Fill in this information to identify the case:						
Debtor 1	BROWN FOX ORTEGA ENTERPRISES, IN	16				
Debtor 2 (Spouse, if filing)	dba PREMIER CRU					
United States Bankruptcy Court for the: WORTHERN District of CALTFORNIA						
Case number	16-40050 WJL7					

of FILED

2016 JAN 25 AM 9: 59

U.S. BANKRUPTOY CHURI WORLDERN DIST, OF CA. JAKLAND, CA.

Official Form 410

Proof of Claim

Part 1: Identify the 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, iudaments, 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? Has this claim been acquired from	Name of the current creditor (the person or entity to be paid for this class) Other names the creditor used with the debtor				
	someone else?	Yes. From whom?				
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? DICK DEGARBO	Where should payments to the creditor be sent? (if different)			
	Federal Rule of	Name	Name			
:	Bankruptcy Procedure (FRBP) 2002(g)	34 LEDGEVIEW LANE				
		Number Street	Number Street			
		GUILFORD CT. 06437 City State ZIP Code	City	State	ZIP Code	
The second secon		Contact phone 203-453-5047	Contact phone		_, _,	
		Contact email GRAPPA 34 @ COMCAST. NET	Contact email			
		Uniform claim identifier for electronic payments in chapter 13 (if you us	e one): 			
4.	Does this claim amend one already filed?	№ No		Filed on	/ YYYY	
5.	Do you know if anyone else has filed a proof of claim for this claim?	No See No Property				

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6.	Do you have any number you use to identify the debtor?	No See It is a second or any number you use to identify the debtor:
7.	How much is the claim?	\$ Does this amount include interest or other charges?
		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.
		GNODS SOLD
9.	Is all or part of the claim secured?	₩ No
	oodild.	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 <i>Mortgage Proof of Claim</i>
		Attachment (Official Form 410-A) with this Proof of Claim.
		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: \$
		Amount of the claim that is unsecured: \$(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: \$
		Annual Interest Rate (when case was filed)%
		Fixed
		☐ Variable
	s this claim based on a 🕍 No	
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition. \$
1.	s this claim subject to a	▼ No
	right of setoff?	Yes. Identify the property:
		Tes mermy the property.

Official Form 410

Proof of Claim

12. Is all or part of the claim	⋈ No					
entitled to priority under 11 U.S.C. § 507(a)?	• •	ck all that apply:				Amount entitled to priority
A claim may be partly priority and partly	☐ Domes	stic support obligations (i S.C. § 507(a)(1)(A) or (a)(I child support) und	der	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Up to \$	\$2,775* of deposits towar nal, family, or household t	rd purchase, lease, c	r rental of property (a)(7).	or services for	\$
еншей ю рионцу.	bankru	s, salaries, or commission uptcy petition is filed or th S.C. § 507(a)(4).	ns (up to \$12,475*) e ne debtor's business o	arned within 180 d ends, whichever is	ays before the earlier.	\$
	☐ Taxes	or penalties owed to gov	ernmental units. 11 l	J.S.C. § 507(a)(8).		\$
	☐ Contrib	butions to an employee b	enefit plan. 11 U.S.C	c. § 507(a)(5).		\$
	Other.	Specify subsection of 11	l U.S.C. § 507(a)()	that applies.		\$
	* Amounts	are subject to adjustment or	n 4/01/16 and every 3 y	ears after that for cas	es begun on or afte	r the date of adjustment.
Part 3: Sign Below						
The person completing	Check the appr	ropriate box:				
his proof of claim must sign and date it.	🗷 I am the cr	reditor.				
RBP 9011(b).	☐ I am the cr	reditor's attorney or autho	orized agent.			
f you file this claim electronically, FRBP		ustee, or the debtor, or th	neir authorized agent	. Bankruptcy Rule	3004.	
i005(a)(2) authorizes courts o establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature s.	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 c	laim, the creditor gave tr	ne debtor credit for al	ny payments receiv	ed toward the de	ebt.
raudulent claim could be ined up to \$500,000, mprisoned 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.					
/ears, 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 da	ate 01 18 2016	<u>*</u>			
	Signature	Pinhaud W	Exalu		·····	
	Print the name	of the person who is c	ompleting and sign	ing this claim:		
	Name	First name	RICHF Middle nam	HRD le	DESARTE Last name	30
	Title					
	Company	Identify the corporate se	rvicer as the company i	f the authorized ager	t is a servicer.	
				4		
	Address	Number Street	geview_			
		GUILFORD	>	CT.	0643	7
		City			ZIP Code	
	Contact phone	203-453-5	1047	Email	GRAPPI	34 PLONCAST.

Official Form 410

Proof of Claim

page 3

PREMIER CRU

1011 University Avenue Berkeley, CA 94710

(510) 644-9463 FAX (510) 647-3833

Sales Order

Page: 1

Order Number: 0000461720 Order Date: 11/22/2014

Salesperson: PB Customer: 46433

Customer PO:

Sold To Ship To

Dick DeSarbo 34 Ledgeview Lane Guilford, CT 06437 USA

Dick DeSarbo 34 Ledgeview Lane Guilford, CT 06437 USA

Contact: Richard D DeSarbo Phone: (203) 453-5047

This order has been paid by Visa - Thank You!

Item		Ordered	_	uantity hipped	Unit Price	Amount
50204	2011 Ornellaia, Tenuta dell'Ornellaia	6.00		0.00	118.99	713.94

charged to Visax el called 4-ro - expected arrival summer 17 2015
9-15 early 2016
Spring 7016 713.94 Net Order: Payments: 713.94 Freight: 0.00 *********9176 VLCAB885EF5B 11/22/2014 713.94 0.00 Sales Tax: USD 713,94