

Fill in this information to identify the case:

Debtor 1 Fox Ortega Enterprises, Inc.  
Debtor 2 \_\_\_\_\_  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of California  
Case number 16-40050

CM 11:19 AM  
**FILED**  
FEB 1 2016  
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.

#### Part 1: Identify the Claim

1. Who is the current creditor?																					
<u>Doug Dundas</u> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____																					
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<table border="0"><tr><td>Where should notices to the creditor be sent?</td><td>Where should payments to the creditor be sent? (if different)</td></tr><tr><td>Name <u>Doug Dundas</u></td><td>Name _____</td></tr><tr><td>Number <u>PO Box 262</u></td><td>Number _____</td></tr><tr><td>Street <u>Salt Point NY</u></td><td>Street _____</td></tr><tr><td>City <u>Salt Point</u></td><td>City _____</td></tr><tr><td>State <u>NY</u></td><td>State _____</td></tr><tr><td>ZIP Code <u>12578</u></td><td>ZIP Code _____</td></tr><tr><td>Contact phone <u>646-346-3467</u></td><td>Contact phone _____</td></tr><tr><td>Contact email <u>dougdundas@gmail.com</u></td><td>Contact email _____</td></tr><tr><td colspan="2">Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</td></tr></table>	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)	Name <u>Doug Dundas</u>	Name _____	Number <u>PO Box 262</u>	Number _____	Street <u>Salt Point NY</u>	Street _____	City <u>Salt Point</u>	City _____	State <u>NY</u>	State _____	ZIP Code <u>12578</u>	ZIP Code _____	Contact phone <u>646-346-3467</u>	Contact phone _____	Contact email <u>dougdundas@gmail.com</u>	Contact email _____	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)																				
Name <u>Doug Dundas</u>	Name _____																				
Number <u>PO Box 262</u>	Number _____																				
Street <u>Salt Point NY</u>	Street _____																				
City <u>Salt Point</u>	City _____																				
State <u>NY</u>	State _____																				
ZIP Code <u>12578</u>	ZIP Code _____																				
Contact phone <u>646-346-3467</u>	Contact phone _____																				
Contact email <u>dougdundas@gmail.com</u>	Contact email _____																				
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____																					
4. Does this claim amend one already filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____																					

**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

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? \$ 489.93 Does this amount include interest or other charges?  
☒ No  
☐ 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.

Goods sold but not delivered (sales order attached)

9. Is all or part of the claim secured? ☒ No  
☐ 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: \$ \_\_\_\_\_

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

10. Is this claim based on a lease? ☒ No  
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff? ☒ No  
☐ Yes. Identify the property: \_\_\_\_\_

**12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

☒ 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 law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

☐ 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).

\$ \_\_\_\_\_

☐ Wages, salaries, or commissions (up to \$12,475\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

☐ Contributions to an employee 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 on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

**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 calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

1/19/2016  
MM DD / YYYY

Signature

Print the name of the person who is completing and signing this claim:

Name

Doug

R.

Dundas

First name

Middle name

Last name

Title

Company

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

PO Box 262

Number Street

Salt Point,

NY

12578

City

State

ZIP Code

Contact phone

646-346-3467

Email

dougdundas@gmail.com

# PREMIER CRU

1011 University Avenue  
Berkeley, CA 94710

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

## Sales Order

Page: 1  
Order Number: 0000423171  
Order Date: 9/17/2013  
Web Order No: 133496  
Salesperson: JG  
Customer: 45089  
Customer PO:

Sold To	Ship To
Doug Dundas PO Box 262 Salt Point, NY 12578 USA	Doug Dundas PO Box 262 Salt Point, NY 12578 USA

Contact: Doug R Dundas  
Phone: (646) 346-3467

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

Item		Ordered	Quantity Shipped	Unit Price	Amount
41547	09 Beychevelle	7.00	0.00	69.99	489.93

Payments: 489.93

9/17/2013 VTJEAFC0A49 \*\*\*\*\*2006 489.93

Net Order: 489.93

Freight: 0.00

Sales Tax: 0.00

USD 489.93