Fill in this ir	formation to identify the case:	en e
Debtor 1	Fox Ortega Enterprises, Inc	
Debtor 2 (Spouse, if filing)		
United States	Bankruptcy Court for the: Northern District of Californ	nia 🔻
Case number	16-40050	



Official Form 410

Proof of Claim

Visit Identify the 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.

Ľ	Fait I. Identity the Gaini								
1.	Who is the current creditor?			entity to be paid for this cl			,		
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whon	n?						
3.	Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Max Kogod			Where should payments to the creditor be sent? (if different)				
	Federal Rule of	Name			Name				
	Bankruptcy Procedure (FRBP) 2002(g)	133 W. Glaucus	St. Unit A						
	(FRBP) 2002(g)	Number Street			Number S	Street			
		Encinitas	CA	92024					
		City	State	ZIP Code	City	State	ZIP Code		
		Contact phone 310-38	87-5104		Contact phone				
		Contact email maxko	ogod@gmail.co	om	Contact email		_		
		Uniform claim identifier f	for electronic paymer	nts in chapter 13 (if you u	se one):				
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	per on court claims	s registry (if known)		Filed on MM / DD) / YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made	the earlier filing?						
						·· · · · · · · · · · · · · · · · · · ·			

Official Form 410 Proof of Claim page 1

Part 2: Give Information About the Claim as of the Date the Case Was Filed 6. Do you have any number ✓ No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ __ __ debtor? $\underline{14,486.34}$. Does this amount include interest or other charges? 7. How much is the claim? ☑ No ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. 8. What is the basis of the claim? 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 ☑ No 9. Is all or part of the claim secured? $oldsymbol{\square}$ 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 Wine (unreceived) ☑ 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.) 14,486.37 Value of property: 0.00 Amount of the claim that is secured: 14,486.37 (The sum of the secured and unsecured Amount of the claim that is 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? Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a right of setoff? ☐ Yes. Identify the property: __

12. Is all or part of the claim entitled to priority under	☑ No						
11 U.S.C. § 507(a)?	Yes. Check	ck all that apply:				Amount entitled to priority	
A claim may be partly priority and partly	Dome 11 U.S	\$					
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to persor	\$					
endied to priority.	☐ Wage: bankru 11 U.S	\$					
	☐ Taxes	\$					
	☐ Contri	butions to an employee benefit	plan. 11 U.S.C. § 507(a)(5).		\$	
	Other.	Specify subsection of 11 U.S.C	c. § 507(a)() that app	lies.		\$	
	* Amounts	are subject to adjustment on 4/01/	6 and every 3 years after	that for case	es begun on or afte	er the date of adjustment.	
Part 3: Sign Below							
The person completing	Check the app	ropriate box:				•	
this proof of claim must		•					
sign and date it. FRBP 9011(b).	I am the creditor.						
If you file this claim	 I am the creditor's attorney or authorized agent. 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 gua	rantor, surety, endorser, or oth	er codebtor. Bankrupto	y Rule 300	5.		
specifying what a signature	e I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when ca						
is.	amount of the	laim, the creditor gave the debi	or credit for any payme	ents receive	ed toward the de	ebt.	
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	l declare under						
3571.	Executed on da	ate 02/01/2016					
		/ /// /					
		// // /		_			
	Signature	/			_		
	Print the name of the person who is completing and signing this claim:						
	Name	Max Kuhlmann Kogod					
	Hamo	First name	Middle name		Last name		
	Title					***************************************	
	Company						
		Identify the corporate servicer a	s the company if the author	rized agent i	is a servicer.		
	Address	133 W. Glaucus St. Ur	it A				
		Number Street					
		Encinitas		CA	92024		
		City		State	ZIP Code		
	Contact phone	310-387-5104		Email Ma	xkoaod@am	nail.com	