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9 **UNITED STATES BANKRUPTCY COURT**
10 **CENTRAL DISTRICT OF CALIFORNIA**
11 **LOS ANGELES DIVISION**

12 In re:) Lead Case No.: 2:18-bk-20151-ER

13)
14) Jointly Administered With:
15 **VERITY HEALTH SYSTEM OF**) Case No.: 2:18-bk-20162-ER;
16 **CALIFORNIA, INC. et al.,**) Case No.: 2:18-bk-20163-ER;
17) Case No.: 2:18-bk-20164-ER;
18) Case No.: 2:18-bk-20165-ER;
19) Case No.: 2:18-bk-20167-ER;
20) Case No.: 2:18-bk-20168-ER;
21) Case No.: 2:18-bk-20169-ER;
22) Case No.: 2:18-bk-20171-ER;
23) Case No.: 2:18-bk-20172-ER;
24) Case No.: 2:18-bk-20173-ER;
25) Case No.: 2:18-bk-20175-ER;
26) Case No.: 2:18-bk-20176-ER;
27) Case No.: 2:18-bk-20178-ER;
28) Case No.: 2:18-bk-20179-ER;
29) Case No.: 2:18-bk-20180-ER;
30) Case No.: 2:18-bk-20181-ER

Debtor(s).

- 31 Affects All Debtors)
- 32 Affects Verity Health System of)
- 33 California, Inc.)
- 34 Affects O'Connor Hospital)
- 35 Affects Saint Louise Regional Hospital)
- 36 Affects St. Francis Medical Center)
- 37 Affects St. Vincent Medical Center)
- 38 Affects Seton Medical Center)
- 39 Affects O'Connor Hospital Foundation)
- 40 Affects Saint Louise Regional Hospital)
- 41 Foundation)
- 42 Affects St. Francis Medical Center of)
- 43 Lynwood Foundation)
- 44 Affects St. Vincent Foundation)
- 45 Affects St. Vincent Dialysis Center, Inc.)
- 46 Affects Seton Medical Center)
- 47 Foundation)
- 48 Affects Verity Business Services)
- 49 Affects Verity Medical Foundation)
- 50 Affects Verity Holdings, LLC)
- 51 Affects De Paul Ventures, LLC)
- 52 Affects De Paul Ventures – San Jose)
- 53 Dialysis, LLC)

Chapter 11 Cases

**SUBMISSION OF TENTH REPORT BY
PATIENT CARE OMBUDSMAN, JACOB
NATHAN RUBIN, MD, FACC,
PURSUANT TO 11 U.S.C. § 333(b)(2)**

NO HEARING REQUIRED

Debtors and Debtors In Possession)



EXHIBIT A

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II. VERITY SITES REVIEWED BY THE PCO

Debtors continue to operate two acute care hospital centers and a skilled nursing facility operated by Seton Medical Center. Debtors maintain facilities in Northern and Southern California.

These include the following:

- a. St. Francis Medical Center (SFMC)
- b. Seton Coastside (SMCC)
- c. Seton Medical Center (SMC)

III. METHODOLOGY AND MEDICAL STANDARD APPLIED BY THE PCO

The PCO continues to monitor patient care provided by the Debtors by applying the principles and structure of evidence-based review outlined in the PCO’s first Report. Specific to this report the PCO will refine his strategy based on the most current and available evidence.

A. Tenth Report Review Strategy

This report continues to concentrate on readiness and hospital system preparedness as it relates to all aspects of the COVID-19 pandemic disaster. This includes hospital systems state of preparedness, supplies, supply chain, new COVID-19 cases, mortality rate, staffing, workforce and patient safety.

The PCO will apply the most current data available to assess the health system’s ability to comply with national and community standards during this crisis. The assessment is robust and contains multiple layers that are specific to national and regional hospital preparedness strategies.

The PCO is in frequent contact with hospital administrators and the CMO via video, email and telephonically. The meetings communicate critical information to the PCO regarding the level of COVID-19 hospital preparedness for SVMC, SMC and SFMC.

