

Fill in this information to identify the case:

Debtor Borrego Community Health Foundation

United States Bankruptcy Court for the: Southern District of California
(State)

Case number 22-02384

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Ally Bank</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Ally Bank</u> c/o AIS Portfolio Services, LLC 4515 N. Santa Fe Ave. Dept. APS Oklahoma City, OK 73118	<u>Payment Processing Center</u> P.O. Box 78367 Phoenix, AZ 85062
	Contact phone <u>800-495-1578</u>	Contact phone <u>800-495-1578</u>
	Contact email <u>ECFNotices@aisinfor.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5851 ____

7. How much is the claim? \$ 5494.59. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Automobile Financing

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: 2017 Chevrolet City Express LS Van 4D
Basis for perfection: Certificate of Title/Lien Notice
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ 17743.00
Amount of the claim that is secured: \$ 5494.59
Amount of the claim that is unsecured: \$ 0.00 (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ 5494.59
Annual Interest Rate (when case was filed) 5.90 %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
<input type="checkbox"/> Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim pursuant to 11 U.S.C. § 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ _____

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/15/2022
MM / DD / YYYY

/s/Zann Welch
Signature

Print the name of the person who is completing and signing this claim:

Name Zann Welch
First name Middle name Last name

Title Claims Processor

Company ATIS Portfolio Services, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0670 | International (310) 751-2670

Debtor: 22-02384 - Borrego Community Health Foundation		
District: Southern District of California, San Diego Division		
Creditor: Ally Bank c/o AIS Portfolio Services, LLC 4515 N. Santa Fe Ave. Dept. APS Oklahoma City, OK, 73118 Phone: 800-495-1578 Phone 2: Fax: Email: ECFNotices@aisinfo.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Authorized agent	
Disbursement/Notice Parties: Payment Processing Center P.O. Box 78367 Phoenix, AZ, 85062 Phone: 800-495-1578 Phone 2: Fax: E-mail: DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Automobile Financing	Last 4 Digits: Yes - 5851	Uniform Claim Identifier:
Total Amount of Claim: 5494.59	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 5494.59 Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Motor Vehicle Describe: 2017 Chevrolet City Express LS Van 4D Value of Property: 17743.00 Annual Interest Rate: 5.90%, Fixed Arrearage Amount: 5494.59 Basis for Perfection: Certificate of Title/Lien Notice Amount Unsecured: 0.00	

Submitted By:

Zann Welch on 15-Nov-2022 4:14:43 p.m. Eastern Time

Title:

Claims Processor

Company:

AIS Portfolio Services, LLC

Fill in this information to identify the case:

Debtor 1 BORREGO COMMUNITY HEALTH FOUNDATION

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN District of CALIFORNIA
(State)

Case number 22-02384-LST-11

Official Form 410

Proof of Claim

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Ally Bank</u> Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? <small>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</small>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Ally Bank c/o AIS Portfolio Services, LLC</u> Name <u>4515 N. Santa Fe Ave. Dept. APS</u> Number Street <u>Oklahoma City OK 73118</u> City State ZIP Code	<u>Payment Processing Center</u> Name <u>P.O. Box 78367</u> Number Street <u>Phoenix AZ 85062</u> City State ZIP Code
	Contact phone <u>(800) 495-1578</u>	Contact phone <u>(800) 495-1578</u>
	Contact email <u>ECFNotices@aisinfo.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 5 8 5 1

7. How much is the claim? \$ 5,494.59*. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
*Claimant reserves right to amend its claim, including but not limited to, the right to amend for an unsecured deficiency

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). Limit disclosing information that is entitled to privacy, such as health care information.
Automobile Financing

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

Motor vehicle

Other. Describe: 2017 Chevrolet City Express LS Van 4D VIN:3N63M0Z9HK690882

**To the extent that Debtor received a discharge of this debt in a prior bankruptcy, the underlying indebtedness attaches only to the collateral; Creditor does not seek recourse against the debtor or the estate on previously discharged debt. If Debtor has not received a discharge of this debt in a prior bankruptcy, Creditor reserves the right to amend its claim to seek a deficiency balance.

