UNITED STATES BANKRUPTCY COURT Northern District of California  Name of Debtor:  Fox Ortega Enterprises, Inc. dba Premier Cru  NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.  Name of Creditor (the person or other entity to whom the debtor owes money or property):  Dwight K. Nadamoto  Name and address where notices should be sent: 637 Hakaka Place Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  Telephone number: email:	ai roini 10) (04/13)				
Fox Ortega Enterprises, Inc. dba Premier Cru  16-40050 WJL 7  NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.  Name of Creditor (the person or other entity to whom the debtor owes money or property):  Dwight K. Nadamoto  COURT USE ONLY  Name and address where notices should be sent: 637 Hakaka Place Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  O Check this box if this claim amend previously filed claim.  Court Claim Number: (If known)  Filed on:  O Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	STATES BANKRUPTCY COURT	Northern District of	of California	P	ROOF OF CLAIM
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.  Name of Creditor (the person or other entity to whom the debtor owes money or property):  Dwight K. Nadamoto  Name and address where notices should be sent: 637 Hakaka Place Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  D' Check this box if this claim amend previously filed claim.  Court Claim Number: (If known)  Filed on:  Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	ebtor:	Ca	se Number:		
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Dwight K. Nadamoto  COURT USE ONLY  Name and address where notices should be sent: 637 Hakaka Place Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  Court Claim Number: (If known)  Filed on:  Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	may file a request for payment of an administrat	tive expense according to 11	U.S.C. § 503.		A Committee Control
Name and address where notices should be sent: 637 Hakaka Place Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  Court Claim Number: (If known)  Filed on:  Check this box if this claim amend previously filed claim.  Court Claim Number: (If known)  Court Claim Number: (If known)  Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	` 1	or owes money or property):			COURT USE ONLY
Honolulu, Hawaii 96816  Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Name and address where payment should be sent (if different from above):  One check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.				☐ Check	
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Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com  Filed on:  Name and address where payment should be sent (if different from above):  Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	J, Hawaii 900 10				
Name and address where payment should be sent (if different from above):    Check this box if you are aware the anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	number: (909) 722 0424 email: disaithe	2001@yahaa aam	,	(If kno	wn)
anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	(808) 732-0131 SIMMIN GREITINZ	200 (@yanoo.com		Filed on:	
relating to this claim. Attach copy of statement giving particulars.	ddress where payment should be sent (if different fr	rom above):			
statement giving particulars.					
Telephone number: email:					
Toophole Mandell	number email:				
0.400.74		0.400	7.4		
1. Amount of Claim as of Date Case Filed: \$ 2,402.74	of Claim as of Date Case Filed: \$	2,402	2.74		
If all or part of the claim is secured, complete item 4.	of the claim is secured, complete item 4.				
If all or part of the claim is entitled to priority, complete item 5.	of the claim is entitled to priority, complete item 5.				
Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charge	is box if the claim includes interest or other charges	in addition to the principal	amount of the claim. Attac	h a statement tl	hat itemizes interest or charges.
2. Basis for Claim: Undelivered wines (See instruction #2)	· Claim: Undelivered wines ruction #2)				
3. Last four digits of any number by which creditor identifies debtor:  3a. Debtor may have scheduled account as: 3b. Uniform Claim Identifier (optional):		ve scheduled account as:	3b. Uniform Claim Iden	tifier (options	ni):
under above email address	under above en		70		
(See instruction #3a) (See instruction #3b)  Amount of arrearage and other charges, as of the time case was f	(See instruction #3a)			ıd other charg	tes, as of the time case was filed,
4. Secured Claim (See instruction #4)  Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.	ppropriate box if the claim is secured by a lien on pr				,
				<u> </u>	
Nature of property or right of setoff:	roperty or right of setoff: □Real Estate □Moto	or Vehicle	Basis for perfection:		
Value of Property: \$ Amount of Secured Claim: \$	operty: \$		Amount of Secured Clai	im: \$	
Annual Interest Rate % Fixed or Variable Amount Unsecured: \$			Amount Unsecured:	\$	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specific the priority and state the amount.		507 (a). If any part of the o	claim falls into one of the	following cate	gories, check the box specifying
□ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  □ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(5).  Amount entitled to priori	7 (a)(1)(A) or (a)(1)(B). earned within 180 debtor's business	0 days before the case was f s ceased, whichever is earlie	iled or the employee b	enefit plan –	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).  Taxes or penalties owed to governmental units –  11 U.S.C. § 507 (a)(8).  11 U.S.C. § 507 (a)().	ase, or rental of property or 11 U.S.C. § 507 (personal, family, or household	_	applicable j	paragraph of	\$
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	re subject to adjustment on 4/01/16 and every 3 year	rs thereafter with respect to	cases commenced on or af	ter the date of	adjustment,
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)	The amount of all payments on this claim has been	credited for the purpose of	making this proof of claim	(See instruction	on #6)

