

CSD 1001A [07/01/18](Page 1)

Docket #1528 Date Filed: 12/31/2024

Name, Address, Telephone No. & I.D. No.

Name, Address, Telephone No. & I.D. No.

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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,
PITNEY BOWES INC., AND PITNEY BOWES GLOBAL FINANCIAL SERVICES LLC
REGARDING CLAIM NOS. 128, 129 AND 242**


The court orders as set forth on the continuation pages attached and numbered 2 through 2 with exhibits, if any, for a total of 45 pages. Stipulation Docket Entry No. 1526.

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DATED: December 31, 2024


 Judge, United States Bankruptcy Court



DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

On December 30, 2024, Borrego Community Health Foundation (the Post-Effective Date Debtor), The Liquidating Trustee, the Co-Liquidating Trustees, Pitney Bowes Inc., and Pitney Bowes Global Financial Services Llc filed a *Stipulation By and Among the Post-Effective Date Debtor, The Liquidating Trustee, The Co-Liquidating Trustees, Pitney Bowes Inc., and Pitney Bowes Global Financial Services LLC Regarding Claim Nos. 128, 129 and 242* [Docket No. 1526] (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

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Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)
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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,
PITNEY BOWES INC., AND PITNEY
BOWES GLOBAL FINANCIAL
SERVICES LLC REGARDING CLAIM
NOS. 128, 129 AND 242**

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, 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”), Pitney Bowes Inc. (“Pitney Bowes”), Pitney Bowes Global Financial Services LLC (“Pitney Bowes Global”, and collectively with Pitney Bowes, 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, Pitney Bowes Inc., and Pitney Bowes Global Financial Services LLC Regarding Claim Nos. 128, 129, and 242.*

RECITALS

A. On or about November 18, 2022, Pitney Bowes filed Proof of Claim No. 128 in the amount of \$2,333.67 (“Claim 128”), attached hereto as **Exhibit A**.

B. On or about November 18, 2022, Pitney Bowes filed Proof of Claim No. 129 in the amount of \$2,044.48 (“Claim 129”), attached hereto as **Exhibit B**.

C. On or about February 21, 2024, Pitney Bowes Global filed Proof of Claim No. 242 in the amount of \$46,654.36 (“Claim 242”), attached hereto as **Exhibit C**.

D. After the Debtor’s professionals reviewed Claim 128, Claim 129, and Claim 242, and reconciling the support for such claims with the Debtor’s books and records, the Parties have agreed to resolve any issues regarding such claims as set forth herein.

STIPULATION

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

1 1. Claim 128 shall be allowed as a general unsecured claim in the amount
2 of \$2,333.67.

3 2. Claim 129 shall be allowed as a general unsecured claim in the amount
4 of \$2,044.48.

5 3. Claim 242 shall be reduced and allowed as a general unsecured claim in
6 the amount of \$28,928.95.

7 4. Pitney Bowes and Pitney Bowes Global will not file or assert any other
8 claims in this case and shall not be entitled to any distribution from the Liquidating
9 Trust, other than the allowed general unsecured claims as stated in 1-3, above.

10 5. Within ten (10) business days of entry of the order approving this
11 Stipulation, the Liquidating Trust shall pay the allowed claim amounts to (a) Pitney
12 Bowes in the total amount of \$4,378.15, and (b) Pitney Bowes Global in the amount
13 of \$28,928.95, pursuant to the Plan.

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

1 7. Each of the Parties to the Stipulation acknowledge that they are familiar
2 with California Civil Code Section 1542 and with respect to the matters released
3 herein, each Party expressly waives any and all rights under California Civil Code
4 Section 1542 and under any other federal or state statute or law of similar effect.
5 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 release
and that, if known by him or her, would have materially
affected his or her settlement with the debtor or released
party.

10
11 8. Pitney Bowes and Pitney Bowes Global ("Claimants") hereby warrant
12 that Claimants (a) are authorized and empowered to execute this Stipulation on behalf
13 of the Claimants, (b) have read this Stipulation in its entirety and fully understand
14 and accept the terms set forth herein, (c) have had an opportunity to consult with legal
15 counsel and any other advisors of Claimants' choice with respect to the terms of this
16 Stipulation, and (d) are signing this Stipulation on Claimants' own free will.

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

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

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

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

Dated: December 30, 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 30, 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 30, 2024 PITNEY BOWES INC.

