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

10117004008801

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

FILED
JAN - 3 2006
CLERK, U.S. BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA
By Deputy Clerk

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

	(unsecured)	(secured)	(priority)	(Total)
Amount of Claim Listed on Debtor's Schedules (Excludes any contingent, unliquidated and disputed amount)	$ $2,199 95	N/A	N/A	$2,199 95
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 $ 219995

☒ 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

REC'D JAN 27 2006

DATE SIGNED
12-28-05

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)

STEVE HEINSTEIN, PRESIDENT

WATTSHealth Foundation Inc dba UHP
CLAIM 00437

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

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LOCATION
WATTS HEALTH FOUNDATION
3405 W IMPERIAL HWY
INGLEWOOD CA
90303

INVOICE NO 005853 1
INVOICE DATE 04/27/05
TERMS

PO # ELAINE SHONKIN

CUSTOMER NO	MODEL AND SERIAL NO	LEASE ID	REPRESENTATIVE	PROG TYPE
IN3053	ID# 1906 F7024 SL3-053088	MA	IN3A05	NC1

DATE	PREVIOUS METER	DATE	CURRENT METER
INVOICE PERIOD 05/01/05		TO 05/01/06	

1	4FC001	FAX MAINTENANCE AGREEMENT VENDOR# 4FC001	243.00

ANNUAL FAX MAINTENANCE AGREEMENT
*INCLUDES PARTS AND LABOR

TOTAL DUE
243.00

SPECIAL TERMS 30 DAYS

BILL TO
ACCOUNTS PAYABLE DEPT
WATTS HEALTH FOUNDATION
DBA UHP HEALTHCARE INC
3405 W IMPERIAL HWY #316
INGLEWOOD CA 90303

REMIT TO
QUALITY BUSINESS MACHINES
233 EAST HILLCREST BLVD.
INGLEWOOD CA 90301

COMMENTS

CONTROL

PLEASE PAY FROM THIS INVOICE
OVERDUE ACCOUNTS WILL BE CHARGED A LATE PAYMENT FEE OF 1½% PER MONTH (18% ANNUALLY)

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LOCATION
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INGLEWOOD CA 90303

INVOICE NO 005854 1
INVOICE DATE 04/27/05
TERMS

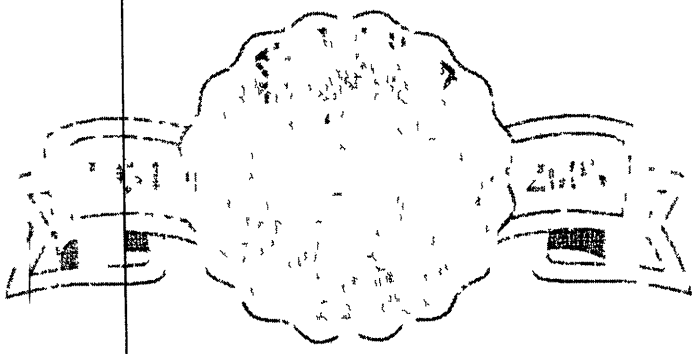
PO # ELAINE SHONKIN

CUSTOMER NO	MODEL AND SERIAL NO	LEASE ID	REPRESENTATIVE	PROG TYPE
IN3053	IDP 2604 F7024 SL3-069024	MA	INSA05	NC1

DATE	PREVIOUS METER	DATE	CURRENT METER
INVOICE PERIOD	05/01/05	TO	05/01/06

1	4FC001	FAX MAINTENANCE AGREEMENT VENDOR# 4FC001	243.00

ANNUAL FAX MAINTENANCE AGREEMENT
*INCLUDES PARTS AND LABOR



TOTAL DUE
243.00

SPECIAL TERMS 30 DAYS

BILL TO
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WATTS HEALTH FOUNDATION
DBA UHP HEALTHCARE INC
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PO # ELAINE FRANKLIN

INVOICE NO 005858 1
INVOICE DATE 04/27/05
TERMS

CUSTOMER NO	MODEL AND SERIAL NO	LEASE ID	REPRESENTATIVE	PROG TYPE
IN3053	ID# [illegible] F7033 0D7-040549	MA	INSA05	NC 1

DATE	PREVIOUS METER	DATE	CURRENT METER
INVOICE PERIOD 05/01/05		TO 05/01/06	

1	4FC001	FAX MAINTENANCE AGREEMENT VENDOR# 4FC001	468.00

ANNUAL FAX MAINTENANCE AGREEMENT
*INCLUDES PARTS AND LABOR

TOTAL DUE
468.00

SPECIAL TERMS 30 DAYS

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DBA UHP HEALTHCARE INC
3405 W IMPERIAL HWY #316
INGLEWOOD CA 90303

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SHIP TO
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3405 W IMPERIAL HWY
INGLEWOOD CA 90303

