UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Schedule/Claim ID s11137

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

10116814008158

CHOICES CATERING
15122 INGLEWOOD AVE
LAWNDALE, CA 90260 1911

Creditor Telephone Number ( )

FILED
DEC - 8
CLERK U S BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
By DEPUTY CLERK

REC'D JAN 26 2006

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor
UHP

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 2005

3 IF COURT JUDGMENT, DATE OBTAINED

4 Total Amount of Claim at Time Case Filed

		(unsecured)	(secured)	(priority)	(Total)
Amount of Claim Listed on Debtor s Schedules (Excludes any contingent unliquidated and disputed amount)	$	$748 74	N/A	N/A	$748 74
Amount of Claim Asserted by Creditor (To be completed if creditor disputes scheduled amount)	$	940,27	n/a	n/A	940,27

☐ 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 1/05/05

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 00138

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

CHOICES Catering

15122 Inglewood Ave Lawndale, CA 90260
(310) 219-0800 Fax (310) 219-3051

Invoice # 0504208

Client / Firm Name UHP HEALTHCARE
Date 5/04/05
Address 3405 IMPERIAL HWY
Day WEDNESDAY
Ordered By Stacey
Del Time 12. NOON
Bill to
Phone (310) 680-3370
Special Instructions
Ext
Guests 15

CHICKEN & CHEESE ENCHILADAS	142,50
- MEXICAN RICE	
- REFRIED BEANS	
- GARDEN SALAD	
RANCH & ITALIAN	
- CHIPS	
- SALSA	
15 - HOMEMADE COOKIES	19,50
15 - ASSORTED DRINKS	16,50

Sub Total 170,50
Tax 14,73
Delivery 15=
Total 208,23

THANK YOU

CHOICES Catering

15122 Inglewood Ave Lawndale, CA 90260
(310) 219-0800 Fax (310) 219-3051

Invoice # 0525196

Client / Firm Name UHP HEALTHCARE

Date 5/25/05

Address 3405 Imperial Hwy

Day Wednesday

Ordered By Stacey

Del Time 11 AM

Bill to

Phone (310) 680-3370

Special Instructions

Ext

Guests 15

1- Meat Lasagna	
1- Vegetable Lasagna	150 -
1- Flat Pan Antipasto salad	
Ranch - Italian	
- Garlic Bread	
15 - Assorted Drinks	16,50

THANK YOU

Sub Total	166,50
Tax	13,74
Delivery	16 =
Total	196,24

CHOICES Catering

15122 Inglewood Ave Lawndale, CA 90260
(310) 219-0800 Fax (310) 219-3051

Invoice # 0420191

Client / Firm Name UHP HEALTHCARE
Date 4/20/05
Address 3405 FIRESTONE HWY
Day WEDNESDAY
Ordered By RHONDA
Del Time 11 15 am
Bill to
Phone (310) 660-3198
Special Instructions
Ext
Guests 12

- Stuffed chicken breast (no mushrooms)	114-
- Rice Pilaf	
- Steamed vegetables	
- Dinner Rolls & Butter	
1- Fruit Pizza	22,95
12- Cookies (no Peanut Butter)	10,20
15- Drinks (only sodas only 4-Diet)	15-

THANK YOU

Sub Total	162,15
Tax	13,38
Delivery	16-
Total	191,53

WATTSHEALTH FOUNDATION, INC
3405 WEST IMPERIAL HIGHWAY
INGLEWOOD, CA 90303

W A R N I N G

DO NOT CASH THIS CHECK UNLESS YOU CAN SEE VERIFY FIRST TRUE WATERMARK HOLD UP TO LIGHT TO SEE SAFE AND VERIFY FIRST

NON NEGOTIABLE AFTER 90 DAYS

WELLS FARGO BANK
388 S GRAND AVENUE
LOS ANGELES CA 90071

UHP

CHECK DATE MO DAY YR	CHECK NO.	11 24 / 1210(8)	CHECK AMOUNT
MAY 27 2005	0004027185		*******$344 27

PAY *Three hundred forty four and 27/100 Dollars*

ACCOUNT CLOSED

TO THE ORDER OF
CHOICES CATERING
15122 INGLEWOOD AVENUE
LAWNDALE, CA 90260-
USA

ONE MANUAL SIGNATURE REQUIRED FOR $50 000 00 AND OVER

⑈0004027185⑈ ⑆121000248⑆ 4123 901811⑈ ⑈0000034427

Bounced check

SECURITY FEATURES ON FRONT AND BACK WITHOUT NO
PAY TO THE ORDER OF
BANK OF AMERICA
EL SEGUNDO CA 90245
122000661
FOR DEPOSIT ONLY
CHOICES
21354 0572

