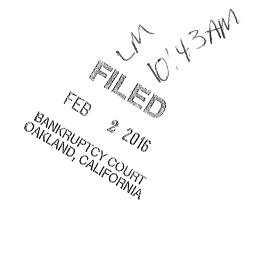
Fill in this information to identify the case:					
Debtor 1	FOX ORTEGA ENTERPRISES, INC.				
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: Northeyn District of California					
Case number	16-40050 WJL7				



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.

F	Part 1: Identify the Claim						
1.	Who is the current creditor?	Emanuele Cardaci Name of the current creditor (the person or entity to be paid for this cla 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Emanuele Cardaci Name 11374 Majestic Acres Ter Number Street Boyntin Beach FL 33473 City State ZIP Code Contact phone 561-654-8923 Contact email ecardaci430 gmail.com Uniform claim identifier for electronic payments in chapter 13 (if you under the sent that the sent the contact that the contac	Name Number Stree City Contact phone Contact email	syments to the creditor bet	ZIP Code		
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)		Filed on	/ YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No ☐ Yes. Who made the earlier filing?					

7. H	Do you have any number you use to Identify the debtor?	No Yes. Last 4 digits of the debtor's account	A an any nymbor you to identify the debter			
8. W			it of any number you use to identify the debtor.			
	How much is the claim?		oes this amount include interest or other charges? No			
		C	Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).			
C	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.				
į		Goods sold but never	received.			
	s all or part of the claim	No Secured by a lien on property.				
		Nature of property:	ргореку.			
			cured by the debtor's principal residence, file a Mortgage Proof of Claim			
		Attachment (Offi	cial Form 410-A) with this <i>Proof of Claim</i> .			
i		Other, Describe:				
		Basis for perfection: Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for				
			cate of title, financing statement, or other document that shows the lien has			
		Value of property:	\$			
		Amount of the claim that is sec	sured: \$			
		Amount of the claim that is uns	(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 cas	e was filed)%			
		Fixed Variable				
	s this claim based on a	⊠ No				
le	ease?	Yes. Amount necessary to cure any c	lefault as of the date of the petition.			
11. I s	s this claim subject to a	⊠ No				
ri	ight of setoff?					
		, , , ,				

Case 16-40050 Claim 676 Filed 02/02/16 Desc Main Document Page 2 of 4 Proof of Claim Page 2

12. Is all or part of the claim entitled to priority under	No Yes. Check	all that anniv:				Amount entitled to priority
11 U.S.C. § 507(a)?					_	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example,	Domest 11 U.S.	ic support obligations (includ C. § 507(a)(1)(A) or (a)(1)(B	ling alimony and child s).	support) und	ler	\$
in some categories, the law limits the amount entitled to priority.	Up to \$2 persona	2,775* of deposits toward pu il, family, or household use.	rchase, lease, or renta 11 U.S.C. § 507(a)(7).	l of property	or services for	\$
	bankrup	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 o	es or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).				\$
	☐ Contribu	itions to an employee benefi	t plan. 11 U.S.C. § 507	7(a)(5).		\$
	Other. S	pecify subsection of 11 U.S.	.C. § 507(a)() that ap	oplies.		\$
	* Amounts a	re subject to adjustment on 4/01	/16 and every 3 years after	er that for cas	es begun on or afte	er the date of adjustment.
Part 3: Sign Below						
The person completing	Check the appro	priate box:				
this proof of claim must sign and date it.	I am the cre	ditor				
FRBP 9011(b).		ditor's attorney or authorized	i agent.			
If you file this claim	_	stee, or the debtor, or their a	-	runtov Rule :	3004	
electronically, FRBP		antor, surety, endorser, or ot	=			
5005(a)(2) authorizes courts to establish local rules		, , , , , , , , , , , , , , , , , , , ,		.,,		
specifying what a signature is.	I understand that	an authorized signature on	this <i>Proof of Claim</i> ser	ves as an a	cknowledgment t	hat when calculating the
A person who files a	amount of the cla	nim, the creditor gave the de	btor credit for any payr	nents receiv	red toward the de	ebt.
fraudulent claim could be I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is						rmation is true
fined up to \$500,000, imprisoned for up to 5	and correct.					
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under p	enalty of perjury that the for	egoing is true and corre	ect.		
3571. Executed on date 0//28/20/6						
	Ju	1/m/				
	Signature	•				
Print the name of the person who is completing and signing this claim:						
	Name	Emanuele	R		Cardaci	
	riamo	First name	Middle name		Last name	
	Title		·			
	Company					
	Identify the corporate servicer as the company if the authorized agent is a servicer.					
Address 11374 Majestic Acres Fer Number Street						
				- .	20.40.0	
		Boynton Bch		FL	33473	
	Contact phone	561-654-89 2 3		State Email	ZIP Code	ci43@gmail.com
	Contact hunis	701 00 10 10 /		cmall	<u>curea</u>	MIDE THAILCOM

