

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor:

WE THE PEOPLE USA, INC., et al.,

Case Number:

10-10503 (KJC) *Jointly Admin.*

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 (the person or other entity to whom the debtor owes money or property):

OLGA ZAMBRANO

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:

OLGA ZAMBRANO
12553 Pinehurst Street
El Monte, CA 91732-4369

Court Claim

Number:

(If known)

Filed on:

Telephone number: (626) 277-7905

Name and address where payment should be sent (if different from above):

(Same as above)

RECEIVED

MAY 17 2010

BMC GROUP

Check this 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 this box if you are the debtor or trustee in this case.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim:

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor:

3a. Debtor may have scheduled account as:

(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Describe:

Value of Property: \$ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See Instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

(See attached)
Paid for *Only having the advance Health Care Directive*
If the documents are not available, please explain: *document prepared & signed by "We the People"*

Date: 05/11/10

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Olga Zambrano (OLGA ZAMBRANO)

FOR COURT USE ONLY

We the People



00098

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

IN THE UNITED STATES BANKRUPTCY COURT FOR THE
DISTRICT OF DELAWARE

In re

WE THE PEOPLE USA, INC., et al.

Debtors.

Chapter 11
Case Nos. 10-10503(KJC), et seq.
(jointly administered)

NOTICE

TO: ALL CREDITORS AND OTHER PERSONS OR ENTITIES WHO
MIGHT WISH TO ASSERT CLAIMS IN THESE BANKRUPTCY
CASES

**IF YOU BELIEVE YOU HAVE A CLAIM OR RIGHT TO
PAYMENT AGAINST THE DEBTORS, YOU MUST FILE YOUR
OWN PROOF OF CLAIM, EVEN IF YOU ARE ALREADY ARE
PARTY TO ANY LITIGATION AGAINST THE DEBTORS AND
EVEN IF YOU ARE A MEMBER OF A CLASS CERTIFIED, OR
SOUGHT TO BE CERTIFIED, IN SUCH LITIGATION.**

PLEASE TAKE NOTICE that on March 16, 2010 the United States
Bankruptcy Court for the District of Delaware (the "Court") entered an
Order Establishing Bar Dates for Filing Proofs of Claim and Approving
Form and Manner of Notice Thereof (the "Claims Procedures Order")
establishing May 14, 2010 (the "General Bar Date") as the deadline for
filing of proofs of claim against We The People USA, Inc. and We The
People LLC (collectively and severally, the "Debtors") in the above-
referenced cases and establishing the correct procedures for filing proofs of
claim.

The Debtors are or were franchisors whose franchisees operate or
operated retail stores under the "We the People" trade name for the sale of
legal forms. The Debtors' franchisees are NOT debtors in these
bankruptcy cases.

The Court's claims agent, BMC Group, Inc. (the "Claims Agent")
can provide you with forms for the filing of a proof of claim. The form
of this notice was approved by the Court. If you do not comply with
the deadlines and procedures in this notice, your claims, if you have
any, may be disallowed by the Court. You should read this notice very
carefully and follow all procedures before the deadlines listed below. If
you do not understand this notice, you should consult a lawyer.

The fact that you have received this notice does not mean that you have
a claim or that the Debtors believe that you have a claim. You should not
file a proof of claim if you do not have a claim against the Debtors or if the
claim you held as of February 19, 2010 has been paid.

**PLEASE NOTE: IF YOU FILE A FALSE CLAIM, YOU MAY BE
COMMITTING A CRIMINAL VIOLATION UNDER FEDERAL
LAW, INCLUDING BUT NOT LIMITED TO 18 U.S.C. § 152(1), AND
YOU MAY BE SUBJECT TO A FINE OR IMPRISONMENT OF
UP TO 5 YEARS, OR BOTH. TO DETERMINE WHETHER YOUR
CLAIM IS FALSE, YOU SHOULD CONSULT A LAWYER.**

WHO MUST FILE A PROOF OF CLAIM

According to the Claims Procedures Order, except as provided below,
any person, entity, or governmental unit (each a "person," and collectively,
"persons") holding a prepetition claim against the Debtor must file a proof
of claim. Except as provided below, the General Bar Date will apply to all
persons holding claims the Debtor (whether secured, priority or unsecured)
that arose prior to the February 19, 2010 (the "Petition Date"). Any person
whose claim is not listed in the Debtors' Schedules of Assets and Liabilities
and/or Statements of Financial Affairs (collectively, the "Schedules") or is
listed in the Schedules as "disputed," "contingent" or "unliquidated" and
that desires to participate in this case, and any person whose claim is
improperly classified in the Schedules or is listed in the Schedules as an
incorrect amount and that desires to have its claim allowed in a
classification or amount other than that set forth in the Schedules, must file
a proof of claim on or before the General Bar Date.