ENDORSE HERE

NOTE THE ABOVE LINES ARE CCI POSED OF MICRO T CONTAINING THE WORDS SAFE CHECK WITH CHONE

DO NOT WRITE OR SIGN BELOW THIS LINE

122000661
E4100 S4A LA,CA 14
06/02/05 CA40

WB LA, CA 06052005
TRACER # 0579 PKT 006
122105278

Bank of America

H

00 REFER TO CHECK	06 UNABLE TO LOCATE	14 ENDORSE MISSING	20 FICTITIOUS
01 NON SUFFICIENT	07 EXCEED $ AMT	15 POST DATED	21 COUNTERFEIT
02 REFER TO MAKER	10 SIG MISSING	16 ALTERED	22 STOLEN IN BLANK
03 UNCOLLECTED FUNDS	11 SIG IRREGULAR	17 MUTILATED	23 DISHONORED BY MAKER
04 STOP PAYMENT	12 SIG UNAUTHORIZED	18 NON NEGOTIABLE	
05 ACCOUNT CLOSED	13 ENDORSE IRREG	19 STALE DATED	

BANK OF AMERICA
RETURNED ITEMS #3082

DEPOSITED ITEM RETURNED ADVICE LETTER

DATE	NOTICE REF	PAGE 1 OF 1
06-07-2005	1 1200003151	E 1

LORENA GUTIERREZ
15122 INGLEWOOD AVE

LAWNDALE , CA 90260

WE HAVE CHARGED YOUR ACCOUNT

BRANCH	ACCT NO	AMOUNT
02135	4-05786	$ 349 27

TRACE ID	FRD-ABA / MAKER	ACCOUNT/SERIAL DATE/ID	RESN	DOLLAR AMOUNT
02818875900	12100024	0004123901811	05	344 27
		FEE(S)		5 00
		TOTAL	$	349 27

(31)

WE HAVE CHARGED YOUR ACCOUNT

BRANCH	ACCT NO	AMOUNT
02135	4-05786	$ 349 27

DATE 06-07-2005 | NOTICE REF 1200003151

LORENA GUTIERREZ
15122 INGLEWOOD AVE

LAWNDALE , CA 90260

WE ARE RETURNING YOUR ITEM(S) FOR
QUESTIONS, PLEASE CALL THE NUMBER
ON YOUR STATEMENT

Recycled Pa

REC'D JAN 26 2006

EX. 04732 25JAN06 PRIORITY OVERNIGHT THU

8474 3274 6453 FORM 0200

Deliver By 26JAN06

90245 -CA-US LAX

QZ AVXA

A1

[redacted] only when using a FedEx [redacted]

FedEx. US Airbill

1 From [redacted]

Date

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

Company WATTSHEALTH FOUNDATION, INC.

Address 1300 E FRANKLIN AVE Dept./Floor/Suite/Room

City EL SEGUNDO, State CA 90245

2 Your Internal Billing Reference WATTSHEALTH

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

Company WATTSHEALTH FOUNDATION, INC.

Recipient's Address 1300 E FRANKLIN AVE Dept./Floor/Suite/Room

Address

To hold at a specific FedEx location print FedEx address here

City EL SEGUNDO State

RECEIVED JAN 25 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

*Declared value limit $500

5 Packaging

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? One box must be checked.

No

Yes As per attached Shipper's Declaration

Yes Shipper's Declaration not required

Dry Ice Dry Ice 9 UN 1845 ___ x ___ 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

Sender

Recipient

Third Party

Credit Card

Obtain Recip. Acct. No

Cash/Check

Total Packages

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 and hold us harmless from any resulting claims.

Questions? Visit our Web site at fedex.com or call 1.800.GoFedEx 1.800.463.3339

Rev Date 11/03 Part #158280 ©1994-2003 FedEx PRINTED IN U.S.A. MWA 04

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