X Ryan Berndt
By: Ryan Berndt
Its: Senior Manager NA Collections
Operations

Dated: December 30, 2024 PITNEY BOWES GLOBAL FINANCIAL
SERVICES LLC

X Ryan Berndt
By: Ryan Berndt
Its: Senior Manager NA Collections
Operations

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>Pitney Bowes 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?	<div>Where should notices to the creditor be sent? <u>Pitney Bowes Inc</u> <u>27 Waterview Dr, 3rd Fl</u> <u>Shelton, CT 06484</u></div> <div>Where should payments to the creditor be sent? (if different) _____ _____ _____</div> <div>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone _____ Contact phone _____ Contact email <u>grisselle.betancourt@pb.com</u> Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</div>	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>various</u>
7. How much is the claim? \$ <u>2333.67</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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>Goods Sold</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

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 11/18/2022
MM / DD / YYYY

/s//s/ Grisselle Betancourt
Signature

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

Name /s/ Grisselle Betancourt
First name Middle name Last name

Title Bankruptcy Analyst

Company Pitney Bowes 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: Pitney Bowes Inc 27 Waterview Dr, 3rd Fl Shelton, CT, 06484 Phone: Phone 2: Fax: Email: grisselle.betancourt@pb.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
	Other Names Used with Debtor:	
Amends Claim: No Acquired Claim: No		
Basis of Claim: Goods Sold	Last 4 Digits: Yes - various	Uniform Claim Identifier:
Total Amount of Claim: 2333.67	Includes Interest or Charges: Yes	
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: /s/ Grisselle Betancourt on 18-Nov-2022 8:58:17 a.m. Eastern Time Title: Bankruptcy Analyst Company: Pitney Bowes Inc		

pitney bowes



Account Name: BORREGO MEDICAL CENTER

Purchase Power Account Number: 8000-9090-0243-7312

Purchase Power® Account Statement

Statement Date September 8, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$0.00
Purchases	
Postage	\$500.00
Total Purchases	\$500.00
Payments	\$0.00
Credits	\$0.00
Other Charges	\$3.50
Finance Charges	\$0.00
New Balance	\$503.50
Minimum Payment Due 10/05/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of October 05, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

PITNEY BOWES REWARDS POINTS

Previous Balance	24,010
- Points Redeemed	0
- Points Adjusted	-1,000
Points Earned this billing period	500
New Rewards Balance	23,510

Log on to your account to view and redeem rewards: pitneybowes.us/signin

Credit Line is: \$3,500.00

Available Credit: \$2,996.50

Questions about this statement?

pitneybowes.us/signin

Manage your account online, view and pay your bills, see detailed history, much more...

or
Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit account number available.

IMPORTANT: New Payment Address

Pitney Bowes Bank Inc Purchase Power

PO Box 981026

Boston, MA 02298-1026

Please send your payment to our new address



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0243-7312	\$503.50	\$10.00	10/05/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power.

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

BORREGO MEDICAL CENTER
CAROL HILLDIGE
PO BOX 2369
BORREGO SPRINGS CA 92004-2369

PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090900243731200001000000503509

pitney bowes

Purchase Power Account Number: 8000-9090-0243-7312

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0238-1114
alexisleal

CATHEDRAL CIT CA

Tran Date	Post Date	Description	Reference	Amount
08/18	08/19	Meter Refill SN-2108964	PBP #:45441029	\$500.00
Postage Activity				\$500.00

Total Postage Activity \$500.00

Credits

Tran Date	Post Date	Description	Amount
-----------	-----------	-------------	--------

Total Credits \$0.00

Other Charges

Tran Date	Post Date	Description	Amount
09/08	09/08	METER POSTAGE OVERAGE FEE	\$3.50

Total Charges \$3.50

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$338.70	0.060%	22.00%	\$0.00

Total Finance Charges \$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021

Account Name: BORREGO COMMUNITY HEALTH
Purchase Power Account Number: 8000-9090-0875-1294**Purchase Power® Account Statement**

Statement Date September 7, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$0.00
Purchases	
Postage	\$208.99
Total Purchases	\$208.99
Payments	\$0.00
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$208.99
Minimum Payment Due 10/04/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of October 04, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower**PITNEY BOWES REWARDS POINTS**

Previous Balance	15,782
- Points Redeemed	0
- Points Adjusted	-1,000
Points Earned this billing period	200
New Rewards Balance	14,982

Log on to your account to view and
redeem rewards: pitneybowes.us/signin

Credit Line is: \$2,000.00

Available Credit: \$1,791.01

Questions about this statement?
pitneybowes.us/signinManage your account online, view and pay
your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit
account number available.**IMPORTANT: New Payment Address**

Pitney Bowes Bank for Purchase Power

PO BOX 981026

BOSTON, MA 02298-1026

Please attach your payment to our
mail address

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0875-1294	\$208.99	\$10.00	10/04/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon
as well as your 16 digit account number on your check.BORREGO COMMUNITY HEALTH
Accounts Payable
8856 ARLINGTON AVE
RIVERSIDE CA 92503-1365PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090900875129400001000000208990

pitney bowes

Purchase Power Account Number: 8000-9090-0875-1294

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0875-1294

RIVERSIDE, CA

Tran Date	Post Date	Description	Reference	Amount
08/10	08/11	Meter Refill SN-1209819	PBP #:50277730	\$200.00
08/11	08/11	TRANSACTION FEE 1H00/SN-1209819	PBP #:50277730	\$6.99
Postage Activity				\$208.99

Total Postage Activity \$208.99

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$188.76	0.060%	22.00%	\$0.00

