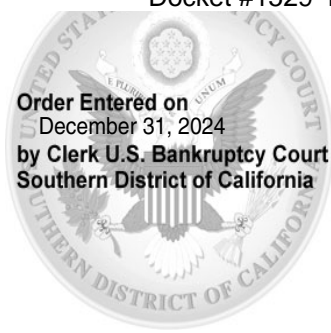


Name, Address, Telephone No. & I.D. No.  
Samuel R. Maizel (Bar No. 189301)  
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Attorneys for Post-Effective Date Debtor and the Co-Liquidating Trustee

Jeffrey N. Pomerantz (Bar No. 143717)  
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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,  
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.

/

//

//

DATED: December 31, 2024

Judge, United States Bankruptcy Court



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

DEBTOR: BORREGO COMMUNITY HEALTH FOUNDATION

CASE NO: 22-02384-LT11

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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

1 SAMUEL R. MAIZEL (Bar No. 189301)  
2 samuel.maizel@dentons.com  
3 TANIA M. MOYRON (Bar No. 235736)  
4 tania.moyron@dentons.com  
5 DENTONS US LLP  
601 South Figueroa Street, Suite 2500  
6 Los Angeles, California 90017-5704  
7 Telephone: 213 623-9300  
8 Facsimile: 213 623-9924

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

8 Jeffrey N. Pomerantz (Bar No. 143717)  
9 Steven W. Golden (Admitted Pro Hac Vice)  
10 PACHULSKI STANG ZIEHL & JONES LLP  
11 10100 Santa Monica Blvd., 13th Floor  
12 Los Angeles, CA 90067  
13 Telephone: 310-277-6910  
14 Facsimile: 310-201-0760  
15 Email: jpomerantz@pszjlaw.com  
16 sgolden@pszjlaw.com

13 Attorneys for the Co-Liquidating Trustee

14 **UNITED STATES BANKRUPTCY COURT**  
15 **SOUTHERN DISTRICT OF CALIFORNIA**

16 In re

17 BORREGO COMMUNITY  
18 HEALTH FOUNDATION,

19 Debtor and Debtor in  
20 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**

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.

27  
28

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

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

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

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

23           11. The Court shall retain jurisdiction over all matters relating to the  
24 interpretation and enforcement of this Stipulation.  
25  
26  
27  
28

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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation		
<b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Pitney Bowes Inc 27 Waterview Dr, 3rd Fl Shelton, CT, 06484 <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> grisselle.betancourt@pb.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
	<b>Other Names Used with Debtor:</b>	
<b>Amends Claim:</b> No <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> Goods Sold	<b>Last 4 Digits:</b> Yes - various	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 2333.67	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> /s/ Grisselle Betancourt on 18-Nov-2022 8:58:17 a.m. Eastern Time <b>Title:</b> Bankruptcy Analyst <b>Company:</b> Pitney Bowes Inc		

VN: 7FD930E5AFCF13E13BE0FD12A9147CDA

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

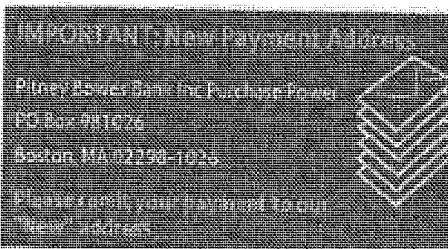
Available Credit: \$2,996.50

**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.

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 92004-2369PITNEY 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 alexis leal	Tran Date	Post Date	Description	Reference	Amount
CATHEDRAL CIT CA	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](http://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](http://pitneybowes.us/signin)

Credit Line is: \$2,000.00

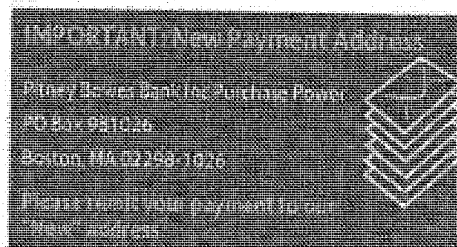
Available Credit: \$1,791.01

Questions about this statement?

[pitneybowes.us/signin](http://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.

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](http://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	\$8.99
<b>Postage Activity</b>				<b>\$208.99</b>

**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
<b>Total Finance Charges \$0.00</b>				

**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](http://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](http://pitneybowes.us/signin)

Credit Line is: \$500.00

Available Credit: \$300.00

**Questions about this statement?**[pitneybowes.us/signin](http://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.

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](http://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 92004PITNEY BOWES BANK INC PURCHASE POWER  
PO BOX 981026  
BOSTON, MA 02298-1026

80009090980870500001000000200006

pitney bowes

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

Purchase Power®

Page 2 of 3

## Postage Activity

8000-9090-0980-8705	Trans Date	Post Date	Description	Reference	Amount
DESERT HOT SP CA	08/29	08/30	Meter Refill SN-1295915	PBP #:S1087492	\$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.



