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

FILED

U.S. Bankruptcy Court Northern District of California

1/30/2016

Edward J. Emmons, Clerk

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.

Part 1: Identify the Claim						
1.Who is the current creditor?	Joseph Sander					
ordano. I	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 notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)				
	Joseph Sander					
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name				
	4389 Old Dominion Dr Arlington, VA 22207					
	Contact phone	Contact phone				
	Contact email joseph.robert.sander@gmail.com	Contact email				
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.Does this claim amend one already filed?	No ☐ Yes. Claim number on court claims registry (if know	vn) Filed on				
5.Do you know if anyone else has filed a proof of claim for this claim?	☐ Yes. Who made the earlier filing?					

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6.Do you have any number you use to identify the debtor?		No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:					
7.How much is the claim?	\$		Does this amount include ✓ No	es 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).					
3.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 healthcare information.						
	Purchase of wine that was not delivered						
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: ☐ Real estate. If the clain	n is secured by the debto		al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .		
		Basis for perfection:					
		Attach redacted copies of d interest (for example, a modocument that shows the lie	tgage, lien, certificate of	title, financ	ee of perfection of a security ing statement, or other		
		Value of property:	\$		_		
		Amount of the claim that secured:	s \$				
		Amount of the claim that unsecured:	\$ 		(The sum of the secured and unsecured amounts should match the amount in line 7.)		
		Amount necessary to curdate of the petition:	e any default as of the	\$			
		Annual Interest Rate (whe	n case was filed)		%		
		☐ Fixed ☐ Variable					
10.Is this claim based on a lease?		No Yes. Amount necessary to	o cure any default as of	the date o	of the petition.\$		
11.Is this claim subject to a right of setoff?		No Yes. Identify the property:					

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12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	Y	No Yes. Check all that apply:		Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example in some categories, the lawl imits the amount entitled to priority.		☐ Domestic support obligation under 11 U.S.C. § 507(a)(ns (including alimony and child support)	\$
		☐ Up to \$2,775* of deposits to property or services for per U.S.C. § 507(a)(7).	oward purchase, lease, or rental of rsonal, family, or household use. 11	\$
onuted to phoney.		☐ Wages, salaries, or commi 180 days before the bankri	ssions (up to \$12,475*) earned within uptcy petition is filed or the debtor's is earlier. 11 U.S.C. § 507(a)(4).	\$
			governmental units. 11 U.S.C. §	\$
		☐ Contributions to an employ	ree benefit plan. 11 U.S.C. § 507(a)(5).	\$
		☐ Other. Specify subsection	of 11 U.S.C. § 507(a)(_) that applies	\$
		* Amounts are subject to adjustment of adjustment.	on 4/1/16 and every 3 years after that for cases	s begun on or after the date
Part 3: Sign Below				
The person completing this proof of claim must sign and date it. FRBP 9011(b). If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is. 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. Check the appropriate box: I am the creditor. I am the creditor's attorney or authorized agent. I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. I understand that an authorized signature on this Proof of Claim serves as an acknowledgment that when amount of the claim, the creditor gave the debtor credit for any payments received toward the debt have examined the information in this Proof of Claim and have a reasonable belief that the information and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on date 1/30/2016 MM / DD / YYYYY /s/ Joseph Robert Sander Signature Print the name of the person who is completing and signing this claim: Name I send Robert Sander				
	Title		Joseph Robert Sander First name Middle name Last name	
		npany		
	0011	iparry	Identify the corporate servicer as the company	if the authorized agent is a
Address 4389 Old Dominion Drive				
			Number Street	
			Arlington, VA 22207	
	Con	tact phone 571–437–4065	City State ZIP Code Email joseph.robert.sa	nder@gmail.com

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