Total Finance Charges \$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021



Account Name: Borrego Health DHS Spec
Purchase Power Account Number: 8000-9090-0980-8705

Purchase Power® Account Statement

Statement Date September 21, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$0.00
Purchases	
Postage	\$200.00
Total Purchases	\$200.00
Payments	\$0.00
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$200.00
Minimum Payment Due 10/18/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of October 18, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

PITNEY BOWES REWARDS POINTS

Previous Balance	4,560
- Points Redeemed	0
- Points Adjusted	-300
Points Earned this billing period	200
New Rewards Balance	4,460

Log on to your account to view and redeem rewards: pitneybowes.us/signin

Credit Line is: \$500.00

Available Credit: \$300.00

Questions about this statement?

pitneybowes.us/signin

Manage your account online, view and pay your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit account number available.

IMPORTANT: New Payment Address

Pitney Bowes Bank, Inc. Purchase Power

PO Box 981026

Boston, MA 02298-1026

Please print your payment to our
above address

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0980-8705	\$200.00	\$10.00	10/18/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

Borrego Health DHS Spec
Borrego Health
PO BOX 2369
BORREGO SPRINGS CA 92004

PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090900980870500001000000200006

pitney bowes

Purchase Power Account Number: 8000-9090-0980-8705

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0980-8705

Tran Date	Post Date	Description	Reference	Amount
08/29	08/30	Meter Refill - 5N-1295915	PBP #51087492	\$200.00
Postage Activity				\$200.00
Total Postage Activity				\$200.00

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$148.38	0.060%	22.00%	\$0.00
Total Finance Charges				\$0.00

Purchase Power®**SEND OVERNIGHT CHECKS TO:**

FIS LOCKBOX OPERATIONS
 ATTN: PITNEY BOWES BANK INC PURCHASE POWER
 BOX 981026
 10 DAN ROAD, DOOR #2
 CANTON, MA 02021

pitney bowes



Account Name: BORREGO COMMUNITY HEALTH

Purchase Power Account Number: 8000-9000-1045-0421

Purchase Power® Account Statement

Statement Date August 24, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$320.99
Purchases	
Postage	\$320.99
Total Purchases	\$320.99
Payments	-\$320.99
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$320.99
Minimum Payment Due 09/20/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of September 20, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

PITNEY BOWES REWARDS POINTS

Previous Balance	17,139
- Points Redeemed	0
- Points Adjusted	-1,192
Points Earned this billing period	300
New Rewards Balance	16,247

Log on to your account to view and
redeem rewards: pitneybowes.us/signin

Credit Line is: \$1,500.00

Available Credit: \$1,179.01

Questions about this statement?
pitneybowes.us/signin

Manage your account online, view and pay
your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit
account number available.

Need Ink?

Order ink and supplies
for your meter today

pitneybowes.com/us/ink



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389
To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9000-1045-0421	\$320.99	\$10.00	09/20/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon
as well as your 16 digit account number on your check.

BORREGO COMMUNITY HEALTH
Accounts Payable
P.O. BOX 2369
BORREGO SPRINGS CA 92004

PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090001045042100001000000320993

pitney bowes

Purchase Power Account Number: 8000-9000-1045-0421

Purchase Power®

Page 2 of 3

Postage Activity

8000-9000-1045-0421	Tran Date	Post Date	Description	Reference	Amount
ESCONDIDO CA	08/09	08/10	Meter Refill SN-2108963	PBP #:41902552	\$300.00
	08/10	08/10	TRANSACTION FEE 1H00/SN-2108963	PBP #:41902552	\$20.99
			Postage Activity		\$320.99
Total Postage Activity					\$320.99

Payments

	Tran Date	Post Date	Description	Amount
	08/15	08/16	Payment Received	-\$320.99
Total Payments				-\$320.99

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$155.31	0.060%	22.00%	\$0.00
Total Finance Charges				\$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS
 ATTN: PITNEY BOWES BANK INC PURCHASE POWER
 BOX 981026
 10 DAN ROAD, DOOR #2
 CANTON, MA 02021

Account Name: BORREGO COMMUNITY HEALTH
Purchase Power Account Number: 8000-9090-0874-3184**Purchase Power® Account Statement**

Statement Date September 5, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$420.99
Purchases	
Postage	\$420.99
Total Purchases	\$420.99
Payments	-\$420.99
Credits	\$0.00
Other Charges	\$0.00
Finance Charges	\$0.00
New Balance	\$420.99
Minimum Payment Due 10/02/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of October 02, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower**PITNEY BOWES REWARDS POINTS**

Previous Balance	15,400
- Points Redeemed	0
- Points Adjusted	0
Points Earned this billing period	400
New Rewards Balance	15,800

Log on to your account to view and
redeem rewards: pitneybowes.us/signin

Credit Line is: \$5,000.00

Available Credit: \$4,579.01

Questions about this statement?
pitneybowes.us/signinManage your account online, view and pay
your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit
account number available.**IMPORTANT: New Payment Address**

