

UNITED STATES BANKRUPTCY COURT

For the Central District of California

In re Verity Health System of California, Inc.,
Case No. 18-20151 (jointly administered)

Court ID (Court use only)

NOTICE OF TRANSFER OF CLAIM OTHER THAN FOR SECURITY

A Claim has been filed in this case, or deemed filed under 11 U.S.C. § 1111(a). Transferee hereby gives notice, pursuant to Rule 3001(e)(2) of the Federal Rules of Bankruptcy Procedure, of the transfer, other than for security, of the claim referenced in this notice. A true and correct copy of the Proof of Claim as originally filed is attached hereto as **Exhibit A**.

Transferee Masimo Corporation <u>Name and Address for Notice and Payments</u> Masimo Corporation 52 Discovery Irvine, CA 92618 <i>with notices also to</i> Paul Hastings LLP 200 Park Avenue New York, NY 10166 Attn: Andrew V. Tenzer, Esq andrewtenzer@paulhastings.com Claim Information Proof of Claim # 3582 Filed: March 20, 2019 Amount: \$66,856.10	Transferor NANTHEALTH FKA ISIRONA, LLC Court Record Address of Transferor (Court Use Only) <u>Name and Current Address of Transferor</u> NantHealth, Inc. 9920 Jefferson Blvd. Culver City, CA 90232
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I declare under penalty of perjury that the information provided in this notice is true and correct to the best of my knowledge and belief.

Dated: March 24, 2020

By: /s/ Andrew V. Tenzer
Counsel to Transferee

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 & 3571.



1820151200324000000000006

DEADLINE TO OBJECT TO TRANSFER

The transferor of the claim named above is advised that this Notice of Transfer of Claim Other than for Security has been filed in the clerk's office of this court as evidence of the transfer. Objections must be filed with the court within twenty (20) days of the mailing of this notice. If no objection is timely received by the court, the transferee will be substituted as the original claimant without further order of the court.

Dated: _____ 2020

Clerk of the Court

Exhibit A

Proof of Claim 3582

United States Bankruptcy Court for the Central District of California

Indicate Debtor against which you assert a claim by checking the appropriate box below. (Check only one Debtor per claim form.)

- | | |
|--|---|
| <input type="checkbox"/> Verity Health System of California, Inc. (Case No. 18-20151) | <input type="checkbox"/> St. Francis Medical Center of Lynwood Foundation (Case No. 18-20178) |
| <input type="checkbox"/> De Paul Ventures - San Jose Dialysis, LLC (Case No. 18-20181) | <input type="checkbox"/> St. Louise Regional Hospital (Case No. 18-20182) |
| <input type="checkbox"/> De Paul Ventures, LLC (Case No. 18-20176) | <input type="checkbox"/> St. Vincent Dialysis Center, Inc. (Case No. 18-20171) |
| <input type="checkbox"/> O'Connor Hospital (Case No. 18-20168) | <input type="checkbox"/> St. Vincent Foundation (Case No. 18-20180) |
| <input type="checkbox"/> O'Connor Hospital Foundation (Case No. 18-20179) | <input type="checkbox"/> St. Vincent Medical Center (Case No. 18-20164) |
| <input type="checkbox"/> Saint Louise Regional Hospital Foundation (Case No. 18-20172) | <input type="checkbox"/> Verity Business Services (Case No. 18-20173) |
| <input type="checkbox"/> Seton Medical Center (Case No. 18-20187) | <input type="checkbox"/> Verity Holdings, LLC (Case No. 18-20163) |
| <input type="checkbox"/> Seton Medical Center Foundation (Case No. 18-20175) | <input type="checkbox"/> Verity Medical Foundation (Case No. 18-20169) |
| <input type="checkbox"/> St. Francis Medical Center (Case No. 18-20185) | |

Official Form 410
Proof of Claim

COPY

04/16

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.

Part 1: Identify the Claim

NameID: 13628412

1. Who is the current creditor? NANTHEALTH FKA ISIRONA, LLC
Name of the current creditor (the person or entity to be paid for this claim)
Other names the creditor used with the debtor Isirona, LLC

2. Has this claim been acquired from someone else? ☒ No
☐ Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? NANTHEALTH FKA ISIRONA, LLC
430 W. 5TH STREET
SUITE 800
PANAMA CITY, FL 32401
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
Where should notices to the creditor be sent?
Where should payments to the creditor be sent? (if different)
NantHealth, Inc.
Name
9120 Jefferson Blvd.
Number Street
Calver City CA 90232
City State ZIP Code
USA
Country

Contact phone 310-853-7473
Contact email contracts@networkks.com

Contact phone 850-303-0579
Contact email knghuyen@nantealth.com

Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____

4. Does this claim amend one already filed? ☒ No
☐ 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? ☒ No
☐ Yes. Who made the earlier filing? _____

Claim #
Initials

3582
CW



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?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim?

\$ 66,856.10

Does this amount include interest or other charges?

☒ No

☐ 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.

annual maintenance and support services for software

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ 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) _____ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff?

☒ No

☐ 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 \$2,850* 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 \$12,850*) 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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

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 3/19/2019
MM / DD / YYYY


Signature

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

Name Brandon Michael Villery
First name Middle name Last name

Title VP & General Counsel

Company Nanthealth, Inc.
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 9920 Telferson Blvd.
Number Street

Culver City CA 90232 U.S.
City State ZIP Code Country

Contact phone (310) 853-7473 Email bvillery@nanthealth.com

RECEIVED

MAR 20 2019

KURTZMAN CARSON CONSULTANTS