UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Schedule/Claim ID s11354

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

☐ 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

Name of Creditor and Address

10116814012313

COUNCIL OF COMMUNITY CLINICS
~~7595 METROPOLITAN DR~~
~~SAN DIEGO CA 92108~~
PO BOX 880969
SAN DIEGO, CA
92168

REC'D JAN 26 2006

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ( )

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)	$ $641 99 (unsecured)	N/A (secured)	N/A (priority)	$641 99 (Total)
Amount of Claim Asserted by Creditor (To be completed if creditor disputes scheduled amount)	$ 1882.19 (unsecured)	(secured)	(priority)	1882.19 (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

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)

ACCOUNTING MANAGER

WATTSHealth Foundation Inc dba UHP
CLAIM 00114

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

STATEMENT

DATE
12/7/2005
ACCOUNT
WATTS

Council of Community Clinics Service Corp
dba Council Connections
P O Box 880969
San Diego, CA 92168-0969
(619) 542-4300

WATTS HEALTHCARE CORP

10300 S COMPTON AVENUE

Payment Terms Net 30

LOS ANGELES CA 90002

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE NUMBER	DATE	CODE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	BALANCE
	7/1/2005	BBF		$1,374 70	$0 00	$1,374 70
511066	8/24/2005	SLS	511066	$681 79		$2,056 49
PYMNT000000006139	9/22/2005	PMT	Applied 511066		$681 79	$1,374 70
511382	9/19/2005	SLS	511382 ATTACHED	$918 16		$2,292 86
511707	10/26/2005	SLS	511707	$810 85		$3,103 71
PYMNT000000006672	11/21/2005	PMT	Applied 511707		$810 85	$2,292 86
512094	11/30/2005	SLS	512094 ATTACHED	$964 03		$3,256 89
PYMNT000000005699	8/8/2005	PMT	510281 510626		($1,374 70)	$1,882 19

AMOUNT DUE $1 882 19

SLS Sales / Invoices FIN Finance Charges CR Credit Memos
SCH Scheduled Payments SVC Service / Repairs RTN Returns
DR Debit Memos WRN Warranties PMT Payments

$0 00

Current	31 - 60 Days	61 - 90 Days	91 and Over
$964 03	$918 16	$0 00	$0.00
$0.00	$0.00	$0.00	

Council of Community Clinics Service Corp
dba Council Connections

P O Box 880969
San Diego, CA 92168-0969
(619) 542-4300

Invoice 511382

DATE 9/19/2005

Bill To

Watts Healthcare Corp
10300 S Compton Avenue
Los Angeles CA 90002

Ship To

Watts Healthcare Corp
10300 S Compton Avenue
Los Angeles CA 90002

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

PURCHASE AUTHORITY	CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS
	WATTS			Net 30

QUANTITY	ITEM NUMBER	DESCRIPTION	UOM	NET SALES	COMMENT	SERVICE FEE
1	LAB SERVICES	74797-TZ - Watts Health Foundation	Each	$1,020 02	3 00%	$30 60
1	LAB SERVICES	82239-TZ - Infection Control	Each	$174 49	3 00%	$5 23
1	LAB SERVICES	1935-TZ - Watts Health Foundation	Each	$67 68	3 00%	$2 03
1	LAB SERVICES	74798-TZ - Watts Health Foundation	Each	$4,357 03	3 00%	$130 71
1	LAB SERVICES	74766-TZ - Watts Health Foundation HMO	Each	$15,095 89	3 00%	$452 88
1	LAB SERVICES	74758-TZ - Watts Health Foundation	Each	$819 37	3 00%	$24 58
1	LAB SERVICES	74756-TZ - Watts Health Foundation	Each	$980 16	3 00%	$29 40
1	LAB SERVICES	74754-TZ - Watts Health Foundation	Each	$278 43	3 00%	$8 35
1	LAB SERVICES	74746-TZ - Watts Health Foundation	Each	$2,588 38	3 00%	$77 65
1	LAB SERVICES	74726-TZ - Watts Health Foundation	Each	$1,615 72	3 00%	$48 47
1	LAB SERVICES	20448-TZ - Watts Health Foundation	Each	$3,599 67	3 00%	$107 99
1	LAB SERVICES	81968-TZ - Crenshaw Community Health	Each	$9 02	3 00%	$0 27

AUGUST 2005 SERVICES
Questions? Call Lisa @ 800-640-1662, ext 330.

