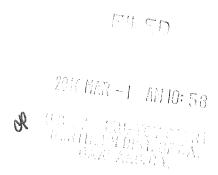
Fill in this in	formation to identify the case:
Debtor 1	FOX ORTEGA ENGERPRISES, INC
Debtor 2 (Spouse, if filing)	DBA PREMIER CRU
United States B	Bankruptcy Court for the: NORTHERN District of CALLEDRN A
Case number	16-40050 WIL-7



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.

Who is the current creditor?	Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor				
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)			
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	2005 PINDERNE ST	Name			
	Number Street OAKHURST NJ 07755 City State ZIP Code	Number Street			
	Contact phone 732-618-3531 Contact email M bokovinsky @yahoo.com	Contact phone Contact email			
	Uniform claim identifier for electronic payments in chapter 13 (if you us	e one):			
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known)	Filed onMM / DD / YYYY			
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

	Do you have any number you use to identify the debtor?		Last 4 digits of the debtor's account or any	y number you use to identify the debtor:
7.	How much is the claim?	\$	⊠ No □ Yes. /	is amount include interest or other charges? 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?	Attach re		ices performed, personal injury or wrongful death, or credit card. ng the claim required by Bankruptcy Rule 3001(c). cy, such as health care information.
	ĺ	Porchas	e of wine 2 orders!	\$1259.88 2012 ROULOT TILLETS;
	COPIES ATT	ACHED	\$540.	\$1259.88 2012 ROULOT TILLETS;
	secured?	∕ 🗖 Yes.	Attachment (Official Form Motor vehicle Other. Describe: Basis for perfection: Attach redacted copies of documents, if a	y the debtor's principal residence, file a Mortgage Proof of Claim m 410-A) with this Proof of Claim. any, that show evidence of perfection of a security interest (for itle, financing statement, or other document that shows the lien has
			Value of property:	\$
			Value of property: Amount of the claim that is secured:	\$ \$
				\$ \$ I: \$(The sum of the secured and unsecured amounts should match the amount in line 7.)
			Amount of the claim that is secured:	amounts should match the amount in line 7.)
			Amount of the claim that is secured: Amount of the claim that is unsecured:	amounts should match the amount in line 7.) as of the date of the petition: \$
	Is this claim based on a lease?	No □ Yes. A	Amount of the claim that is secured: Amount of the claim that is unsecured: Amount necessary to cure any default and annual interest Rate (when case was file.) Fixed	amounts should match the amount in line 7.) as of the date of the petition: as of the date of the petition: \$

Official Form 410

Proof of Claim

principal and a second a second and a second a second and								
12. Is all or part of the claim entitled to priority under	r 🖵 🗀							
11 U.S.C. § 507(a)?	Yes. Check	Amount entitled to priority						
A claim may be partly priority and partly nonpriority. For example,	Domesti-	c support obligations (including alimony and child support) under C. § 507(a)(1)(A) or (a)(1)(B).	\$					
in some categories, the law limits the amount entitled to priority.	Up to \$2 personal	\$						
	bankrupt	salaries, or commissions (up to \$12,475*) earned within 180 days before the tcy petition is filed or the debtor's business ends, whichever is earlier.	\$					
	Taxes or	penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$					
	Contribu	tions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$					
	Other. S	pecify subsection of 11 U.S.C. § 507(a)() that applies.	\$					
	* Amounts ar	re subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or afte	er the date of adjustment.					
Part 3: Sign Below								
The person completing	Check the approp	vriate box:						
this proof of claim must sign and date it.	I am the cred	litor.						
FRBP 9011(b).	√`							
If you file this claim								
electronically, FRBP 5005(a)(2) authorizes courts	I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.							
to establish local rules		• •						
specifying what a signature is.	I understand that	an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment the server as an acknowledgment the server as a s	hat when calculating the					
A person who files a	amount of the ciai	im, the creditor gave the debtor credit for any payments received toward the de	ebt.					
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	l declare under pe	enalty of perjury that the foregoing is true and correct.						
3571.	Executed on date	2 /2 // // //						
	~ A	12 h ()						
	Signature	n Bukuring						
/	~							
	Print the name or	f the person who is completing and signing this claim:						
	Name	JOHN MARK BUROVIN	Sley					
	Маніс	First name Middle name Last name	<i>)</i> 1 ·					
	Title							
	Company							
		Identify the corporate servicer as the company if the authorized agent is a servicer.						
		2005 EINIDEONE ST						
	Address	2005 FINDERNE SI Number Street						
		and the second s						
		City NJ 07/33 State ZIP Code	gla-					
		· · · · · · · · · · · · · · · · · · ·	viusky @ yahoo, com					
	Contact phone		A (4) 2rd a Lango Com					