Pitney Bowes Bank Inc Purchase Power

PO Box 981026

Boston, MA 02298-1026

Please furnish your payment to our
New address

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0874-3184	\$420.99	\$10.00	10/02/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon
as well as your 16 digit account number on your check.BORREGO COMMUNITY HEALTH
Accounts Payable
PO BOX 2369
BORREGO SPRINGS CA 92004PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090900874318400001000000420992

pitney bowes

Purchase Power Account Number: 8000-9090-0874-3184

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0874-3184

BORREGO SPRING CA

Tran Date	Post Date	Description	Reference	Amount
08/15	08/16	Meter Refill SN-2108965	PBP #:50277706	\$400.00
08/16	08/16	TRANSACTION FEE 1H00/SN-2108965	PBP #:50277706	\$20.99
Postage Activity				\$420.99

Total Postage Activity \$420.99

Payments

Tran Date	Post Date	Description	Amount
08/29	08/30	Payment Received	-\$420.99

Total Payments -\$420.99

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$285.18	0.060%	22.00%	\$0.00

Total Finance Charges \$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021



Account Name: **BORREGO COMMUNITY HEALTH**
 Purchase Power Account Number: **8000-9090-0874-3705**

Purchase Power® Account Statement

Statement Date October 5, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$417.98
Purchases	
Postage	\$208.99
Total Purchases	\$208.99
Payments	\$0.00
Credits	\$0.00
Other Charges	\$39.99
Finance Charges	\$12.24
New Balance	\$679.20
Minimum Payment Due 11/01/2022	\$20.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of November 01, 2022.

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

PITNEY BOWES REWARDS POINTS

Previous Balance	11,767
- Points Redeemed	0
- Points Adjusted	-300
Points Earned this billing period	200
New Rewards Balance	11,667

Log on to your account to view and
 redeem rewards: pitneybowes.us/signin

Credit Line is: \$1,500.00

Available Credit: \$820.80

Questions about this statement?
pitneybowes.us/signin

Manage your account online, view and pay
 your bills, see detailed history, much more...

or
 Call Monday-Friday 8AM to 8PM ET
 844 256 6444. Please have your 16 digit
 account number available.

IMPORTANT: New Payment Address

Pitney Bowes Bank Inc. Purchase Power
 PO Box 981026
 Boston, MA 02298-1026

Please remit your payments to our
 New address.



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
 2225 AMERICAN DRIVE
 NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0874-3705	\$679.20	\$20.00	11/01/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to **Purchase Power**

If you've chosen to pay by mail, please include this payment coupon
 as well as your 16 digit account number on your check.

BORREGO COMMUNITY HEALTH
 Accounts Payable
 66675 PIERSON BLVD
 DESERT HOT SPRINGS CA 92240-3737

PITNEY BOWES BANK INC PURCHASE POWER
 PO BOX 981026
 BOSTON, MA 02298-1026

800090900874370500002000000679202

pitney bowes

Purchase Power Account Number: 8000-9090-0874-3705

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0874-3705

DESERT HOT SP CA

Tran Date	Post Date	Description	Reference	Amount
09/07	09/08	Meter Refill SN-1311843	PBP #:50277748	\$200.00
09/08	09/08	TRANSACTION FEE 7H00/SN-1311843	PBP #:50277748	\$8.99
Postage Activity				\$208.99

Total Postage Activity \$208.99**Credits**

Tran Date	Post Date	Description	Amount
Total Credits \$0.00			

Other Charges

Tran Date	Post Date	Description	Amount
10/02	10/02	LATE FEE	\$39.99
Total Charges \$39.99			

Purchase Power®**SEND OVERNIGHT CHECKS TO:**

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021

pitney bowes

Purchase Power Account Number: 8000-9090-0874-3705

Purchase Power®

Page 3 of 3

Finance Charges

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$618.36	0.060%	22.00%	\$12.24
Total Finance Charges \$12.24				

Important Information**Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 10-14 business days for mailing and processing. You can make a payment online at pitneybowes.us/signin. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

Higher value communications designed by Pitney Bowes EngageOne® software, printed in color on the IntelliJet® 20 printing system, and finished with precision using Mailstream Productivity Series inserters.

EXHIBIT B

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>Pitney Bowes 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)	<table border="0"><tr><td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (if different)</td></tr><tr><td><u>Pitney Bowes Inc</u> <u>27 Waterview Dr, 3rd Fl</u> <u>Shelton, CT 06484</u></td><td></td></tr><tr><td>Contact phone _____</td><td>Contact phone _____</td></tr><tr><td>Contact email <u>grisselle.betancourt@pb.com</u></td><td>Contact email _____</td></tr><tr><td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td></tr></table>		Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	<u>Pitney Bowes Inc</u> <u>27 Waterview Dr, 3rd Fl</u> <u>Shelton, CT 06484</u>		Contact phone _____	Contact phone _____	Contact email <u>grisselle.betancourt@pb.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)											
<u>Pitney Bowes Inc</u> <u>27 Waterview Dr, 3rd Fl</u> <u>Shelton, CT 06484</u>												
Contact phone _____	Contact phone _____											
Contact email <u>grisselle.betancourt@pb.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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>various</u>
7. How much is the claim? \$ <u>2,044.48</u>	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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>Goods Sold</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