The Claims Procedures Order further provides that the following
Entities need not file a proof of claim by the General Bar Date: (i) a claim
for which a proof of claim has already been properly filed with the Claims
Agent; (ii) a claim entitled to administrative expense priority pursuant to 11
U.S.C. § 503; (iii) a claim not listed as "disputed," "contingent," and/or
"unliquidated" in the Debtors' bankruptcy schedules (the "Schedules"), but
only to the extent that the holder of such claim agrees with the nature,
classification, and amount of such claims as set forth in the Schedules; (iv)
a claim asserted by the United States or any of its agencies, so long as a
proof of claim on account of such claim is duly filed on or before the 180th
day after the Petition Date (the "U.S. Government Claims Bar Date"); (v) a
claim asserted by one of the Debtors against the other; and (vi) a claim
previously been allowed by, and/or paid pursuant to, an order of the Court.

For any claim relating to the Debtors' rejection of an executory contract
or unexpired lease (a "Rejection Damage Claim") that is approved by an
order of the Court entered after entry of the Claims Procedures Order but
before confirmation of a plan or conversion of the case to a case under
another chapter of the Bankruptcy Code, the deadline to file a proof of
claim relating to such claim shall be the later of: (a) the General Bar Date,
and (b) 4:00 p.m. EST on the 30th day after the entry of the order pursuant
to § 365 of the Bankruptcy Code authorizing such rejection (the "Rejection
Bar Date").

If the Debtors amend the Schedules to delete or reduce the liquidated,
undisputed, non-contingent amount of a scheduled claim, then the deadline
by which the affected claimant must file a proof of claim or to amend any
previously filed proof of claim with respect to such amended scheduled
claim shall be the later of: (a) the General Bar Date, and (b) 4:00 p.m. EST
on the 30th day after the mailing of notice of such amendment to such
claimant (the "Schedule Amendment Claim Bar Date").

TIME AND PLACE FOR FILING PROOFS OF CLAIM

The Court has approved the use a proof of claim form (the "Proof of
Claim Form") substantially in the form of Official Form No. 10, to evidence
the existence, amount, validity, security, and priority of claims in this case
along with instructions on completing the Proof of Claim Form
substantially in the form accompanying Official Form No. 10. For your
convenience, enclosed with this notice is a Proof Of Claim Form and
official instructions for completing it.

For any proof of claim to be validly and properly filed, a signed original
of the completed Proof of Claim Form, together with all accompanying
documentation, must be filed not later than the applicable Bar Date. In
order to file a proof of claim with the Court, it must be delivered to the
Claims Agent so that it is actually received by the Claims Agent on or
before 4:00 p.m. Eastern Time on the date that it is intended to be filed.
The address of the Claims Agent is:

If by mail:

BMC Group, Inc.
Attn: We The People
Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

BMC Group, Inc.
Attn: We The People
Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Creditors shall be permitted to file proofs of claim only by mail (postage
prepaid), by courier, or by overnight delivery (such as by FedEx, UPS,
DHL, or Express Mail). Filing shall be deemed complete upon the Claims
Agent's actual receipt of the original of the completed, executed Proof of
Claim Form. Any claimant wishing to receive acknowledgment of the
Claims Agent's receipt of its proof of claim must submit an additional copy
of the proof of claim (stamped "COPY") and a self-addressed stamped
envelope with sufficient return postage.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.nsc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ADVANCE HEALTH CARE DIRECTIVE
(California Probate Code Section 4701)

Explanation

You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician. If you use this form, you may complete or modify all or any part of it. You are free to use a different form.

Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you **if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable**. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community health care institution where you are receiving care, unless your agent is related to you or is a coworker.)

Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent. You need not limit the authority of your agent if you wish to rely on your agent for all healthcare decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to:

- (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition.
- (b) Select or discharge health care providers and institutions.
- (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication.
- (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation.
- (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains.

