Fill in this information to identify the case:

Debtor 1 Fox Ortega Enterprises, Inc.

Debtor 2 (Spouse, if filing) dba Premier Cru

United States Bankruptcy Court for the: Northern District of California

Case number 16-40050

LM 10:47a.m

FILED
FEB 10 2016
BANKRUPTCY COURT
OAKLAND, CALIFORNIA

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.**

Part 1: Identify the Claim

1. Who is the current creditor?

Michael A. Gottlieb
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?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

Michael A. Gottlieb
Name

21237 SE 26th St.
Number Street

Sammamish, WA 98075
City State ZIP Code

Contact phone 425-427-1906

Contact email westernsac@comcast.net

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims 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? _____

Case 16-40050 Claim 863 Filed 02/10/16 Desc Main Document Page 1 of 8

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

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?

$ 187.49. **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.

Goods Sold

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: _____

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: $ 187.49 (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

10. Is this claim based on a lease?

☑ No
☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. Is this claim subject to a right of setoff?

☑ No
☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**	☑ No	
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☐ Yes. *Check all that apply:*	**Amount entitled to priority**
	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
	☐ 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).	$_____
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
	☐ Contributions to an employee benefit plan. 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 this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☑ I am the creditor.
☐ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 02/05/2016
MM / DD / YYYY

Signature MICHAEL A. GOTTLIEB

Print the name of the person who is completing and signing this claim:

Name: Michael Alfred Gottlieb
First name | Middle name | Last name

Title: Creditor

Company: _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 21237 SE 26th St.
Number Street
Sammamish, WA 98075
City | State | ZIP Code

Contact phone: 425-427-1906 Email: westernsac@comcast.net

Capital One

Customer Service 1-800-955-7070
www.capitalone.com

Sep. 28 - Oct. 27, 2015 30 Days in Billing Cycle

World MasterCard Account ending in [redacted]

NEW BALANCE	MINIMUM PAYMENT	DUE DATE
$1,046.54	$25.00	Nov 24, 2015

PLEASE PAY AT LEAST THIS AMOUNT

Revolving Credit Limit: $15,000.00 Cash Advance Credit Limit: $7,500.00

Available Revolving Credit: $13,953.46 Available Credit for Cash Advances: $7,500.00

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

Payment Amount Each Period If No Additional Charges Are Made	Approximate Time to Pay Off Statement Balance	Estimated Total Cost
Minimum Payment	6 Years	$1,652
$38	3 Years	$1,360
Your estimated savings if you pay off this balance in 3 years:		$292

If you would like information about credit counseling services, call 1-888-326-8055.

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to $35.00 and your APRs may be increased up to the Penalty APR of 29.40%.

Previous Balance		Payments and Credits		Fees and Interest Charged		Transactions		New Balance
$428.33	−	$965.15	+	$0.00	+	$1,583.36	=	$1,046.54

Renewal Notice - Both sides of this page provide important information about your rate(s) and how your interest charge is calculated.

TRANSACTIONS

PAYMENTS, CREDITS & ADJUSTMENTS FOR MICHAEL A GOTTLIEB #5812

1	09 OCT	PAYMENT	($965.15)

TRANSACTIONS FOR MICHAEL A GOTTLIEB #5812

1	28 SEP	FRED MEYER #0664REDMONDWA	$38.08
2	29 SEP	TARGET 00009951REDMONDWA	$33.13
3	29 SEP	SAFEWAY STORE00005553REDMONDWA	$15.12
4	02 OCT	QFC #5824ISSAQUAHWA	$34.26
5	02 OCT	SHELL OIL 57444035406SAMMAMISHWA	$29.18
6	03 OCT	EMERSON HARDWOOD CCSSEATTLEWA	$186.00
7	03 OCT	WOODCRAFTSEATTLEWA	$66.77
8	04 OCT	VERIZON WRLS MYACCT VWFOLSOMCA	$134.28
9	07 OCT	SAFEWAY STORE00005553REDMONDWA	$16.46
10	08 OCT	QFC #5824ISSAQUAHWA	$10.16
11	10 OCT	WOODCRAFTSEATTLEWA	$154.98
12	11 OCT	FRED MEYER #0664REDMONDWA	$32.00

Transactions continue on page 2

REWARDS INFORMATION

PREVIOUS AVAILABLE REWARDS BALANCE	$2,008.90
REWARDS EARNED THIS PERIOD (reflects transactions posted during this billing cycle)	$23.74
AVAILABLE BALANCE AS OF 10/27/2015	$2,032.64

For up-to-date rewards tracking, visit www.capitalone.com or simply call 1-800-228-3001

No Hassle rewards

INTEREST CHARGE CALCULATION

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

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charge
Purchases	17.90% D	$0.00	$0.00
Cash Advances	24.90% D	$0.00	$0.00

P,L,D,F = Variable Rate. See reverse of page 1 for details

PLEASE RETURN PORTION BELOW WITH PAYMENT OR LOG ON TO WWW.CAPITALONE.COM TO MAKE YOUR PAYMENT ONLINE.

