Fill in this information 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					
Case number	16-40050					



2016 FEB 12 AM 9:37

U.S. JANKRUPTCY COURT BERTHERAN CIST, OF CA. WARLANGUCA.

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.

	art in Identify the C	laim							
1.	Who is the current creditor?	Michael Bomgaars 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	Where should notice	s to the credito	be sent?	Where should payments to the creditor be sent? (if different)				
	creditor be sent?	Michael Bomgaar	s			Michael Bomgaars			
	Federal Rule of Bankruptcy Procedure	Name			Name				
	(FRBP) 2002(g)	6534 S. Rifle Way	<u> </u>		6534 S. Rifle Way				
		Number Street	CO	80016		Street	80016		
		Aurora City	State	ZIP Code	Aurora	State	ZIP Code		
		Contact phone 303-59			• • •	303-596-6932			
	Contact email Michael.Bomgaars@gmail.com				Contact email	Michael.Bomgaars@	gmail.com		
		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 to	he earlier filing?						
L									

Official Form 410 Proof of Claim page 1

6.	Do you have any number you use to identify the debtor?	No See Last 4 digits of the debtor's account or any number you use to identify the debtor:					
7.	How much is the claim?	\$539.70. 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).					
3.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.					
	Claimr	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 - 30 bottles of 2010 Fontodi Chianti Classico					
.	Is all or part of the claim secured?	No 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					
0.	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	2 No					
	right of setoff?	☐ Yes. Identify the property:					

Official Form 410 Proof of Claim page 2

40 le all es une af the claim	T26		~					
12. Is all or part of the claim entitled to priority under	☑ No ☐ Yes. Chec	ck all that apply:					Amount entitled to priorit	
11 U.S.C. § 507(a)? A claim may be partly priority and partly	Dome:		ations (including	alimony and child	i support) unde	er	\$	
nonpriority. For example, in some categories, the law limits the amount	Up to spersor	\$						
entitled to priority.	bankru	s, salaries, or con uptcy petition is file S.C. § 507(a)(4).	nmissions (up to ed or the debto	o \$12,475*) earned r's business ends,	l within 180 da whichever is e	ys before the earlier.	\$	
	☐ Taxes	\$						
	☐ Contril	\$						
		·		§ 507(a)() that			\$	
				- ,		s begun on or afte	er the date of adjustment.	
Part 3: Sign Below								
The person completing	Check the app	opriate box:		Mariti Mariji bari da sa da sa da sa gajiraja gelebug				
this proof of claim must sign and date it.	am the c	editor.						
FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.							
f you file this claim	☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.							
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.						that when calculating the		
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. 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 01/30/2016							
	MMM T Brigg							
	Signature							
	Print the name of the person who is completing and signing this claim:							
	Name	Michael	Troy	A47.1.15	Bon	ngaars		
		First name		Middle name		Last name		
	Title	******	 			,,,,,,,,,,		
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.							
	Addis	6534 S. Rif	ie Wav					
	Address	Number	Street				4,	
		Aurora	211001		co	80016		
		City		·	State	ZIP Code		
	Contact phone	303-596-69	132				aars@gmail.com	
	CUITAGE DITUIT	000-000-00	· • • · · · · · · · · · · · · · · · · ·		EUSU WII		.a. 3(W.41110H.60111	

Official Form 410 Proof of Claim page 3

PREMIER CRU

1011 University Avenue Berkeley, CA 94710

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

Sales Order

Page: 1

Order Number: 0000433476 Order Date: 1/8/2014 Web Order No: 141665

Salesperson: JG Customer: MBom

Customer PO:

Sold To Ship To

Mike Bomgaars 6534 S. Rifle Way Aurora, CO 80016 USA Mike Bomgaars 6534 S. Rifle Way Aurora, CO 80016 USA

Contact: Michael T Bomgaars Phone: (303) 596-6932

This order has been paid by Visa - Thank You!

Item		Ordered	Quantity Shipped	Unit Price	Amount
49107	2010 Chianti Classico, Fontodi	30.00	0.00	17.99	539.70

				Net Order:	539.70
Payments:	539.70 VPFEA41E9949	**********1633	539.70	Freight: Sales Tax:	0.00 0.00
				USD	539.70