B10 (Official Form 10) (04/13)				
UNITED STATES BANKRUPTO	CY COURT			PROOF OF CLAIM
Name of Debtor:		Case Number:		N. Company
				FFD
Fox Ortage En	Markets, The	16-4005		Er. SD.
u	,			58 5
NOTE: Do not use this form to make a c	claim for an administrative expense that arises a	after the hankruntey f	Hing Vou	BANKRIIN 2016
may file a request for paym	ment of an administrative expense according to	11 U.S.C. § 503,	ung, 10a	TAND CY CO.
Name of Creditor (the person or other enti	tity to whom the debtor owes money or property	·):		BANKRUPTCY COURT OAKLAND, CALIFORNIA COURT USE ONLY
Name and address where notices should be				COURT USE ONLY
Clandon B. CA	SIRE		☐ Che	ck this box if this claim amends a usly filed claim.
12723 Tay bra	REST RD. Housten, TX	77024		•
•				Claim Number:
Telephone number:	z email: chaire psh	en.ledalps		•
Name and address where payment should			1 Hed Of	
	,		anyone	ck this box if you are aware that else has filed a proof of claim
			relating	to this claim. Attach copy of ent giving particulars.
Telephone number:	email:		home	nt giving particulars.
-	951 5]	
1. Amount of Claim as of Date Case File				
If all or part of the claim is secured, comple	lete item 4.			
If all or part of the claim is entitled to prior	rity, complete item 5.			
Check this box if the claim includes inte	erest or other charges in addition to the principal	l amount of the claim	. Attach a statement	that itemizes interest or charges.
2. Basis for Claim: Wikes	paid for but naver	dolinoros	2	
(See instruction #2)		A. A.	~ w	
7				
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Clair	m Identifier (option	al):
	(See instruction #3a)	Contraction H		
	(See mstruction #5a)	(See instruction #3 Amount of arrear	rage and other char	ges, as of the time case was filed,
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is se	ecured by a lien on property or a right of	included in secure	ed claim, if any:	gos, as or eno mino and
setoff, attach required redacted documents,	, and provide the requested information.		\$	
Nature of property or right of setoff:	Real Estate ☐ Motor Vehicle ☐ Other	Basis for perfection		
Describe:	TOTAL ESTATE STATE OF THE STATE	Dusis ior Porre)n:	
Value of Property: \$		Amount of Secure	ed Claim: \$	
Annual Interest Rate% ☐Fixed	(TVorinkla	Amount Unsecure	_	
(when case was filed)	ог стуационе	Amount Onsecut	ed: \$	
Market Control of the				
5. Amount of Claim Entitled to Priority the priority and state the amount.	under 11 U.S.C. § 507 (a). If any part of the	claim falls into one o	of the following cate	gories, check the box specifying
☐ Domestic support obligations under 11	☐ Wages, salaries, or commissions (up to \$	↑10 A75#\ □ C	· Month and to my	
U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	earned within 180 days before the case was	filed or the emplo	ontributions to an oyee benefit plan –	
	debtor's business ceased, whichever is earlied 11 U.S.C. § 507 (a)(4).		.Ś.C. § 507 (a)(5).	Amount entitled to priority:
□ Un to \$2.775* of denocite toward	- ',,,,			Amount change to process.
☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or	☐ Taxes or penalties owed to governmental 11 U.S.C. § 507 (a)(8).		ther – Specify cable paragraph of	\$
services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	·		S.C. § 507 (a)().	
as 11 0.0.0. 8 001 (a)(1).				
*Amounts are subject to adjustment on 4/01	1/16 and every 3 years thereafter with respect to	cases commenced on	ı or after the date of c	adiustment.
	n this claim has been credited for the purpose of			
or or or any payments on	, and claim has been electred for the purpose of	making this proof of (claim. (See instructio	on #6)

Case 16-40050 Claim 729 Filed 02/05/16 Desc Main Document Page 1 of 8

B10 (Official Form 10) (04/13) 7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: 8. Signature: (See instruction #8) Check the appropriate box. ■ I am the creditor. □ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, ☐ I am a guarantor, surety, indorser, or other codebtor. or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Company: Address and telephone number (if different from notice address above): Telephone number:

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

email:

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest

rate (and whether it is fixed or variable), and the amount past due on the claim. 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

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.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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V ZOLL Closuse Bezo, Falveley, 750 mi	\$159.99	-	0	H	0	SC-0000472463 (Open)	en)	3/8/15
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2012 Beaume Greves, Jadot, 750 mi	\$25.99	4	0	4	0	SC-0000469231 (Open)		2/7/15
2013 Beautha Clos des Ursules, Jadob, 250 mi	\$33.99	2	0	2	0	SC-0000469251 (Open)		2/7/15

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2013 Beaune Theurons, Jadot, 750 mi	\$25.99	ო	0	m	0	\$0-0000456537 (Open)	9/28/14
2013 Beaune Boucherottes, Jagot, 750 mi	\$25.99	ო	0	C Commence of the contract of	0	50-0000456537 (Open)	9/28/14
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2017 Champolle Musigny Les Sentiers 1/2. Jadot, 375 ini	\$22.50	4	0	4	0	\$0-0000446082 (Open)	5/31/14
2012 Nuits St Georges V.V., Chevillon, 750 mj	\$29.99	7	0	2	0	\$0-000044548 (Open)	5/23/14
2010 Muits Rue de Chaux Reserve Recsonelle.	\$39.99	7	0	2	0	5C-0000445485 (Open)	5/23/14
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2011 Bourgoane Rouge Cuvee Pinson, Ponsot, \$24.99	М	0	ĸ	0	SO-0000428552 (Open)	11/23/13
2010 Bourgoane Grand Ordinaire, Roty, 750 ml \$9.99	4	0	4	0	SO-0000428552 (Open)	11/23/13
2010 Boggina, Petrolo, 750 mi \$34.99	-	0	The second secon	0	SO-0000422354 (Open)	9/7/13
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V 2010 Echezeaux, DRC, 750 mi \$649.99	-	0	T	0	SQ-0000416650 (Open)	6/25/13
2010 Almirez, Teso la Monía, 750 mi \$16.99	2	0	2	0	50-0000415630 (Open)	6/15/13
2011 Velnay Clos de la Bousse d'Or. Paress.	74		C	•	\$0.0000412642 (Open)	5/11/13
2010 Bourgogne Cuvee de Pressonnier. Roty. \$13.99	7	0	7	0	SO-0000409585 (Open)	4/6/13
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2910 Mayon Roinspird, 750 mi	\$460.00	Ħ	0	. i		\$C-0000482768 (Open)	1/18/13
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2019 Lathe Refrequie, 750 mil	\$460.00	+		, ionic	- 0	SCALABOR OF CORE	1/18/13
2010 Margadx, 750 mt	\$460.00			. l	> ; (ACTROCOLAGICAST (Open)	12/29/12
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4919 Mastra Rothschild, 750 mi	\$460.00	⊶	0	; 	0	50-000408897 (Open)	12/29/12
2018 Latour, 250 ml	\$460.00	 	0	; · · · · · · · · · · · · · · · · · · ·	0	90-00-00-00-00-00-00-00-00-00-00-00-00-0	37/00/04
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2011 Cheval Blanc, 750 mg	\$249,99	-	0				74/2/17

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Store Hours 1011 University Ave Berkeley, CA 94710 Click here for directions

Monday-Friday: 10am-6pm (PST) Saturday: 10am-5pm (PST)

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