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 11/18/2022
MM / DD / YYYY

/s/Grisselle Betancourt

Signature

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

Name Grisselle Betancourt

First name

Middle name

Last name

Title Bankruptcy Analyst

Company Pitney Bowes 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: Pitney Bowes Inc 27 Waterview Dr, 3rd Fl Shelton, CT, 06484 Phone: Phone 2: Fax: Email: grisselle.betancourt@pb.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
Filing Party:		
Other Names Used with Debtor:	Amends Claim: No	
	Acquired Claim: No	
Basis of Claim: Goods Sold	Last 4 Digits: Yes - various	Uniform Claim Identifier:
Total Amount of Claim: 2,044.48	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount:	
Amount of 503(b)(9): No	Value of Property:	
Based on Lease: No	Annual Interest Rate:	
Subject to Right of Setoff: No	Arrearage Amount:	
	Basis for Perfection:	
	Amount Unsecured:	
Submitted By: Grisselle Betancourt on 18-Nov-2022 9:33:26 a.m. Eastern Time		
Title: Bankruptcy Analyst		
Company: Pitney Bowes Inc		

Account Name: Borrego Health Stonewall Pharm
Purchase Power Account Number: 8000-9090-1041-5821**Purchase Power® Account Statement**

Statement Date September 20, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

* Previous Balance	\$841.98
Purchases	
Postage	\$62.97
Shipping	\$1,200.00
Total Purchases	\$1,262.97
Payments	\$0.00
Credits	\$0.00
Other Charges	\$39.99
Finance Charges	\$24.38
New Balance	\$2,169.32
Minimum Payment Due 10/17/2022	\$32.00

ACCOUNT INFOCredit Line is: **\$2,500.00**
Available Credit: **\$330.68****Questions about this statement?**
pitneybowes.us/signinManage your account online, view and pay
your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844.256.6444. Please have your 16 digit
account number available.To avoid late fees please ensure Pitney Bowes receives a
minimum payment before the due date of October 17, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to
pitneybowes.com/us/paypurchasepower

Pre-petition 841.98
+ 800.00

\$ 1,641.98



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-1041-5821	\$2,169.32	\$32.00	10/17/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschangeMake check payable to **Purchase Power**If you've chosen to pay by mail, please include this payment coupon
as well as your 16 digit account number on your check.Borrego Health Stonewall Pharm
Laura Manzano
PO BOX 2369
BORREGO SPRINGS CA 92004-2369PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090901041582100003200002169327

pitney bowes

Purchase Power Account Number: 8000-9090-1041-5821

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-1041-5821

Tran Date	Post Date	Description	Reference	Amount
08/23	08/23	TRANSACTION FEE		\$20.99
09/07	09/07	TRANSACTION FEE		\$20.99
09/20	09/20	TRANSACTION FEE		\$20.99
Postage Activity				\$62.97

Total Postage Activity \$62.97

Shipping Activity

Cost Center:

8000-9090-1041-5821

Tran Date	Post Date	Description	Reference / Signature	Amount
08/22	08/23	SPE Shipping		\$400.00
09/06	09/07	SPE Shipping		\$400.00
09/19	09/20	SPE Shipping		\$400.00
Shipping Activity				\$1,200.00

Pre-Prefit \$800.00

Total Shipping Activity \$1,200.00

Credits

Tran Date	Post Date	Description	Amount
-----------	-----------	-------------	--------

Total Credits \$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021

pitney bowes

Purchase Power Account Number: 8000-9090-1041-5821

Purchase Power®

Page 3 of 3

Other Charges

Item Date	Post Date	Description	Amount
09/18	09/18	LATE FEE	\$39.99

Total Charges \$39.99**Finance Charges**

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$1,463.43	0.060%	22.00%	\$24.38

Total Finance Charges \$24.38**Important Information****Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 10-14 business days for mailing and processing. You can make a payment online at pitneybowes.us/signin. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.



Account Name: BORREGO MEDICAL CENTER
Purchase Power Account Number: 8000-9090-0243-7320

Purchase Power® Account Statement

Statement Date September 15, 2022

Page 1 of 3

SUMMARY OF YOUR CHARGES

Previous Balance	\$806.50
Purchases	
Postage	\$400.00
Total Purchases	\$400.00
Payments	-\$806.50
Credits	\$0.00
Other Charges	\$2.50
Finance Charges	\$0.00
New Balance	\$402.50
Minimum Payment Due 10/12/2022	\$10.00

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of October 12, 2022

Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to:
pitneybowes.com/us/paypurchasepower

PITNEY BOWES REWARDS POINTS

Previous Balance	17,500
- Points Redeemed	0
- Points Adjusted	0
Points Earned this billing period	0
New Rewards Balance	17,500

Log on to your account to view and redeem rewards: pitneybowes.us/signin

Credit Line is: \$4,000.00

Available Credit: \$3,597.50

Questions about this statement?
pitneybowes.us/signin

Manage your account online, view and pay your bills, see detailed history, much more...

or

Call Monday - Friday 8AM to 8PM ET
844 256 6444. Please have your 16 digit account number available.

