

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>FOX Ortega Enterprises, Inc</b> <b>dba PREMIER CRV</b>	Case Number: <b>16-40050</b> <b>WJL 7</b>	<div style="text-align: right; font-size: small;">FILED</div> <div style="text-align: center; font-size: x-large; font-weight: bold;">X</div> <div style="text-align: center;">2015 JAN 26 AM 9:37</div> <div style="text-align: center; font-size: small;">U.S. BANKRUPTCY COURT NORTHERN DIST. OF CA. OAKLAND, CA.</div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>CARL ELMO FRICKMAN</b>		COURT USE ONLY
Name and address where notices should be sent: <b>CARL ELMO FRICKMAN</b> <b>411 W. 5th St</b> <b>Loveland, CO 80537</b> Telephone number: <b>970-481-6565</b> email: <b>elmo@frickman@aol.com</b>		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):  <b>- SAME -</b>  Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed:</b> \$ <b>24,487.50</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim:</b> <u>GOODS SOLD and never delivered (wine)</u> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b> <u>- 9463 (phone #)</u>	<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		<b>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:</b> \$ _____  <b>Basis for perfection:</b> _____  <b>Amount of Secured Claim:</b> \$ _____  <b>Amount Unsecured:</b> \$ _____
<b>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a).</b> If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Up to \$2,775* 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 \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 applicable paragraph of 11 U.S.C. § 507 (a)(____).
		<b>Amount entitled to priority:</b> \$ _____
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
<b>6. Credits.</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

**7. Documents:** Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: CARL ELMO FRICKMAN

Title: M.D.

Company: Healing Arts Family Medicine (Business)

Address and telephone number (if different from notice address above):

 1/18/16  
(Signature) (Date)

CARL ELMO FRICKMAN

Telephone number: \_\_\_\_\_ email: \_\_\_\_\_

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**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, exceptions to these general rules may apply.

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is 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 delivering 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 an interested party objects to the 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:**

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.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim** **Case 16-40050 Claim 338 Filed 01/26/16 Desc Main Document Page 2 of 6**  
Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) 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 redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing 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. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. 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. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

CARL ELMO FRICKMAN

orders not delivered

Case # 16-40050 WJL-7

[My Account](#)[Hi elmo](#)[Log Out](#)[Shopping Cart](#)[wine, region, varietal, producer](#)[SEARCH](#)[MY ACCOUNT](#)[EDIT PROFILE](#)[ADDRESS BOOK](#)[BILLING INFORMATION](#)**ORDER HISTORY**

All Time

Sort By

Order No

[GO](#)

Order Number (Status)	Amount	Qty	Shipped	Remain	Avail	Date
<a href="#">SO-0000433044</a> (Open)	\$99.99	1	0	1	0	1/4/14
<a href="#">SO-0000433013</a> (Open)	\$599.88	12	0	12	0	1/4/14
<a href="#">SO-0000421063</a> (Open)	\$1,039.92	6	0	6	0	8/17/13
<a href="#">SO-0000419946</a> (Open)	\$819.90	10	6	(4)	0	8/3/13
<a href="#">SO-0000417492</a> (Open)	\$239.92	8	0	8	0	7/7/13
<a href="#">SO-0000410709</a> (Open)	\$439.96	4	0	4	0	4/20/13
<a href="#">SO-0000407795</a> (Open)	\$559.92	8	0	8	0	3/16/13
<a href="#">SO-0000400705</a> (Open)	\$649.95	5	0	5	0	12/28/12

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We source the world's finest wines at extremely competitive prices to provide exceptional experiences for collectors, connoisseurs, and everyday wine lovers.

Become a fan!

