Fill in this information to identify the case:

Debtor 1 SUGARFINA,INC., A DELAWARE CORPORATION

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court: DISTRICT OF DELAWARE

Case number 19-11973 MFW **Chapter: 11**

RECEIVED
FEB 17 2020
BMC GROUP

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?**

County or Orange
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?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

County of Orange
Name

PO Box 4515
Number Street

Santa Ana CA 92702
City State ZIP Code

Contact phone 714-834-3411

Contact email _____

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):
_ _

4. **Does this claim amend one already filed?**

☐ No
☒ Yes. Claim number on court claims registry (if known) 15 Filed on 9/23/2019 MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**

☒ No
☐ Yes. Who made the 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 debtor's account or any number you use to identify the debtor: BK1900114

7. **How much is the claim?** $ 443.86. **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.

Personal Property Taxes 01-01-2017 thru 01-01-2018 & 2019 Tc Ref# 0826016

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.*
☐ Motor vehicle
☒ Other. Describe: _____

Basis for perfection: **Statutory/Recorded Lien**
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: $ Unknown

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) 18 %
☒ Fixed
☐ Variable

10. **Is this claim based on a lease?**
☒ No
☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ _____

11. **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)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ No

☒ Yes. *Check all that apply:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$
☐ 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).	$
☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$
☒ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$ 333.86
☐ 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 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 this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date February 11, 2020
MM / DD / YYYY

R. D. Butani
Signature

SHARI L. FREIDENRICH, Orange County Treasurer-Tax Collector

Print the name of the person who is completing and signing this claim:

Name: Ratna (First name) D (Middle name) Butani (Last name)

Title: Bankruptcy Collection Officer

Company: County of Orange
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO Box 4515
Number Street

Santa Ana (City) CA (State) 92702 (ZIP Code)

Contact phone: 714-834-3411 Email:

DEBTOR: Sugarfina Inc. a Delaware Corporation			
CASE NO.:	19-11973 MFW	PETITION DATE :	9/6/2019
CHAPTER:	11	BANKRUPTCY NO:	1900114

Pre-Petition Priority Tax Liability

YEAR	PROPERTY TYPE/TAX REFERENCE & ASSESSMENT NO.	NET VALUE	TOTAL BASE TAX	Basic 10% PENALTY	ADDL PENALTY	INTEREST	FEES	AMOUNT PAID	CLAIM TOTAL
2019*	BUSINESS ESCAPE W/INT 0826016/20-004541	27,900	322.49	$0.00	$0.00	11.37	0.00	0.00	$333.86
		$27,900	$322.49	$0.00	$0.00	$11.37	$0.00	$0.00	$333.86

file a Business Property Statement, or if the debtor has acquisitions or dispositions of assets subject to assessment.

* If this is an amended Proof of Claim the asterisked items have been revised to reflect supplemental assessments, roll corrections, escape audits and/or the actual assessments and issuance of bills regarding previously estimated amounts.

I certify the above to be a true and correct copy of the original entry of the secured/unsecured property tax roll.
COUNTY OF ORANGE
By R.D. Butani
Ratna D Butani 2/11/2020
Bankruptcy Collection Officer

CERTIFICATE OF REGISTRATION - This is the only notification you will receive.

OC Public Works

County of Orange
Sealer of Weights & Measures
222 E. Bristol Lane, Orange, CA 92865-2714
Phone: (714) 955-0108 Fax: (714) 921-2713

BILLING PHONE: (714) 472-9529
LOCATION PHONE: (714) 472-9529

0000070-0000070 PDFT 001 ------ 652184
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

DESCRIPTION	AMOUNT DUE
Your prorated annual fee for 2 device(s): 2 Price Scanner or PLU	44.00
PENALTY IF PAID AFTER 11/15/17 IS 25% OF THE PRORATED FEE: $11.00 TOTAL FEE AND PENALTY: $55.00	
AMOUNT DUE BEFORE 11/15/17	**$44.00**

THIS IS YOUR PERMIT - POST IN PUBLIC VIEW

07/01/17 - 06/30/2018

County of Orange
Sealer of Weights & Measures
CERTIFICATE OF REGISTRATION

INVOICE NO.	**D10089043**
PERMIT VALID THROUGH	**06/30/18**
PERMIT NO.	**PV-106260**

GRANTED TO:
SUGARFINA
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

This permit is NON-TRANSFERABLE, and is valid only through continued compliance with state and local laws, ordinances, rules and regulations applicable to the type of devices for which this permit was issued. **In addition, it is only valid upon payment of the annual registration fee.** This permit is valid only for specific devices at the location for which it is issued.

Do not staple or clip payment. Please detach at perforation and return this stub with your payment to ensure timely credit to your account. Please do not send cash

County of Orange
Sealer of Weights & Measures

INVOICE NO.	**D10089043**
DATE OF INVOICE	**09/30/17**
PERMIT NO.	**PV-106260**

☐ CHECK IF YOU HAVE CHANGES IN ADDRESS OR DEVICES. SEE REVERSE FOR DETAILS.

DATE DUE	AMOUNT BILLED	AMOUNT PAID
11/15/17	**$44.00**	

MAIL PAYMENT TO:
COUNTY OF ORANGE
ATTN: ORANGE COUNTY TREASURER
PO BOX 4005
SANTA ANA, CA 92702-4005

MAKE CHECK PAYABLE TO:
COUNTY OF ORANGE

PLEASE REFERENCE THE INVOICE NUMBER ON YOUR CHECK.