COPY

Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form.

Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death.

Part 4 of this form lets you designate a physician to have primary responsibility for your health care.

After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public. Give a copy of the signed and completed form to your physician, to any other health care providers you may have, any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility.

You have the right to revoke this advance health care directive or replace this form at any time.

**PART 1
POWER OF ATTORNEY FOR HEALTH CARE**

EFFECTIVENESS OF POWER OF ATTORNEY; RECORDING; REVOCATION; ATTORNEY IN FACT. THE AUTHORITY GRANTED BY A PRINCIPAL TO AN ATTORNEY IN FACT IN A WRITTEN POWER OF ATTORNEY IS NOT TERMINATED IN THE EVENT THE PRINCIPAL BECOMES WHOLLY OR PARTIALLY DISABLE OR IN THE EVENT OF LATER UNCERTAINTY AS TO WHETHER THE PRINCIPAL IS DEAD OR ALIVE.

(1.1) DESIGNATION OF AGENT: I, **OLGA ZAMBRANO**, of 12553 Pinehurst Street, El Monte, CA 91732, designate the following individuals as my co-agents to make health care decisions for me: **DELIA ZAMBRANO**, whose address is 12553 Pinehurst Street, El Monte, CA 91732, and telephone number is (626) 279-6209, and **OLGA CARDENAS**, whose address is 12553 Pinehurst Street, El Monte, CA 91732, and telephone number is (626) 444-4108.

(1.2) AGENT'S AUTHORITY: My agent is authorized to make all health care decisions for me, including decisions to provide, withhold, or withdraw artificial nutrition and hydration and all other forms of health care to keep me alive, except as I state here:

(Add additional sheets if needed.)

(1.3) WHEN AGENT'S AUTHORITY BECOMES EFFECTIVE: My agent's authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I initial the following line. If I initial this line *gjf* , my agent's authority to make health care decisions for me takes effect immediately.

(1.4) AGENT'S OBLIGATION: My agent shall make health care decisions for me in accordance with this power of attorney for health care, any instructions I give in Part 2 of this form, and my other wishes to the extent known to my agent. To the extent my wishes are unknown, my agent shall make health care decisions for me in accordance with what my agent determines to be in my best interest. In determining my best interest, my agent shall consider my personal values to the extent known to my agent.

(1.5) AGENT'S POSTDEATH AUTHORITY: My agent is authorized to make anatomical gifts, authorize an autopsy, and direct disposition of my remains, except as I state here or in Part 3 of this form:

(Add additional sheets if needed.)

(1.6) NOMINATION OF CONSERVATOR: If a conservator of my person needs to be appointed for me by a court, I nominate the agent designated in this form. If that agent is not willing, able or reasonably available to act as conservator, I nominate the alternate agents whom I have named, in the order designated.

PART 2
INSTRUCTIONS FOR HEALTH CARE

If you fill out this part of the form, you may cross out any wording you do not want.

(2.1) END-OF-LIFE DECISIONS: I direct that my health care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below:

026 (a) Choice Not To Prolong Life - I do not want my life to be prolonged if:

(1) I have an incurable and irreversible condition that will result in my death within a relatively short time;

(2) I become unconscious and, to a reasonable degree of medical certainty, I will not regain consciousness, or

(3) the likely risks and burdens of treatment would outweigh the expected benefits, OR

_____ (b) Choice To Prolong Life- I want my life to be prolonged as long as possible within the limits of generally accepted health care standards.

(2.2) RELIEF FROM PAIN: Except as I state in the following space, I direct that treatment for alleviation of pain or discomfort be provided at all times, even if it hastens my death:

(Add additional sheets if needed.)

PART 3
DONATION OF ORGANS AT DEATH
(OPTIONAL)

(3.1) Upon my death (initial each applicable line): *I DON'T WISH TO DONATE ORGANS,*

_____ (a) I give any needed organs, tissues, or parts, OR

_____ (b) I give the following organs, tissues, or parts only. _____

Olga Zorbon

_____ (c) My gift is for the following purposes (cross out any of the following you do not want):

- (1) Transplant
- (2) Therapy
- (3) Research
- (4) Education

PART 4
PRIMARY PHYSICIAN
(OPTIONAL)

(4.1) I designate the following physician as my primary physician:

Name	Address	Telephone
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OPTIONAL: If the physician I have designated above is not willing, able or reasonably available to act as my primary physician, I designate the following physician as my primary physician:

Name	Address	Telephone
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PART 5

(5.1) EFFECT OF COPY: A copy of this form has the same effect as the original.

