Docket #3864 Date Filed: 05/15/2026

6th May, 2026

LETTER OF APPEAL
THE HONORABLE CHIEF JUDGE
THE BANKRUPTCY COURT OF
DISTRICT OF MASSACHUSETTS

Sir,

REVIEWS AND RECONSIDERATION OF MY CLAIMS – NO. 128273

Attached:

1. Medical Reports and Treatments with Name, Date, Place, Time.
2. Medical eye treatments – Name, Date, Place, Time
3. Standard Chattered Bank – New York
4. Name – Ehikioya Kingsley Itua kingslyisaac98@gmail.com **(one of my son's)**

As mortal man, I was in the hospital gasping for breath and battling my health when the Trustee sent notices of Disallowance of my claim and the channel of response portal was closed.

My medical receipts show I am aged.

The farewell message of President Ronald Regan on his hospital bed readily comes to mind.

Your Honor, positive reviews and re-considerations of my claims will be highly appreciated.

Yours sincerely,

Leonard Ehikioya Itua
Claims-No. 128273
lucky_nanna@yahoo.com

NB.- All correspondence to same address.

1440987260515000000000001

United States Bankruptcy Court District of Massachusetts
Case No. 14-40987-MSH, 14-40988-MSH, 14-40989-MSH

Claim Information for TelexFree Claim Number: 128273

Name of Creditor: LEONARD EHIKIOYA ITUA
Date Claim Filed: 09 March, 2017

Name and address where information should be sent	Name and address where payment should be sent
LEONARD EHIKIOYA ITUA CRD 75 FHA LUGBE, AIRPORT ROAD ABUJA, ABUJA-FCT Nigeria 234 lucky_nanna@yahoo.com 08179958288	LEONARD EHIKIOYA ITUA CRD 75 FHA LUGBE, AIRPORT ROAD ABUJA, ABUJA-FCT Nigeria 234 lucky_nanna@yahoo.com 08179958288

Information Declared as True and Correct:

User Account Logins	Net Equity per TelexFree	Transaction Adjustments by Participant	Additional (Disputed) Claim Amount	Amount of Claim as of Date Case Filed
lucky_nanna@yahoo.com	$ 0.00	$ 0.00	$ 100,000.00	$ 100,000.00
Total	$ 0.00	$ 0.00	$ 100,000.00	$ 100,000.00

Amount of Claim Submitted: $ 100,000.00

Documents Uploaded

File Name	Description

Please print a copy for your records

www.telexfreeclaims.com

Test Report

Patient ID: 170-21
Sample ID: LEONARD ITUA
Test Type: Specimen
Sample Type:

Assay Information

Assay	Assay Version	Assay Type
Xpert MTB-RIF Ultra	4	In Vitro Diagnostic

Test Result: [redacted]

Analyte Result

Analyte Name	Analyte Result	Probe Check Result
SPC	PASS	PASS
IS1081-IS6110	FAIL	PASS
rpoB1	INVALID	PASS
rpoB2	INVALID	PASS
rpoB3	INVALID	PASS
rpoB4	INVALID	PASS

User:	Wuse General Hospital		
Status:	Done	Start Time:	04/03/21 12:19:50
Expiration Date*:	25/07/21	End Time:	04/03/21 13:25:43
S/W Version:	4.8	Instrument S/N:	805759
Cartridge S/N*:	853925538	Module S/N:	734111
Reagent Lot ID*:	15703	Module Name:	B1
Notes:	CR D 75,FHA, LUGBE, 08179958288, 62YR, MALE, HIV: NEGATIVE, MUCOID		

Errors
<None>

For In Vitro Diagnostic Use Only.

NATIONAL TUBERCULOSIS AND LEPROSY CONTROL PROGRAMME
Specimen Examination Request Form for TB

NTBLCP/TB 02 Specimen Identification No:

Name of patient:

Sex: M ☑ F ☐ Age: Date of Birth:

Patients address:

Tel no: LGA/TB No.:

Tick HIV Status: Positive ☐ Negative ☑ Unknown ☐ *(Do HIV test if HIV status is unknown)*

Tick reason for examination: Diagnosis ☑ Follow-up ☐ *Indicate month of follow-up:*

Tick the type of Test requested: Smear for AFB ☐ Xpert/MTB/RIF ☑ Culture ☐ LPA ☐

1st line DST ☐ 2nd line DST ☐ Others specify:

Type of specimen: Number sent to lab: Date of collection of 1st & 2nd samples:

Name of person requesting examination: Signature:

E-mail: Phone No.:

Name of Health facility: State:

Name of laboratory: Laboratory Serial No:

AFB Smear Microscopy Section (to be completed by laboratory staff)

DATE	SPECIMEN	APPEARANCE (Describe visual appearance of sputum)	RESULTS (tick only one option)				
			Negative	Positive (Grading)			
				Scanty (Actual No:1-9)	1+	2+	3+
	1						
	2						