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

Tran Date	Post Date	Description	Reference	Amount
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/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.

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

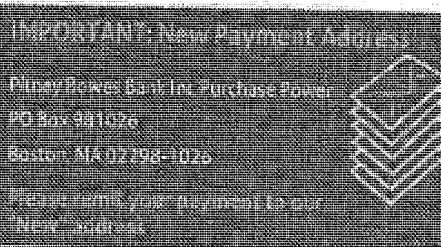
Credit Cards are NOT an accepted form of payment for accounts.

Online payments can be made. Go to  
[pitneybowes.com/us/paypurchasepower](http://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](http://pitneybowes.us/signin)**Credit Line is: \$1,500.00****Available Credit: \$820.80****Questions about this statement?**[pitneybowes.us/signin](http://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.

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](http://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 92240-3737PITNEY 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
<b>Total Finance Charges \$12.24</b>				

**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](https://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](https://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)	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>	Where should payments to the creditor be sent? (if different)    Contact phone _____ Contact email <u>grisselle.betancourt@pb.com</u>
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. <b>Nature or property:</b> <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: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (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: _____



<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input checked="" type="checkbox"/> No	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input type="checkbox"/> Yes. Check all that apply:	
	<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.		
<b>13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?</b>	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> 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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation <b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Pitney Bowes Inc 27 Waterview Dr, 3rd Fl Shelton, CT, 06484 <b>Phone:</b> <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> grisselle.betancourt@pb.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b>	
	<b>Other Names Used with Debtor:</b>	
<b>Amends Claim:</b> No <b>Acquired Claim:</b> No		
<b>Basis of Claim:</b> Goods Sold	<b>Last 4 Digits:</b> Yes - various	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 2,044.48	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No <b>Priority Under:</b>		
<b>Has Secured Claim:</b> No <b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>		
<b>Submitted By:</b> Grisselle Betancourt on 18-Nov-2022 9:33:26 a.m. Eastern Time <b>Title:</b> Bankruptcy Analyst <b>Company:</b> Pitney Bowes Inc		

VN: 8BF52ED2D787F15235374F996CBED0C9

Signed by Judge Laura Stuart Taylor December 31, 2024



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	<del>\$2,169.32</del>
Minimum Payment Due 10/17/2022	\$32.00

**ACCOUNT INFO**Credit Line is: \$2,500.00  
Available Credit: \$330.68**Questions about this statement?**[pitneybowes.us/signin](http://pitneybowes.us/signin)

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

or

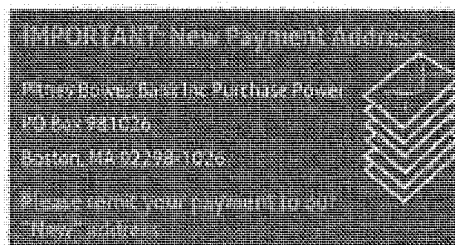
Call Monday - Friday 8AM to 8PM ET  
844 256 6444. Please have your 16 digit account number available.

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](http://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	<del>\$2,169.32</del>	\$32.00	10/17/2022	\$

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

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

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
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®

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**Other Charges**

Trans 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](http://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](http://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](http://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](http://pitneybowes.us/signin)

Credit Line is: \$4,000.00

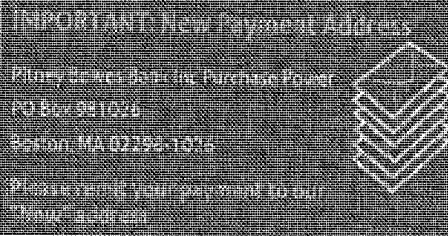
Available Credit: \$3,597.50

Questions about this statement?

[pitneybowes.us/signin](http://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.

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](http://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 HAMIDEH  
PO BOX 2369  
BORREGO SPGS CA 92004-2369PITNEY 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®

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## 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
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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®

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**Other Charges**

Trans 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
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- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to [pitneybowes.us/signin](http://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](http://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. <b>Nature or property:</b> <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: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate (when case was filed)</b> _____ % <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:

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 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

<b>Debtor:</b> 22-02384 - Borrego Community Health Foundation <b>District:</b> Southern District of California, San Diego Division		
<b>Creditor:</b> Pitney Bowes Global Financial Services LLC Faith Santiago 27 Waterview Drive  Shelton, CT, 06484 United States <b>Phone:</b> 2039224277 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> faith.santiago@pb.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b> Pitney Bowes Inc	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Lease	<b>Last 4 Digits:</b> Yes - 9637	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 46,654.36	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> Yes, 46,654.36 <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Faith Santiago on 21-Feb-2024 1:49:02 p.m. Eastern Time <b>Title:</b> Bankruptcy Specialist <b>Company:</b> Pitney Bowes Global Financial Services LLC		