**Premier Cru**

1011 University Ave  
 Berkeley, CA 94710  
[Click here for directions](#)

**Store Hours**

Tuesday-Friday: 10am-6pm  
 Saturday: 10am-5pm  
 Sunday: Closed

# PREMIER CRU

## Credit Memo

1011 University Avenue  
Berkeley, CA 94710  
(510) 644-9463 FAX (510) 547-5405

Page: 2  
\*\*\*\*Reprint\*\*\*\*

Number: 0000338781  
Date: 10/30/2015  
Salesperson:  
Customer: efrick

Sold To	Ship To
Elmo Frickman 411 West 5th St. Loveland, CO 80537 USA	Elmo Frickman c/o Healing Arts Medical 3320 W. Eisenhower Blvd. (970) 669-2849 Loveland, CO 80537 USA

Business address

Home → 411 W. 5th St  
Loveland, CO 80537

Customer P.O.	Ship Via	F.O.B	Terms
	TBD	PRE	

Item	Description	Qty Shipped	Price	Amount
08 Ducru Magnum SO319710		2.00	179.99	359.98
08 Haut Brion SO319052		2.00	239.99	479.98
08 Haut Brion Magnum SO319052		2.00	445.00	890.00
09 Forts de Latour SO339117		3.00	129.99	389.97
09 Malescot St Exupery 3 Liter SO339117		1.00	203.00	203.00
09 Malescot St Ex 3 Liter so339117		1.00	363.00	363.00
08 Montrose SO324516		2.00	55.00	110.00
08 Pichon Lalande SO324516		2.00	65.00	130.00
08 Pontet Canet SO324516		2.00	65.00	130.00
09 Pontet Canet SO338906		2.00	109.99	219.98
Upgrade		1.00	8,496.43	8,496.43

Payment/Credit from Document:

CM338781 -CR (20,338.00)

Subtotal 20,338.00

Freight 0.00

Sales Tax 0.00

Trade Discount 0.00

Payment/Credit Amount -20,338.00

Balance 0.00

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Contact: Elmo Frickman

12/3/2015

RE: Credit Memo

From: Tony Gray &lt;tony@premiercru.net&gt;

To: w &lt;elmofrickman@aol.com&gt;

Subject: RE: Credit Memo

Date: Tue, Dec 1, 2015 5:31 pm

Hello Elmo,

Sorry that the accounting department doesn't enter every line item. It's all manual entry, so they take short cuts when entering data into the credit memos. Here is a copy of the original spreadsheet that they were working off of to get the number you recieved. Let me know if you have further questions

French Red Burgundy					paid	Upgrade
02/06/2014	0000436530	49325	2012 Echezeaux, Arnoux	\$155.00 4	\$240.00	\$960.00
02/10/2014	0000437039	49325	2012 Echezeaux, Arnoux	\$155.00 2	\$240.00	\$480.00
01/19/2014	0000434890	49319	2012 Vosne Romanee Chaumes, Arnoux	\$79.99 7	\$130.00	\$910.00
02/10/2014	0000437039	49319	2012 Vosne Romanee Chaumes, Arnoux	\$79.99 5	\$130.00	\$650.00
01/19/2014	0000434891	49318	2012 Vosne Romanee Hautes Maizieres, Arnoux	\$55.00 7	\$70.00	\$490.00
01/27/2014	0000435806	49318	2012 Vosne Romanee Hautes Maizieres, Arnoux	\$55.00 3	\$70.00	\$210.00
03/22/2014	0000440103	49481	2012 Latricieres Chambertin, Drouhin-Laroze	\$71.25 9	\$120.00	\$1,080.00
01/31/2015	0000468570	51434	2013 Nuits Porrets St Georges, Gouges	\$45.00 10	\$45.00	\$450.00
03/17/2013	0000407850	45000	2010 Vosne Romanee Suchots, Jadot	\$79.99 3	\$99.00	\$297.00
10/04/2014	0000457091	50852	2013 Chapelle Chambertin, Jadot	\$109.99 6	\$240.00	\$1,440.00
12/13/2014	0000464166	50837	2013 Gevrey Clos St Jacques, Jadot	\$99.99 7	\$180.00	\$1,260.00
10/26/2014	0000459226	50827	2013 Nuits Boudots, Jadot	\$45.00 8	\$90.00	\$720.00
10/26/2014	0000459222	50831	2013 Vosne Romanee Beaux Monts, Jadot	\$55.00 5	\$160.00	\$800.00
10/04/2014	0000457073	50830	2013 Vosne Romanee Petits Monts, Jadot	\$59.99 12	\$144.00	\$1,728.00
10/11/2014	0000457728	50829	2013 Vosne Romanee Suchots, Jadot	\$69.99 12	\$135.00	\$1,620.00
06/16/2010	0000338906	41541	09 Calon Segur	\$79.99 2	\$90.00	\$180.00
06/22/2010	0000339445	41541	09 Calon Segur	\$79.99 2	\$90.00	\$180.00
09/22/2009	0000324516	39994	08 Cos d'Estournel	\$85.00 2	\$95.00	\$190.00
07/02/2009	0000320174	40103	08 Cos d'Estournel Magnum	\$199.99 2	\$260.00	\$520.00
08/05/2009	0000322077	40103	08 Cos d'Estournel Magnum	\$199.99 1	\$260.00	\$260.00
09/22/2009	0000324516	40013	08 Ducru Beaucaillou	\$75.00 2	\$100.00	\$200.00
06/24/2009	0000319710	40062	08 Ducru Magnum	\$179.99 2	\$295.00	\$590.00
06/11/2009	0000319052	39961	08 Haut Brion	\$239.99 2	\$360.00	\$720.00
06/11/2009	0000319052	40054	08 Haut Brion Magnum	\$445.00 2	\$850.00	\$1,900.00

