

Fill in this information to identify the case:

Debtor 1 Fox or tegei enterprises INC
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of California
Case number 16-40050 WJL 7

4M
FILED
FEB 11 2016
BANKRUPTCY COURT
OAKLAND, CALIFORNIA
11:09 a.m.

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?

John Tesoriero
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?

John Tesoriero
Name
2217 Richmond Terr
Number Street
Staten Island NY 10302
City State ZIP Code
Contact phone (718) 442-4399
Contact email Renchers2217@aol.com

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

Same
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? _____

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 01/26/2016
MM/DD/YYYY

Signature

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

Name

John

Fis

Tesoriero

First name

Middle name

Last name

Title

Owner

Company

Ranchers Best wholesale meats

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

Address

2217 Richmond Terr

Number

Street

City

SE

State

NY

ZIP Code

10302

Contact phone

(718) 442-4399

Email

Ranchers2217@aol.com

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? \$ _____ 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, credit card.

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: \$ _____ (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: _____

4 1 0	ACCT: 460226 B				\$501.00
08/09/13	PANAREA RESTAURANT 25 STATEN ISLAND NY				
	RESTAURANT				
	TIP		\$84.00		
08/12/13	PREMIER CRU 510-655-6691 CA				\$469.98
	5106449463				
08/12/13	THE LOBSTER HOUSE 65 CAPE MAY NJ				\$528.76
	6098843405				
	TIP		\$80.00		
08/13/13	SUNOCO 0327962700 SOUTH AMBOY NJ				\$86.21
	AUTO FUEL DISPENSER				\$76.50
08/16/13	HOULIHANS SADDLE BROOK NJ				
	RESTAURANT				
	FOOD/BEVERAGE		\$63.50		
	TIP		\$13.00		\$150.00
08/17/13	MTA TBTA E-ZPASS STATEN ISLAND NY				
	2P-136501190				
	Description				
	FOR BILLING QUESTIO				
	ACCT: 1011802 B				\$127.90
08/19/13	UNITED AIRLINES HOUSTON TX				
	UNITED AIRLINES				
	From:	To:	Carrier:	Class:	
	FT MYERS SW FLORID	N.Y. NEWARK INTL A	UA	00	
		N/A	YY	00	
		N/A	YY	00	
		N/A	YY	00	
	Ticket Number: 01623772183891		Date of Departure: 09/25		
	Passenger Name: TESORIERO/TINAMRS				
	Document Type: SPECIAL SERVICE TICKET				
08/19/13	UNITED AIRLINES HOUSTON TX				\$127.90
	UNITED AIRLINES				
	From:	To:	Carrier:	Class:	
	FT MYERS SW FLORID	N.Y. NEWARK INTL A	UA	00	
		N/A	YY	00	
		N/A	YY	00	
		N/A	YY	00	
	Ticket Number: 01623772183880		Date of Departure: 09/25		
	Passenger Name: TESORIERO/JOHNPMR				
	Document Type: SPECIAL SERVICE TICKET				
08/19/13	HESS 32468 000000000 QUEENSBURY NY				\$25.00
	5187455380				
08/19/13	WAWA 8317 WOODBRIDGE NJ				\$49.31
	GAS STATION				
	Quantity	Description	Price		
	14	FUEL	\$3.56		

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