Basis for perfection: Certificate of Title/Lien Notice

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ 17,743.00

Amount of the claim that is secured: \$ 5,494.59

Amount of the claim that is unsecured: \$ 0.00 (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ 0.00

Annual Interest Rate (when case was filed) 5.900* % * May not reflect rate entitled to under In re Till

Fixed

Variable

Contractual rate - for informational purposes

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

- Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).
- Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507 (a)(7).
- Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C § 507 (a)(4).
- Taxes or penalties owed to governmental units. 11 U.S.C. §507 (a)(8).
- Contributions to an employee benefit plan. 11 U.S.C. § 507 (a)(5).
- Other. Specify subsection of 11 U.S.C. § 507 (a)(__) that applies.

Amount entitled to priority

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

Check the appropriate box:

- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

I understand that 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 that debt.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 11/12/2022
 MM / DD / YYYY

/s/ Arvind Nath Rawal
 Signature

Print the name of the person who is completing and signing this claim:

Name Arvind Nath Rawal
 First Name Middle Name Last Name

Title Claims Processor

Company AIS Portfolio Services, LLC
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 4515 N Santa Fe Ave.
Dept. APS
 Number Street

Oklahoma OK 73118
 City State Zip Code

Contact Phone (888)-455-6662 Email ECFNotices@aisinfo.com

* This form 410 has been modified by AIS in conformance with FED. R. BANKR. P. 9009 and compliance with FED. R. BANKR. P. 3001. This Form 410, as modified, is substantially similar to Official Form 410.

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing proof of claim document was served via the Bankruptcy Court's electronic filing and notice system and/or First Class, U.S. Mail, postage prepaid to all parties listed below.

Case Information

Debtor(s) BORREGO COMMUNITY HEALTH FOUNDATION			
Street 587 PALM CANYON DR. SUITE 208	City BORREGO SPRINGS	State CA	Zip 92004
Case Number 22-02384-LST-11	Court SOUTHERN DISTRICT OF CALIFORNIA	Chapter 11	Filing Date 09/12/2022

Debtor:
BORREGO COMMUNITY HEALTH FOUNDATION
587 PALM CANYON DR.
SUITE 208
BORREGO SPRINGS, CA 92004

Trustee:
Served Electronically

Debtor Attorney:
TANIA M MOYRON
Served Electronically

By:

/s/ Arvind Nath Rawal
Arvind Nath Rawal
AIS Portfolio Services, LLC
4515 N Santa Fe Ave.
Oklahoma City, OK 73118

**PURCHASE STATEMENT OF WORK 2
For 3rd Party Bankruptcy Account Servicing**

Attachment C – Power of Attorney

LIMITED SPECIAL POWER OF ATTORNEY

Ally Financial Inc., (“Client”), hereby grants to AIS Portfolio Services, LP, a Limited Partnership whose principal office is located at 5847 San Felipe, Suite 1200 Houston, TX 77057, together with its affiliates, subsidiaries, directors, officers, and employees, (jointly “AIS”), Power of Attorney for the purpose of servicing claims Client or any of its direct or indirect subsidiaries may have in cases being administered pursuant to the Federal Bankruptcy Code that are referred to AIS by Client. Client expressly authorizes AIS, or any of its employees, as attorney-in-fact for the undersigned, and with full power of substitution, to prepare and execute Proofs of Claims in bankruptcy proceedings under the United States Bankruptcy Code on behalf of Client or any of its direct or indirect subsidiaries pursuant to the SOW 2 dated September 4, 2020 and entered into and between Client and AIS. This Power of Attorney is being given to AIS and may be attached to claims filed on Client’s behalf as required by the Federal Rules of Bankruptcy Procedure and the Official Forms.

AIS shall indemnify, defend and hold harmless Client and its successors and assigns from and against any and all losses, costs, expenses (including, without limitation, actual attorneys’ fees), damages, liabilities, demands or claims of any kind whatsoever (“Claims”), arising out of, related to, or in connection with (i) any action taken by AIS pursuant to this Limited Special Power of Attorney, which act results in a Claim solely by virtue of the unlawful use of this Limited Special Power of Attorney (and not as a result of a Claim related to the underlying instrument with respect to which this Limited Special Power of Attorney has been used), or (ii) any use or misuse of this Limited Special Power of Attorney in any manner or by any person not expressly authorized hereby.