B10 (Official Form 10) (04/13) 7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and reducted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: 8. Signature: (See instruction #8) Check the appropriate box. ■ I am the creditor. □ I am the creditor's authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.) I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief. Print Name: Dwight K. Nadamoto for KNAdam Jo Title: 03/31/2016 Company:

Telephone number: (808) 732-0131 email: dkeithn2001@yahoo.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

#### Items to be completed in Proof of Claim form

#### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Address and telephone number (if different from notice address above): 637 Hakaka Place

#### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

#### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

#### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

#### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

#### 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

#### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

#### 6. Credits:

An authorized signature on this proof of claim 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.

#### 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

#### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

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# **ORDER DETAILS**

Order No.: SO-0000479112 Order Date.: May 18, 2015 Status: Open

# **PURCHASE DETAILS**

		, , , , , , , , , , , , , , , , , , ,		*			
Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price	
2010 Chablis Mont de Milieu, Billaud-Simon, 750 ml	6	0	6	0	\$34.99	\$209.94	

Subtotal: \$209.94

Tax:

\$209.94 Total:

\$0.00

# SHIPPING DETAILS

Wine	Ordered	Shipped	Remain	
2010 Chablis Mont de Milieu, Billaud-Simon, 750 ml	6	0	6	

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# **ORDER DETAILS**

Order No.: SO-0000474601 Order Date.: Mar 30, 2015

Status: Open

# **PURCHASE DETAILS**

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2009 Savigny-les-Beaune les Bourgeots, Simon Bize, 750 ml	4	0	4	4	\$44.99	\$179.96
2010 Savigny-les-Beaune les Bourgeots, Simon Bize, 750 ml	4	0	4	4	\$44.99	\$179.96
2010 Savigny-les-Beaune aux Grands Liards, Simon Bize, 750 ml	4	0	4	4	\$51.99	\$207.96

Subtotal: \$567.88

> \$0.00 Tax:

Total: \$567.88

# SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
2009 Savigny-les-Beaune les Bourgeots, Simon Bize, 750 ml	4	0	4
2010 Savigny-les-Beaune les Bourgeots, Simon Bize, 750 ml	4	0	4
2010 Savigny-les-Beaune aux Grands Liards, Simon Bize, 750 ml	4	0	4

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# **ORDER DETAILS**

Order No.: SO-0000398481 Order Date.: Dec 3, 2012 Status: Open

# **PURCHASE DETAILS**

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2010 Montrose, 750 ml	6	0	6	0	\$149.99	\$899.94
2007 Brunello di Montalcino Montosoli, Altesino, 750 ml	6	6	0	0	\$69.99	\$419.94

Subtotal:

\$1,319.88

Tax:

\$0.00

Total: \$1,319.88

# SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
2010 Montrose, 750 ml	6	0	6
2007 Brunello di Montalcino Montosoli, Altesino, 750 ml	6	6	0

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# **ORDER DETAILS**

Order No.: SO-0000494387 Order Date.: Nov 12, 2015 Status: Open

## **PURCHASE DETAILS**

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2005 Bollinger Grand Annee Magnum, 1.5 L	1	0	1	0	\$109.99	\$109.99

Subtotal:

\$109.99 \$0.00

Tax: Total:

\$109.99

## SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
2005 Bollinger Grand Annee Magnum, 1.5 L	1	0	1

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# **ORDER DETAILS**

Order No.: SO-0000494355 Order Date.: Nov 11, 2015 Open Status:

# **PURCHASE DETAILS**

Wine	Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
2007 Cristal Rose, 750 ml	1	0	1	0	\$225.00	\$225.00

Subtotal:

\$225.00 \$0.00

Tax: Total:

\$225.00

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# **SHIPPING DETAILS**

Wine	Ordered	Shipped	Remain
2007 Cristal Rose, 750 ml	1	0	1

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# **ORDER DETAILS**

Order No.: SO-0000494091 Order Date.: Nov 9, 2015 Status: Open

# **PURCHASE DETAILS**

Wine		Qty	Shipped	Remain	Ready To Ship	Price/Bottle	Total Price
	ignums, 1.5 L	2	0	2	0	\$194.99	\$389.99

Subtotal:

\$389.99 \$0.00

Tax: Total:

\$389.99

# SHIPPING DETAILS

Wine	Ordered	Shipped	Remain
Krug Magnums, 1.5 L	2	0	2

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