VN: E0AECF31C023125ED8DACB081541FC73

Signed by Judge Laura Stuart Taylor December 31, 2024

BPN #	Contract #	Invoice #	Borrego Community Health Foundation		Case #22-02384	Chapter 11	Filed on 09/22/22	
			Invoice date	Period Covering			Cost of Equipment	Total
17039637	0040798984	3106289397	9/15/23	Plax - Lien date: 01/01/23	\$ 35.01	\$ -	\$ -	\$ 35.01
		3106289381	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	\$ 1,120.19	\$ 1,353.18
17039636	G007479004	N/A	N/A	N/A	\$ -	\$ -	\$ 607.10	\$ 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	\$ 1,114.03	\$ 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	\$ 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	\$ 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	\$ 1,041.10	\$ 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	\$ 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	\$ 1,211.55	\$ 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	\$ 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
		NA	03/30/23 - 03/30/26	03/30/26 - 06/29/26	\$ 1,620.00	\$ 937.75	\$ 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

Pitney Bowes - Confidential

	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
17392137	0040959493	9/15/23	Plax - Lien date: 01/01/23	\$ 42.29	\$ -	\$ 42.29
	3106287027	9/18/23	09/16/23 - 12/15/23	\$ 357.09	\$ -	\$ 357.09
	3106225014	11/18/23	12/16/23 - 03/15/24	\$ 357.09	\$ -	\$ 357.09
	3106383117	2/16/24	03/16/24 - 06/15/24	\$ 357.09	\$ -	\$ 357.09
	3106535916	06/16/24 - 12/16/24	12/16/24 - 03/15/25	\$ 1,003.68	\$ 1,367.46	\$ 2,371.14
	na					
18300778	0040805896	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	11/8/23	12/07/23 - 03/06/24	\$ 223.06	\$ -	\$ 223.06
	3106522476	2/7/24	03/07/24 - 06/06/24	\$ 223.06	\$ 945.96	\$ 1,169.02
16833686	0040806929	7/27/23	Plax - Lien date: 01/01/23	\$ 33.19	\$ -	\$ 33.19
	3106198549	9/11/23	10/10/23 - 01/09/24	\$ 231.30	\$ -	\$ 231.30
	3106264886	12/12/23	01/10/24 - 04/09/24	\$ 231.30	\$ -	\$ 231.30
	3106429578	04/10/24 - 07/09/24	04/10/24 - 07/09/24	\$ 218.25	\$ 1,104.87	\$ 1,323.12
	na					
17354533	0040763231	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	7/27/23	Plax - Lien date: 01/01/23	\$ 24.70	\$ -	\$ 24.70
	3106198767	9/30/23	09/30/23 - 12/30/23	\$ 216.15	\$ -	\$ 216.15
	3106250264	11/29/23	12/30/23 - 03/29/24	\$ 216.15	\$ -	\$ 216.15
	3106406124	03/30/24 - 09/30/24	09/30/24 - 12/29/24	\$ 614.25	\$ 858.40	\$ 1,472.65
	na					
18226546	0040677787	na	na	\$ -	\$ 468.38	\$ 468.38
17354475	0040800518	9/15/23	Plax - Lien date: 01/01/23	\$ 11.92	\$ -	\$ 11.92
	3106286658	8/30/23	09/30/23 - 12/30/23	\$ 182.46	\$ -	\$ 182.46
	3106238739	12/30/23	12/30/23 - 03/29/24	\$ 182.46	\$ -	\$ 182.46
	3106395514	03/30/24 - 06/30/24	06/30/24 - 09/29/24	\$ 348.00	\$ 393.39	\$ 741.39
	na					
18300364	0040784944	9/15/24	Plax - Lien date: 01/01/23	\$ 30.91	\$ -	\$ 30.91
	3106290737	9/18/24	9/18/2023	\$ 218.07	\$ -	\$ 218.07
	3106300159	12/18/23	12/18/2023	\$ 218.07	\$ -	\$ 218.07
	3106448170	04/16/24 - 07/15/24	04/16/24 - 07/15/24	\$ 205.74	\$ 945.96	\$ 1,151.70
	na					
18447495	0041192777	9/15/23	Plax - Lien date: 01/01/23	\$ 42.30	\$ -	\$ 42.30
	3106291473	9/12/23	10/11/23 - 01/10/24	\$ 254.47	\$ -	\$ 254.47
	3106271595	12/13/23	01/11/24 - 04/10/24	\$ 254.47	\$ -	\$ 254.47
	3106430746					

Pitney Bowes - Confidential

		na	04/11/24 - 10/11/26	10/11/26 - 01/10/27	\$ 2,581.92	\$ 1,699.46	\$ 4,281.38
TOTAL							\$ 46,654.36

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 31, 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 Jan 02, 2025:

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: Jan 02, 2025

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 31, 2024 at the address(es) listed below:

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

District/off: 0974-3  
Date Rcvd: Dec 31, 2024

User: Admin.  
Form ID: pdf01

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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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Total Noticed: 2

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

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TOTAL: 52