

Fill in this information to identify the case:

Debtor 1 Fox Ortega Enterprises, Inc.  
Debtor 2 dba Premier Cru  
(Spouse, if filing)  
United States Bankruptcy Court for the: Northern District of California  
Case number 16-40050

LM 10:47 a.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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

**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? \$ \_\_\_\_\_ 99.99 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:** \$ \_\_\_\_\_ 99.99 (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

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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.

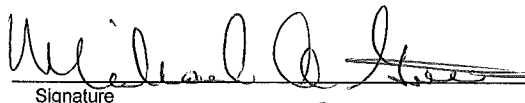
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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



Page 1 of 2  
Customer Service 1-800-955-7070  
www.capitalone.com

Oct. 28 - Nov. 27, 2014 31 Days in Billing Cycle

World MasterCard

Account ending in [REDACTED]

NEW BALANCE

\$529.95

MINIMUM PAYMENT

\$25.00

DUE DATE

Dec 24, 2014



PLEASE PAY AT LEAST THIS AMOUNT

Revolving Credit Limit: \$15,000.00

Cash Advance Credit Limit: \$7,500.00

Available Revolving Credit: \$14,470.05

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
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Minimum Payment	2 Years	\$641
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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

\$1,335.58

Payments and Credits

\$3,436.20

Fees and Interest Charged

\$0.00

Transactions

\$2,630.57

New Balance

\$529.95

TRANSACTIONS

PAYMENTS, CREDITS & ADJUSTMENTS FOR MICHAEL A GOTTLIEB #5812

1 08 NOV PAYMENT (\$3,436.20)

TRANSACTIONS FOR MICHAEL A GOTTLIEB #5812

1	01 NOV FRED MEYER #0664REDMONDWA	\$72.01
2	02 NOV PREMIER CRU -INTERNET510-644-9463CA	\$99.99
3	05 NOV BEST BUY MHT 00012203ISSAQUAHWA	\$43.79
4	05 NOV SAFEWAY STORE00005553REDMONDWA	\$19.23
5	07 NOV AMI*AMICA INSURANCE800-242-6422RI	\$1,814.00
6	09 NOV FRED MEYER #0664REDMONDWA	\$33.91
7	09 NOV THE HOME DEPOT #4723REDMONDWA	\$27.33
8	10 NOV QFC #5824ISSAQUAHWA	\$26.76
9	10 NOV SAFEWAY STORE00005553REDMONDWA	\$16.54
10	14 NOV QFC #5824ISSAQUAHWA	\$9.19
11	14 NOV SHELL OIL 57444035406SAMMAMISHWA	\$25.87
12	16 NOV CHEVRON 0204893SAMMAMISHWA	\$72.10
13	17 NOV SPORTS AUTHORITY00005611ISSAQUAHWA	\$65.70
14	21 NOV QFC #5824ISSAQUAHWA	\$27.51
15	21 NOV WOODCRAFTSEATTLEWA	\$143.91

Transactions continue on page 2

REWARDS INFORMATION

PREVIOUS AVAILABLE REWARDS BALANCE \$1,518.32

REWARDS EARNED THIS PERIOD \$39.47

(reflects transactions posted during this billing cycle)

AVAILABLE BALANCE AS OF 11/27/2014 \$1,557.79

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



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.



Account ending in [REDACTED]

Due Date

Dec 24, 2014

New Balance

\$529.95

Minimum Payment

\$25.00

Amount Enclosed

.

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





Page 2 of 2  
Customer Service 1-800-955-7070  
www.capitalone.com

Oct. 28 - Nov. 27, 2014 31 Days in Billing Cycle

World MasterCard

Account ending in [REDACTED]

**NEW BALANCE**

**MINIMUM PAYMENT**

**DUE DATE**

\$529.95

\$25.00

Dec 24, 2014

Revolving Credit Limit:	\$15,000.00
Available Revolving Credit:	\$14,470.05
Cash Advance Credit Limit:	\$7,500.00
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Previous Balance

\$1,335.58

Payments and Credits

\$3,436.20

Fees and Interest Charged

\$0.00

Transactions

\$2,630.57

New Balance

\$529.95

#### TRANSACTIONS CONTINUED

##### TRANSACTIONS FOR MICHAEL A GOTTLIEB #5812 (CONTINUED)

16 22 NOV QFC #5824ISSAQUAHWA \$18.11

**Total for Michael A Gottlieb #5812 \$2,515.95**

##### TRANSACTIONS FOR MICHAEL A GOTTLIEB #8963

17 26 OCT SHELL OIL 57444035406SAMMAMISHWA \$29.67

18 30 OCT HOLABIRD SPORTS410-687-6400MD \$84.95

**Total for Michael A Gottlieb #8963 \$114.62**

► **Total Transactions This Period \$2,630.57**

#### 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

From: Premier Cru phil@premiercru.net  
Subject: Order Confirmation From Premier Cru  
Date: November 2, 2014 at 9:54 AM  
To: Michael A Gottlieb westernsac@comcast.net

PD 11/5/14  
MC.

THIS DOCUMENT WAS SENT WITH:



## SALES ORDER

From:  
Premier Cru  
Premier Cru

To: Michael A Gottlieb  
Date: 11/2/2014

To view the attached Sales Order, you need the free Adobe Acrobat Reader, which is available from [www.adobe.com](http://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

Price: 1  
Order Number: 0000459905  
Order Date: 11/1/2014  
Web Order No: 161515  
Salesperson: PB  
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

Contact: Michael A Gottlieb  
Phone: (425) 427-1906

Hold for Xmas shipping.

Item	Ordered	Quantity Shipped	Unit Price	Amount
CEP16 Krug Grand Cruvee	1.00	0.00	99.99	99.99

Payments:		99.99	Net Order:	99.99
11/2/2014	VQFAB5B3493D	***** <del>XXXX</del> *****	Freight:	0.00
		99.99	Sales Tax:	0.00
			USD	99.99