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: 0000460421 Order Date: 11/8/2014 Web Order No: 161909

Salesperson: PB Customer: 41902

Customer PO:

Sold To Ship To

John Bukovinsky 2005 Finderne Street Oakhurst, NJ 07755 USA John Bukovinsky 2005 Finderne Street Oakhurst, NJ 07755 USA

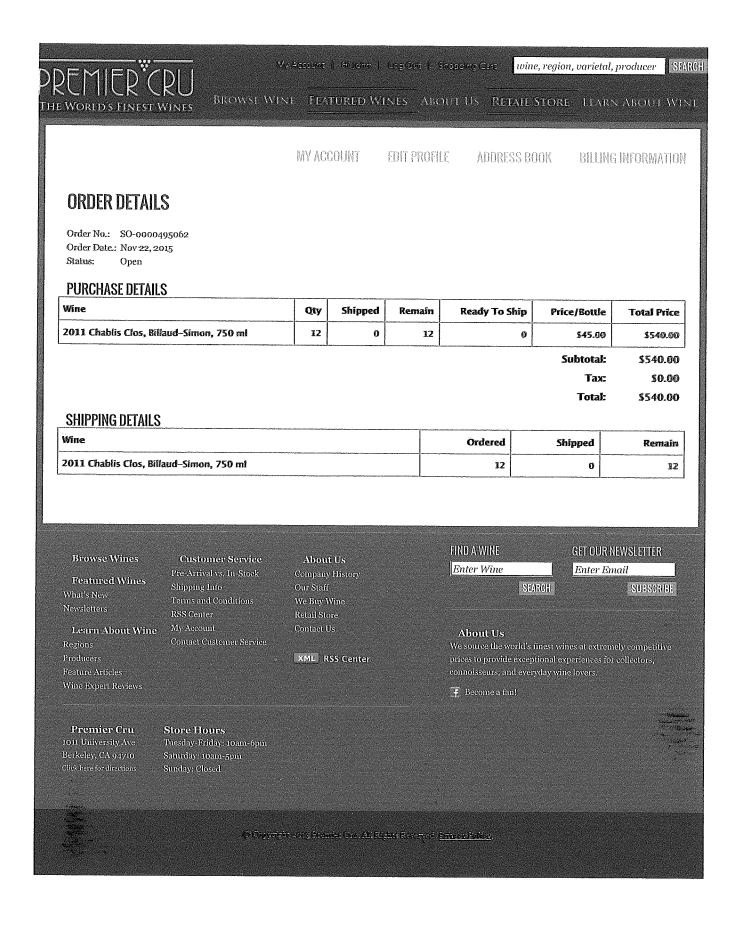
Contact: John M Bukovinsky Phone: (732) 618-3531

This order has been paid by Visa - Thank You!

	Item	Orde	ed	Quantity Shipped	Unit Price	e Amount
51115	2012 Meursault les Tillets, Roulot	12.0	0	0.00	104.99	1,259.88

Payments:	1,259.88			Net Order:	1,259.88
11/8/2014	VUJAC6F0CBEF	*********1159	1,259.88	Freight: Sales Tax:	0.00
			NE	USD	1,259.88

Order Details



SIGNATURE

VISA

Account Number Statement Billing Period Page 1 of 6

Ending in 1159 10/18/2014 to 11/16/2014



Balance Summary

Previous Balance

- Payments
- Other Credits
- + Cash Advances
- Purchases, Balance Transfers &
- Other Charges + Fees Charged
- + Interest Charged
- = New Balance

Revolving Line Of Credit

24-Hour Customer Service: TTY for Hearing/Speech Impaired: Outside the US Call Collect: Wells Fargo Online*:

1-866-229-6633 1-800-419-2265 1-925-825-7600 wellsfargo.com

Send General Inquiries To: PO Box 10347, Des Moines IA, 50306-0347

Available Revolving Line Of Credit



Payment Information

New Balance Minimum Payment Payment Due Date



Send Payments To: PO Box 6412, Carol Stream IL, 60197-6412

Late Payment Warning: If we do not receive your Minimum Payment by 12/11/2014, you may have to pay a late fee up to \$35.

