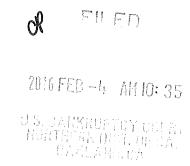
Fill in this ir	nformation to identify the case:					
Debtor 1	Fox Ortega Enterprises, Inc. dba Premier Co	ru				
Debtor 2 (Spouse, if filing)						
United States Bankruptcy Court for the: Northern District of California						
Case number	16-40050 WJL 7					



## Official Form 410

## **Proof of Claim**

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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 I: Identity the Claim							
1.	Who is the current creditor?	Tim Severin Name of the current cred Other names the credito			•			
2.	Has this claim been acquired from someone else?	✓ No ☐ Yes. From whom	n?					
3.	Where should notices and payments to the creditor be sent?	payments to the		Where should payments to the creditor be sent? (if different)				
	Federal Rule of	Name Name						
	Bankruptcy Procedure (FRBP) 2002(g)	4752 Elben Drive						
	(, , , , , , , , , , , , , , , , , , ,	Number Street		,	Number	Street		
		La Palma	Ca	90623				
		City	State	ZIP Code	City	State		ZIP Code
		Contact phone (714)	952-6946		Contact phone			-
		Contact email tbsev	@yahoo.com		Contact email			-
		Uniform claim identifier f	or electronic paymen	nts in chapter 13 (if you u	ise one): 			
4.	Does this claim amend one already filed?	No Yes. Claim numb	per on court claims	registry (if known)		Filed on	/ 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 Proof of Claim Case 16-40050 Claim 717 Filed 02/04/16 Desc Main Document Page 1 of 3

5. Do you have any number you use to identify the debtor?	No Ses. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7. How much is the claim?	\$
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 health care information.  Goods sold
). Is all or part of the claim secured?	No Yes. The claim is secured by a lien on property.    Nature of property:
0. Is this claim based on a lease?	No  Yes. Amount necessary to cure any default as of the date of the petition.  \$
Is this claim subject to a right of setoff?	✓ No  ✓ Yes. Identify the property:

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

Official Form 410

**Proof of Claim** 

page 2

12. Is all or part of the claim entitled to priority under	□ No	-tB.411					
11 U.S.C. § 507(a)?		ck all that apply:					Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).						
nonpriority. For example, 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).						
enauca to phoney.	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.						
	✓ Taxes	or penalties owe	ed to government	al units. 11 U.S.C.	§ 507(a)(8).		\$\$46.44
	☐ Contril	outions to an em	ployee benefit pla	an. 11 U.S.C. § 50	7(a)(5).		\$
	Other.	Specify subsect	ion of 11 U.S.C.	§ 507(a)() that a	pplies.		\$
	* Amounts	are subject to adju	stment on 4/01/16	and every 3 years aft	er that for case	s begun on or afte	er the date of adjustment.
Part 3: Sign Below							
The person completing	Check the app	opriate box:				,	
this proof of claim must	I am the c	•					
sign and date it. FRBP 9011(b).			or pullborized an	.ont			
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				onzed agent. Bank codebtor. Bankrup			
to establish local rules specifying what a signature	Lundonstand that are authorized signature as this Donal of O.						
is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when camount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	oth.						
3571.	Executed on da	te 01/19/201					
	Signature	. Ber	rnett	Sever	la de la companya de	_	
	Print the name of the person who is completing and signing this claim:						
	Nama	Tim	B	ennett		Severin	
	Name	First name		Middle name	· · · · · · · · · · · · · · · · · · ·	Last name	
	Title						
	Company  Identify the corporate servicer as the company if the authorized agent is a servicer.						
	Address		en Drive			ė. — — — — — — — — — — — — — — — — — — —	
		Number	Street				
		La Palma			Ca	90623	
		City			State	ZIP Code	
	Contact phone	(714) 952-	6946		Email	tbsev@ya	hoo.com