UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA
OFFICE OF THE CLERK

In Re: Diablo Grande Community Facilities District No. 1

Case No.: 25-26635

To Whom it May Concern:

☑ Attached is a copy of an application/motion/objection submitted for filing without a separate Notice of Hearing with a hearing date and time set forth. This application/motion/objection will be calendared only upon receipt of a Notice of Hearing with a date and time filled in pursuant to Local Bankruptcy Rule 9014-1, along with a copy of the original application/motion/objection previously filed.

☐ Attached is a copy of pleading(s) filed with multiple captions. The pleading(s) will be docketed and filed in the first listed case referenced in the caption. Copies will be placed in additional case files referenced in the caption only if copies are submitted for each file and are marked accordingly.

Dated: September 15, 2026

For the Court
Scott Yach, Clerk

By: Violet Delsid
Deputy Clerk

U.S. Bankruptcy Court
2500 Tulare Street, Suite 2501
Fresno, CA 93721
(559) 499-5800

cc: Case File
EDC 4-170 (Rev. 5/26)

2526635260915000000000013

15

BONDHOLDER KOSHI PADNANI

pkopd@aol.com

855 East Broadway Apt. 5C
Long Beach, New York 11561.

Telephone: (917) 584-8382

FILED
SEP 14 2026
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

Emas

UNITED STATES BANKRUPTCY COURT

EASTERN DISTRICT OF CALIFORNIA

DIABLO GRANDE COMMUNITY FACILITIES DISTRICT NO 1 Debtor.	Case No. 25-26635 -A -9 Chapter 9. **BONDHOLDER KOSHI PADNANI'S MOTION TO(DEEM NOTICE INEFFECTIVE)COMPEL PROPER SERVICE TO CURRENT BOND AGENT** **EXTEND TIME TO FILE OBJECTION TO DIABLO GRANDE COMMUNITY FACILITIES DISTRICT NO. 1'S CHAPTER 9 PETITION.**

According to a Certificate of Service filed by an attorney for Diablo Grande Community Service In February 2026 the Bankruptcy notice was sent to Lena Chan at BNY Western Trust Company which was the only notice representing service to all the Bondholders.
The notice was mailed to Lena Chan.with the Email . Address lena.chan@bny.com and phone number written as 213 553 9606 as can be seen in Exhibit A.

I called the phone number with no ringing sound, just 3 tones and the phone hung up.

I sent an email to Lena Chan and received an auto reply that the person is retiring, forward email to California_ PNFP@bny,com I sent email to California_PNFP@bny.com and got no response. The representative in the Bank of New York Mellon Trust Company sent an email to lena.chan@bny.com and received the same reply as I did as can be seen in Exhibit B.that person is retiring and no longer servicing any queries.

The obligations are held by The Bondholders whose communications were routed through the Bond Agent.

I called the Bank of New York Mellon on two occasions and was told that Lena Chan is not listed with the Bank of New York Mellon Trust Company and the DTC.

Relief Requested: Alternate service protocol to correct current Bond agents name and correct contact information.

Find out the correct agent's name and contact information who is now handling **this position and mail or serve the deadline date and time to file a written objection to Bankruptcy petition**

Extend time to file written objection to the Chapter 9 Bankruptcy.as as per the specific court rules example Federal rule of bankruptcy procedure 9006 or Federal's rule of civil procedure 6B for standard civil cases I could not control the fact that the opposing party's agent was non operational.
The creditors (Bondholders) will suffer unfair prejudice as any delay is directly tied to their own agents failure

Conclusion and prayer for relief.

Therefore I respectfully request that this court grants this motion that the service was inadequate due to the failure of the proper creditors agent being notified of the deadline date and extend the time to file an Objection to October 30th and including October 30th or grant any other relief the Court deems just and proper.