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 New Balance shown on this statement in about	And you will end up paying an estimated total of
Only the minimum payment	33 years	\$14,197
\$271	3 years	\$9,761 (Savings of \$4,435)

If you would like information about credit counseling services, refer to www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm or call 1-877-285-2108

Important Information

WHETHER YOU ARE PLANNING A SPECIAL VACATION OR EVENT, CONTACT WELLS FARGO IN ADVANCE AND WE'LL HELP ENSURE YOUR LARGE PURCHASES ARE PROCESSED SMOOTHLY. LIVE YOUR DREAM AND LET US TAKE CARE OF THE DETAILS.

PLEASE SEE THE ENCLOSED IMPORTANT CHANGES TO YOUR ACCOUNT TERMS-EFFECTIVE IMMEDIATELY.

PLEASE REVIEW THE ENCLOSED BROCHURE FOR IMPORTANT CHANGES TO YOUR WELLS FARGO REWARDS PROGRAM TERMS AND CONDITIONS

Wells Fargo Rewards® Program Summary

Rewards Balance as of:

10/31/2014

5,288

The Rewards Balance is for Rewards ID 60006328886.

This balance may be inclusive of other contributing Rewards accounts. For up-to-date Rewards Balance information, or more ways to earn and redeem your rewards, visit MyWellsFargoRewards.com or call 1-877-517-1358.

Transactions

Trans Post

Reference Number

Description

Credits

Charges

Payments

11/10

7407222NB0A8NLWXM TOTAL PAYMENTS FOR THIS PERIOD

ONLINE PAYMENT

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Continued

5596

YKG

7 10 141116 0

PAGE 1 of 6

1 0 5765 3000 WSFC 01DP5596

Amount

Detach and mail with check payable to Wells Fargo

Account Number New Balance Minimum Payment Payment Due Date



սհոլիկոիկիսիկիկիկիսիկիսիկիրկերի

WELLS FARGO CARD SERVICES PO BOX 6412 CAROL STREAM IL 60197-6412

JOHN M BUKOVINSKY 2005 FINDERNE ST OAKHURST NJ 07755-1116 <u>հելիիվիՈւսիրագորիկակոր</u>Ումանիակիկինիիկ

Check here and see reverse for address and/or phone number correction

SIGNATURE

VISA

Account Number

Statement Billing Period Page 2 of 6

Ending in 1159 10/18/2014 to 11/16/2014



Transactions (Continued...) Trans Post Reference Number Description Credits Charges Purchases, Balance Transfers & Other Charges 10/18 2439121MLET7F3P6B 10/18 10/18 2473693MK01SWY49L RITE LIQU 2444500MM2X8HBVYF 2443565MT60AJ1HYP 10/19 10/19 10/23 10/23 10/24 2427504MVWGN9S58D 10/24 10/25 10/25 2432304MVGTDLEDKP LE BERNARDIN NEW YORK NY 2422443MW30VNEGQL 2427539MXBDHE6HRX 10/26 10/26 N NEW YOR 10/27 10/27 10/28 10/28 2424651MYG3YFTRRZ 2416407N07BL02Q02 10/30 10/30 10/30 10/30 2432300MZ7Q0BQBTW 2407105N2WPA67EE4 2405522N42DZ4DEBF 11/01 11/01 11/04 11/04 11/06 11/06 2407105N6WMLYPA3F 11/08 11/08 2425138N9LBZAQ10S PREMIER CRU -INTERNET 510-644-9463 CA 11/09 11/09 2432304NAGS25H02A 2443106NARXA6WHKV 11/09 11/09 11/09 11/09 2469216N900J1AD4N 11/09 11/09 2472193NAS670LEZ7 11/11 11/11 2441289NQLQQH2BLF 11/11 2441289NOLOOH2BLE 11/11 2416407NE31W40W0B 11/13 11/13 2473693NE01AVXA4F 11/14 11/14

