Fill in this in	nformation to identify the case:	الله الله الله الله الله الله الله الله	
Debtor 1	FOX ORTEGA ENTERPRIS	SES, INC., dba PR	EMIER CUR
Debtor 2 (Spouse, if filing)		
United States	Bankruptcy Court for the: Northern D	istrict of California	
Case number	16-40050-WJL		



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.

Ľ	art 1F Identify the Ci	laim						
1.	Who is the current creditor?	ROBERT C BEAULIEU 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?	☑ No ☐ Yes. From whom? _			-			
3.	Where should notices and payments to the creditor be sent?	Where should notices to		be sent?	Where shou different)	ild payments to the	e creditor b	e sent? (if
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 2310 VIA ZAFIRO			Name			
		Number Street SAN CLEMENTE	CA	92673	Number	Street		
		Contact phone 949-485-8 Contact email bob@brot		ZIP Code	City Contact phone Contact email	Sta		
		Uniform claim identifier for ele	ectronic paymen	nts in chapter 13 (if you us	se one): 			
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim number o	n 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 Ses. Who made the e	earlier filing?				<u> </u>	

Official Form 410 Proof of Claim page 1

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?	\$\$ 308.72 . 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.				
	Deposit for 6 bottles of wine sold as a pre-arrival offering				
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: 				
	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				
	Amount of the claim that is unsecured: \$(The sum of the secured and unsecured				
	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				
). Is this claim based on a	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				
). Is this claim based on a lease?	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				
lease?	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				
0. Is this claim based on a lease? 1. Is this claim subject to a right of setoff?	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 No Yes. Amount necessary to cure any default as of the date of the petition. \$				

Official Form 410

Proof of Claim

12. Is all or part of the claim	□ No					
entitled to priority under 11 U.S.C. § 507(a)?		k all that apply:			Amount entitled to priority	
A claim may be partly priority and partly		tic support obligations (including .C. § 507(a)(1)(A) or (a)(1)(B).	alimony and child suppo	rt) under	\$	
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to \$	52,775* of deposits toward purcha al, family, or household use. 11 L	se, lease, or rental of pr J.S.C. § 507(a)(7).	operty or services fo	or \$	
entitied to phonty.	bankru	, salaries, or commissions (up to ptcy petition is filed or the debtor' .C. § 507(a)(4).	\$12,475*) earned within s business ends, whiche	180 days before the ver is earlier.	e \$	
	☐ Taxes	or penalties owed to government	al units. 11 U.S.C. § 507	(a)(8).	\$	
	☐ Contrib	outions to an employee benefit pla	an. 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	Check the appr	opriate box:				
this proof of claim must sign and date it.	☑ I am the cr	editor.				
FRBP 9011(b).	I am the creditor's attorney or authorized agent.					
If you file this claim electronically, FRBP		ustee, or the debtor, or their autho				
5005(a)(2) authorizes courts to establish local rules	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.					
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.					
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	I declare under penalty of perjury that the foregoing is true and correct.					
3571.	Executed on date 02/04/2016					
		MM / DD / YYYY				
	/ //					
	1 1	102-				
	Signature					
	Print the name	of the person who is completi	ng and signing this cla	im:		
	Name	ROBERT C BEAULIEU				
		First name	Middle name	Last name	9	
	Title	****				
	Company	Identify the corporate servicer as t	he company if the authorize	d agent is a servicer.		
	Address	2310 VIA ZAFIRO			was the same of th	
		Number Street		A 0007	.	
		SAN CLEMENTE City		A 92673 ate ZIP Code		
		•				
	Contact phone	949-485-8116	Er	nail bob@ <u>brothe</u>	erume.com	

Official Form 410 Proof of Claim page 3

Premier Cru Order Acknowledgement

Premier Cru <shipping@premiercru.net>

Mon 6/8/2015 5:33 PM

To:Robert Beaulieu < Bob@Brothertime.com>;

Thank you for your order.

Premier Cru has received your web order request.

Your web order number is SO-0000480855-177807.

Sales are processed in the order they are received. Once we have determined that the wines you requested are available, we will confirm and process your order.

Our online inventory is updated every minute. However since many wines are in high demand and limited supply, we cannot guarantee that the wines you requested

were still available at the time your order was submitted. Once we determine this, process your order and bill you, your order is confirmed and we will e-mail you a confirmed copy.

If you have any questions, please email us at info@premiercru.net or call us at 510-644-9463.

Premier Cru

1011 University Avenue

Berkeley, CA 94710

(510) 644-9463

CREDITOR - ROBERT C. BENULIEU

CASE # 16-40050-WJL



4147202073864538000000000000000000000000000

WILMINGTON, DE 19850-5123

01486 BEX 9 18715 D

ROBERT C BEAULIEU 2310 VIA ZAFIRO SAN CLEMENTE CA 92673-8900

Payment Due Date: New Balance: Minimum Payment: 08/03/15 \$0.00 \$0.00

Account number:

Make your check payable to: Chase Card Services

իկնիկորանանիարկիկիրություններ

CARDMEMBER SERVICE PO BOX 94014 PALATINE IL 60094-4014

CRED. TOR

ROBERT C BEAULIEU

500016028 35920738645385

CHASE O SAPPHIRE

Manage your account online: www.chase.com

Customer Service: 1-800-493-3319

Mobile: Visit chase.com on your mobile browser

ACCOUNT SUMMARY

Account Number:	
Previous Balance	\$1,300.84
Payment, Credits	-\$7,311.28
Purchases	+\$6,010.44
Cash Advances	. \$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$0.00
Opening/Closing Date	06/07/15 - 07/06/15
Credit Access Line	\$17,500
Available Credit	\$17,500
Cash Access Line	\$3,500
Available for Cash	\$3,500
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

New Balance Payment Due Date Minimum Payment Due

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00.