Dated: September 8, 2026
Case # 25-26635-A-9

Bondholder Koshi Padnani.
Koshi Padnani

Fill in this information to identify the case and this filing:

Debtor Name Diablo Grande Community Facilities District No. 1

United States Bankruptcy Court for the: Eastern District of California (State)

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors 12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/25/2025
MM / DD / YYYY

X _____
Signature of individual signing on behalf of debtor

Exhibit A
pg 1 of 3

Mark Kovich
Printed name

Board President of Western Hills Water District, governing authority of Diablo Grande Community Facilities District No. 1, and authorized agent for Debtor
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name: Diablo Grande Community Facilities District No. 1

United States Bankruptcy Court for the Eastern District of California

Case number (If known):

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: Consolidated List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	BNY WESTERN TRUST COMPANY ATTN: LENA CHAN ASSOCIATE, CORPORATE TRUST 333 SOUTH HOPE STREET SUITE 2525 LOS ANGELES, CA 90071	ATTN: LENA CHAN ASSOCIATE, CORPORATE TRUST PHONE: (213) 553-9806 EMAIL: LENA.CHAN@BNY.COM	BOND DEBT	UNLIQUIDATED			$ 38,000,000.00
2	DIABLO GRANDE RESIDENTIAL ASSOCIATION, COMMON INTEREST MANAGEMENT SERVICE JEAN VOLZ 315 DIABLO ROAD SUITE 221 DANVILLE, CA 94526	JEAN VOLZ PHONE: (925) 743-3080 EMAIL: JVOLZ@COMMONINTEREST.COM	HOA FEES	DISPUTED			$ 385,000.00
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							Exhibit A pg 2 of 3
17							
18							
19							
20							

Label Matrix for local noticing
0972-2
Case 25-26635
Eastern District of California
Sacramento
Wed Jan 21 13:28:37 PST 2026

BNY Western Trust Company
Lena Chan
Associate, Corporate Trust
333 South Hope Street, Suite 2525
Los Angeles, CA 90071-1495

Bondholder Koshi Padnani
855 East Broadway Apt. 5 C
Long Beach, NY 11561
Long Beach, NY 11561-4778

Joseph P. Buchman
444 S. Flower Street, Suite 2400
Los Angeles, CA 90071-2953

California Attorney General
Attn Bankruptcy Department
1300 I St., Ste. 1740
Sacramento, CA 95814-2954

County of Stanislaus
Donna Riley
TreasurerTax Collector Stanislaus County
1010 10th Street, Suite 2500
Modesto, CA 95354-0864

Diablo Grande Community Facilities District
9501 Morton Davis Drive
Patterson, CA 95363-8610

Diablo Grande Residential Association
Common Interest Management Service
Jean Volz
315 Diablo Road Suite 221
Danville, CA 94526-3409

Internal Revenue Service
Centralized Insolvency Operation
PO Box 7346
Philadelphia, PA 19101-7346

Office of the U.S. Trustee
Robert T Matsui United States Courthouse
501 I Street, Room 7-500
Sacramento, CA 95814-7304

U.S. Securities and Exchange Commission
Attn: Bankruptcy Counsel
444 South Flower Street, Suite 900
Los Angeles, CA 90071-2934

United States Attorney
2500 Tulare Street, Suite 4401
Fresno, CA 93721-1331

a.s.a.p Collection Services
6980 Santa Teresa Blvd.
Suite 150
San Jose, CA 95119-1489

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)Rubin Cruse

(u)KCC dba Verita Global

(u)Martin Kosla

(u)Richard Reynolds

(u)Cheryl VanLancker

(u)Verita Global

Exhibit A
Pg 3 of 3.

End of Label Matrix
Mailable recipients 12
Bypassed recipients 6
Total 18

ATTACHMENT 6B-1 TO CERTIFICATE OF SERVICE
Case # 25-26635-A-9

Bond Redemption.

From: pkopd@aol.com <pkopd@aol.com>
To: lena.chan@bny.com
Date: Sep 7, 2026, 8:10 PM

Regarding Bond Redemptions of Cusip No 958324DR3

There were partial redemptions done of some of this same Cusip in year 2018 and 2019. I have attached 2 of those notices please review.
What were the reasons for a select few Bondholders to receive the proceeds when the Bond did not have that call date or maturity date.

I have $20,000 of these bonds and request redemption as well.

Please reply soon by email.

Thank you

Koshi Padnani.

Western Hills Partial Redemption of Bonds illegal.pdf
32 KB

Western Hills Partial Redemption of Bonds Jan 30 2015.pdf
101 KB

Western Hills Partial Redemption of Bonds illegal.pdf
32 KB

Exhibit B
18 1 of 2.

Case # 25-26635-A-9

Automatic reply: Bond Redemption.

