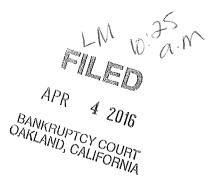
Fill in this information to identify the case:	
Debtor 1 Prémier Cru	
Debtor 2 (Spouse, if filing)	_
United States Bankruptcy Court for the: Novhwh District of Culifornia	
Case number 16-40050 - W.JL.7	



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.

	Part 1: Identify the Claim							
1.	Who is the current creditor?	Paul V. Rap haelian MD Name of the current creditor (the person or entity to be paid for this clai 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Paul Ruphuelian, MD Name 19098 Elizabeth Ct Number Street City State Contact phone Contact phone Contact email Conta	Name Number S City Contact phone Contact email	Street State ZIP Co				
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

	arti2: Give Information	on About the Claim as of the Date the Case Was Filed		
6. Do you have any number you use to identify the debtor:				
7.	How much is the claim?	\$ 1307.58 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).		
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. Goods Sold - Wine futures		
9.	is all or part of the claim secured?	No Yes. The claim is secured by a lien on property. 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. 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: (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		
	ls this claim based on a lease?	No Yes. Amount necessary to cure any default as of the date of the petition. \$		
	Is this claim subject to a right of setoff?	№ No □ Yes. Identify the property:		

12. Is all or part of the claim entitled to priority under						
11 U.S.C. § 507(a)?	☐ Yes. Chec		Amount entitled to priority			
A claim may be partly priority and partly nonpriority. For example,	☐ Dome: 11 U.S	stic support obligations (including alimony and child support) under 6.C. § 507(a)(1)(A) or (a)(1)(B).	\$			
in some categories, the law limits the amount entitled to priority.	Up to spersor	\$2,775* of deposits toward purchase, lease, or rental of property or services for ial, family, or household use. 11 U.S.C. § 507(a)(7).	\$			
	bankru	s, salaries, or commissions (up to \$12,475*) earned within 180 days before the ptcy petition is filed or the debtor's business ends, whichever is earlier. .C. § 507(a)(4).	\$			
	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	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.				
Part 3: Sign Below						
The person completing	Check the appr	onriete hov				
this proof of claim must sign and date it.						
FRBP 9011(b).	I am the creditor. I am the creditor's attorney or authorized agent.					
If you file this claim electronically, FRBP		ustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	,			
5005(a)(2) authorizes courts to establish local rules	[] Laws a minimum to the contract of the cont					
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. A person who files a	amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.					
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.					
2574						
Executed on date 0.3 2.3 2016 MM / DD / YYYY Signature						
	Print the name	of the person who is completing and signing this claim:				
		Paul Variated Day 1: 42	ĺ			
	Name	First name Middle name Last name				
	Title					
	Company					
	Identify the corporate servicer as the company if the authorized agent is a servicer.					
Address Street Street						
		Spring Lake, M1 44456-9662				
	Contact phone	6/6-340-2611 State ZIP Code Email Nraphae	lian@charger.neg			

Official Form 410