PURSUANT TO ORDER ENTERED BY THE UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA, ON MAY 31, 2007, DOCKET No. 953 PUBLIC ACCESS TO THIS CLAIM IS RESTRICTED

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RESTRICTED FROM PUBLIC ACCESS

UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA

PROOF OF CLAIM

COPY

Schedule/Claim ID s10872

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

LITTLE COMPANY OF MARY
FILE 41093
LOS ANGELES CA 90074 000

DEC 2005 Regional Business Services

Creditor Telephone Number (310) 793-8165

☐ 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 30 2006
CLERK U 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
United Health Plan/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 # _____ 11/14/99-1/15/06
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)	$ 172,469.84			172,469.84

☐ 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 FEB 08 2006

DATE SIGNED
1/25/06

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)
Karl J. Currier Regional CFO

WATTSHealth Foundation Inc dba UHP
CLAIM 00984

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

FedEx Express US Airbill

FedEx Tracking Number 847432748103

Form ID No 0200

1A1863

1B1863

1C1863

1E1863

1 From

Date 7/7/06 [redacted]

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 Dept./Floor/Suite/Room

RECD FEB 08 2006

2 Your Internal Billing Reference WATTSHEALTH

3 To

Recipient's Name WATTS HEALTH FOUNDATION, INC Phone 310 321-5555

Company BMC CORP – CLAIMS NOTICING AGENT

Recipient's Address 1330 E. FRANKLIN AVE

We cannot deliver to PO boxes or PO ZIP codes. Dept./Floor/Suite/Room

Address

To request a package be held at a FedEx location, print FedEx address here

City EL SEGUNDO State CA ZIP 90245

4a Express Package Service *Packages up to 150 lbs.* * To most locations

- [x] FedEx Priority Overnight — Next business morning
- [ ] FedEx Standard Overnight — Next business afternoon
- [x] 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* ** 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
- [x] Other

6 Special Handling Include FedEx address in Section 3.

- [ ] SATURDAY Delivery — Available ONLY for FedEx Priority Overnight, FedEx 2Day FedEx 1Day Freight, and FedEx 2Day Freight to select ZIP codes
- [ ] 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.

- [x] 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

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

Obtain Recip Acct. No [ ]

[redacted]

Total Packages	Total Weight	Total Declared Value†	Total Charges
1	35	$ 00	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

8474 3274 8103

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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