UNITED STATES BANKRUPTCY COURT
FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

Schedule/Claim ID s11932

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

10116814012820

RICHARD DUONG MD
225 S LAKE AVE #535
PASADENA CA 91101

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

JAN 18 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 ☐ Personal injury/wrongful death ☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Services performed ☐ Taxes ☐ Wages salaries and compensation (Fill out below)
☐ Money loaned ☐ Other (describe briefly) _____
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)
$	$560 00	N/A	N/A	$560 00

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

REC'D JAN 30 2006

DATE SIGNED 1/16/06

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)

Christine Lyn for Richard Duong

WATTSHealth Foundation Inc dba UHP
CLAIM 00573

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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1 From

Date 1/27/06 Sender's FedEx Account Number 2721-9878-0

Sender's Name BMC GROUP Phone 310 321-5555

Company WATTSHEALTH FOUNDATION, INC.

Address 1330 E FRANKLIN AVE

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 WATTSHEALTH FOUNDATION, INC.

Address 1330 E FRANKLIN AVE

Dept./Floor/Suite/Room

City EL SEGUNDO State CA ZIP 90245

4a Express Package Service — Packages up to 150 lbs

1 FedEx Priority Overnight 5 FedEx Standard Overnight 6 FedEx First Overnight

3 FedEx 2Day 20 FedEx Express Saver

4b Express Freight Service — Packages over 150 lbs

7 FedEx 1Day Freight 8 FedEx 2Day Freight 83 FedEx 3Day Freight

5 Packaging

6 FedEx Envelope 2 FedEx Pak 3 FedEx Box 4 FedEx Tube 1 Other

6 Special Handling — Include FedEx address in Section 3

3 SATURDAY Delivery — Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight and FedEx 2Day Freight to select ZIP codes

1 HOLD Weekday at FedEx Location — Not available for FedEx 1Day Freight

31 HOLD Saturday at FedEx Location — Available ONLY for FedEx Priority Overnight

Does this shipment contain dangerous goods? One box must be checked

1 No 4 Yes As per attached Shipper's Declaration 5 Yes Shipper's Declaration not required 6 Dry Ice

Dangerous goods (including Dry Ice) cannot be shipped on FedEx packaging — Cargo Aircraft Only

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

1 Sender Acct. No. in Section 1 will be billed 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check

FedEx Acct. No. / Credit Card No. Exp. Date

Total Packages Total Weight Total Charges

Our liability is limited to $100 unless you declare a higher value. See the FedEx Service Guide 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 us

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