Fill in this information to identify the case:						
Debtor 1	Fox Ortega Enterprises, Inc.					
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Northern District of California						
Case number	16-40050 WJL 7					



2015 JAN 25 AM 10: 44

U.S. GARKRUPTOY COUNT NORTHERN DIST. OF CA. UASLAHODA.

Official Form 410

Proof of Claim

12/15

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, 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.

P	art 1: Identify the C	laim					
1.	Who is the current creditor?	Sam Goth Name of the current credit Other names the creditor of			aim)		
2.	Has this claim been acquired from someone else?	No Yes. From whom?	,				
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Sam Goth		Where should payments to the creditor be sent? (if different)			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 748 Upper Pond (Court		Name Number Street		
		Number Street Lafayette	CA	94549	Number Street	L	
		City Contact phone 415-30 Contact email samgo	State 7-1653	ZIP Code	City Contact phone Contact email	State	
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.	Does this claim amend one already filed?	No □ Yes. Claim numb	er on court claim	s registry (if known)		Filed on MM / DE) / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes Who made t	he earlier filing?				

Give Information About the Claim as of the Date the Case Was Filed Part 2: 6. Do you have any number **☑** No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: debtor? 4,036.45. Does this amount include interest or other charges? 7. How much is the claim? **☑** No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. What is the basis of the claim? 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. Goods were sold to me and not delivered. worth of wine that was not delivered. 9. Is all or part of the claim ✓ No secured? 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: Basis for perfection: 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: Amount of the claim that is secured: (The sum of the secured and unsecured Amount of the claim that is unsecured: \$_ amounts should match the amount in line 7.) Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)_____% ☐ Fixed Variable 10. Is this claim based on a ✓ No lease? ☐ Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ☑ No right of setoff? Yes. Identify the property: ___

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?		all that apply:			Amount entitled to priority
A claim may be partly priority and partly	Domest 11 U.S.	ic support obligations (including alin C. § 507(a)(1)(A) or (a)(1)(B).	nony and child support)	under	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$2 persons	2,775* of deposits toward purchase, I, family, or household use. 11 U.S.	lease, or rental of prop C. § 507(a)(7).	erty or services for	\$
on more to provide	☐ Wages, bankrup 11 U.S.	\$			
		r penalties owed to governmental u	nits. 11 U.S.C. § 507(a)	(8).	\$
	☐ Contribu	itions to an employee benefit plan. 1	1 U.S.C. § 507(a)(5).		\$
	Other. S	pecify subsection of 11 U.S.C. § 50	7(a)() that applies.		\$
	* Amounts a	re subject to adjustment on 4/01/16 and	every 3 years after that for	cases begun on or after	the date of adjustment.
Part 3: Sign Below					
The person completing	Check the appro	oriate box:		,	
this proof of claim must sign and date it.	☑ I am the cre	ditor.			
FRBP 9011(b).	I am the creditor's attorney or authorized agent.				
If you file this claim electronically, FRBP		tee, or the debtor, or their authorize	d agent. Bankruptcy R	ule 3004.	
5005(a)(2) authorizes courts	lam a guara	intor, surety, endorser, or other code	ebtor. Bankruptcy Rule	3005.	
to establish local rules specifying what a signature					
is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.				
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.				
fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.				
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.				
3571.	Executed on date	01/16/2016 MM / DD / YYYY			
	San				
	Signature				
	Print the name of the person who is completing and signing this claim:				
	Name	Sam		Goth	
		First name Mid	ddle name	Last name	
	Title				
	Company	Identify the corporate servicer as the co	mpany if the authorized a	gent is a servicer.	
	Addes	748 Upper fond Co	ale 4		
	Address	Number Street	777 4		
		Latayete	Co	94548	
		City	State	ZIP Code	
	Contact phone	415-307-1653	Email	Sampoth	@ hotma. 1. con