Fill in this information to identify the case:	
Debtor 1 Fox Ortega Enterprises dba Premier Cru	to the contraction of the contra
Debtor 2 (Spouse, If filing)	
United States Bankruptcy Court for the: Northern District of California	2016 MAR 31 PM 12: 17
Case number 16-40050	44 C 44
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## 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.

P	art 1: Identify the Cla	aim					
1.	Who is the current creditor?	Samuel Vulakh  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?  Sam Vulakh		Where should payments to the creditor be sent? (if different)  Sam Vulakh  Name  1855 Kearny Street, Apt 702  Number Street			
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name  1855 Kearny Street, Apt 702  Number Street					
		San Francisco	CA State	94133 ZIP Code	San Francisco City	CA State	94133 ZIP Code
			365-4868		Contact phone 1-212-3	65-4868	
		Contact email svulakh	@yahoo.con	m	Contact email syulakh		<u>n</u>
The state of the s		Uniform claim identifier for electronic payments in chapter 13 (if you use one):					
4.	Does this claim amend one already filed?	No Yes. Claim numbe	r on court claim	ns registry (if known) _		Filed on	/ DD / YYYY
5.	Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made th	e earlier filing?				

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**Proof of Claim** 

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	Do you have any number you use to identify the debtor?	No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:				
<b>7</b> .	How much is the claim?	\$9,180.00. Does this amount include interest or other charges?				
		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	Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.				
	claim?	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.				
Money paid for the goods (wine) to be delivered once available						
9.	Is all or part of the claim secured?	<ul><li>✓ No</li><li>☐ Yes. The claim is secured by a lien on property.</li></ul>				
		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				
1	0. Is this claim based on a	<b>☑</b> No				
	lease?	Yes. Amount necessary to cure any default as of the date of the petition.				
1	1. Is this claim subject to a	☑ No				
	right of setoff?	☐ Yes. Identify the property:				

Proof of Claim

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12. Is all or part of the claim	☑ No				
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		upport obligations (including a § 507(a)(1)(A) or (a)(1)(B).	limony and child support	) under	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$2,7' personal, f	75* of deposits toward purchas amily, or household use. 11 U.	se, lease, or rental of prop S.C. § 507(a)(7).	perty or services for	\$
entitled to priority.	bankruptcy	aries, or commissions (up to \$ petition is filed or the debtor's \$ 507(a)(4).	12,475*) earned within 1 business ends, whichev	80 days before the er is earlier.	\$
		enalties owed to governmenta	l units. 11 U.S.C. § 507(a	ı)(8).	\$
	☐ Contributio	ns to an employee benefit plar	n. 11 U.S.C. § 507(a)(5).		\$
	Other. Spe	cify subsection of 11 U.S.C. §	507(a)() that applies.		\$
	* Amounts are	subject to adjustment on 4/01/16 a	nd every 3 years after that fo	or cases begun on or afte	or the date of adjustment.
Part 3: Sign Below					
The person completing	Check the appropri	ate box:			
this proof of claim must sign and date it.	I am the credit	or.			
FRBP 9011(b).		or's attorney or authorized age	ent.		
If you file this claim		e, or the debtor, or their autho		Rule 3004.	
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	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the				
is.	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.				
A person who files a 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	I declare under penalty of perjury that the foregoing is true and correct.				
3571.	2/1/2016				
Executed on date MM / DD // YYYY					
		22			
		MI			
	Stgnature				
	Print the name of	the person who is completi	ng and signing this cla	im:	
	Name	Sam Vulakh First name	Middle name	Last name	
	Title				
	Company  Identify the corporate servicer as the company if the authorized agent is a servicer.				
	Address	per above			
	Address	Number Street			
		City		tate ZIP Code	
	Contact phone	212-365-4868	E	<sub>mail</sub> svula <u>kh@yah</u>	oo.com

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