The PCO continued to address and review previous ongoing items of concern.

1 Through dialogue with the Debtors' management leaders, the PCO was well-informed on
2 the status of all events (positive or negative), corrective action plan progress, results of CDPH
3 investigations and detailed reports on the status of the hospital's response to COVID-19 pandemic.

4 The PCO and the Debtors' administrative team continue to work closely on the COVID-19
5 crisis. The frequency of communication between the PCO and administration has significantly
6 increased and remains collaborative.

7
8 The diligence of the Debtors to manage the E-Data room punctually assisted the PCO in
9 performing his duties. In addition, professional relationships with administrative and medical staff
10 have developed with the PCO that encourage contemporaneous exchange of information allowing
11 the PCO to address problems and collaboratively develop solutions with the Debtors' management
12 leaders in real time.

13 **B. COVID-19: Impact to Hospitals and Health System's Preparedness**

14 The PCO continues to perform frequent and in-depth literature review of the dynamic
15 science and medical developments surrounding COVID-19/ SARS-CoV-2 hospital preparedness
16 and evidence-based research from multiple sources.

17
18 Fortunately, California has not experienced surge cases that had the possibility of
19 challenging local hospitals and providers as seen in Italy and New York.

20 California cases are in a slow decline with intermittent and small increases in new daily
21 cases. COVID-19/SARS-CoV-2 pandemic continues to be a considerable threat to the health and
22 safety of the community. Hospitals and public health officials remain on high alert.

23
24 The unique nature of this illness, accompanied with our inability to accurately model the
25 spread or predict geographic concentrations of infected persons, afford the medical community few
26 options other than planning and preparedness to curb mortality. Frankly, we have never seen a

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28

1 health crisis pandemic of this magnitude before. The pandemic is exposing medical preparedness's
2 weaknesses at every turn.

3 The nature of the virus is at its core novel, which limits our ability to accurately model
4 population health outcomes. The most recent CDC data show that mitigation techniques are
5 slowing the spread of the SARS-CoV-2 virus. States have started to open and relax stay at home
6 orders. However, public health officials warn about resurgence in case incidence and the possibility
7 of case surges. The PCO is resolute in the opinion that the hospitals continue performing at their
8 current level of operations and preparedness. The organization has performed exemplary by
9 keeping supply chains open, sometimes by creative means. The PCO is confident that by
10 continuing the current level of effort, the hospitals will be prepared in the event of a surge.

12 The COVID-19 pandemic is constantly changing and requires daily assessment of supplies,
13 personnel, bioethics strategies, and hospital preparedness policies to protect patients and staff.

14 The PCO developed a standard review of COVID-19 hospital preparedness derived from
15 multiple organizations, institutions, frontline medical providers, and governmental authorities (See
16 below Strategy Scope and Review). The PCO will monitor multiple facets of the hospitals'
17 preparedness, guided by the most recent research and recommendations from the medical
18 community and governmental agencies.

20 The PCO continues to research and review new literature that addresses patient safety and
21 hospital preparedness to apply to monitoring and review.

22 **C. Strategy and Scope of Review**

23 Based on the recommendations from an exhaustive literature review, personal conversations
24 with providers in Seattle, New York and Louisiana, the following specific items will be reviewed
25 from each hospital.
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1. General

- a. Federal and State Executive Orders
- b. Staffing
- c. Equipment availability
- d. Current census
- e. Available beds
- f. Available surge beds
- g. Available specialty units such as ICU

2. Disaster Preparedness

- a. Triage Tents
- b. Visitor policies
- c. Entrance closures
- d. Governmental agencies use of beds for surge patients

3. Supplies

- a. N95 masks
- b. Surgical Masks
- c. Gowns
- d. Positive Pressure Helmets
- e. Face Shields
- f. Ventilators in use and available