(5.2) SIGNATURE: Sign and date the form here:

06/05/07
(date)

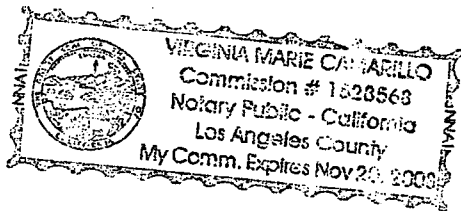
Olga Zambrano
OLGA ZAMBRANO
12553 Pinehurst Street
El Monte, CA 91732

STATE OF CALIFORNIA
COUNTY OF LOS ANGELES

On 6-5-07 before me, VIRGINIA CAMARILLO, a Notary Public, personally appeared **OLGA ZAMBRANO**, _____ personally known to me -OR- proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Virginia Camarillo
Signature of Notary Public



(5.3) STATEMENT OF WITNESSES: I declare under penalty of perjury under the laws of CALIFORNIA (1) that the individual who signed or acknowledged this advance health care directive is personally known to me, or that the individual's identity was proven to me by convincing evidence, (2) that the individual signed or acknowledged this advance directive in my presence, (3) that the individual appears to be of sound mind and under no duress, fraud, or under influence, (4) that I am not a person appointed as agent by this advance directive, and (5) that I am not the individual's health care provider, an employee of the individual's health care provider, the operator of a community care facility, an employee of an operator of a community care facility, the operator of a residential care facility for the elderly, nor an employee of an operator of a residential care facility for the elderly.

First witness

MOMY TOK

(print name)

7100 E. Colorado Blvd

(address)

Pasadena CA

(city)

(state)

Momy Tok

(signature of witness)

6-5-07

(date)

Second witness

Ray Frost

(print name)

7100 E. COLORADO BLVD

(address)

Pasadena CA

(city)

(state)

Ray Frost

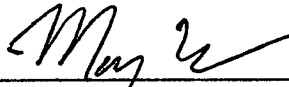
(signature of witness)

6-5-07


(date)

(5.4) ADDITIONAL STATEMENT OF WITNESSES: At least one of the above witnesses must also sign the following declaration:

I further declare under penalty of perjury under the laws of California that I am not related to the individual executing this advance health care directive by blood, marriage, or adoption, and to the best of my knowledge, I am not entitled to any part of the individual's estate upon his or her death under a will now existing or by operation of law.



(signature of witness)



(signature of witness)

PART 6

SPECIAL WITNESS REQUIREMENT

(6.1) The following statement is required only if you are a patient in a skilled nursing facility- a health care facility that provides the following basic services: skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. The patient advocate or ombudsman must sign the following statement:

STATEMENT OF PATIENT ADVOCATE OR OMBUDSMAN

I declare under penalty of perjury under the laws of California that I am a patient advocate or ombudsman as designated by the State Department of Aging and that I am serving as a witness as required by Section 4675 of the Probate Code.

(date)

(Signature)

(address)

(Print your name)

(city) (state)

May 11, 2010

BMC Group, Inc.
Attn: We the People
Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

To Whom It May Concern:

I am acknowledging receipt of a document mailed to me as follows:

In re

WE THE PEOPLE USA, INC., et al,

Debtors

Chapter 11, Case Nos. 10-10503 (KJC), et seq. (jointly administered)

On June 5, 2007, I went to the office of "We the People" in Pasadena, California. I paid for a document prepared by this company for (medical decisions should I become incapacitated, etc.) specifically a power of attorney directive to be made upon my death. I provided the original to Kaiser Permanente Hospital, Baldwin Park, California, shortly thereafter. I kept two copies for my files. I did pay them for this service and I am submitting the file claim form if this affects me in anyway.

Please advise, as I do not know if this means that my document is obsolete at the hospital?

Please let me hear from you as soon as possible.

Thank you kindly,



Olga Zambrano
12553 Pinehurst Street
El Monte, CA 91732-4369

Email: olgazambrano95@yahoo.com

Phone: (626) 277-7905

Enclosure: Instructions for proof of Claim Form