Fill in this	information to identify the case:	
Debtor 1	Fox Ortega Enterprises, INC, dba Premier Cru	
Debtor 2 (Spouse, if filin	ng)	
United State	s Bankruptcy Court for the: Northern District of California	$\overline{\mathbf{v}}$
Case numbe	er 16-40050	-

2016 FEB 16 AHII: 13



Official Form 410

Proof of Claim

12/15

Page 1 of 5

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 current creditor?	Peggy Chi Name of the current credit	or (the person or e	ntity to be paid for this cl	aim)			
	Other names the creditor	used with the debto	or				
Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?						
Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different) Peggy Chi				
	Peggy Chi Name 88 King Street, Unit 117						
Federal Rule of Bankruptcy Procedure				Name			
(FRBP) 2002(g)				88 King Street, Unit 117			
	Number Street San Francisco	CA	94107	San Francis			94107
	City	State	ZIP Code	City	State		ZIP Code
	·	67-4902		•	415-867-4902		
	Contact email pchi@	yahoo.com		Contact email P	chi@yahoo.cor	n	_
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):						
Does this claim amend one already filed?	✓ No☐ Yes. Claim number	r on court claims	s registry (if known)		Filed on	MM / DD	/ YYYY
Do you know if anyone else has filed a proof of claim for this claim?	✓ No☐ Yes. Who made the	e earlier filing?					

Official Form 410 **Proof of Claim** page 1

Give Information About the Claim as of the Date the Case Was Filed Part 2: **N**o 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: debtor? 653.99. Does this amount include interest or other charges? 7. How much is the claim? ☑ 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 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. 2005 Chateau Margaux sold on Premier Cru Website on credit card Is all or part of the claim 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: \$ 653.99 (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 ✓ 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: __

Case 16-40050 Claim 913 Filed 02/16/16 Desc Main Document Page 2 of 5

g						
12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	☑ No ☐ Yes, Ched	ck all that apply:		Amount entitled to priorit		
A claim may be partly priority and partly	Dome 11 U.S	•				
nonpriority. For example, in some categories, the law limits the amount		or services for \$				
entitled to priority.		ays before the earlier.				
		or penalties owed to government	al units. 11 U.S.C. § 507(a)(8).	\$		
	☐ Contri	butions to an employee benefit pla	an. 11 U.S.C. § 507(a)(5).	\$		
	_	Specify subsection of 11 U.S.C.		\$		
				es begun on or after the date of adjustment.		
Part 3: Sign Below						
The person completing this proof of claim must	Check the app	ropriate box:				
sign and date it.		☑ I am the creditor.				
FRBP 9011(b).	☐ I am the c					
If you file this claim electronically, FRBP		ustee, or the debtor, or their authors				
5005(a)(2) authorizes courts to establish local rules	I 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					
A person who files a	amount of the	claim, the creditor gave the debtor	credit for any payments receive	ed toward the debt.		
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 3571.	I declare under penalty of perjury that the foregoing is true and correct.					
0011.	Executed on da	ate 01/27/2016 MM / DD / YYYY				
	(I).	WIW / DD / TTTT				
	1					
	Signature			<u> </u>		
	_					
	Print the name	e of the person who is completing	ng and signing this claim:			
	Name	Peggy		Chi		
		First name	Middle name	Last name		
	Title					
	Company	Identify the cornorate servicer as t	he company if the authorized agent	is a servicer		
		are estporate controls to		· · · · · · · · · · · · · · · · · · ·		
	Address	88 King Street, Unit 117				
		Number Street				
		San Francisco	CA	94107		
		City	State	ZIP Code		
	Contact phone	415-867-4902	Email	pchi@yahoo.com		

Please scroll for Indication, Important Limitations, and Important Safety Information, including Boxed Warning and Medication Guide.

Please scroll for Indication, Important Limitations, and Important Safety Information, including Boxed Warning, have 14 or fewer headache days a month, IMPORTANT SAFETY INFORMATION

BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

Problems swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if

these problems are pre-existing before injection.

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🚵 Home 🔎 Propay 🔘

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ADVERGED MENT



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(41422021550481&50000250000214583000000000

P.O. BOX 15123 WILMINGTON, DE 19850-5123

Payment Due Date: New Balance: Minimum Payment: (02/12/15) (\$2,145.83) (\$25,00) HROOF OF Parment.

CREDITOR =

09030 BEX Z 01515 D PEGGY CHI 88 KING ST APT 117 SAN FRANCISCO CA 94107-4024

Make your check payable to: Chase Card Services

- ՈՈՈւնի արգրանան Մարդի Որդանի Որդեմի

CARDMEMBER SERVICE PO BOX 94014 PALATINE IL 60094-4014

(5000-1002A 3592159018125A

CHASE () SAPPHIRE





Customer Service: 1-800-493-3319

Mobile: Visit chase.com on your mobile browser

ACCOUNT SUMMARY

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Account Number: 4147 202	1 5 0 1 B125
Previous Balance	\$1,127.85
Payment, Credits	-\$1,127.85
Purchases	+\$2,145.83
Cash Advances	\$0.00
Balance Transfers	\$0.00
Fees Charged	\$0.00
Interest Charged	\$0.00
New Balance	\$2,145.83
Opening/Closing Date	12/16/14 - 01/15/15
Credit Access Line	\$10,000
Available Credit	\$7,854
Cash Access Line	\$2,000
Available for Cash	\$2,000
Past Due Amount	\$0.00
Balance over the Credit Access Line	\$0.00

PAYMENT INFORMATION

\$2,145.83
02/12/15
\$25.00

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$35.00 and your APR's will be subject to increase to a maximum Penalty APR of 29.99%.

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:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
Only the minimum payment	11 years	\$4,064
\$75	3 years	\$2,691 (Savings=\$1,373)

If you would like information about credit counseling services, call 1-866-797-2885.

ULTIMATE REWARDS® SUMMARY

Pre	evious points balance	158,066	Start redeeming today. Visit Ultimate Rewards® at
+ 1	Point per \$1 earned on all purchases	2,146	www.ultimaterewards.com
+ 1	Point per \$1 earned on dining	38	
+ 1	Point per \$1 earned on travel	391	
+ 1	Point per \$1 on Ultimate Rewards travel	0	
+ E	Bonus points from Shop through Chase	1,194	
= T	otal points available for redemption	161,835	

As a Chase Sapphire Preferred customer you earn 1 point per dollar on all purchases, and an additional point for each dollar you spend on travel and when dining at restaurants. Plus, you earn an additional point per dollar spent when you book airfare and hotel accommodations online through Ultimate Rewards®. Learn more about your card benefits at www.chase.com/ultimaterewards

ACCOUNT ACTIVITY

Date of

Transaction	Merchant Name or Transaction Description	\$ Amount
PAYMENTS AN	ID OTHER CREDITS	
01/09	Payment Thank You - Bill Pay Service	-1,127.85
PURCHASES		
12/21	CAPOS SAN FRANCISCO CA	37.20
12/23	SAKS DIRECT #689 877-551-7257 MD	36,98
12/25	SEPHORA.COM 877-SEPHORA CA	216.41
12/26	KL *WINE MERCHANTS-SF San Francisco CA	252.26
01/07	BELMONT WINE EXCHANGE 650-802-9463 CA	262.26 295.63 653.99 Claim amount.
01/07	PREMIER CRU -INTERNET 510-644-9463 CA	653.99
01/09	WALLY'S WINE 310-475-0606 CA	262.76
01/12	UNITED 0162434583628 800-932-2732 TX	130.20

DAKE WATCH

This Statement is a Facsimile - Not an original

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