From: VVV09Chan,Lena <XECCG1D@bny.com>
To: pkopd@aol.com
Date: Sep 7, 2026, 8:14 PM

I am retiring from BNY. If you require any assistance, please forward Email to:

California PNFP <California_PNFP@bny.com>

Thank you!

Exhibit B.
Pg 2 of 2.
Case # 25-26635-A-9

John Bedell, DO
Joseph Vitoulis, DO
Olivia McColgan, PA
Rayven Mason, NP
Sther Charlot, NP
Temima Leiser, NP

Family Medicine

265 West Park Ave, Long Beach, NY 11561
T: (516) 431-3600 | F: (516) 431-4107

271 Doughty Blvd, Inwood, NY 11096
T: (516) 371-6884 | F: (516) 371-6083

1000 Atlantic Ave, Baldwin, NY 11510
T: (516) 371-6083 | F: (516) 371-6083

342 Beach 54th St, Arverne, NY 11692
T: (718) 634-5448 | F: (718) 318-2247

Catholic Health
Physician Partners

RE: Koshi Padnani

To whom ever it may concern,

This letter is to inform you that my patient Koshi Padnani was seen on July 20,2026. At the time of the visit, she complained of insomnia and ankle pain.

Sincerely,

Temima Leah Leiser, NP
Electronically signed by Temima Leah Leiser, NP on 9/2/2026

Case 25-26635-A-9

Padnani, Koshi

MRN: E4715941

Office Visit 7/20/2026
Family Medicine, Long Beach

Provider: Leiser, Temima Leah, NP (Nurse Practitioner)
Primary diagnosis: Ankle pain, unspecified chronicity, unspecified laterality
Reason for Visit: Fatigue • Sleeping Problem • Ankle Pain

Progress Notes

Leiser, Temima Leah, NP (Nurse Practitioner) • Nurse Practitioner

Patient ID: Koshi Padnani is a 70 y.o. female
Chief Complaint: Fatigue, Sleeping Problem (Pt reports she has not able to sleep well), and Ankle Pain

Subjective:
70-year-old female with a past medical history significant for anxiety, insomnia, and hypertension presents today with complaints of persistent insomnia and chronic left ankle pain.

The patient reports ongoing difficulty sleeping, describing both difficulty falling asleep and maintaining sleep throughout the night. She states that her insomnia has progressively worsened and is affecting her daytime functioning, energy level, and overall quality of life. She denies any recent acute stressors or changes in her daily routine that would explain the worsening of her symptoms. A thorough medication reconciliation was performed during today's visit. Review of her medical record revealed that the last prescription for Ambien issued by this office was on 02/26/2025. The New York State I-STOP Prescription Monitoring Program was reviewed prior to prescribing, with no unexpected controlled substance prescriptions identified. Given her previous response to therapy and the absence of concerning findings on review of the prescription monitoring program, a refill of Ambien was prescribed.

A comprehensive discussion was held regarding insomnia and its potential contributing factors. Sleep hygiene measures were reviewed in detail, including maintaining a consistent sleep schedule, limiting caffeine and alcohol intake, reducing screen time before bedtime, avoiding daytime naps, and creating an optimal sleep environment. Additional medical causes of insomnia, including thyroid dysfunction, metabolic abnormalities, anemia, and vitamin deficiencies, were discussed. Routine laboratory studies were obtained today to evaluate for potential underlying causes contributing to her sleep disturbances. The patient verbalized understanding of the plan.

The patient also reports left ankle pain that has been present for approximately four months. She denies any known trauma or specific injury preceding the onset of pain. She has attempted conservative treatment at home, including the use of an ACE bandage for compression and topical Voltaren gel, without significant improvement in her symptoms. She continues to experience persistent discomfort despite these measures. She denies numbness, tingling, open wounds, redness, drainage, fever, or other systemic symptoms. Given the chronicity of her symptoms and failure of conservative treatment, an X-ray of the left ankle was ordered for further evaluation to assess for underlying degenerative changes, occult injury, or other bony abnormalities.

The patient was advised that she is also due for her annual physical exam and routine preventive health maintenance. She was encouraged to schedule this appointment at her earliest convenience so that age-appropriate screenings, preventive care, and chronic disease management can be comprehensively reviewed.

All questions and concerns were addressed during today's visit. The patient verbalized understanding of the treatment plan and agrees with the recommendations. She was instructed to follow up after imaging and laboratory results are available or sooner if her symptoms worsen or new concerns arise.