IMPORTANT: New Payment Address

Pitney Bowes Bank Inc. Purchase Power

PO BOX 981026

BOSTON, MA 02298-1026

Please send your payment to our
bank address



Pre-petition

The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

To make a payment by mail, please complete and send the coupon below. Please allow 10-14 business days for mail delivery.

Tear off here

PURCHASE POWER
2225 AMERICAN DRIVE
NEENAH WI 54956-1005

Account #	New Balance	Minimum Payment Due	Payment Due Date	Amount Enclosed
8000-9090-0243-7320	\$402.50	\$10.00	10/12/2022	\$

Change of address/contact information, please update at:
pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

BORREGO MEDICAL CENTER
ELLE HAMIDEN
PO BOX 2369
BORREGO SPGS CA 92004-2369

PITNEY BOWES BANK INC PURCHASE POWER
PO BOX 981026
BOSTON, MA 02298-1026

800090900243732000001000000402501

pitney bowes

Purchase Power Account Number: 8000-9090-0243-7320

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0240-1482
Accounts Payable

EL CAJON CA

Tran Date	Post Date	Description	Reference	Amount
08/30	08/31	Meter Refill SN-2109040	PBP #45441045	\$200.00
09/06	09/08	Meter Refill SN-2109040	PBP #45441045	\$200.00
Postage Activity				\$400.00

Total Postage Activity \$400.00

Payments

Tran Date	Post Date	Description	Amount
08/29	08/30	Payment Received	-\$806.50

Total Payments -\$806.50

Credits

Tran Date	Post Date	Description	Amount
--------------	--------------	-------------	--------

Total Credits \$0.00

Purchase Power®

SEND OVERNIGHT CHECKS TO:

FIS LOCKBOX OPERATIONS

ATTN: PITNEY BOWES BANK INC PURCHASE POWER

BOX 981026

10 DAN ROAD, DOOR #2

CANTON, MA 02021

pitney bowes

Purchase Power Account Number: 8000-9090-0243-7320

Purchase Power®

Page 3 of 3

Other Charges

Tran Date	Post Date	Description	Amount
09/15	09/15	METER POSTAGE OVERAGE FEE	\$2.50

Total Charges \$2.50**Finance Charges**

Description	Average Daily Balance \$	Daily Periodic Rate	APR	Amount
Postage/Supplies	\$154.83	0.060%	22.00%	\$0.00

Total Finance Charges \$0.00**Important Information****Access the following activities on our website:**

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 10-14 business days for mailing and processing. You can make a payment online at pitneybowes.us/signin. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.

Higher value communications designed by Pitney Bowes EngageOne® software, printed in color on the IntelliJet® 20 printing system, and finished with precision using Mailstream Productivity Series inserters.

EXHIBIT C

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>Pitney Bowes Global Financial Services LLC</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>Pitney Bowes Inc</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? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)		
	Contact phone <u>2039224277</u>	Contact phone _____
	Contact email <u>faith.santiago@pb.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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>9637</u>
7.	How much is the claim? \$ <u>46,654.36</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>Lease</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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ <u>46,654.36</u>	
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:

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 entitled to administrative priority 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 02/21/2024
MM / DD / YYYY

/s/Faith Santiago
Signature

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

Name Faith Santiago
First name Middle name Last name

Title Bankruptcy Specialist

Company Pitney Bowes Global Financial Services LLC
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: Pitney Bowes Global Financial Services LLC Faith Santiago 27 Waterview Drive Shelton, CT, 06484 United States Phone: 2039224277 Phone 2: Fax: Email: faith.santiago@pb.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: Pitney Bowes Inc	
Amends Claim: No Acquired Claim: No		
Basis of Claim: Lease	Last 4 Digits: Yes - 9637	Uniform Claim Identifier:
Total Amount of Claim: 46,654.36	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: Yes, 46,654.36 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: Faith Santiago on 21-Feb-2024 1:49:02 p.m. Eastern Time Title: Bankruptcy Specialist Company: Pitney Bowes Global Financial Services LLC		

