

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>Valley Lock and Safe</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?	Where should notices to the creditor be sent? Valley Lock and Safe Michelle Gruber 68-100 Ramon Road Suite C-11 Cathedral City, Ca 92234, USA Contact phone <u>760-321-5397</u> Contact email <u>michelle@valleylock.com</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: __ __ __ __
7. How much is the claim? \$ <u>2616.35</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?	<p>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.</p> <p><u>Good sold</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><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: _____</div> Basis for perfection: _____ <small>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.)</small> 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) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ 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 09/29/2022
MM / DD / YYYY

/s/Michelle Gruber
Signature

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

Name Michelle Gruber
First name Middle name Last name

Title Secretary

Company Valley Lock and Safe
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

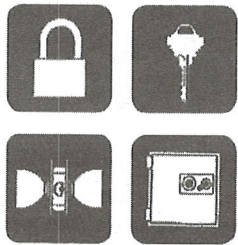
Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Valley Lock and Safe Michelle Gruber 68-100 Ramon Road Suite C-11 Cathedral City , Ca, 92234 USA Phone: 760-321-5397 Phone 2: Fax: Email: michelle@valleylock.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Good sold	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 2616.35	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Michelle Gruber on 29-Sep-2022 4:51:23 p.m. Eastern Time Title: Secretary Company: Valley Lock and Safe		



VALLEY LOCK & SAFE®

"Your Full Service Security Professional"

Complete Locksmith Services

- Commercial-Industrial-Business-Bank
- Rekey or Repair your Present Lock
- Safes Sold, Serviced & Installed
- Electronic Access Control
- Life Safety/ADA Hardware
- Computerized Safe Locks

REMIT TO:

68-100 RAMON RD. C-11
CATHEDRAL CITY, CA 92234
760-321-5397
FAX: 760-324-7797

Providing Total Security Solutions to our Customers is our goal. Please initial appropriate statement regarding information on CCTV Systems, Access Control Systems, High Security Hardware, OR SAFES.

_____ Please contact me to discuss other security solutions
_____ I have no other security concerns at this time



State License # LCO 263
Federal Tax I.D. # 33-0117276
Contractors License # 502929

Member
Associated Locksmiths of America
California Locksmiths Assn.
Safe & Vault Technicians Assn.

INVOICE NO.

173449

DATE 08/11/22 CONTACT ANNA, ARON, LEO
NAME Borrego Health
ADDRESS _____
CITY _____ ST _____ ZIP _____
PHONE (442) 268-8570 P.O.# _____

JOB DESCRIPTION

JOB SITE IF
DIFFERENT

QTY.	MATERIALS & TAXABLE LABOR	QTY.	DESCRIPTION	AMOUNT
233	Everest Keys @ 8.95 @	2085	75	
45	KR @ 2.95 @	132	75	
33	KB @ 2.95 @	97	35	
6	(894201) dog down keys @ 6.72 @	40	32	
<div style="text-align: center;"> <p>Thank You!!</p> <p>PAST DUE</p> <p>ENTERED</p> <p>JUL 11 2022</p> </div>				
TOTAL TAXABLE		TOTAL NON-TAX LABOR		

TRUCK # Ardo TIME IN: _____ TIME OUT: _____ TECHNICIAN # RT

RETURNED CHECK CHARGES: YOU ARE LIABLE FOR 3 TIMES THE AMOUNT OF CHECK, NO LESS THAN \$100.00 OR MORE THAN \$500.00 FOR FAILURE TO PAY UPON DISHONORED CHECK IN CASH, WITHIN 30 DAYS OF DEMAND FOR PAYMENT AS SPECIFIED.

CIVIL CODE CHAPTER 522 SEC. 1719 • RETURNED CHECK CHARGES \$35.00

OUR GUARANTEE:

☐ 90 Day Warranty ☐ No Guarantee ☐ Estimate Only ☐ Overtime Services

We guarantee all labor, material and merchandise for 90 days from date of purchase or time of installation. Deliberate destruction, abuse, improper use or malfunction from natural causes or structural change will not be covered under these warranties. Upon presentation of invoice or proof of purchase our company will repair or replace part or in whole (at our discretion) any service or merchandise purchased to its proper operating condition. All warranty work will be carried out at location of original purchase during our normal open business hours. Batteries not included.

The described property has been received after having examined the work done and the material furnished, both the work and material has been found to be satisfactory. I hereby certify that I have the authority to order the lock, key or security work designated. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

RECEIVED BY: [Signature] THANK YOU!
PLEASE REMIT FROM THIS INVOICE / NO STATEMENT WILL BE SENT

TERMS: NET 10 DAYS

Past due accounts subject to late charges of 1 1/2% per month (18% per annum). Any legal fees arising from collection of past due accounts will be client's responsibility.

CHARGE ☒ APPROVAL # ☐ PAID ☐

TOTAL TAXABLE	2355.77
TRIP CHARGE	
SALES TAX	206.13
TOTAL NON-TAX LABOR	
TOTAL	2561.90



VALLEY LOCK & SAFE

68-100 RAMON RD., SUITE C-11

CATHEDRAL CITY, CA 92234

(760) 321-5397 • FAX (760) 324-7797

INVOICE **EMAILED**
8-31

NUMBER




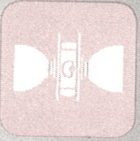
BW6391157

.BOR HEA

BORREGO HEALTH

PO BOX 2369

BORREGO SPRINGS, CA 92004

CUSTOMER P.O.		ESCONDIDO	CLERK	MJ	TERMS	N30	A	INVOICE DATE		08/30/22	
LN	DESCRIPTION				QUANTITY	RETAIL	EACH		TOTAL		
001	KEY NEUTER BOW KW1 SC1 WEIS DND - KE				4.00	3.60	3.60		14.40		
002	THANK YOU -										
<div><div></div><div></div></div>											
								NET AMOUNT		14.40	
								TAX		1.12	
								INVOICE TOTAL		15.52	

RECEIVED BY Aaron Gonzalez



Complete Locksmith Services

- Electronic Access Control
- Life Safety/ADA Hardware
- Computerized Safe Locks

68-100 RAMON RD. C-11
CATHEDRAL CITY, CA 92234
760-321-5397
FAX: 760-324-7797

176250

AMOUNT

AUG 18 2020

TOTAL NON-TAX LABOR

TOTAL TAXABLE	35	80
TRIP CHARGE		
SALES TAX	3	13
TOTAL NON-TAX LABOR		
TOTAL	38	93