Fill in this information to identify the case:	alla Premier Cru
Debtor 1 William C. Leipold PGX (3) Figa Enterprise Inc	Committee of the second
Debtor 2 (Spouse, if filing)	2016 FEB -9 AN 10: 41
United States Bankruptcy Court for the: 10 4 (1) District of 1 (1) OV N(4) Case number 1 - 4 60 50 W 5 L 7	O U.S. MANKBURTOY COURT RESTRICTED PROFILE.
	TO SEE SEE SEE

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.

P	ort 1: Identify the Cla	im							
۱.	Who is the current creditor?	William C. Leipold Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Bill Leipold; William C. Leipold Jr.; William Charles Leipold							
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 the creditor be	Where should payments to the creditor be sent? (if different)						
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 545 S. Brandon Ct. Number Street		Name Number Street					
		Superior CO City State	80027 ZIP Code	City	State	ZIP Code			
		Contact phone 303 442-0052 x 109 Contact email bill@columbineplastic:	s.com						
		Uniform claim identifier for electronic payments in	n chapter 13 (if you u	use one): 					
4	Does this claim amend one already filed?	✓ No☐ Yes. Claim number on court claims re	gistry (if known)		Filed on MM / DD	1 YYYY			
5	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?							

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Proof of Claim

page 1

	Part 2: Give Information About the Claim as of the Date the Case Was Filed						
8. What is the basis of claim? 9. Is all or part of the secured? 10. Is this claim based	6. Do you have any number you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:						
9. Is all or part of the secured?	ne claim?	\$ 47,531.99. Does this amount include interest or other charges?					
9. Is all or part of the secured?		Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).					
secured?	sis of the	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.					
secured?		Wine purchased but not delivered					
,	the claim	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:					
,		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.)					
,		Value of property: \$					
,		Amount of the claim that is secured: \$					
,		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?	sed on a	☑ No					
		Yes. Amount necessary to cure any default as of the date of the petition.					
11. Is this claim subject		☑ No					
right of setoff?		☐ Yes. Identify the property:					

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12. Is all or part of the claim	Z Í	No					
entitled to priority under			all that apply:				Amount entitled to priority
11 U.S.C. § 507(a)? 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	 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). 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). 					\$	
entitled to priority.						\$	
		☐ Taxes or	penalties owed to go	vernmental units. 11 U.	S.C. § 507(a)(8).		\$
		☐ Contribu	tions to an employee	benefit plan. 11 U.S.C.	§ 507(a)(5).		\$
				1 U.S.C. § 507(a)() t			\$
				on 4/01/16 and every 3 yea		pegun on or afte	er the date of adjustment.
Part 3: Sign Below							
The person completing	Che	eck the approp	priate box:				
this proof of claim must sign and date it.	A	I am the cre					
FRBP 9011(b).			ditor's attorney or aut				
If you file this claim				their authorized agent.			
electronically, FRBP 5005(a)(2) authorizes courts		I am a guara	antor, surety, endorse	r, or other codebtor. Ba	nkruptcy Rule 3005.		
to establish local rules							
specifying what a signature is.	l un	derstand that	t an authorized signat	ure on this <i>Proof of Clai</i> the debtor credit for an	im serves as an ackr	nowledgment I toward the d	that when calculating the ebt.
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.	Exe	cuted on date	e 02 61 201	<u>6</u>			
		t	4.1	9			
		Signature /	, 50				
Print the name of the person who is completing and signing this claim:							
	Nan	ne	William	Charles			ipold
			First name	Middle name	e	Last name	
	Title	e		, <u>.</u>			
	Con	npany	Identify the corporate servicer as the company if the authorized agent is a servicer.				
Address 545 S. Brandon Ct.							
			Number Stre	eet	20	00007	
			Superior		CO	80027	
			City		State	ZIP Code	
	Cor	ntact phone	303 442-0052	x 109	Email	bill@col	umbineplastics.com

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