UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Schedule/Claim ID s11182

In re
WATTSHealth Foundation, Inc , dba UHP Healthcare, a California not-for-profit corporation

Case Number
LA 05-22627-TD

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor and Address

10116814008801

QUALITY BUSINESS MACHINES
233 E HILLCREST BLVD
INGLEWOOD CA 90301 2403

Creditor Telephone Number ( )

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

REC'D JAN 26 2006

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here if this claim ☐ replaces ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM

☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly) _____
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensation (Fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 Total Amount of Claim at Time Case Filed
Amount of Claim Listed on Debtor's Schedules
(Excludes any contingent unliquidated and disputed amount)

	(unsecured)	(secured)	(priority)	(Total)
$	$2,199 95	N/A	N/A	$2 199 95

Amount of Claim Asserted by Creditor
(To be completed if creditor disputes scheduled amount)

	(unsecured)	(secured)	(priority)	(Total)
$				

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim
Attach itemized statement of all interest or additional charges If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below

5 SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $ _____

Amount of arrearage and other charges at time case filed included in secured claim if any $ _____

6 UNSECURED NONPRIORITY CLAIM $ _____

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured priority claim
Amount entitled to priority $ _____
Specify the priority of the claim
☐ Wages salaries or commissions (up to $10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☐ Up to $2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child 11 U S C § 507(a)(7)
☐ Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
☐ Other Specify applicable paragraph of 11 U S C § 507(a) (____)
Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

8 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 SUPPORTING DOCUMENTS *Attach copies of supporting documents,* such as promissory notes purchase orders invoices itemized statements of running accounts, contracts, court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary

10 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim (signed face page only)

The original of this proof of claim form must be sent by mail to the following address (FAXES NOT ACCEPTED) so that it is actually received on or before 4 00 P M prevailing Pacific Time on January 31, 2006

BY MAIL TO WATTSHealth Foundation, Inc dba UHP Healthcare
United States Bankruptcy Court
PO Box 53229
Los Angeles CA 90053-0229

THIS SPACE FOR COURT USE ONLY

DATE SIGNED 12-5-05

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

WATTSHealth Foundation Inc dba UHP
CLAIM 00102

Light Space and Time

P O Box 1138
Chino Hills, CA 91709

Invoice

DATE	INVOICE #
3/1/2005	2005977

BILL TO
UHP HealthCare 3405 W Imperial Highway Los Angeles, CA 90303 Attn. Ron Swanson

PAY TO
Light Space and Time P O Box 1138 Chino Hills, CA 91709 James Rankin

TERMS	DUE DATE
Net 30	3/31/2005

QTY	DESCRIPTION	AMOUNT
1	Maintenance Services Web Maintenance Feb 2005	200 00

	Total	$200 00

Make all checks payable to Light Space & Time If you have any questions concerning this invoice, call James Rankin
909 393-2595
THANK YOU FOR YOUR BUSINESS

Light Space and Time

P O Box 1138
Chino Hills, CA 91709

Invoice

DATE	INVOICE #
4/1/2005	2005991

BILL TO
UHP HealthCare 3405 W Imperial Highway Los Angeles, CA 90303 Attn. Ron Swanson

PAY TO
Light Space and Time P O Box 1138 Chino Hills, CA 91709 James Rankin

TERMS	DUE DATE
Net 30	5/1/2005

QTY	DESCRIPTION	AMOUNT
1	Maintenance Services Web Maintenance March 2005	200 00

	Total	$200 00

Make all checks payable to Light Space & Time If you have any questions concerning this invoice, call James Rankin
909 393-2595
THANK YOU FOR YOUR BUSINESS

Light Space and Time

P O Box 1138
Chino Hills, CA 91709

Invoice

DATE	INVOICE #
5/1/2005	2006002

BILL TO
UHP HealthCare 3405 W Imperial Highway Los Angeles, CA 90303 Attn Ron Swanson

PAY TO
Light Space and Time P O Box 1138 Chino Hills, CA 91709 James Rankin

TERMS	DUE DATE
Net 30	5/31/2005

QTY	DESCRIPTION	AMOUNT
1	Maintenance Services Web Maintenance April 2005	200 00

	Total	$200 00

Make all checks payable to Light Space & Time If you have any questions concerning this invoice, call James Rankin
909 393-2595
THANK YOU FOR YOUR BUSINESS

[redacted] only when using a FedEx [redacted]

REC'D JAN 26 2006

FedEx. US Airbill

1 From

Date

Sender's Name BMC GROUP Phone 310 321-[redacted]

Company WATTS HEALTH FOUNDATION, INC.

Address 1300 E FRANKLIN AVE

City EL SEGUNDO, State CA Zip 90245

Dept./Floor/Suite/Room

2 Your Internal Billing Reference WATTSHEALTH

3 To Recipient's Name BMC GROUP CLAIMS & NOTICING AGENT 310321-[redacted]

Company WATTS HEALTH FOUNDATION, INC.

Recipient's Address 1300 E. FRANKLIN AVE

Dept./Floor/Suite/Room

For delivery to PO boxes or PO ZIP codes

Address

If your package be held at a specific FedEx location print FedEx address here

City EL SEGUNDO State Zip

RECEIVED

JAN 2 2 2006

BMC GROUP

FedEx Priority Overnight Next business morning

FedEx Standard Overnight Next business afternoon

FedEx First Overnight Earliest next business morning delivery to select locations

FedEx 2Day Second business day*

FedEx Express Saver Third business day*

*FedEx Envelope rate not available. Minimum charge: One-pound rate.

4b Express Freight Service

Packages over 150 lbs.

FedEx 1Day Freight* Next business day**

FedEx 2Day Freight Second business day**

FedEx 3Day Freight Third business day**

*Call for Confirmation:

5 Packaging

Declared value limit $500

FedEx Envelope*

FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak and FedEx Sturdy Pak

FedEx Box

FedEx Tube

Other

6 Special Handling

Include FedEx address in Section 3.

SATURDAY Delivery

HOLD Weekday at FedEx Location Not available for FedEx First Overnight

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

No

Yes As per attached Shipper's Declaration

Yes Shipper's Declaration not required

Dry Ice Dry Ice, UN 1845 kg

Cargo Aircraft Only

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging.

7 Payment Bill to. Enter FedEx Acct. No. or Credit Card No. below

Recipient Third Party Credit Card Cash/Check

Obtain Recip. Acct. No.

Total Pieces Total Weight Total Declared Value $ .00 Total Charges

Credit Card Auth

Our liability is limited to $100 unless you declare a higher value. See back for details.

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify us from any resulting claims.

Questions? Visit our Web site at www.fedex.com or call 1.800.Go-FedEx (1.800.463.3339).

Rev. Date 11/03 Part #150280-6183 PRINTED IN U.S.A. MW 04

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QZ AVXA

Box