INVOICE NO
12556A 1
INVOICE DATE
04/30/05

CUSTOMER NO	CUST ORDER NO	DATE ORDERED	DATE SHIPPED	SHIP VIA	REPRESENTATIVE
IN3053	05-1089	04/27/05	04/28/05	SERVICE	INSA05

12	EA	8	DTX1J	XEROX 106R584 TONER FOR 412 COPIER/F12 FAX VENDOR# 106R584	73.000	584.00
5	BOX	5	GFX0C	XEROX 7033 REFILL 8R3683/303R4 VENDOR# 303R4	73.000	365.00

SUBSEQUENT SHIPMENT

REMAINDER IS ON BACKORDER

SUBTOTAL
949.00

TAX
78.29

TOTAL DUE
1,027.29

SPECIAL TERMS 30 DAYS

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INGLEWOOD CA 90303

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INVOICE NO 12556B 1
INVOICE DATE 05/17/05

CUSTOMER NO	CUST ORDER NO	DATE ORDERED	DATE SHIPPED	SHIP VIA	REPRESENTATIVE
IN3053	05-1089	04/27/05	05/06/05	SERVICE	INSA05

12	EA	4	DTX1J	XEROX 106R584 TONER FOR 412 COPIER/F12 FAX VENDOR# 106R584	73.000	292.00
COMPLETION SHIPMENT, THANK YOU FOR YOUR ORDER						

95

2003

SUBTOTAL 292.00
TAX 24.09
TOTAL DUE 316.09
SPECIAL TERMS 30 DAYS

BILL TO
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WATTS HEALTH FOUNDATION
DBA UHP HEALTHCARE INC
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INGLEWOOD CA 90303

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INVOICE NO 12652A 1
INVOICE DATE 05/17/05

CUSTOMER NO	CUST ORDER NO	DATE ORDERED	DATE SHIPPED	SHIP VIA	REPRESENTATIVE
IN3053	05-1089	05/17/05	05/17/05	SERVICE	INSA05

5-	EA	5-	ZZZ06	SUPPLY PRICING ERROR VENDOR# PRICING ERROR	18.000	90.00-

APPLY TO INVOICE #12556A
CHARGED $73.00. SHOULD BE $55.00

SUBTOTAL 90.00-
TAX 7.43-
TOTAL DUE 97.43-

****** CREDIT MEMO ******

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INGLEWOOD CA 90303

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emp 404732 26JAN06

TRK# 8474 3274 5490 FORM 0200

Deliver By 27JAN06

A1

90245 -CA-US LAX

QZ AVXA

Customer: [illegible] only when using a FedEx Ship [illegible]

[illegible] Airbill 847432745490

1 From [illegible]

[illegible] Phone [illegible]

[illegible] FOUNDATIONS, INC.

[illegible] FRANKLIN AVE

[illegible] State [illegible] ZIP 90245

[illegible] Reference [illegible]

[illegible] CLAIMS [illegible] AGENT 310 [illegible]

[illegible] FOUNDATION, INC.

[illegible] FRANKLIN AVE

[illegible] to P.O. boxes or P.O. ZIP [illegible]

[illegible] SEGUNDO

4a [illegible] Service

- [x] FedEx Priority Overnight
- [ ] FedEx Standard Overnight
- [ ] FedEx First Overnight
- [ ] FedEx 2Day
- [ ] FedEx Express Saver

4b [illegible]

- [ ] FedEx 2Day Freight
- [ ] FedEx 3Day Freight

5 [illegible]

- [ ] FedEx Pak*
- [ ] FedEx Box
- [ ] FedEx Tube
- [ ] Other

6 Special Handling

- [ ] HOLD Weekday at FedEx Location
- [ ] HOLD Saturday at FedEx Location

[illegible] only.

- [ ] No
- [ ] Yes
- [ ] Yes
- [ ] Dry Ice
- [ ] Cargo Aircraft Only

- [ ] Recipient
- [ ] Third Party
- [ ] Credit Card
- [ ] Cash/Check

[illegible] .00

Credit Card Num.

8 [illegible]

467

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