		Borrego Community Health Foundation		Case #22-02384		Chapter 11		Filed on 09/22/22	
BPN #	Contract #	Invoice #	Invoice date	Period Covering	Amount	Cost of Equipment	Total		
17039637	0040798984	3106289397	9/15/23	Plax - Lien date: 01/01/23	\$ 35.01	\$ -	\$ 35.01		
		3106268381	9/11/23	10/10/23 - 01/09/24	\$ 232.99	\$ -	\$ 232.99		
		3106421271	12/12/23	01/10/24 - 04/09/24	\$ 232.99	\$ 1,120.19	\$ 1,353.18		
17039636	G007479004	N/A	N/A	N/A	\$ -	\$ -	\$ 607.10		
17039636	0040807807	3106200881	7/27/23	Plax - Lien date: 01/01/23	\$ 33.46	\$ -	\$ 33.46		
		3106267312	9/11/23	10/10/23 - 01/09/24	\$ 232.15	\$ -	\$ 232.15		
		3106424749	1/10/24	01/10/24 - 04/09/24	\$ 232.15	\$ 1,114.03	\$ 1,346.18		
12709024	0040143472	3106178052	7/10/23	08/08/23 - 11/07/23	\$ 235.32	\$ -	\$ 235.32		
		3106178052	9/15/23	Plax - Lien date: 09/15/23	\$ 19.00	\$ -	\$ 19.00		
		3106339326	10/10/23	11/08/23 - 02/07/24	\$ 235.32	\$ 548.79	\$ 784.11		
17039395	0040814410	3106200738	7/27/23	Plax - Lien date: 01/01/23	\$ 29.34	\$ -	\$ 29.34		
		3106266887	9/11/23	10/10/23 - 01/09/24	\$ 232.06	\$ -	\$ 232.06		
		3106424585	12/12/23	01/10/24 - 04/09/24	\$ 232.06	\$ -	\$ 232.06		
		N/A	04/10/24 - 07/10/24	07/10/24 - 10/09/24	\$ 441.78	\$ 946.61	\$ 1,388.39		
17354538	40721869	3106286244	9/15/23	Plax - Lien date: 01/01/23	\$ 32.69	\$ -	\$ 32.69		
		3106228325	11/21/23	12/20/23 - 03/19/24	\$ 228.66	\$ -	\$ 228.66		
		N/A	03/20/24 - 06/20/24	06/20/24 - 09/19/24	\$ 435.48	\$ 1,041.10	\$ 1,476.58		
17354538	40787372	3106200160	7/27/23	08/25/23 - 11/24/23	\$ 236.11	\$ -	\$ 236.11		
			9/15/23	Plax - Lien date: 01/01/23	\$ 30.91	\$ -	\$ 30.91		
			10/27/23	11/25/23 - 02/24/24	\$ 236.11	\$ -	\$ 236.11		
			2/25/24	02/25/24 - 05/24/24	\$ 236.11	\$ 945.96	\$ 1,182.07		
17354538	40788369	3106200218	7/27/23	Plax - Lien date: 01/01/23	\$ 38.06	\$ -	\$ 38.06		
			8/30/23	09/30/23 - 12/30/23	\$ 231.30	\$ -	\$ 231.30		
			11/29/23	12/30/23 - 03/29/24	\$ 231.30	\$ -	\$ 231.30		
			03/30/24 - 06/30/24	06/30/24 - 09/29/24	\$ 462.40	\$ 1,211.55	\$ 1,673.95		
17354538	41200517	3106194115	7/22/23	08/20/23 - 11/19/23	\$ 375.95	\$ -	\$ 375.95		
		3106286244	9/15/23	Plax - Lien date: 01/01/23	\$ 31.81	\$ -	\$ 31.81		
		3106356066	10/22/23	11/20/23 - 02/19/24	\$ 375.95	\$ -	\$ 375.95		
		3106505601	1/22/24	02/20/24 - 05/19/24	\$ 375.95	\$ -	\$ 375.95		
			05/20/24 - 11/20/26	11/20/26 - 02/19/27	\$ 3,904.56	\$ 1,996.09	\$ 5,900.65		
17354471	0041038816	3106286979	9/15/23	Plax - Lien date: 01/01/23	\$ 27.67	\$ -	\$ 27.67		
		3106238270	8/30/23	09/30/23 - 12/30/23	\$ 193.91	\$ -	\$ 193.91		
		3106395867	11/29/23	12/30/23 - 03/29/24	\$ 193.91	\$ -	\$ 193.91		
		N/A	03/30/23 - 03/30/26	03/30/26 - 06/29/26	\$ 1,620.00	\$ 937.75	\$ 2,557.75		
17392137	0040817425	3106200156	7/27/23	Plax - Lien date: 01/01/23	\$ 28.27	\$ -	\$ 28.27		
		3106225014	8/18/23	09/16/23 - 12/15/23	\$ 324.83	\$ -	\$ 324.83		