4. Clinical Lab Testing Availability and Turn Around Time

5. Supply Chain availability

6. Employee Health

- a. Number of Employees Positive

1 b. Number of Employees Calling Off

2 7. Emergency Department Readiness

3 a. Prepared for surge

4 b. Supplies

5 8. Pharmacy

6 a. Medications

7 b. Vasopressors

8 c. Sedatives

9 9. Morgue Capacity

10 10. Environmental Services

11 a. Staffing

12 b. Terminal Cleaning

13
14 **D. Documents Reviewed in Data Room (One Drive) and at Debtors' Locations.**

15 The data room documents were requested from Debtors and could only be reviewed in read
16 only format. The following items will continue to be included in our evaluation process:

17 Disaster Plan specific to COVID-19

18 Bioethics Plan

19 Command Center Dashboard (Prepared Daily and reviewed bi-weekly)

- 20
- 21 • Status of personnel
 - 22 • Personal protective equipment (PPE)
 - 23 • Disaster plan specific to COVID-19 Pandemic
 - 24 • Bioethics plan
 - 25 • Triage algorithm plan
 - 26 • Census of persons under investigation (PUI) for COVID-19
 - 27
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- 1 • Total tested for COVID-19
- 2 • Total positive for COVID-19
- 3 • Bed availability
- 4 • Potential surge bed availability
- 5 • Ventilators available
- 6 • Ventilators in use
- 7 • Staffing Matrix
- 8 • Critical Medication Stock Available and Shortages

10 CALL PANEL
11 CDPH-California Department of Public Health reports
12 MEDICAL EXECUTIVE COMMITTEE (MEC)
13 PHARMACY SHORTAGE
14 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT COMMITTEE
15 MINUTES
16 RISK MANAGEMENT DATA
17 VENDORS
18 LEAPFROG DATA

21 **IV. REVIEW OF DEBTORS BY INDIVIDUAL LOCATION**

22 **1. HOSPITALS**

23 **1. St. Francis Medical Center (SFMC)**

24 SFMC administration and the PCO discussed the current operational status and CDPH
25 events. Administration verified that the current finances are not impacting patient care.

26 SFMC SARS CoV-2 testing methodology, performed by Cepheid, continues to be one of
27 the most efficient in the geographic area. The testing turn-around-times are 45 minutes to an hour
28

1 which allowed SFMC virtually eliminate persons under investigation. The outcome of efficient
2 testing allows hospitals to provide patients with a safe and appropriate disposition.

3 **a. California Department of Public Health**

4 The PCO identified three new CDPH self-reported items that were discussed with
5 administration. The action plans and corrective actions are in place and were sent to CDPH for
6 review.

7 The PCO determined that the incidents were unrelated to staffing deficiencies or finances of
8 the debtor.

9
10 **b. Trauma Certification**

11 SFMC is an integral part of the Los Angeles Trauma System that is monitored and certified
12 by Los Angeles Emergency Services and the American College of Surgeons (ACS). A recent
13 survey in November 2019, was performed and according to the administration the trauma survey
14 was successful.

15 SFMC continues to provide trauma services and is certified by Los Angeles City Emergency
16 Medical Services and serves as a designated trauma center.

17
18 **c. Leapfrog Data and Ratings**

19 SFMC Compass Data has not been updated during this PCO reporting cycle. However, as
20 indicated in the PCO's sixth report, SFMC Leapfrog status increased from an F grade to a C grade.
21 SFMC will continue to put forth initiatives that are expected to further improve the institutions
22 Leapfrog grade.

23 Unfortunately, considerable amount of capital is needed to obtain high Leapfrog grades and
24 to maintain the grades over time. For example, Computerized Physician Order Entry (CPOE), Bar
25 Code medication administration, Surgical Volume, and ICU Physician staffing require financial
26 support to increase the Leapfrog scores.

27
28

1 SFMC administration believes that after the institution of an electronic medical records
2 system, Leapfrog statistics will continue to rise. The PCO concurs.

