B10 (Official Form 10) (04/13)

\$10 (Official Point 10) (04/13)						
UNITED STATES BANKRUPT	PROOF OF CLAIM					
Name of Debtor:	C	Case Number:	0012 1811 0 0 811 10			
Fox Ortega Enterprises, Inc		16-40050 WJL 7	2016 JAH 26 AM 10:			
dba Premier Cru			U.S. DAMKRUPTOW ST PURTHERW DISTLAND WAKLAND.JA.			
	claim for an administrative expense that arises af ment of an administrative expense according to 1		8 CAKERADAK			
Name of Creditor (the person or other en Don Kania	tity to whom the debtor owes money or property)	:	COUPT HEE ONLY			
Name and address where notices should	COURT USE ONLY  Check this box if this claim amends a					
36505 SW Southwind Drive Hillsboro, OR 97123	previously filed claim.					
Telephone number: (503) 913-9281		Court Claim Number:(If known)				
(903) 913-9201	Filed on:					
Name and address where payment should	be sent (if different from above):		☐ 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.			
Telephone number:	email:					
1. Amount of Claim as of Date Case F	iled: \$ 16	55.00				
If all or part of the claim is secured, com						
If all or part of the claim is entitled to pri						
Check this has if the string in the design	terest or other charges in addition to the principal	the state of the August				
Basis for Claim: Goods sold bu (See instruction #2)  3. Last four digits of any number	at not delivered  3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifi	er (antional):			
by which creditor identifies debtor:  0 0 0 1		, ,				
	(See instruction #3a)	(See instruction #3b)	other charges, as of the time case was filed,			
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is set off attach required reducted documents	secured by a lien on property or a right of its, and provide the requested information.	included in secured claim, if any:				
	□ Real Estate □ Motor Vehicle □ Other	SBasis for perfection:				
Describe:						
Value of Property: \$	-	Amount of Secured Claim:	\$			
Annual Interest Rate% ☐Fixe (when case was filed)	d or □Variable	Amount Unsecured:	\$			
	ty under 11 U.S.C. § 507 (a). If any part of the	claim falls into one of the follo	owing categories, check the box specifying			
the priority and state the amount.						
☐ Domestic support obligations under 1 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	Wages, salaries, or commissions (up to earned within 180 days before the case was debtor's business ceased, whichever is earling 11 U.S.C. § 507 (a)(4).	filed or the employee bene	efit plan –			
☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or househol use – 11 U.S.C. § 507 (a)(7).	☐ Taxes or penalties owed to governmenta 11 U.S.C. § 507 (a)(8). d	l units –				
*Amounts are subject to adjustment on 4/	01/16 and every 3 years thereafter with respect to	o cases commenced on or after	the date of adjustment.			
6 Credits The amount of all normants	on this claim has been credited for the purpose of	fmaking this proof of alaim (G	ea instruction #6\			
or creates, the amount of an payments	on and ciann has occur deduced for the burbose of	i making uns diodi di ciaim. (Se	ce manuenon #01			

B10 (Official Form 10) (04/13) 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 reducted 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 "reducted".) 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, ☐ I am a guarantor, surety, indorser, or other codebtor. or their authorized agent. (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: \_\_Don Kania Title: Don Kama 1/19/2016 (Date) Company: Address and telephone number (if different from notice address above):

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.

email:

#### Creditor's Name and Address:

Telephone number:

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:

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.

MY ACCOUNT

EDIT PROFILE

ADDRESS BOOK

BILLING INFORMATION

# **ORDER DETAILS**

Order No.: SO-0000414523 Order Date.: Jun 1, 2013 Status: Open

## **PURCHASE DETAILS**

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2009 Domaine de Chevalier Blanc, 750 ml	3	0	3	0	\$55.00	\$165.00

Subtotal:

\$165.00

Tax:

\$0.00

Total:

\$165.00

## SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
ANALO DE LA CIURIO DE PRESENTA CONTRA	ella dell'esemble de delle completation a completament mention mention		
2009 Domaine de Chevalier Blanc, 750 ml	3	0	3

Genvese Whites

Restaured Wines

What's New Newsletters

Leura About Wine Regions

Producers Feature Articles Customer Service

Pre-Arrival vs. In-Stock Shipping tolo

Terms and Conditions RSS Center

My Account

Contact Customer Service

Abmii Uo

Company History Our Stafi

Retail Store

We Bny Wine Contact Us

**RSS Center** 

FIND A WINE

GET OUR NEWSLETTER

Enter Wine

Enter Email

SEARCH

SUBSCRIBE

About Us

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

Become a faut

Permiss Cra 1011 University Ave

Wine Expert Reviews

Rear Hours

Tuesday Friday: 10am-6pm Saturday: toaro-spin

Reckeley, CA 94710. Click has for directions Sunday: Closed

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