

DACA VI, LLC  
1565 Hotel Circle South, Suite 310  
San Diego, CA 92108  
Ph. 619-220-8900/ Fax 619-220-8112

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re: ) CHAPTER 9  
)  
) Case No. 13-53846  
CITY OF DETROIT, MICHIGAN, ) Hon. Steven W. Rhodes  
)  
) **NOTICE OF TRANSFER OF CLAIM**  
Debtor. ) **OTHER THAN FOR SECURITY AND**  
) **WAIVER OF NOTICE**  
)  
) Bankruptcy Rule 3001(e)(1)

PLEASE TAKE NOTICE that the scheduled claim of **SHORES DIAGNOSTIC CENTER** ("Transferor") against the Debtor in the amount of **\$1,819.42**, as listed within the list of creditors and claims filed by the Debtor, and all other claims of Transferor have been transferred and assigned other than for security to DACA VI, LLC ("DACA"). The signature of the Transferor on this document is evidence of the transfer of the claims and all rights there under. Transferor hereby agrees to waive notice as described by Bankruptcy Rule 3001(e)(1).

I, the undersigned Transferor of the above-described claims, hereby assign and transfer my claims and all rights there under to DACA upon terms as set forth herein and in the offer letter received. I represent and warrant that the claim is not less than **\$1,819.42** and has not been previously objected to, sold, or satisfied. Upon notification by DACA, I agree to reimburse DACA a portion of the purchase price if the claim is reduced, objected to, or disallowed in whole or in part by the Debtor. Such reimbursement would be calculated as follows: dollar amount of claim reduction multiplied by the purchase rate. Other than as stated above, DACA assumes all risks associated with the debtor's ability to distribute funds. I agree to deliver to DACA any correspondence or payments received subsequent to the date of this agreement and authorize DACA to take any steps necessary to transfer this claim and all claims we hold against the above debtor into their name. The clerk of the court is authorized to change the address regarding the claim of the Transferor to that of the Transferee listed below.

TRANSFEROR:

**SHORES DIAGNOSTIC CENTER**

~~30781 STEPHENSON HWY MADISON HTS MI 48071~~

Print Name Norma BARRETT Title BILLER

Signature Norma Barrett Date 10-23-2013

Updated Address if needed) 20905 E 12 mile #200, Roseville

Phone 586-498-8200 Fax 586-498-8711 E-Mail THECTCenter MD 48066

Federal Tax Identification / Social Security Number: 202684 705

TRANSFeree:

**DACA VI, LLC**

**1565 Hotel Circle South, Suite 310, San Diego, CA 92108**

Signature: Andrew Whatnall

Andrew Whatnall

Mail Ref# 1-182  
3042139