Fill in this in	formation to identify the case:	
Debtor 1	Fox Ortega Enterprises, Inc.	
Debtor 2 (Spouse, if filing)		
United States I	Bankruptcy Court for the: Northern District of California	7
Case number	16-40050	



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.

Who is the cur creditor?	rent	Michael Tollini Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor									
Has this claim acquired from someone else?		☑ No □ Yes. From whom?									
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 Tollini			Where should payments to the creditor be sent? (if different)							
		Name	· · · · · · · · · · · · · · · · · · ·	Name							
		22 Racoon lane	•								
		Number Street			Number	Street					
		Tiburon	CA	94920							
		City	State	ZIP Code	City	Sta	te	ZIP Code			
	Contact phone 415-7	93-9486		Contact phone			_				
	Contact email mtollini@cooley.com			Contact email							
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):										
Does this claim one already file		✓ No☐ Yes. Claim num	ber on court claim	s registry (if known)		Filed on					
Do you know if	anvone	₩ No					MM / DD	/ YYYY			
else has filed a of claim for this	proof		the earlier filing?								

Official Form 410 Proof of Claim page 1

Part 2: Give Information About the Claim as of the Date the Case Was Filed Do you have any number ✓ No you use to identify the Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____ debtor? 130.77. Does this amount include interest or other charges? 7. How much is the claim? ☑ No $\hfill \Box$ 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 Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. claim? 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 ✓ No secured? ☐ 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 10. Is this claim based on a ✓ No lease? Yes. Amount necessary to cure any default as of the date of the petition. 11. Is this claim subject to a ✓ No right of setoff? ☐ Yes. Identify the property: _

Official Form 410

Proof of Claim

page 2

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?			Amount entitled to priority					
A claim may be partly priority and partly	☐ Dome 11 U.S	\$						
nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Up to person	\$130.77						
onuned to priority.	☐ 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. \$							
	☐ Taxes	\$						
	☐ Contril	outions to an employee bene	efit plan. 11 U.S.C. § 507(a)(5).		\$		
	Other.	Specify subsection of 11 U.	S.C. § 507(a)() that app	lies.		\$		
	* Amounts	are subject to adjustment on 4/0	01/16 and every 3 years after t	hat for cases t	egun on or afte	er the date of adjustment.		
Part 3: Sign Below								
	Ob le He					*****		
The person completing this proof of claim must	Check the appr	•						
sign and date it. FRBP 9011(b).		editor. editor's attorney or authorize	ed agent					
If you file this claim		ustee, or the debtor, or their	_	tcy Rule 300	4.			
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	l 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 02/09/2016 MM / DD / YYYY							
	Signature	718						
	Print the name of the person who is completing and signing this claim:							
		Michael Robert Tolli	ni					
	Name	First name	Middle name		Last name			
	Title							
	Company	Identify the corporate service	r as the company if the author	ized agent is a	servicer.			
	Address	22 Racoon Lane Number Street						
		Number Street Tiburon		CA	94920			
		City		State	ZIP Code			
	Contact phone	415-793-9486			ni@cooley	.com		

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