17392137	0040959493	3106383117	11/18/23	12/16/23 - 03/15/24	\$ 324.83	\$ -	\$ 324.83
		3106535916	2/16/24	03/16/24 - 06/15/24	\$ 306.99	\$ -	\$ 324.83
		NA	06/16/24 - 09/15/24	06/16/24 - 09/15/24	\$ 306.99	\$ 904.82	\$ 1,211.81
		3106287027	9/15/23	Plax - Lien date: 01/01/23	\$ 42.29	\$ -	\$ 42.29
		3106225014	8/18/23	09/16/23 - 12/15/23	\$ 357.09	\$ -	\$ 357.09
		3106383117	11/18/23	12/16/23 - 03/15/24	\$ 357.09	\$ -	\$ 357.09
		3106535916	2/16/24	03/16/24 - 06/15/24	\$ 357.09	\$ -	\$ 357.09
		na	06/16/24 - 12/16/24	12/16/24 - 03/15/25	\$ 1,003.68	\$ 1,367.46	\$ 2,371.14
18300778	0040805896	3106213350	8/9/23	09/07/23 - 12/06/23	\$ 223.06	\$ -	\$ 223.06
		3106292457	9/15/23	Plax - Lien date: 01/01/23	\$ 30.91	\$ -	\$ 30.91
		3106371237	1/18/23	12/07/23 - 03/6/24	\$ 223.06	\$ -	\$ 223.06
		3106522476	2/7/24	03/07/24 - 06/6/24	\$ 223.06	\$ 945.96	\$ 1,169.02
16833686	0040806929	3106198549	7/27/23	Plax - Lien date: 01/01/23	\$ 33.19	\$ -	\$ 33.19
		3106264886	9/11/23	10/10/23 - 01/09/24	\$ 231.30	\$ -	\$ 231.30
		3106429578	12/12/23	01/10/24 - 04/09/24	\$ 231.30	\$ -	\$ 231.30
		na	04/10/24 - 07/09/24	04/10/24 - 07/09/24	\$ 218.25	\$ 1,104.87	\$ 1,323.12
17354533	0040763231	3106286956	9/15/23	Plax - Lien date: 01/01/23	\$ 17.17	\$ -	\$ 17.17
		3106238621	8/30/23	09/30/23 - 12/30/23	\$ 172.33	\$ -	\$ 172.33
		3106396512	11/29/23	12/30/23 - 03/29/24	\$ 172.33	\$ 478.59	\$ 650.92
		3106285557	9/15/23	Plax - Lien date: 01/01/23	\$ 38.51	\$ -	\$ 38.51
		3106237982	8/30/23	09/30/23 - 12/30/23	\$ 269.09	\$ -	\$ 269.09
		3106395957	11/29/23	12/30/23 - 03/29/24	\$ 269.09	\$ -	\$ 269.09
		na	03/30/24 - 03/30/26	03/30/26 - 06/29/26	\$ 2,261.25	\$ 1,452.50	\$ 3,713.75
17500428	0040859783	3106198767	7/27/23	Plax - Lien date: 01/01/23	\$ 24.70	\$ -	\$ 24.70
		3106250264	9/30/23	09/30/23 - 12/30/23	\$ 216.15	\$ -	\$ 216.15
		3106406124	11/29/23	12/30/23 - 03/29/24	\$ 216.15	\$ -	\$ 216.15
			03/30/24 - 09/30/24	09/30/24 - 12/29/24	\$ 614.25	\$ 858.40	\$ 1,472.65
18226546	0040677787	na	na	na	\$ -	\$ 468.38	\$ 468.38
17354475	0040800518	3106286658	9/15/23	Plax - Lien date: 01/01/23	\$ 11.92	\$ -	\$ 11.92
		3106238739	8/30/23	09/30/23 - 12/30/23	\$ 182.46	\$ -	\$ 182.46
		3106395514	12/30/23	12/30/23 - 03/29/24	\$ 182.46	\$ -	\$ 182.46
		na	03/30/24 - 06/30/24	06/30/24 - 09/29/24	\$ 348.00	\$ 393.39	\$ 741.39
18300364	0040784944	3106290737	9/15/24	Plax - Lien date: 01/01/23	\$ 30.91	\$ -	\$ 30.91
		3106300159	9/18/24	9/18/2023	\$ 218.07	\$ -	\$ 218.07
		3106448170	12/18/23	12/18/2023	\$ 218.07	\$ -	\$ 218.07
		na	04/16/24 - 07/15/24	04/16/24 - 07/15/24	\$ 205.74	\$ 945.96	\$ 1,151.70
18447495	0041192777	3106291473	9/15/23	Plax - Lien date: 01/01/23	\$ 42.30	\$ -	\$ 42.30
		3106271595	9/12/23	10/11/23 - 01/10/24	\$ 254.47	\$ -	\$ 254.47
		3106430746	12/13/23	01/11/24 - 04/10/24	\$ 254.47	\$ -	\$ 254.47

Pitney Bowes - Confidential

Notice Recipients

District/Off: 0974-3	User: Admin.	Date Created: 12/31/2024
Case: 22-02384-LT11	Form ID: pdfO1	Total: 6

Recipients of Notice of Electronic Filing:

aty	Jeffrey N. Pomerantz	jpomerantz@pszjlaw.com
aty	Jeffrey N. Pomerantz	jpomerantz@pszjlaw.com;tkapur@pszjlaw.com;sgolden@pszjlaw.com
aty	Steven W Golden	sgolden@pszjlaw.com
aty	Tania M. Moyron	tania.moyron@dentons.com

TOTAL: 4

Recipients submitted to the BNC (Bankruptcy Noticing Center):

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			

TOTAL: 2