3 **2. Seton Medical Center and Seton Coastside**

4 **a. Administration Discussions**

5 The PCO has met via videoconferencing on several occasions with administrative staff and
6 personnel responsible for COVID-19 hospital preparedness. The PCO was updated on the critical
7 elements of the COVID-19 disaster plan and the format of the command center worksheet.

8 The PCO was notified that all patients and staff were tested at Seton Coastside for SARS
9 CoV-2 by CDPH and are negative.

10 The PCO and administration discussed several the CDPH reports, an update on the skilled
11 nursing facility standard survey and any staffing related issues. The CDPH has received action
12 plans that are acceptable.

13 The mobile trailer CT scanner housed outside the emergency department and the CT
14 scanner scheduled for replacement, remain operational and provide adequate care to the patients.

15 SMC continue to perform well on several quality metric indicators including computerized
16 order entry and geometric length of stay.

17 The Hospitalist contracts were terminated on September 30st, 2019. According to
18 administration, the Hospital Medicine service did not encounter any interruptions in patient care.
19 Most of the Hospitalists continue to provide services and remain on the medical staff. No other
20 physician staffing changes were noted during this reporting cycle.

21 **b. CDPH**

22 The PCO reviewed all CDPH reports along with plan of correction details. One CDPH
23 report was filed that is under investigation. It does not appear that the incidents were related to the
24 finances associated with the bankruptcy.

1 **c. CMS Findings**

2 CMS has cleared the “*Immediate Jeopardy*” and is no longer under heightened CMS
3 surveillance.

4 **d. Leapfrog Data**

5 SMC leapfrog grade increased most recently to an A rating. Contributing to the increase in
6 the Leapfrog grade is the close relationship with the Hospitalist team and their willingness to adhere
7 to the CMO demands for CPOE compliance, among other factors.

8 SMC has the highest leapfrog rating in the healthcare system. Administration continues to
9 accent and reinforce positive performance that led to an A rating. An A rating places them in the
10 top 5% of Hospitals in the nation.

11 **e. Board of Pharmacy Survey**

12 The Board of Pharmacy performed a survey on October 15, 2019. The survey found
13 numerous deficiencies in sterile medication compounding.

14 The board of pharmacy accepted the corrective action plan and is currently performing well
15 without any further issues. The Pharmacy Director has resigned from his position amicably.

16 **4. COVID-19 Preparedness Assessment SFMC and SMC**

17 The PCO is in close communication with the Debtors’ management team and COVID-19
18 command center leaders. The PCO is receiving, via the E-room, bi-weekly “COVID-19” Command
19 Center worksheets from both hospitals. The PCO will continue to review the bi-weekly Command
20 Center Worksheets from the SFMC and SMC and discuss with the debtor’s management team.
21 During this review cycle, the PCO spoke with administration numerous time and discussed the
22 current progress and Command Center Worksheets.
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1 SFMC and SMC are abiding by all federal and state mandated executive orders and
2 recommendations. The State of California has relaxed nursing staff ratio regulations to meet the
3 needs of the community during the COVID -19 crisis.

4 The State of California has designated SMC as a COVID-19 patient surge hospital and has
5 designated 176 beds for state use. SMC will continue operating and providing care to these patients
6 utilizing their own resources and staff.

7 Since the last report and after recent discussions with SMC administration, the surge beds
8 were designated and staffed with minimal occupancy.

9 As of the date of this report, SFMC and SMC are closely monitoring bed capacity and report
10 to the regional command center the number of occupied and open bed.

11 The PCO has reviewed and discussed the COVID-19 specific disaster preparedness and
12 implementation strategies. SFMC and SMC have instituted a restrictive visitor policy that limits
13 visitors from entering the hospital at any time. The restrictive visitor policy does make special
14 compassionate concessions for brief family visits in the event a patient is expected to die.

15 SFMC and SMC have instituted restrictive access to the hospital by closely monitoring all
16 points of entry into the hospital. Screening stations are in place at each hospital entry point. Body
17 temperatures and basic demographics are performed on everyone who enters the facility. The
18 emergency departments also have a designated traffic plan for all persons entering the emergency
19 department to limit possible exposure to the staff and public.