Ankle Pain
Pertinent negatives include no numbness.

Case 25-26635-A-9

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

Review of Systems:

Review of Systems
Constitutional: Negative for appetite change, chills, fatigue, fever and unexpected weight change.
HENT: Negative for congestion, ear pain, facial swelling, hearing loss and sore throat.
Eyes: Negative for pain, discharge and visual disturbance.
Respiratory: Negative for cough, chest tightness, shortness of breath and wheezing.
Cardiovascular: Negative for chest pain, palpitations and leg swelling.
Gastrointestinal: Negative for abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.
Genitourinary: Negative for difficulty urinating, dysuria, flank pain, frequency, hematuria and urgency.
Musculoskeletal: Negative for back pain and joint swelling.
Left ankle pain
Skin: Negative for color change and rash.
Neurological: Negative for dizziness, tremors, weakness, light-headedness, numbness and headaches.
Psychiatric/Behavioral: Negative for behavioral problems and suicidal ideas. The patient is nervous/anxious.
Endocrine: Negative for polyuria.
Hematological: Does not bruise/bleed easily.

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use
- Vaping status: Never Used

Substance Use Topics
- Alcohol use: Yes
  Comment: socially
- Drug use: Never

Preventative Screenings:

Family History:

History reviewed. No pertinent family history.

Allergies as of 07/20/2026 - Review Complete 04/06/2026

Allergen	Reaction	Noted
• Hylan g-f 20	Swelling	05/22/2025

Current Medications:

Outpatient Encounter Medications as of 7/20/2026

Medication	Sig
• albuterol (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler	Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing..
• amLODIPine (NORVASC) 2.5 MG tablet	Take 2.5 mg by mouth in the morning.
• cetirizine (ZYRTEC ALLERGY) 10 MG tablet	Take 10 mg by mouth in the morning.
• montelukast (SINGULAIR) 10 MG tablet	Take 1 tablet (10 mg total) by mouth nightly..
• zolpidem (AMBIEN) 5 MG tablet	Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg.

No facility-administered encounter medications on file as of 7/20/2026.

Case 25-26635-A-9

Most Recent Immunizations

Administered	Date(s) Administered
• COVID-19MRNA BIVAL VAC(MODERNA)50 MCG/0.5ML IM SUSP	06/12/2023
• COVID-19MRNA VACC MODERNA (Spikevax)12yrs 50MCG/0.5ML IM SUSY	09/13/2024
• Covid-19 Mrna Vacc (Moderna) 100 Mcg/0.5ml Im Susp	11/24/2021
• Covid-19 Mrna Vaccine (Pfizer) 30 Mcg/0.3ml Im Susp	02/25/2021
• Influenza High Dose (IIV3) PF 0.5ML (FLUZONE HIGH DOSE)	09/25/2024
• Influenza High Dose (IIV4-HD)PF 0.7ML (Fluzone High Dose)	11/19/2022
• Influenza Quadrivalent MDV 0.5ML (FLUCELVAX)	10/14/2019
• Influenza Split Quad PF 0.5ML (FLUZONE PF, AFLURIA PF)	09/28/2018
• Influenza Vac IIV3 Adjuvanted (FLUAD)	11/16/2025
• Influenza Vac Subunit Quad (CCIIV4) 0.5ML (FLUCELVAX PF QUAD)	02/04/2018
• Influenza Vac aIIV4 Adjuvanted (Fluad)	10/15/2021
• MMR	08/06/2010
• Pneumococcal Conjugate (PCV20)(PREVNAR)	03/20/2023
• Pneumococcal polysaccharide (PPSV23) (PNEUMOVAX)	08/26/2020
• Tdap (ADACEL, BOOSTRIX)	08/04/2024
• Zoster (ZOSTAVAX)	11/30/2016
• Zoster Recombinant (SHINGRIX)	12/04/2019

Radiological Studies: No results found.
Diagnostic Studies:
Objective:
Vital Signs: BP 138/88 (BP Location: Right arm, BP Patient Position: Sitting) | Pulse 74 | Temp 98 °F (36.7 °C) (Oral) | Resp 18 | Ht 1.575 m (5' 2") | Wt 51.7 kg (114 lb) | SpO2 99% | BMI 20.85 kg/m²

PHQ 9 Total Score (Score < or =9 is negative screen. If Score is >9, the provider must complete follow up): 0

Physical Exam
Vitals reviewed.
Constitutional:
Appearance: Normal appearance.
HENT:
Head: Normocephalic.
Right Ear: Tympanic membrane normal.
Left Ear: Tympanic membrane normal.
Nose: Nose normal. No congestion.
Mouth/Throat:
Pharynx: No posterior oropharyngeal erythema.
Eyes:
Extraocular Movements: Extraocular movements intact.
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulses: Normal pulses.
Heart sounds: Normal heart sounds.
Pulmonary:
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal. There is no distension.
Palpations: Abdomen is soft.

