PURSUANT TO ORDER ENTERED BY THE UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA, ON NOVEMBER 13, 2007, DOCKET No. 1092
PUBLIC ACCESS TO THIS CLAIM IS RESTRICTED

THIS PROOF OF CLAIM IMAGE HAS BEEN SUPPRESSED TO PROTECT THE CLAIMANT'S CONFIDENTIAL INFORMATION.

UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

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.

FILED
DEC 22 2005
CLERK U S BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
BY Deputy Clerk

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor and Address

10116815003242

Sheu Yeong
Advanced GI Consultants
PO Box 7152
Van Nuys CA 91409-7152

Creditor Telephone Number (818) 988-3653

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

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

☐ 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

RECD JAN 27 2006

THIS SPACE FOR COURT USE ONLY

DATE SIGNED 12/14

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 00335

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

IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

In re	Case No 05-22627-TD
WATTSHealth Foundation Inc dba UHP Healthcare, a California not-for-profit corporation, Debtor [Taxpayer Identification No 95-2623688]	Chapter 11 **Bar Date January 31, 2006**

NOTICE OF ORDER (I) ESTABLISHING PROCEDURES AND DEADLINES FOR FILING PROOFS OF CLAIM BY CREDITORS, INCLUDING SPECIAL INSTRUCTIONS FOR CERTAIN MEDICAL CLAIMS, (II) APPROVING FORM AND SCOPE OF NOTICE THEREOF, AND (III) PRESERVING CONFIDENTIALITY OF CERTAIN DOCUMENTS TO PROTECT PRIVATE PATIENT INFORMATION

PLEASE TAKE NOTICE that the United States Bankruptcy Court for the Central District of California (the "Bankruptcy Court") has entered in the above-captioned chapter 11 case ("Bankruptcy Case") an "Order (I) Establishing Procedures And Deadlines For Filing Proof Of Claim By Creditors Including Special Instructions For Certain Medical Claims, (II) Approving Form and Scope Of Notice Thereof, And (III) Preserving Confidentiality Of Certain Documents To Protect Private Patient Information" (the "Order"), by which the Bankruptcy Court has established **January 31, 2006**, at 4 00 p m Pacific Standard Time (the "Bar Date"), as the last date (except as otherwise provided therein) by which all creditors must file proofs of any "Claim" (as defined herein) against WATTSHealth Foundation, Inc dba UHP Healthcare (the "Debtor"), and has established other deadlines and procedures, as summarized in this notice ("Notice"), regarding the filing of proofs of Claim by all creditors in the Bankruptcy Case

As used in the Order and this Notice, the term "Claim" shall have the meaning set forth in section 101(5) of the Bankruptcy Code (the "Code") Under the Code, "Claim" has the broadest possible meaning and includes, without limitation (i) any right to payment whether arising in contract, tort or by statute and whether or not reduced to judgment, liquidated, unliquidated fixed contingent, matured unmatured, disputed, undisputed, legal, equitable, secured, or unsecured, as of the filing of the Debtor's Bankruptcy Case on May 31, 2005 ("Petition Date"), and (ii) equitable remedies for breach of performance if such breach gives rise to a right to payment, whether or not such right to any equitable remedy is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal equitable, secured, or unsecured as of the Petition Date

Pursuant to Code section 1111(a), a proof of Claim shall be deemed filed with respect to any Claim which appears in the Debtor's "Schedules of Assets and Liabilities" and "Statement of Financial Affairs" (collectively as amended as of the date hereof the "Schedules") which the Debtor filed on August 1, 2005, for a liquidated amount which Claim is not identified therein as contingent, unliquidated or disputed If the Debtor listed your claim on the Schedules as noncontingent, liquidated and undisputed, then the proof of Claim form that accompanies this Notice also will list this same noncontingent liquidated and undisputed amount Any proof of Claim filed by you will supersede any Claim so listed in the Schedules **YOU MUST FILE AN ORIGINAL PROOF OF CLAIM (WITHOUT ANY SUPPORTING DOCUMENTATION ATTACHED) AND ONE (1) COPY OF THE PROOF OF CLAIM WITH ALL SUPPORTING DOCUMENTATION ATTACHED IF (i) YOUR CLAIM IS NOT LISTED IN THE SCHEDULES, OR (ii) YOU DISAGREE WITH THE AMOUNT OF YOUR CLAIM SET FORTH IN THE SCHEDULES, OR (iii) THE DEBTOR HAS SCHEDULED YOUR CLAIM AS DISPUTED, CONTINGENT, UNLIQUIDATED, OR FOR $0, OR (iv) YOU BELIEVE YOUR CLAIM TO BE A SECURED OR PRIORITY CLAIM AND THE DEBTOR HAS NOT LISTED THAT CLAIM AS A SECURED OR PRIORITY CLAIM**

