

**Fill in this information to identify the case:**

Debtor name Fox Ortega Enterprises, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

# Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

| Name | Mailing Address | Name | Check all schedules that apply: |
|------|-----------------|------|---------------------------------|
|------|-----------------|------|---------------------------------|

|     |                 |  |                                  |  |
|-----|-----------------|--|----------------------------------|--|
| 2.1 | <b>John Fox</b> | <b>c/o Eric Nyberg<br/>1970 Broadway, Ste. 225<br/>Oakland, CA 94612</b> | <b>Community Bank of the Bay</b> | <input checked="" type="checkbox"/> D <u>2.1</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|-----------------|--|----------------------------------|--|

|     |                                   |  |  |  |
|-----|-----------------------------------|--|--|--|
| 2.2 | <b>John Fox and Hector Ortega</b> | <b>co-defendants on various lawsuits</b> |  | <input type="checkbox"/> D _____<br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
|-----|-----------------------------------|--|--|--|