[redacted]

Capital One

Account ending in [redacted]

Due Date	New Balance	Minimum Payment	Amount Enclosed
Nov 24, 2015	$1,046.54	$25.00	.

PLEASE PAY AT LEAST THIS AMOUNT

ENJOY 24/7 ACCESS TO YOUR ACCOUNT
Log in and manage your account online at www.capitalone.com

- Pay bills
- Check your balance
- Review transactions

400018

MICHAEL A GOTTLIEB
21237 SE 26TH ST
SAMMAMISH, WA 98075-9303

Capital One Bank (USA), N.A.
P.O. Box 60599
City of Industry, CA 91716-0599

1 5201/0775/005812 27 10/65/0065150025006

Customer Service 1-800-955-7070
www.capitalone.com

Sep. 28 - Oct. 27, 2015 30 Days in Billing Cycle

World MasterCard

Account ending in [redacted]

NEW BALANCE	MINIMUM PAYMENT	DUE DATE
$1,046.54	$25.00	Nov 24, 2015

Revolving Credit Limit:	$15,000.00
Available Revolving Credit:	$13,953.46
Cash Advance Credit Limit:	$7,500.00
Available Credit for Cash Advances:	$7,500.00

Previous Balance		Payments and Credits		Fees and Interest Charged		Transactions		New Balance
$428.33	–	$965.15	+	$0.00	+	$1,583.36	=	$1,046.54

TRANSACTIONS CONTINUED

TRANSACTIONS FOR MICHAEL A GOTTLIEB #5812 (CONTINUED)

13	11 OCT	WOODCRAFTSEATTLEWA	$175.50
14	12 OCT	SHELL OIL 57444035406SAMMAMISHWA	$37.48
15	12 OCT	HVACSTORES.COMDORALFL	$83.72
16	20 OCT	QFC #5824ISSAQUAHWA	$29.87
17	21 OCT	PREMIER CRU -INTERNET510-644-9463CA	$187.49
18	22 OCT	CABELA'S.COM INC800-2374444NE	$93.94
19	22 OCT	WOODCRAFTSEATTLEWA	$34.95
20	24 OCT	QFC #5824ISSAQUAHWA	$20.90
21	24 OCT	SHELL OIL 57444035406SAMMAMISHWA	$31.25
22	26 OCT	TARGET 00009951REDMONDWA	$34.44
23	26 OCT	EVGRNHLTH CARDIOLOGYKIRKLANDWA	$30.00
24	26 OCT	PAPER MART07147874900CA	$73.40

Total for Michael A Gottlieb #5812 **$1,583.36**

▶ **Total Transactions This Period $1,583.36**

FEES

Total Fees This Period $0.00

INTEREST CHARGED

Total Interest This Period $0.00

TOTALS YEAR TO DATE

Total Fees This Year $0.00
Total Interest This Year $0.00

Transaction Details

Description:	PREMIER CRU -INTERNET
Transaction Date:	10/21/2015
Posted Date:	10/23/2015
Amount:	$187.49
Category:	Merchandise
Details:	Alcoholic Beverages

From: **Premier Cru** sales@premiercru.net
Subject: Sales Order From Premier Cru at Premier Cru
Date: October 21, 2015 at 10:21 AM
To: Michael A Gottlieb westernsac@comcast.net

PO 11/06/15 MC

THIS DOCUMENT WAS SENT WITH:
PDFBLASTER

SALES ORDER

From:
Premier Cru
Premier Cru

To: Michael A Gottlieb
Date: 10/21/2015

To view the attached Sales Order, you need the free Adobe Acrobat Reader, which is available from www.adobe.com.

-Regards,

Premier Cru
Premier Cru

To view certain attachments to this email, you need Adobe's Acrobat Reader software, which can be downloaded for free by clicking the following link:
[Download Acrobat Reader Now]

PREMIER CRU
1011 University Avenue
Berkeley, CA 94710

(510) 644-9463 FAX (510) 647-3833

Sales Order

Page: 1
Order Number: 0000492642
Order Date: 10/20/2015
Web Order No: 187279
Salesperson: MOS
Customer: mgott
Customer PO:

Sold To	Ship To
Michael Gottlieb 21237 SE 26th Street Sammamish, WA 98075-9303 USA	Michael Gottlieb 21237 SE 26th Street Sammamish, WA 98075-9303 USA

'ontact: Michael A Gottlieb
Phone: (425) 427-1906

Hold for shipping.
This order has been paid by MasterCard - Thank You!

Item		Ordered	Quantity Shipped	Unit Price	Amount
CEF15	Krug Magnums	1.00	0.00	187.49	187.49

Payments:	187.49			Net Order:	187.49
10/21/2015	AP1AC03EB603	**********	187.49	Freight:	0.00
				Sales Tax:	0.00
				USD	187.49