Please take further notice that the Schedules were amended by the Debtor on or about **November 30, 2005** Any creditor who desires to rely on the Schedules is responsible for determining that such creditor is properly listed on the Schedules A copy of the Schedules is available for inspection, during normal business hours, at the offices of the Clerk of the Court (the "Clerk"), United States Bankruptcy Court, 300 N Los Angeles Street Los Angeles, California 90012

Except as set forth in the Order (as summarized below), **ALL PROOFS OF CLAIM FILED BY CREDITORS IN THESE CASES MUST BE ACTUALLY RECEIVED BY 4 00 P M PACIFIC STANDARD TIME ON THE BAR DATE (January 31, 2006)** It is your responsibility to ensure that your proof of Claim is actually received by that date and time Proofs of Claim either must be hand-delivered to the office of the Clerk or sent to the following address

WATTSHealth Foundation, Inc dba UHP Healthcare
P O Box 53229
Los Angeles, CA 90053-0229

IF YOU ARE LISTED ON THE SCHEDULES AS HAVING A CLAIM AGAINST THE DEBTOR BASED UPON FEE-FOR-SERVICE MEDICAL CLAIMS, PLEASE REFER TO THE SUPPLEMENTAL INSTRUCTIONS PROVIDED WITH THIS NOTICE REGARDING THE REVIEW AND COMPLETION OF YOUR PROOF OF CLAIM

Proofs of Claim sent via facsimile, telecopy, or electronic transmission will not be accepted All proofs of Claim must use the English language and be stated in lawful currency of the United States as of the Petition Date Do not file a proof of Claim with, or send copies to, the Debtor, the Debtor's counsel, the Official Committee of Unsecured Creditors (the "Committee") or the Committee's counsel To receive an acknowledgment that a proof of Claim has been received, each creditor must include an additional copy of the proof of Claim form (signed face page only) and a postage-paid, self-addressed envelope

FAILURE OF A CREDITOR TO TIMELY FILE AN ORIGINAL PROOF OF CLAIM AND ONE (1) COPY OF THE PROOF OF CLAIM WITH ALL SUPPORTING DOCUMENTATION ATTACHED ON OR BEFORE THE BAR DATE MAY RESULT IN DISALLOWANCE OF THE CLAIM OR SUBORDINATION UNDER THE TERMS OF A PLAN OF REORGANIZATION UPON PROPER NOTICE IN

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1 From

Date 1/26/06

Sender's Name BMC GROUP Phone 310 321-5555

Company WATTSHEALTH FOUNDATION, INC.

Address 1330 E FRANKLIN AVE

Dept./Floor/Suite/Room

City EL SEGUNDO, State CA ZIP 90245

2 Your Internal Billing Reference WATTSHEALTH

3 To

Recipient's Name BMC GROUP CLAIMS & NOTICING AGENT 310321-5555

Company WATTSHEALTHFOUNDATION, INC.

Recipient's Address 1330 E. FRANKLIN AVE

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Address

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City EL SEGUNDO State CA ZIP 90245

8474 3274 6512

4a Express Package Service

- FedEx Priority Overnight — Next business morning
- FedEx Standard Overnight — Next business afternoon
- 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. To most locations

- 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

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- 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

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

- Cargo Aircraft Only

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- Sender — Acct. No. in Section 1 will be billed
- Recipient
- Third Party
- Credit Card
- Cash/Check

Total Packages	Total Weight	Total Declared Value†	Total Charges
		$ 00	

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

Credit Card Auth

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

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467

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