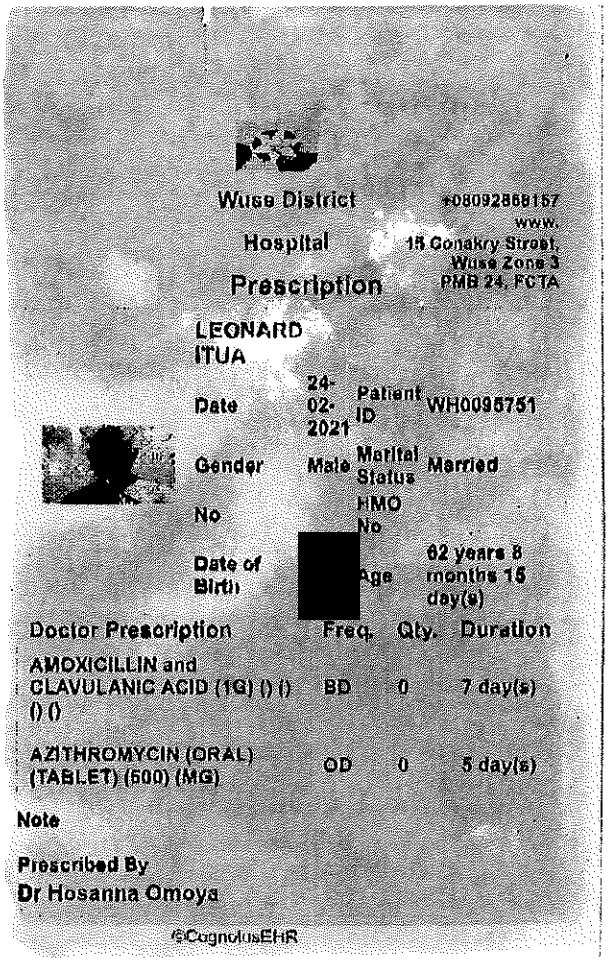
Examined by: Sign: Date:

HIV test Result: Positive ☐ Negative ☐ Indeterminate ☐ Date:

Result checked and released by: Sign: Date:

Remark *(indicate if a repeat sample is needed from the patient)*:

After filling the upper section, turn over if you are filling this form for the purpose of Xpert, culture, LPA or DST



Wuse District Hospital
Prescription

+08092868157
www.
15 Conakry Street,
Wuse Zone 3
PMB 24, FCTA

LEONARD ITUA

Date 24-02-2021
Patient ID WH0095751
Gender Male
Marital Status Married
No
HMO No
Date of Birth [redacted]
Age 62 years 8 months 15 day(s)

Doctor Prescription	Freq.	Qty.	Duration
AMOXICILLIN and CLAVULANIC ACID (1G) () () () () ()	BD	0	7 day(s)
AZITHROMYCIN (ORAL) (TABLET) (500) (MG)	OD	0	5 day(s)

Note

Prescribed By
Dr Hosanna Omoya

©CognotusEHR

YOUR NEXT APPOINTMENT IS ON

Day	Date	Time	To See

Surname A (Capital)

First Name LEONARD

Unit no WH/0957/51

Case Folder

Prepared On 24/02/2021

X-Ray No:

Rural Clinic No: W.D.H

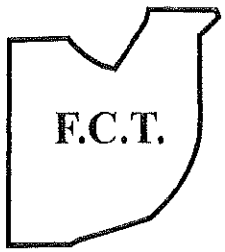
Clinic G.O.P.D

YOUR NEXT APPOINTMENT IS ON

Day	Date	Time	To See

F.C.T. HEALTH SERVICES ABUJA

PATIENT'S PERSONAL REFERENCE CARD



ALWAYS BRING THIS CARD WITH YOU TO THE HOSPITAL

USD PAYMENTS ROUTING

THE CORRECT FORMAT FOR PREPARING TTS

STEP 1

CORRESPONDENT BANK DETAILS.

Correspondent Bank: Standard Chartered Bank N.Y
One Madison Avenue
New York
New York 10010-3603

Swift Address: SCBLUS33
Sort Code: 026002561

STEP 2

BENEFICIARY BANK DETAILS:

Beneficiary Bank a/c no:
Swift Address: SCBLNGLAPYT

Beneficiary Bank name: Standard Chartered Bank Nigeria, Lagos

STEP 3

BENEFICIARY CUSTOMER DETAILS:

Beneficiary A/C no: ACC NO: [redacted]

ACC NAME: LEONARD EHIKIOYA ITUA

PURPOSE OF PAYMENT

Under field 72- (for swift) insert any other sender to beneficiary information (eg.payment for invoice no;.....or payment for upkeep..etc.)

STEP 4
CLAIMS FROM THE
BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
CASE NO 14-40987 (MSH)

TULSI CHANRAI FOUNDATION EYE HOSPITAL-TCF

Optical Contact Number:09164369069

(Managed by Aravind Eye Care System),Kukwaba, Cadastral Zone,, Phase II, Near City Gate, Abuja, NIGERIA 08108262238

GLASS PRESCRIPTION

Patient Name: **Leonard Ehikioya Itua** Date: **10/11/2025**

M.R. No: **P166699** UID: **0000208480** Age: **67 yrs** Sex: **Male**

EYE	RE				LE			
	SPH	CYL	AXIS	V/A	SPH	CYL	AXIS	V/A
DV	-3.00	-	-	6/9P	-1.00	-	-	6/9P
NV	add+2.5	-	-	N8	add+2.5	-	-	N8

Dist PD *RE:* **33 mm** *LE:* **33 mm** Near PD *RE:* - *LE:* -

Lens Type: **Plastic**

Progressive: PAL Kryptok ✓ Executive Univis - D

Instruction: -

Refraction By:

Dr. Stephanie Leks

Review: After 1 year, on 10 Nov 2026

Ophthalmologist:

Dr. Eric Ogbole Ogbor / UNIT-1

nill

Claim Disallowed

Claim Number:	128273-000
Allowed Amount:	—
Claimant Name:	Leonard Ehikioya Itua
Class Election:	N/A
Payment Method:	N/A
Payout Amount:	—
Payment Status:	N/A
Distribution Date:	N/A
Claim Status:	Claim Disallowed for No Response to First or Second Notice
Status:	Your claim was disallowed pursuant to procedures established by the Bankruptcy Court. ⌄
Filing Name:	The Trustee's First Status Report
Date of Filing:	04/12/2019
Docket Link:	Docket #1337

Language: ENGLISH ESPAÑOL PORTUGUÊS

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