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

FILED

2016 JAN 26 AM 9:56

U.S. BANKRUPTOY COURT
HORTHERN DIST, OF CALL
CARLAND, CAL

## 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.

1.	Who is the current creditor?	Michael Soccio 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?	✓ No ☐ Yes. From whom								
3.	Where should notices and payments to the creditor be sent?	Where should notice	es to the creditor	be sent?	Where should payments to the creditor be sent? (if different)					
	Federal Rule of	Michael Soccio			Name					
	Bankruptcy Procedure	82 Buckingham I	Ridgo Rd		Name					
	(FRBP) 2002(g)	Number Street	nage na		Number	Street				
		Wilton	СТ	06897						
		City	State	ZIP Code	City	State	ZIP Code			
		Contact phone 302-52	21-8539		Contact phone	•				
		Contact email mjsoc	cio@msn.com		Contact email		<u> </u>			
		Uniform claim identifier f								
4.	Does this claim amend one already filed?	No  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?	☑ No ☐ Yes. Who made	the earlier filing?							

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Part 2: Give Information About the Claim as of the Date the Case Was Filed 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? 316.91. Does this amount include interest or other charges? 7. How much is the claim? ■ No lacksquare 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 Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. 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. Purchased goods not delivered Is all or part of the claim **Ø** 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 **Ø** No right of setoff? ☐ Yes. Identify the property: \_

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12. Is all or part of the claim	<b>Z</b> 1 N	No						
entitled to priority under 11 U.S.C. § 507(a)?		Yes. Check all that apply:	Amount entitled to priority					
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).							
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ 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).							
chance to phony.		■ Wages, salaries, or commissions (up bankruptcy petition is filed or the det 11 U.S.C. § 507(a)(4).	\$					
		☐ Taxes or penalties owed to governm	ental units. 11 U.S.C. § 507	′(a)(8).		\$		
		☐ Contributions to an employee benefi	t plan. 11 U.S.C. § 507(a)(5	).		\$		
		Other. Specify subsection of 11 U.S.	C. § 507(a)() that applies	s.		\$		
	*	Amounts are subject to adjustment on 4/01	/16 and every 3 years after that	for cases	begun on or afte	er the date of adjustment.		
Part 3: Sign Below								
	Charle	le the annual state have						
The person completing this proof of claim must		k the appropriate box:						
sign and date it. FRBP 9011(b).	_	am the creditor.  am the creditor's attorney or authorized	l agent					
If you file this claim		am the trustee, or the debtor, or their a	•	/ Rule 30	04.			
electronically, FRBP 5005(a)(2) authorizes courts		am a guarantor, surety, endorser, or other						
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 fraudulent claim could be fined up to \$500,000,	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.							
imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.							
3571.	Execu	ited on date <u>01/16/2016</u>						
		MM / DD / YYYY						
	Si	ignature						
	Print t	the name of the person who is compl	eting and signing this cla	im:				
	Name	Michael Joseph Soco						
		First name	Middle name	*	Last name			
	Title							
	Compa		as the company if the authorize	d agent is	a servicer.			
	Address	s 82 Buckingham Ridge	e Rd					
		Wilton	C	T.	06897			
		City		ate	ZIP Code			

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302-521-8539

Contact phone

Email mjsoccio@msn.com