Fees Charged

TOTAL FEES CHARGED FOR THIS PERIOD \$0.00

Interest Charged

INTEREST CHARGE ON PURCHASES 0.00 INTEREST CHARGE ON CASH ADVANCES 0.00 TOTAL INTEREST CHARGED FOR THIS PERIOD \$0.00

2014 Totals Year-to-Date

\$0.00 TOTAL FEES CHARGED IN 2014 \$21.18 TOTAL INTEREST CHARGED IN 2014

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

TOTAL PURCHASES, BALANCE TRANSFERS & OTHER CHARGES FOR THIS PERIOD

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Days in Billing Cycle	interest Charge
PURCHASES	7.99%	\$0.00	30	\$0,00
CASH ADVANCES	21.15%	\$0.00	30	\$0.00

Wells Fargo News

Transfer higher-rate balances to your Wells Fargo credit card using the SUPERCHECKS (TM) in this statement.

Continued

SIGNATURE VISA Account Number Ending in 1169 Statement Billing Period 11/17/2015 to 12/17/2015 Signature Page 1 of 4 **Balance Summary** Previous Balance 24-Hour Gustomer Service: 1-866-229-6633 TTY for Hearing/Speech Impaired: 1-800-419-2265 Payments Outside the US Call Collect: Other Credits 1-925-825-7600 Wells Fargo Online®: wellsfargo.com Cash Advances + Purchases, Balance Transfers & Other Charges Send General Inquiries To: + Fees Charged PO Box 10347, Des Moines IA, 50306-0347 + Interest Charged = New Balance Revolving Line Of Credit Available Revolving Line Of Credit **Payment Information** Send Payments To: New Balance PO Box 5284, Carol Stream IL, 60197-5284 Minimum Payment Payment Due Date Late Payment Warning: If we do not receive your Minimum Payment by 01/11/2016, you may have to pay a late fee up to \$35. 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 lf you make no additional charges using You will pay off the New Balange shown on And you will end up paying an this card and each month you pay ... this statement in about ... estimated total of Only the minimum payment 43 years \$47,152 \$894 \$32,176 (Savings of \$14,976) If you would like information about credit counseling services, refer to www.usdoj.gov/ust/eo/bapcpa/ccde/cc_approved.htm or call \$32,176 1-877-285-2108. Important Information WHETHER YOU ARE PLANNING A SPECIAL VACATION OR EVENT, CONTACT WELLS FARGO IN ADVANCE AND WE'LL HELP ENSURE YOUR LARGE PURCHASES ARE PROCESSED SMOOTHLY. LIVE YOUR DREAM AND LET US TAKE CARE OF THE DETAILS. Wells Fargo Rewards® Program Summary Rewards Balance as of: 11/30/2015 9.176 The Rewards Balance is for Rewards ID 60006328886. This balance may be inclusive of other contributing Rewards accounts. For up-to-date Rewards Balance information, or more ways to earn and redeem your rewards, visit MyWellsFargoRewards.com or call 1-877-517-1358. **Transactions** Trans Post Reference Number Description Credits Charges **Payments** 12/09 12/09 7407222AP0A970702 ONLINE PAYMENT 3,000.00 TOTAL PAYMENTS FOR THIS PERIOD \$3,000.00 Purchases, Balance Transfers & Other Charges 2425138A7LBZAQ4LB 11/22 11/22 PREMIER CRU -INTERNET 510-644-9463 CA 540,00 2418310A7S66M04T5 11/22 11/22 OULFITNESS 12/01 12/01 2407105AGWPA8S6ZN 12/10 12/10 2461043AT03RHKLFT NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT Continued 5596 YKG 7 10 151217 0 PAGE 1 of 4 Detach and mail with check payable to Wells Fargo Account Number New Balance Minimum Payment \$459.00 Payment Due Date 01/11/2016 02852552003000000004590041473060811411590 Amount Enclosed JOHN M BUKOVINSKY 2005 FINDERNE ST OAKHURST NJ 07755-1116 WELLS FARGO CARD SERVICES YKG իսիհիկիկիդեսիկութիկիրկիրիկիկիկինուհրիկիկիկինի PO BOX 5284 128 CAROL STREAM IL 60197-5284 լլիկոյհեկլիրությունին և բարանակին անկին արև և հերանակին և հերանակին և հերանակին և հերանակին և հերանակին և հերա

Check here and see reverse for address and/or phone number correction.