Subtotal	$918 16
Misc	$0 00
Tax	$0 00
Freight	$0 00
Trade Discount	$0 00
Total	**$918 16**

Council of Community Clinics Service Corp
dba Council Connections

P O Box 880969
San Diego, CA 92168-0969
(619) 542-4300

Invoice 512094

DATE 11/30/2005

Bill To

Watts Healthcare Corp
10300 S Compton Avenue
Los Angeles CA 90002

Ship To

Watts Healthcare Corp
10300 S Compton Avenue
Los Angeles CA 90002

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

PURCHASE AUTHORITY	CUSTOMER ID	SALES ID	SHIPPING METHOD	PAYMENT TERMS
	WATTS			Net 30

QUANTITY	ITEM NUMBER	DESCRIPTION	UOM	NET SALES	COMMENT	SERVICE FEE
1	LAB SERVICES	74754-TZ - Watts Health Foundation	Each	$636 30	0 029999999	$19 09
1	LAB SERVICES	20448-TZ - Watts Health Foundation	Each	$2,377 56	0 029999999	$71 33
1	LAB SERVICES	1935-TZ - Watts Health Foundation	Each	$7 60	0 029999999	$0 23
1	LAB SERVICES	74726-TZ - Watts Health Foundation	Each	$1,138 62	0 029999999	$34 16
1	LAB SERVICES	74756-TZ - Watts Health Foundation	Each	$1 010 79	0 029999999	$30 32
1	LAB SERVICES	74798-TZ - Watts Health Foundation	Each	$6,049 44	0 029999999	$181 48
1	LAB SERVICES	74797-TZ - Watts Health Foundation	Each	$821 87	0 029999999	$24 66
1	LAB SERVICES	74758-TZ - Watts Health Foundation	Each	$601 25	0 029999999	$18 04
1	LAB SERVICES	74766-TZ - Watts Health Foundation HMO	Each	$16,122 67	0 029999999	$483 68
1	LAB SERVICES	81965-TZ - Crenshaw Community Health	Each	$73 68	0 029999999	$2 21
1	LAB SERVICES	81968-TZ - Crenshaw Community Health	Each	$31 00	0 029999999	$0 93
1	LAB SERVICES	82239-TZ - Infection Control	Each	$255 56	0 029999999	$7 67
1	LAB SERVICES	74746-TZ - Watts Health Foundation	Each	$3,007 83	0 029999999	$90 23

SEPTEMBER 2005 SERVICES
Questions? Call Lisa @ 800-640-1662, ext 330

Subtotal	$964 03
Misc	$0 00
Tax	$0 00
Freight	$0 00
Trade Discount	$0 00
Total	$964 03

RECD JAN 26 2006
FedEx
PRIORITY OVERNIGHT
THU
8474 3274 6453
FORM 0200
Deliver By 26JAN06
90245
-CA-US
LAX
QZ AVXA
FedEx. US Airbill
1 From
Date
Sender's Name
Phone
Company
Address
Dept./Floor/Suite/Room
City
State
ZIP
2 Your Internal Billing Reference
3 To
Recipient's Name
Company
Address
Dept./Floor/Suite/Room
City
State
ZIP
RECEIVED
JAN 2 3 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
4b Express Freight Service
FedEx 1Day Freight
FedEx 2Day Freight
FedEx 3Day Freight
5 Packaging
FedEx Envelope
FedEx Pak
FedEx Box
FedEx Tube
Other
6 Special Handling
HOLD Weekday at FedEx Location
HOLD Saturday at FedEx Location
Does this shipment contain dangerous goods?
No
Yes
Dry Ice
Cargo Aircraft Only
7 Payment
Bill to:
Recipient
Third Party
Credit Card
Cash/Check
Total Packages
Total Weight
Total Declared Value
Total Charges
Credit Card Auth
8 Sign to Authorize Delivery Without a Signature
467
BOX