

Fill in this information to identify the case:

Debtor 1

For Official Enterprises, Inc.

Debtor 2

(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of California

Case number 16-40050 WSL 7

FILED

2016 FEB 16 AM 11:33

U.S. BANKRUPTCY COURT
NORTHERN DIST. OF CAL.
OAKLAND, CA.

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?

Stephen P. Storf, MD

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?

Stephen P. Storf, MD

Name

42 Kings Hwy South

Number

Street

Westport

City

State

06880

ZIP Code

Contact phone (203) 810-9911

Contact email storf@docrynhoo.com

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?

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? \$ 305.74 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 bought & not delivered. (unfulfilled) with interest

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: _____

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).

\$ 325.94

☐ 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

Stephen P. Stoker, III

First name

Middle name

Last name

Title

Company

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

Address

42 Kings Hwy South

Number

Street

City

Westport

State

CT

ZIP Code

06830

Contact phone

(203) 810-9971

Email

stroker@egale.com

MY ACCOUNT

RECENT ORDERS

Order Number (Status)	Amount	Qty	Shipped	Remain	Avail	Date
1001098166591 (Open)	\$305.94	6	0	6	0	11/11/11

VIEW ORDERS

☐ Open ☐ Closed ☐ All

VIEW ITEMS

☐ Open ☐ Closed ☐ All ☐ Ready to Ship

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Premier Cru

1011 University Ave
Berkeley, CA 94710

Store Hours

Tuesday-Friday: 10am-6pm
Saturday: 10am-5pm

ORDER DETAILS

Order Number: 00366594

Order Date: 02/11/2011

Shipping Address:

PURCHASE DETAILS

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2009 Smith Haut Lafitte Rouge 1/2, 375 ml	6	0	6	0	\$50.99	\$305.94
Subtotal:						\$305.94
Tax:						\$0.00
Total:						\$305.94

SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
2009 Smith Haut Lafitte Rouge 1/2, 375 ml	6	0	6

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Premier Cru

1011 University Ave.
Berkeley, CA 94710
[Click here for directions](#)

Store Hours

Tuesday-Friday: 10am-6pm
Saturday: 10am-5pm
Sunday: Closed



1011 University Avenue
Berkeley, CA 94710

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

Page: 1
Order Number: 0000366594
Order Date: 11/11/2011
Web Order No: 87010
Salesperson: JG
Customer: 41935
Customer PO:

Sold To

Stephen Storfer
42 Kings Hwy South
Westport, CT 06880 USA

Ship To

Stephen Storfer
42 Kings Hwy South
Westport, CT 06880 USA

Contact: Stephen P Storfer, MD
Phone: (203) 226-8579

This order has been paid by American Express - Thank You!

Item		Ordered	Quantity Shipped	Unit Price	Amount
41619	09 Smith Haut Lafitte Rouge 1/2	6.00	0.00	50.99	305.94

Payments: 305.94

Net Order: 305.94

11/11/2011 VTJE7FBC37FF *****1002 305.94

Freight: 0.00
Sales Tax: 0.00

USD 305.94