Fill in this information to identify the case:								
Debtor 1	FOX ORTEGA ENTERPRISES, INC							
Debtor 2								
(Spouse, if filing)								
United States Bar	nkruptcy Court for the: NORTHERN District of CALIFORNIA							
Case number	16-40050-7 (State)							

Official Form 410

Proof of Claim 04/16

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.

١	Part 1: Identify the C	laim									
1.	Who is the current creditor?	American Express Travel Related Services Co, Inc Name of the current creditor (the person or entity to be paid for this claim)									
		Other names t	the creditor used w	vith 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 shou	ld notices to the	creditor be se	nt?	Where should payments to the creditor be sent? (if different)					
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	lure (FRBP) 2002(g)				Name					
		PO Box 3001 Number	Street			Number	Street				
		Malvern		PA	19355-0701						
		City		State	ZIP Code	City		State	ZIP Code		
		Contact phone	610-228-2570			Contact phone	610-228-2570				
		Contact email	proofofclaim@be	ecket-lee.com		Contact email	payments@beck	et-lee.com			
		Uniform claim id	entifier for electronic	payments in cha	apter 13 (if you use o	one):					
4.	Does this claim amend one already filed?	☑ No □ Yes.	Claim number or	n court claims	registry (if known)		Filed o	n MM / DD	/ YYYY		
5.	Do you know if anyone else has filed a proof of claim for this claim?	☑ No □ Yes.	Who made the e	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 debte	or's accour	t or any nun	nber you use	to identify	the debtor	6	7	1	4
7.	How much is the claim?	*\$4,803,667	* The Claim Balance is subject to change	Does this	amount inc	clude interes	t or other	charges?				
				☑ Yes.		ement itemizir quired by Ban				other		
8.	What is the basis of the claim?		Goods sold, money loan		•			· ·	•	credit ca	ırd.	
		Limit disclo	osing information that is	entitled to p	rivacy, such	as healthcare	e informati	on.				
			RATION FOR THIS DEE ACCEPTED THE AMER									
9.	Is all or part of the claim secured?	☑ No □ Yes.	The claim is secured by	a lien on p	roperty.							
			Nature of property:									
			Real estate.			by the debtor orm 410-A) wi				rtgage Pi	oof of (Claim
			☐ Motor vehicle									
			☐ Other. Describe:									
			Basis for perfection: Attach redacted copies a mortgage, lien, certific recorded.)									
			Value of property:			\$						
			Amount of the claim the	nat is secu	red:	\$						
			Amount of the claim the	nat is unse	cured:	\$	`		f the secur lould matcl			
			Amount necessary to cure any default as of the date of the petition:									
			Annual Interest Rate (☐ Fixed ☐ Variable	when case	was filed)		<u>%</u>					
10.	Is this claim based on a lease?	☑ No □ Yes.	Amount necessary to	cure any d	efault as of	the date of t	he petitio	n.	\$			
11.	Is this claim subject to a right of setoff?	✓ No □ Yes.	Identify the property:									

12.	Is all or part of the claim	$\overline{\checkmark}$	No									
	entitled to priority under 11 U.S.C. § 507(a)?		Yes. Check	one:					Amount entitled to priority			
	A claim may be partly priority and partly			☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).								
	nonpriority. For example, it some categories, the law limits the amount entitled to priority.	1		\$2,850* of deposits toward purchase, lease, or rental of property or services for nal, family, or household use. 11 U.S.C. § 507(a)(7).					\$			
			bankru	s, salaries, or commiss ptcy petition is filed or i.C. § 507(a)(4).								
			☐ Taxes	a)(8).	\$ \$							
				outions to an employe					\$			
			☐ Other.	Specify subsection of	11 U.S.C.	§ 507(a)() that	applies.		\$			
			* Amounts	are subject to adjustment on	4/01/19 and 6	every 3 years after that for	or cases be	egun on or after the date of adju	stment.			
i	Part 3: Sign Below											
	The person completing this proof of claim must	Chec	k the appropri	ate box:								
;	sign and date it.		I am the cred	litor.								
	FRBP 9011(b).	$\overline{\checkmark}$	I am the cred	litor's attorney or auth	orized age	nt.						
(f you file this claim electronically, FRBP		I am the trus	tee, or the debtor, or t	heir author	rized agent. Bankr	uptcy Ru	ıle 3004.				
(5005(a)(2) authorizes courts to establish local rules specifying what a											
í	signature is. A person who files a fraudulent claim could be	I understand that an authorized signature on this <i>Proof of Claim</i> 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 :	ined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.										
;	3571.	I declare under penalty of perjury that the foregoing is true and correct.										
		Exec	uted on date	04/04/2016 MM /DD /YYYY								
		/s/ L/	ARRY BUTLE Signature	R				-				
	Print the name of the person who is completing and signing this claim:											
		Nam	е	Larry			Butle					
				First Name		Middle Name		Last Name				
		Title		Claims Administrato	r							
		Com	pany	Becket and Lee LLP		npany if the authorized a	gent is a se	ervicer.				
		Addr	ess	POB 3001								
				Number	Street							
				Malvern			PA	19355-0701				
				City			State	ZIP Code				
		Cont	act phone	610-228-2570			Email	proofofclaim@becket-le	ee.com			