Fill in this Information to identify the case:

Debtor 1 [redacted] Yes Care Corporation / Tehum Care Services
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas
(State)

Case number: 23-90086

Form 1340 (12/23)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)[1] named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimant

Amount:	$200.00 [redacted]
Claimant's Name:	Jonathan K Lewis
Claimant's Current Mailing Address, Telephone Number, and Email Address:	1219 NE 5th Terrace Apt 1 Ft-lauderdale, FL 33304 - phone no' 954 210 3554 JonathanKL1982@gmail.com

2. Claimant Information

Applicant[2] represents the following:

- ☑ The Claimant is the Owner of Record[3] entitled to the unclaimed funds appearing on the records of the court.
- ☐ The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:

  _____

  _____.

- ☐ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

- ☑ Applicant is the Claimant.
- ☐ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

[1] The Claimant is the party entitled to the unclaimed funds.
[2] The Applicant is the party filing the application. The Applicant and Claimant may be
[3] The Owner of Record is the original payee.

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4. Supporting Documentation

☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application. Florida Dept of Corrections inmate bank records from 10-1-13 to 2-4-15 of inmate sick calls

5. Notice to United States Attorney

☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Southern District of Texas
[Court enters address here]

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

Date: 9-21-24

Signature of Applicant

Printed Name of Applicant Jonathan K Lewis

Address: 1219 NE 5th Terrace Apt 1
Ft. Lauderdale, FL 33304

Telephone: 954210-3554

Email: jonathanKL1982@gmail.com

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

7. Notarization

STATE OF Florida

COUNTY OF Broward

This Application for Unclaimed Funds, dated 09-21-24 was subscribed and sworn to before me this 21st day of September, 2026 by Jonathan Lewis who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public Illyano Clough

My commission expires: 11/14/2028

ILLYANO CLOUGH
MY COMMISSION # HH612426
EXPIRES: November 14, 2028

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20_____ by _____ who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public _____

My commission expires:

Jonathan Lewis
1219 NE 5th Terrace Apt 1
Ft. Lauderdale, FL 33304

MIAMI FL 330
24 SEP 2026 PM 6 L

The clerk
US District courthouse and Federal Bldg
Bankruptcy Division
515 Rusk Ave
Houston, TX 77002

United States Courts
Southern District of Texas
FILED
SEP 28 2026
Nathan Ochsner, Clerk of Court

77002-262399