Third parties without actual notice may rely upon the power granted under this Limited Special Power of Attorney upon the exercise of such power of the Attorney-in-fact that all conditions precedent to such exercise of power have been satisfied and that this Limited Special Power of Attorney has not been revoked.

PURCHASE STATEMENT OF WORK 2
For 3rd Party Bankruptcy Account Servicing

This Limited Special Power of Attorney, and all authority granted hereunder, shall be in full force and effect until either (i) terminated in writing by Client; or (ii) without further action by Client, automatically upon the termination of the Bankruptcy Services Agreement.

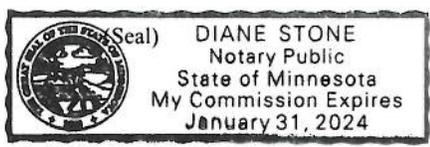
Dated: 10/9/2020

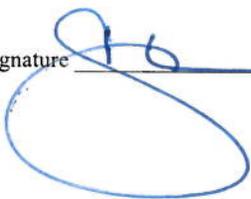
BY: 
Name: Charlie Tretter
Title: Sr. Director

State of MN
County of RAMSEY

Subscribed and sworn to (or affirmed) before me on this 9
day of OCTOBER, 2020 by CHARLIE TRETTER

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



Signature 

Auto Proof of Claim Attachment

Name of debtor: BORREGO COMMUNITY HEALTH FOUNDATION Case number: 22-02384-LST-11

Name of creditor: Ally Bank Last four digits of any number you use to identify the debtor's account: XXXXX5851

Part 1: Statement of Principal and Interest Due as of the Petition Date

1. Principal due	(1)	<u>\$5,489.27</u>
2. Interest due	(2) +	<u>\$5.32</u>
3. Total principal and interest due	(3)	<u>\$5,494.59</u>

Part 2: Statement of Prepetition Fees, Expenses, and Charges

Description		Amount
1. Late charges:	(1)	<u>\$0.00</u>
2. Non-sufficient funds (NSF) fees:	(2)	<u>\$0.00</u>
3. Other. Specify: _____	(3)	<u>\$0.00</u>
4. Other. Specify: _____	(4)	<u>\$0.00</u>
5. Other. Specify: _____	(5)	<u>\$0.00</u>
6. Total prepetition fees, expenses, and charges.	(6)	<u>\$0.00</u>

Part 3. Statement of Amount Necessary to Cure Default as of the Petition Date

1. Installment payments due	Date last payment received by creditor	<u>10/18/2022</u>
	Number of installment payments due as of petition date <i>Note: Partial payments will be reflected to the hundredth decimal place.</i>	(1) <u>0.00</u>
2. Amount of installment payments due as of petition date:		(2) <u>\$0.00</u>
3. Calculation of cure amount	Add total prepetition fees, expenses, and charges	+ <u>\$0.00</u>
	Subtract total of unapplied funds (funds received but not credited to account)	- <u>\$0.00</u>
	Subtract amounts for which debtor is entitled to a refund	- <u>\$0.00</u>
	Total amount necessary to cure default as of the petition date	(3) <u>\$0.00</u>

RETAIL INSTALLMENT SALE CONTRACT - SIMPLE FINANCE CHARGE (WITH ARBITRATION PROVISION)

Dealer Number Contract Number N/A R.O.S. Number Stock Number

Buyer Name and Address (Including County and Zip Code) BORREGO COMMUNITY HEALTH FOUND 4343 YAQUIPASS RD BORREGO SPRINGS, CA 92004

You, the Buyer (and Co-Buyer, if any), may buy the vehicle below for cash or on credit. By signing this contract, you choose to buy the vehicle on credit under the agreements on the front and back of this contract.

Table with columns: New Used, Year, Make and Model, Odometer, Vehicle Identification Number, Primary Use For Which Purchased

FEDERAL TRUTH-IN-LENDING DISCLOSURES table with columns: ANNUAL PERCENTAGE RATE, FINANCE CHARGE, Amount Financed, Total of Payments, Total Sale Price

STATEMENT OF INSURANCE NOTICE. No person is required as a condition of financing the purchase of a motor vehicle to purchase or negotiate any insurance through a particular insurance company, agent or broker.

Late Charge. If payment is not received in full within 10 days after it is due, you will pay a late charge of 5% of the part of the payment that is late.