Case 25-26635-A-9

Tenderness: There is no abdominal tenderness.

Musculoskeletal:
General: No swelling. Normal range of motion.
Cervical back: Normal range of motion and neck supple.
Right lower leg: No edema.
Left lower leg: No edema.

Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Findings: No rash.

Neurological:
Mental Status: She is alert and oriented to person, place, and time.

Psychiatric:
Mood and Affect: Mood normal.

Assessment & Plan

Ankle pain, unspecified chronicity, unspecified laterality

Xray ordered

Orders:
- X-Ray Ankle 2 Views Left; Future

Insomnia, unspecified type

Refill ambien 5 mg nightly prn
Istop checked Reference #: 277541636
Labs drawn.
Orders:
- zolpidem (AMBIEN) 5 MG tablet; Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg.
- CBC and differential
- Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index
- Ferritin
- Folate
- Hemoglobin A1c
- Lipid panel
- Thyroid Panel + TSH
- Total Iron Binding Capacity (TIBC)
- Vitamin D 25 hydroxy
- Vitamin B12

Essential hypertension

Refill amlodipine 2.5 mg daily

Orders:
- amLODIPine (NORVASC) 2.5 MG tablet; Take 1 tablet (2.5 mg total) by mouth in the morning.

Chronic obstructive pulmonary disease, unspecified COPD type (HCC)

Refill montelukast 10 mg tab daily

Orders:
- montelukast (SINGULAIR) 10 MG tablet; Take 1 tablet (10 mg total) by mouth nightly..

Case 25-26635-A-9

Location of blood draw: Right antecubital

# of vials: 3

Dx: G47.00

Performed today by Temima Leah Leiser, NP, 07/20/2026 3:28 PM

I will be using documentation of time to charge for this visit.No

Leiser, Temima Leah, NP
Electronically Signed
07/20/26 1535

Instructions

After Visit Summary (English Snapshot) - Automatic Snapshot taken 7/20/2026

Additional Documentation

Vitals: BP 138/88 (BP Location: Right arm, BP Patient Position: Sitting) Pulse 74 Temp 98 °F (36.7 °C) (Oral) Resp 18 Ht 1.575 m (5' 2") Wt 51.7 kg (114 lb) SpO2 99% BMI 20.85 kg/m² BSA 1.51 m²

Flowsheets: Social Determinants of Health, Patient Health Questionnaire, Allergy Visit Question

Communications

ⓘ

Media

From this encounter

Electronic signature on 7/20/2026 1:45 PM - E-signed

Pharmacy Benefits

PADNANI, KOSHI A - ELDER BB CDH-Y HPDMEDD (CVS|CAREMARK)

Covered: **Retail**, **Mail Order**, Specialty Unknown: Long-Term Care

Member ID:	01385170801	BIN:	004336	DOB:	8/15/1955
Group ID:	RX8585	PCN:	MEDDADV	Legal sex:	F
Group name:	ELDERPLAN MAPD H3347/EP26HMO16			Address:	855 EAST BROADWAY APT 5C LONG BEACH NY 11561

Orders Placed

Labs

CBC and differential (Resulted 7/20/2026, Abnormal)
Hemoglobin A1c (Resulted 7/20/2026, Abnormal)
Total Iron Binding Capacity (TIBC) (Resulted 7/20/2026, Abnormal)
Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index (Resulted 7/20/2026)
Ferritin (Resulted 7/20/2026)
Folate (Resulted 7/20/2026)

Case 25-26635-A-9

Lipid panel (Resulted 7/20/2026)
Thyroid Panel + TSH (Resulted 7/20/2026)
Vitamin B12 (Resulted 7/20/2026)
Vitamin D 25 hydroxy (Resulted 7/20/2026)

