Fill in this inf	ormation to identify the case:
Debtor 1	Fox Ortega Enterprises, Inc. dba Premier Cru
Debtor 2 (Spouse, if filing)	
United States E	Bankruptcy Court for the: Northern District of California
Case number	16-40050 WJL 7

BANKRUPTCY COURT OAKLAND, CALIFORNIA

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.

	Who is the current creditor?	Damon E. Schram	nm itor (the person or er	ntity to be paid for this cla		1		
		Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor						
	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?						
	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)			
		Damon E. Schra	mm		Damon E. Schramm			
	Federal Rule of	Name			Name	Name		
	Bankruptcy Procedure (FRBP) 2002(g)	4300 West 70th Street			4300 West 70th Street			
		Number Street			Number Stree	et MN	55435	
		Edina	MN	55435	Edina	State	ZIP Code	
		City	State	ZIP Code	City			
		Contact phone 612-3	06-3241		Contact phone 612-306-3241			
		Contact email dschramm@dunbardiv.com Contact email dschramm@dunbardiv.com						
		Uniform claim identifier for electronic payments in chapter 13 (if you use one):						
		, L						
١.	Does this claim amend one already filed?						/ DD / YYYY	
_	Do you know if anyone	one ☑ No of □ Yes. Who made the earlier filing? m?						

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?	\$664.97 . 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).	I.				
		Limit disclosing information that is entitled to privacy, such as health care information.					
	11	Goods purchased from Debtor but never delivered					
9.	Is all or part of the claim secured?	✓ No ☐ Yes. The claim is secured by a lien on property.					
		Nature of property:					
	. μ	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.	m				
1		☐ Motor vehicle ☐ Other, Describe:					
	. '1	1.					
		Basis for perfection:					
1		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 lier been filed or recorded.)	n has				
		Value of property: \$					
		Amount of the claim that is secured: \$					
		Amount of the claim that is unsecured: \$(The sum of the secured and unsec amounts should match the amount					
		Amount necessary to cure any default as of the date of the petition: \$					
		Annual Interest Rate (when case was filed)% □ Fixed					
	1 A	☐ Variable					
10	. Is this claim based on a	☑ No +:					
10.	lease?	Yes. Amount necessary to cure any default as of the date of the petition.					
11.	. Is this claim subject to a	☑ No					
	right of setoff?	☐ Yes. Identify the property:	_				

Case 16-40050 Claim 518 Filed 01/29/16 Proof of Claim Desc Main Document

12. Is all or part of the claim	☑ No	JALAUSAMAS NA ST. A.		and the second s			
entitled to priority under	Yes. Check	all that annly:			Amount entitled to priority		
11 U.S.C. § 507(a)? A claim may be partly		ic support obligations (including a	limony and child suppo	rt) under	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
priority and partly nonpriority. For example,		C. § 507(a)(1)(A) or (a)(1)(B).		,	\$		
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).					
chaded to phony.	bankrup	salaries, or commissions (up to \$ otcy petition is filed or the debtor's C. § 507(a)(4).			\$		
	☐ Taxes o	or penalties owed to governmenta	l units. 11 U.S.C. § 507	(a)(8).	\$		
	☐ Contrib	utions to an employee benefit pla	n. 11 U.S.C. § 507(a)(5)		\$		
	Other. S	Specify subsection of 11 U.S.C. §	507(a)() that applies		\$		
3.1	* Amounts a	are subject to adjustment on 4/01/16 a	nd every 3 years after that	for cases begun on or a	after the date of adjustment.		
					1		
Part 3: Sign Below							
The person completing	Check the appro	ppriate box:					
this proof of claim must sign and date it.	☑ I am the cre	I am the creditor.					
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.						
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor, Bankruptcy Rule 3005.						
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						
A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
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.	Executed on da						
	\bigcirc	MM / DD / YYYY					
	(Charles						
	Wille						
	Signature						
	Print the name	of the person who is completin	g and signing this cla	im:			
	Name	Damon Eric Schramm					
	Namo	First name	Middle name	Last name			
	Title						
A	Company	Identify the corporate servicer as the	ne company if the authorize	ed agent is a servicer.			
		4300 West 70th Street					
	Address	Number Street					
		Edina	N	1N 55435			
		City		ate ZIP Code			
	Contact phana	612-306-3241	c	_{nail} dsc <u>hramm@</u>	dunbardiv.com		
	Contact phone	012 000 02T I	_	man aconn <u>amma</u>			

PREMIER CRU

1011 University Avenue Berkeley, CA 94710

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

Sales Order

Page: 1

Order Number: 0000433241 Order Date: 1/6/2014 Web Order No: 141511

Salesperson: MR Customer: 43211

Customer PO:

Sold To Ship To

Damon E Schramm 4300 W 70th Street Minneapolis, MN 55435 USA

Damon E Schramm 130 Cheshire Lane Suite 101

Hopkins, MN 55305 USA

Contact: Damon E Schramm Phone: (952) 449-7069

This order has been paid by American Express - Thank You!

Item		Ordered	Quantity Shipped	Unit Price	Amount
46071 2011 Ponte	t Canet	1.00	0.00	89.99	89.99
41531 09 Pontet (Canet	1.00	0.00	249.99	249.99
47657 2012 Mout	on Rothschild	1.00	0.00	275,00	275.00
17896 2012 Ponte	t Canet	1.00	0.00	49.99	49.99

Payments:	664,97			Net Order:	664.97
1/6/2014	VUHEB5202F9F	**********1007 664.97		Freight: Sales Tax:	0.00
				USD	664.97