Fill in this information to identify the case:					
Debtor 1 HETER PANAS					
Debtor 2 (Spouse, if filing)					
United States Bankruptcy Court for the: North ela District of Cal, formio					
Case number 16-40050 W.T.L.7					

FEB 2 6 2016

BANKRUPTCY COURT OAKLAND, CALIFORNIA

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.

F	Part 1: Identify the C	laim	
1.	Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this clair Other names the creditor used with the debtor	im)
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? PRER PANAS Name 116 Blossom Hri II Oriva Number Street City State ZIP Code Contact phone 717-569-4732 Contact email Fon apaca Halinka net Uniform claim identifier for electronic payments in chapter 13 (if you use	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
4.	Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

Official Form 410

Proof of Claim

page 1

6.	Do you have any number you use to identify the debtor?	No See I 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 required by Bankruptcy Rule 30	, expenses, or other	
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. Wine bought & paid for but no delivery and I was continued to be told it was on It's way		
Э.	Is all or part of the claim secured?	mercy."		
		Value of property: \$		
		Amount of the claim that is secured: \$(The sum of the amounts show	ne secured and unsecured Id match the amount in line	
		Amount necessary to cure any default as of the date of the petition: \$		
		Annual Interest Rate (when case was filed)% ☐ Fixed ☐ Variable		
	s this claim based on a ease?	No		
		Yes. Amount necessary to cure any default as of the date of the petition.		

12. Is all or part of the claim			
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check all that apply:	Amount entitled to priority	
A claim may be partly priority and partly nonpriority. For example,	☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$	
in some categories, the law limits the amount entitled to priority.	☐ 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 afte	r the date of adjustment.	
Part 3: Sign Below			
The person completing this proof of claim must	Check the appropriate box:		
sign and date it.	I am the creditor.	and the second s	
FRBP 9011(b).	I am the creditor's attorney or authorized agent.		
If you file this claim electronically, FRBP	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.		
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 received toward the de	bt.	
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 and correct.	rmation is true	
years, or both. 18 U.S.C. §§ 152, 157, and 3571.	I declare under penalty of perjury that the foregoing is true and correct.		
3371.	Executed on date O2 21 2016 MM / DD / YYYY Signature		
	Print the name of the person who is completing and signing this claim:		
	Name Section Company Company		
	Title		
	Company		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
	Address 116 Blosson Hill Drive Number Street		
	City State ZIP Code		
	Contact phone 717-569-4732 Email Fone	pearthink	
		" No	

Official Form 410

Proof of Claim

page 3