So.00

08/03/15

\$0.00

16-40050-WJL

Solo PAGE 3

ULTIMATE REWARDS® SUMMARY

Previous points balance + 1 Point per \$1 earned on all purchases + 1 Point per \$1 earned on dining + 1 Point per \$1 earned on travel + 1 Point per \$1 on Ultimate Rewards travel + First Friday Dining Bonus	205,600 6,011 735 3,279 0 42	Start redeeming today. Visit Ultimate Rewards® at www.ultimaterewards.com
= Total points available for redemption	215,667	

As a Chase Sapphire Preferred customer you earn 1 point per dollar on all purchases, and an additional point for each dollar you spend on travel and when dining at restaurants. Learn more about your card benefits at www.chase.com/ultimater

ACCO	UNT	ACTI	VITY

0000001 FIS33339 O 10

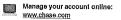
Date of Transaction	1	Merc	ant Name or Transaction Description		\$ Amount
PAYMEN	TS AND OTHER CR	EDITS			
06/12	Payment Th	nank You - We		1	-5,661.96
07/06	Payment Th	nank You - We			-1,649.32
PURCHA	SES				
06/04	AIR FRANC	E 057236805	0005 AIRFRANCE.COM NY		1,564.04
	091215 1 N	LAX	CDG		
	2 L	CDG	PRG		
	3 LX	PRG	CDG		
	4 RO	CDG	LAX		
06/04	AIR FRANC	E 057236805	007 AIRFRANCE.COM NY		1,564.04
	091215 1 N	LAX	CDG		
	2 L	CDG	PRG		
	3 LX	PRG	CDG		
	4 RO	CDG	LAX		
06/04	AIR FRANC	E 057823541	570 NEW YORK NY		75.00

06530 MA MA 01486

18710000100000148601

000 Y 9 06 15/07/06

CHASE SAPPHIRE®







ACCOUNT	ACTIVITY (CONTI	NUED)
Date of Transaction	Merchant Name or Transaction Description	\$ Amount
06/04	AIR FRANCE 0578235418572 NEW YORK NY	75.00
06/07	HAGGEN #02173 LAGUNA NIGUEL CA	16.84
06/07	COYOTE GRILL LAGUNA BEACH CA	30.00
06/05	ROYAL CUT ONTARIO CA	41.06
06/08	MEMORIAL CARE - PAT FOUNTAIN CA	61.74
06/09	ACME FINE WINES 888-963-0440 CA	374.68
06/09	IN *DANA POINT 5TH MARINE 949-6618298 CA	250.00
06/09	PREMIER CRU -INTERNET 510-644-9463 CA	308.72
06/10	BUCATINI TRATTORIA PIZZER LA QUINTA CA	174.72
06/13	COYOTE GRILL LAGUNA BEACH CA	17.42
06/16	ALBERTSONS #6563 SAN CLEMENTE CA	24.65
06/17	UC IRVINE HEALTH-EPAY 714-456-7288 CA	180.61
06/18	CIGNA PHARM 215-7065100 PA	80.00
06/19	ALBERTSONS #6563 SAN CLEMENTE CA	63,56
06/20	RECO LV VILLA REFERRAL 619-683-2077 NV	349,00
06/21	CAPITAL GRILLE00080440 COSTA MESA CA	351.22
6/26	NICK'S SAN CLEMENTE SAN CLEMENTE CA	68.24
6/27	FLOWERS AND FRIENDS SAN CLEMENTE CA	32.40
6/29	ARTIFEX BREWING COMPANY SAN CLEMENTE CA	51.50
7/01	TIM'S OC MUSIC LAGUNA NIGUEL CA	256.00

2015 Totals Year-to-Date				
Total fees charged in 2015	\$95.00			
Total interest charged in 2015	\$0.00			
Year-to-date totals do not reflect any fee	or interest refunds			

you may have received.

INTEREST CHARGES

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

Balance Type	Annual Percentage Rate (APR)	Balance Subject To Interest Rate	Interest Charges
PURCHASES			-
Purchases CASH ADVANCES	13.24% (v)	-0-	-0-
Cash Advances BALANCE TRANSFERS	19.24% (v)	-0-	-0-
Balance Transfer	13.24% (v)	-0-	-0-
(v) = Variable Rate			30 Days in Billing Period
Diagon and Information About Vousia.		and the second second	

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.

IMPORTANT NEWS

Keep up to date when you are on the go. Log on to chase.com/alerts to set up your alerts.