20 Availability of hospital supplies is an area of national concern. As evidenced by reports
21 from the frontline; PPE, ventilators, N95 masks, face shields, gowns and protective positive
22 pressure helmets are in short supply; and difficult to obtain quickly from hospital supply chains.
23 The PCO verified that SFMC and SMC are tracking critical supplies needed to protect staff and
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1 care for COVID-19 patients. Administration has identified alternate supply chain resources and
2 donors to that keep critical supplies stocked.

3 SFMC and SMC pay special attention to availability and daily usage of ventilators. The
4 facilities have mechanisms that trigger alerts when available ventilator units are low and implement
5 strategies to obtain emergency units.

6 If ventilator supply chains are unable to meet the needs of the facilities, the organizations
7 will be forced to implement their Bioethics algorithm.

8 Both SFMC and SMC utilize Cepheid laboratories methodology of COVID-19 testing with
9 turnaround times of 45 minutes. This methodology and rapid turnaround time quickly identify
10 COVID-19 positive and COVID-19 negative patients effectively eliminating persons under
11 investigation and therefore fast-tracks treatment or discharge. However, the company has stopped
12 mass production of the test kits. Both hospitals are working on alternative testing methodologies to
13 replace Cepheid when supplies are no longer available.

14 The command center worksheets also track employee health and staffing. The organization
15 is monitoring the number of employees that are positive for COVID-19 employees and all those
16 that have been tested.

17 Emergency Department readiness strategies are conducted at both facilities. The emergency
18 departments are prepared for COVID-19 surge patients with clear policies in place to address the
19 crisis. Administration assured the PCO that appropriate PPE and supplies are currently adequate.

20 One of the critical concerns nationally is the availability of appropriate medications to care
21 for COVID-19 patients. The organization tracks and maintains daily records of critical medications
22 needed to manage these patients. The list is updated daily with triggers that identify low stocks of
23 medications.

1 The PCO reviewed and discussed the pharmacy medication availability with administrative
2 staff of both hospitals and is confident that stockpiles of medications are adequate to support the
3 hospitals for at least one week.

4 Environmental services are considered a critical service in defending against COVID-19
5 virus spread. We have learned that the COVID-19 virus can survive for up to 36 hours on
6 cardboard, plastics, and stainless steel, the stuff of which hospitals are made.

7 Terminal cleaning policies, cleaning solutions, cleaning supplies and training are critical in
8 containing the spread of the virus. The PCO was notified by administration that the appropriate
9 steps were taken to train environmental services personnel and that the supplies are available for
10 use.
11

12 **V. TENTH REPORT CONCLUSIONS**

13 As stated in the Ninth Report, the PCO continues to monitor SFMC, Seton and Seton
14 Coastside hospitals and the consequences of SVMC closure.

15 SFMC COVID-19 new cases numbers had dropped in the past 30 days, but show a
16 significant spike in the last week.

17 With the Covid-19 surge requiring less beds than anticipated, the hospitals are now moving
18 to reestablish elective procedures such as outpatient endoscopic procedures and elective cardiac
19 catheterizations. Other elective procedures are being ramped up with patient screening and
20 quarantining measures being carefully followed. For example, orthopedic procedures require 3 day
21 advanced screening for Covid-19 to allow adequate time to assemble necessary personnel and
22 equipment.
23

24 All CDPH visits continue to be reviewed in detail. The hospitals rapidly form action plans,
25 and implement change as required. The hospitals continue to be in compliance with their
26 agreements. The hospitals continue to be self-regulating and report issues as required.
27
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1 SFMC, SMC and SMC Coastside have shown considerable operational preparation and
2 preparedness gearing up for the COVID-19 crisis. The relationship with vendors, suppliers, and
3 donors remain strong.