OPTIONAL DEBT CANCELLATION AGREEMENT. A debt cancellation agreement is not required to obtain credit and will not be provided unless you sign below and agree to pay the extra charge.

ITEMIZATION OF THE AMOUNT FINANCED (Seller may keep part of the amounts paid to others.)

1. Total Cash Price A. Cash Price of Motor Vehicle and Accessories \$24,271.00 (A) 1. Cash Price Vehicle \$23,576.00 2. Cash Price Accessories \$ 695.00

I want to buy a debt cancellation agreement. Buyer Signs X N/A

OPTIONAL SERVICE CONTRACT(S) You want to purchase the service contract(s) written with the following company(ies) for the term(s) shown below for the charge(s) shown in item 11.

Trade-In Vehicle(s) 1. Vehicle 1 Year N/A Make N/A Model N/A Odometer N/A

Trade-In Payoff Agreement: Seller relied on information from you and/or the lienholder or lessor of your trade-in vehicle(s) to arrive at the payoff amount shown as the Prior Credit or Lease Balance in Trade-In Vehicle(s).

2. Vehicle 2 Year N/A Make N/A Model N/A Odometer N/A

OPTION: You pay no finance charge if the Amount Financed, item 7, is paid in full on or before N/A Year N/A

AUTO BROKER FEE DISCLOSURE If this contract reflects the retail sale of a new motor vehicle, the sale is not subject to a fee received by an autobroker from us unless the following box is checked:

HOW THIS CONTRACT CAN BE CHANGED. This contract contains the entire agreement between you and us relating to this contract. Any change to the contract must be in writing and both you and we must sign it.

SELLER'S RIGHT TO CANCEL. If Buyer and Co-Buyer sign here, the provisions of the Seller's Right to Cancel section on the back giving the Seller the right to cancel if Seller is unable to assign this contract to a financial institution will apply.

THE MINIMUM PUBLIC LIABILITY INSURANCE LIMITS PROVIDED IN LAW MUST BE MET BY EVERY PERSON WHO PURCHASES A VEHICLE. IF YOU ARE UNSURE WHETHER OR NOT YOUR CURRENT INSURANCE POLICY WILL COVER YOUR NEWLY ACQUIRED VEHICLE IN THE EVENT OF AN ACCIDENT, YOU SHOULD CONTACT YOUR INSURANCE AGENT.

Notice to buyer: (1) Do not sign this agreement before you read it or if it contains any blank spaces to be filled in. (2) You are entitled to a completely filled in copy of this agreement.

If you have a complaint concerning this sale, you should try to resolve it with the seller. Complaints concerning unfair or deceptive practices or methods by the seller may be referred to the city attorney, the district attorney, or an investigator for the Department of Motor Vehicles.

The Annual Percentage Rate may be negotiable with the Seller. The Seller may assign this contract and retain its right to receive a part of the Finance Charge.

THERE IS NO COOLING-OFF PERIOD UNLESS YOU OBTAIN A CONTRACT CANCELLATION OPTION California law does not provide for a "cooling-off" or other cancellation period for vehicle sales.

Guaranty: To induce us to sell the vehicle to Buyer, each person who signs as a Guarantor individually guarantees the payment of this contract. If Buyer fails to pay any money owing on this contract, each Guarantor must pay it when asked.

Seller Signs BOB STALL CHEVROLET Date 09/22/17 By X Title



Groups

Account Information

My Portal Settings

Exit



- Groups
- Account Information
- My Portal Settings
- Exit

Title # :		Title Type :	
Issue Date :	10/11/2017	Lic/Tag/Control # :	

VIN:	3N63M0ZN9HK690882
Vehicle Info:	17 CHEV VN
Brand code:	
Odometer Reading:	000000057
Date:	09/22/2017
Status:	A

Owner information

Owner Information:	BORREGO COMMUNITY
Co-Owner:	HEALTH FOUNDATION
Third Owner:	
Owner Address:	4343 YAQUIPASS RD PO BOX 2369 BORREGO SPGS, CA 920040000

Lienholder information

Lienholder:	ALLY FNCL PO BX 8128 COCKEYSVILLE, MD 210300000
2nd Lienholder Name:	

ELT Sent Date:	10/11/2017
Lien Type:	
Owner Driver License #:	