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

FILED

U.S. Bankruptcy Court Northern District of California

3/7/2016

Edward J. Emmons, Clerk

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Official Form 410
Proof of Claim

Official Form 410

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?	Howard Simmons						
	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?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)					
	Howard Simmons	howard d. simmons					
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name					
	127 Peachtree St NE Atlanta, GA 30303	50 hurt plaza suite 1145					
		atlanta, GA 30303					
	Contact phone404 5224280	Contact phone 4045224280					
	Contact email <u>mrhowie5@yahoo.com</u>	Contact email <u>mrhowie5@yahoo.com</u>					
	Uniform claim identifier for electronic payments in chapter 1	3 (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?						

Proof of Claim

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6.Do you have 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).						
3.What is the basis of the claim?	dea Ban	mples: Goods sold, money le th, or credit card. Attach reda kruptcy Rule 3001(c). it disclosing information that	acted copies of any docur	ments supp	orting the claim required by		
		goods sold					
9. Is all or part of the claim secured?		Yes. The claim is secured by Nature of property: Real estate. If the clai	im is secured by the debt		al residence, file a <i>Mortgage</i> –A) with this <i>Proof of Claim</i> .		
		Basis for perfection:					
		Attach redacted copies of cinterest (for example, a modocument that shows the li	ortgage, lien, certificate of	title, financ	ce of perfection of a security cing statement, or other		
		Value of property:	\$				
		Amount of the claim that secured:	is \$				
		Amount of the claim that unsecured:	\$		(The sum of the secured and unsecured amounts should match the amount in line 7.)		
		Amount necessary to curdate of the petition:	re any default as of the	\$			
		Annual Interest Rate (who	en case was filed)		%		
		☐ Fixed ☐ Variable					
10.Is this claim based on a lease?		No Yes. Amount necessary t	to cure any default as of	f the date of	of the petition.\$		
11.Is this claim subject to a right of setoff?	Y	No Yes. Identify the property:					

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12.Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	☑ No □ Yes	s. Check all that apply:				Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example in some categories, the lawl imits the amount entitled to priority.	u	omestic support obligated	tions (includ)(1)(A) or (a	ding alimony and	d child support)	\$
	U pi	p to \$2,775* of deposits roperty or services for p.S.C. § 507(a)(7).	s toward pu personal, fai	rchase, lease, omily, or househouse	or rental of old use. 11	\$
	□ W 13	Vages, salaries, or coming the band usiness ends, whichever	kruptcy peti	tion is filed or th	ne debtor's	\$
	□ T		to governmental units. 11 U.S.C. §		\$	
	□с	ontributions to an empl	oyee benef	it plan. 11 U.S.0	C. § 507(a)(5).	\$
		ther. Specify subsectio	n of 11 U.S	.C. § 507(a)(_)	that applies	\$
		ounts are subject to adjustments	ent on 4/1/16 a	and every 3 years	after that for cases	begun on or after the date
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.	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 calcust 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. I declare under penalty of perjury that the foregoing is true and correct.					e 3005. ment that when calculating ard the debt.
	Title		First name	Middle name	Last name	
	Company	/				
Identify the corporate servicer as the conservicer Address 50 Hurt Plaza Suite 1145 Number Street					as the company if t	he authorized agent is a
			atlanta, GA			
	Contact p	phone 4045224280	City State	ZIP Code Email -	mrhowie5@yah	oo.com

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