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12/3/2015

RE: Credit Memo

06/18/2010	0000339117	41599 09 Forts de Latour	\$129.99	3	\$220.00	\$660.00
06/18/2010	0000339117	41567 09 Lynch Bages Magnum	\$203.00	1	\$440.00	\$440.00
06/18/2010	0000339117	41573 09 Malescot St Exupery 3 Liter	\$363.00	1	\$455.00	\$455.00
09/22/2009	0000324516	40003 08 Montrose	\$55.00	2	\$89.00	\$178.00
09/22/2009	0000324516	39928 08 Pichon Lalande	\$65.00	2	\$100.00	\$200.00
09/22/2009	0000324516	39989 08 Pontet Canet	\$65.00	2	\$85.00	\$170.00
06/16/2010	0000338906	41531 09 Pontet Canet	\$109.99	2	\$200.00	\$400.00
						\$20,338.00

□ Total refund: \$20,338

Batch 31034 CM338781 - TN 10/30/2015

Best,

Tony Gray

Premier Cru - the world's finest wines

1011 University Avenue

Berkeley, CA 94710 ([directions](#))

phone (510) 644-9463

fax (510) 647-3833

[Tony@premiercru.net](mailto:Tony@premiercru.net)

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**From:** w [<mailto:elmofrickman@aol.com>]

**Sent:** Tuesday, December 01, 2015 9:31 AM

**To:** Tony Gray

**Cc:** Mederick Ravel

**Subject:** Re: Credit Memo

Dear Tony:

Thanks for this, but on the memo the numbers do not add up as many of the wines that have been deleted from my account as part of my agreement with premier cru are not listed (all of the wines from Amoux-Lachaux for example—Echezeaux, etc) and many others as well.

To be clear, the total credit amount of \$20,338 is correct but many wines are missing.

Please clarify, or, even better, talk to the accountants and use the information you have on my bank account and settle this matter for me.

Elmo

—Original Message—

From: Tony Gray <[tony@premiercru.net](mailto:tony@premiercru.net)>

To: elmofrickman <[elmofrickman@aol.com](mailto:elmofrickman@aol.com)>

Sent: Mon, Nov 30, 2015 4:48 pm

Subject: Credit Memo

Tony Gray

Premier Cru - the world's finest wines

1011 University Avenue

Berkeley, CA 94710 ([directions](#))

phone (510) 644-9463

fax (510) 647-3833

[Tony@premiercru.net](mailto:Tony@premiercru.net)