren Chtchyan</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? <u>Suren Chtchyan</u> <u>3727 W. Sunset Blvd</u> <u>Los Angeles, CA 90026</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) RECEIVED NOV 18 2022 KURTZMAN CARSON CONSULTANTS	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Country _____ Contact phone <u>323 665 9693</u> Contact email <u>SCHTCHYAN@HOTMAIL.COM</u>	Contact phone _____ 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? _____		

Official Form 410

Proof of Claim
page 1

2202384221019011833000373

Signed by Judge Laura Stuart Taylor December 11, 2024

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?

\$ 224819.00

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.

SERVICES PERFORMED (Patients treatment)

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.)

RECEIVED

NOV 18 2022

KURTZMAN CARSON CONSULTANTS

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

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.

\$ _____

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

SUREN CHITCHYAN
Signature

[Signature]

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

Name SUREN CHITCHYAN
First name Middle name Last name

Title OWNER / DENTIST

Company SUREN CHITCHYAN DDS

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

Address 3727 W. SUNSET BLVD
Number Street

LOS ANGELES CA 90026
City State ZIP Code Country

Contact phone 323 6659693 Email SCITCHYAN@HOTMAIL.COM

RECEIVED

NOV 18 2022

KURIZBAN CARSON CONSULTANTS



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 11, 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 13, 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 13, 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 11, 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

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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

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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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