Imaging
X-Ray Ankle 2 Views Left

Medication Changes

As of 7/20/2026 3:28 PM

	Refills	Start Date	End Date
Added: zolpidem (AMBIEN) 5 MG tablet	0	7/20/2026	9/1/2026
Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg. - Oral			
Prior authorization: Closed - Prior Authorization not required for patient/medication			

Medication List at End of Visit

As of 7/20/2026 3:28 PM

	Refills	Start Date	End Date
albuterol (PROVENTIL HFA;VENTOLIN HFA) 108 (90 Base) MCG/ACT inhaler	—		—
Inhale 2 puffs into the lungs every 6 (six) hours as needed for Wheezing.. - Inhalation			
Patient-reported medication			
amLODIPine (NORVASC) 2.5 MG tablet	0	7/20/2026	—
Take 1 tablet (2.5 mg total) by mouth in the morning. - Oral			
cetirizine (ZYRTEC ALLERGY) 10 MG tablet	—		—
Take 10 mg by mouth in the morning. - Oral			
Patient-reported medication			
montelukast (SINGULAIR) 10 MG tablet	0	7/20/2026	—
Take 1 tablet (10 mg total) by mouth nightly.. - Oral			
zolpidem (AMBIEN) 5 MG tablet	0	7/20/2026	9/1/2026
Take 1 tablet (5 mg total) by mouth nightly as needed for Sleep. Max Daily Amount: 5 mg. - Oral			
Prior authorization: Closed - Prior Authorization not required for patient/medication			

Visit Diagnoses

Primary: **Ankle pain, unspecified chronicity, unspecified laterality** M25.579
Insomnia, unspecified type G47.00
Essential hypertension I10
Chronic obstructive pulmonary disease, unspecified COPD type (HCC) J44.9

Patient Lines/Drains/Airways Status

Active PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line / Wound / Decubitus Ulcer / NG/OG Tube / Glucose Sensor

None

Inactive PICC Line / CVC Line / PIV Line / Drain / Airway / Intraosseous Line / Epidural Line / ART Line / Line / Wound / Decubitus Ulcer / NG/OG Tube / Glucose Sensor

None

Case 25-26635-A-9

Family Medicine, Long Beach
265 West Park Avenue
Long Beach NY 11561
Ph: 516-431-3600 Fax: 516-431-4107

Date: 09/02/2026
Name: Koshi Padnani
Address: 855 E BROADWAY
LONG BEACH, NY 11561
M: 917-584-8382
DOB: 08/15/1955

Patient Information

Patient Name	MRN	Legal Sex	DOB
Padnani, Koshi	E4715941	Female	8/15/1955

X-Ray Bell Thompson (Full Leg Length Hips to Feet) [IMG2180] (Order #: 682751868) Qty: 1

Allergies: Hylan g-f 20

Reason For Exam

pain

Associated Diagnoses/Codes

Ankle pain, unspecified chronicity, unspecified laterality [M25.579] - Primary

Order Questions

Question	Answer
Reason for Exam	**pain**

Order Information

Date	Department	Ordering/Authorizing
9/2/2026	Family Medicine, Long Beach	Leiser, Temima Leah, NP

Schedule Appointment By

Expected	Expires
9/2/2026	9/2/2027

Electronically signed by: Leiser, Temima Leah, NP *Lic #* 356403 *NPI:* 1386433068

Primary Coverage

Payer	Plan	Sponsor Code	Group Number	Group Name
ELDERPLAN	ELDERPLAN MCR HMO	—	—	—

Primary Subscriber

Subscriber ID	Subscriber Name	Subscriber SSN	Subscriber Address
01385170801	PADNANI,KOSHI	xxx-xx-xxxx	855 E BROADWAY LONG BEACH, NY 11561

Cr 25-26635-MG

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF CALIFORNIA

CERTIFICATE OF MAILING

The undersigned deputy clerk in the Office of the United States Bankruptcy Court for the Eastern District of California hereby certifies that a copy of the document to which this certificate is attached was placed in the court's outgoing mail to be metered or stamped in accordance with the court's policy on the date noted below. This document was sent to the following entities at the addresses shown below or on the attached list.

Koshi Padnani
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DATED: September 15, 2026

By: Violet Delsid
Deputy Clerk

EDC 3-070, Revised 4/1/2026