4
5 The State Long-term Care Ombudsman had no issues to report to the PCO.

6
7 **SVMC AND THE PROFESSIONAL OFFICE BUILDING**

8
9 None of the professional office building's tenants contacted the PCO since the last report.
10 Verity reports that there have been no issues with the tenants or the moves which are taking longer
11 than anticipated due to the Covid-19 closures.

12
13 **COVID-19**

14 The PCO continues to follow hospital census and supply availability twice weekly.
15 The organization has risen to the medical challenges of the pandemic. The decline in routine
16 emergency room visits and elective procedures have taken an economic toll but have not negatively
17 impacted quality of care. The organization is preparing for a possible surge based on loosened
18 restrictions around Memorial Day, and also due to the close contact and lack of social distancing
19 among those participating in the current protest marches (although most participants are
20 appropriately masked).

21
22 **TESTING**

23
24 The major current concern stems from the test swab supplier's inability to adequately
25 deliver swabs for the Cepheid rapid testing equipment. SFMC is now getting only 5% of their
26 weekly order fulfilled. The turnaround time for the Cepheid test is ninety minutes. The current
27 Quest test takes 2 to 5 days.

28

1 At the time of the last report, all patients were tested in the Emergency Department and
2 then, depending on the outcome, were sent off to Covid negative or positive areas of the hospital.
3 Those patients that are negative require much less PPE compared to those that are positive. Now,
4 with the delay in testing, patients that are Persons Under Investigation (PUI), must be treated as if
5 they were positive until their test results come back. Further, these patients are at some greater risk
6 since they will undoubtedly be on wards with patients that are or identified as infected (positive).
7 This delay in testing, not due to any actions of, or finances of the debtor, results in more patients
8 being put at risk, prolonged hospital stays, the use of much more PPE (already expensive and in
9 short supply nationally).

11 **BIOETHICS**

12 The Debtors have acceptable guidelines in place. Fortunately, no difficult choices regarding
13 allocation of resources have been required. The PCO will continue to follow guidelines.

15 **SALE OF SFMC TO PRIME**

16
17 The PCO reviewed the JD Healthcare report of June 4, 2020, prepared for the Office of the
18 California Attorney General. Particular attention is paid to “California Attorney General Conditions
19 from Exhibit 5.8(c) of the Asset Purchase Agreement” wherein it is reported that Prime does NOT
20 agree to continue to operate pediatric and multispecialty services for 5 years, to continue an
21 Affiliation Agreement for physicians in post graduate training for 10 years, nor to continue to offer
22 cancer services for ten years.

23 However, in the body of the report it is stated that Prime now agrees to the above conditions
24 to greatly benefit the health of this underserved community. The PCO will follow up at the
25 upcoming Attorney General’s public hearing.

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DEBTOR'S FINANCES AND PATIENT CARE

Despite the movement of some key personnel to previous bidders, the Debtors have filled in these gaps, and continues to maintain the standard of care at both hospitals. The leadership is performing admirably in these medically and economically challenging times.

Dated this 8th day of June 2020



Jacob Nathan Rubin, MD, FACC, Patient Care
Ombudsman

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PROOF OF SERVICE OF DOCUMENT

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I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:

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A true and correct copy of the foregoing document entitled (*specify*) **SUBMISSION OF TENTH REPORT BY PATIENT CARE OMBUDSMAN, JACOB NATHAN RUBIN, MD, FACC, PURSUANT TO 11 U.S.C. § 333(b)(2)** be served or was served (**a**) on the judge in chambers in the form and manner required by LBR 5005-2(d); and (**b**) in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) June 9, 2020, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On June 9, 2020, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

The Honorable Ernest M. Robles
United States Bankruptcy Court,
255 E. Temple Street, Suite 1560 /
Courtroom 1568
Los Angeles, CA 90012

Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL

(*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on June 9, 2020, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

Service information continued on attached page

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

June 9, 2020
Date

Jason Klassi
Printed Name

/s/ Jason Klassi
Signature

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