Date of Transaction	Merchant Name or Transaction Description	S Amount
12/31	PUBLIX #1221 BOYNTON BEACH FL	41.30
01/01	MOVIES AT WELLINGTON WELLINGTON FL	28.00
01/01	PBPDQ HOLDINGS WELLINGTON WELLINGTON FL	26.56
01/01	SHELL OIL 57542908009 BOYNTON BEACH FL	66.03
01/02	SUSHI YAMA BOYNTON BEACH FL	49.66
01/02	PUBLIX #1221 BOYNTON BEACH FL	28.88
01/02	WELLINGTON BP WELLINGTON FL	69.13
01/03	TARGET 00020677 BOYNTON BEACH FL	113.33
01/04	PARKING 01400076 ORLANDO FL	22.00
01/04	GAYLORD PALMS HTL FL F&B KISSIMMEE FL	92.72
01/03	GAYLORD PALMS TICKETING KISSIMME FL	81.28
01/05	PUBLIX #1221 BOYNTON BEACH FL	148.91
01/06	WHOLEFOS WLL 10195 WELLINGTON FL	29.53
01/06	GAYLORD PALMS HOTEL FLA KISSIMMEE FL	48.28
01/05	SHELL OIL 57543704001 SAINT CLOUD FL	60.90
01/07	PUBLIX #1221 BOYNTON BEACH FL	66.58
01/07	THAT'S DANCING LAKE WORTH FL	58.00
01/08	WELLINGTON BP WELLINGTON FL	64.38
01/07	TIJUANA FLATS #177 LAKE WORTH FL	22.75
01/11	SHELL OIL 57543704308 LAKE WORTH FL	67.84
01/23	PREMIER CRU 510-6449463 CA	429.97
01/23	SHELL OIL 57542908009 BOYNTON BEACH FL	66.16
01/25	HYATT HOTELS OUTLETS SAN ANTONIO TX	65.75

2014	Totals	Year	-to-E)ate
بهر مورد داروش محراء ديوسين				

Total fees charged in 2014 \$0.00 Total interest charged in 2014 \$0.00

Year-to-date totals reflect all charges minus any refunds applied to your account.

INTEREST CHARGES

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Balance **Annual** Subject To Interest Percentage **Balance Type** Rate (APR) Interest Rate Charges **PURCHASES** -0--0-15.24% (v) **Purchases CASH ADVANCES** Cash Advances -0-19.24% (v) **BALANCE TRANSFERS** -0-Balance Transfer 15.24% (v)

31 Days in Billing Period (v) = Variable Rate

Please see Information About Your Account section for the Calculation of Balance Subject to Interest Rate, Annual Renewal Notice, How to Avoid Interest on Purchases, and other important information, as applicable.

ou will p paying timated 1 of... d like ement Y" PAGE).

12.10 !5.00 2014 mum payment yment Fee of nimum it will take

110

ble

8-1

_ium

Due

.00

ed″.