PAY BY eCHECK OR CREDIT CARD AT WWW.OCPAYMENT.COM

eCheck ELECTRONIC CHECK DISCOVER MasterCard VISA

10100D10089043 5PWWAM 109301700000004400111517000000055000003604

OCPublicWorks

CERTIFICATE OF REGISTRATION - This is the only notification you will receive.

County of Orange
Sealer of Weights & Measures
222 E. Bristol Lane, Orange, CA 92865-2714
Phone: (714) 955-0108 Fax: (714) 921-2713

BILLING PHONE: (714) 472-9529
LOCATION PHONE: (714) 472-9529

0003039-0003039 PDFT 001 ------ 717357
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

DESCRIPTION	AMOUNT DUE
Your annual fee for 2 device(s): 2 Price Scanner or PLU	44.00
PENALTY IF PAID AFTER 08/15/18 IS 25% OF THE ANNUAL FEE: $11.00 TOTAL FEE AND PENALTY: $55.00	
AMOUNT DUE BEFORE 08/15/18	**$44.00**

THIS IS YOUR PERMIT - POST IN PUBLIC VIEW

07/01/18 - 06/30/2019

County of Orange
Sealer of Weights & Measures
CERTIFICATE OF REGISTRATION

INVOICE NO.	**D10092848**
PERMIT VALID THROUGH	**06/30/19**
PERMIT NO.	**PV-106260**

GRANTED TO:
SUGARFINA
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

This permit is NON-TRANSFERABLE, and is valid only through continued compliance with state and local laws, ordinances, rules and regulations applicable to the type of devices for which this permit was issued. **In addition, it is only valid upon payment of the annual registration fee.** This permit is valid only for specific devices at the location for which it is issued.

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County of Orange
Sealer of Weights & Measures

INVOICE NO.	**D10092848**
DATE OF INVOICE	**07/01/18**
PERMIT NO.	**PV-106260**

☐ CHECK IF YOU HAVE CHANGES IN ADDRESS OR DEVICES. SEE REVERSE FOR DETAILS.

DATE DUE	AMOUNT BILLED	AMOUNT PAID
08/15/18	**$44.00**	

MAIL PAYMENT TO:
COUNTY OF ORANGE
ATTN: ORANGE COUNTY TREASURER
PO BOX 4005
SANTA ANA, CA 92702-4005

MAKE CHECK PAYABLE TO:
COUNTY OF ORANGE

PLEASE REFERENCE THE INVOICE NUMBER ON YOUR CHECK.

PAY BY eCHECK OR CREDIT CARD AT WWW.OCPAYMENT.COM

eCheck ELECTRONIC CHECK DISCOVER VISA

10100D10092848 2PWWAM 1070118000000044000815180000000550000003608

PROOF OF SERVICE BY MAIL

(CCP SEC. 1013A, 2015.5)

I am employed in the County of Orange, State of California. I am over the age of 18 years and not a party to the within action. My business address is Orange County Treasurer-Tax Collector, 625 N. Ross St. Room G-58, Santa Ana, CA 92702.

DOCUMENT(S) SERVED: Proof of Claim

On February 13, 2019, I served the documents named above on the parties in this action by placing a true copy of said document(s) in a sealed envelope in the following manner:

[X] (BY MAIL) I caused each such envelope, with postage fully prepaid, to be placed in the United States mail at Santa Ana, California. I am readily familiar with this office's practice for collecting and processing correspondence for mailing, said practice for collecting and processing correspondence for mailing, said practice being that in the ordinary course of business, mail is deposited in the United States Postal Service the same day as it is place for.

[X] (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on February 13, 2020

at Santa Ana, California by

Elizabeth Bermudez

NAME AND ADDRESS OF PERSON(S) SERVED:

Attorney for the Debtor
Alan Jay Friedman
Shulman Hodges & Bastian LLP
100 Spectrum Center Drive
Suite 600
Irvine, CA 92618

Claims and Noticing Agent
BMC Group, Inc.
Attn: Claims & Noticing Agent
3732 West 120th Street
Hawthorne, CA 90250

Fill in this information to identify the case:

Debtor 1 SUGARFINA,INC., A DELAWARE CORPORATION

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court: DISTRICT OF DELAWARE

Case number 19-11973 MFW **Chapter: 11**

RECEIVED
SEP 23 2019
BMC GROUP

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?

County or Orange
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?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

County of Orange
Name

PO Box 4515
Number Street

Santa Ana CA 92702
City State ZIP Code

Contact phone 714-834-3411

Contact email _____

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone _____

Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

_ _

4. Does this claim amend one already filed?

☒ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☒ No
☐ Yes. Who made the 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 debtor's account or any number you use to identify the debtor: BK1900114

7. **How much is the claim?** $ 110.00 . **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.

   01-01-2017 thru 01-01-2018

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.*
   - ☐ Motor vehicle
   - ☒ Other. Describe: _____

   Basis for perfection: Statutory/Recorded Lien

   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: $ Unknown

   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) 18 %
   - ☒ Fixed
   - ☐ Variable

10. **Is this claim based on a lease?**
    - ☒ No
    - ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $ _____

11. **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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. *Check all that apply:* **Amount entitled to priority**

- ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). $_____
- ☐ 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). $_____
- ☐ Wages, salaries, or commissions (up to $12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4). $_____
- ☒ Taxes 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 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 this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

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.

Check the appropriate box:

- ☐ I am the creditor.
- ☒ I am the creditor's attorney or authorized agent.
- ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- ☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date September 19, 2019
MM / DD / YYYY

R. D. Butani
Signature

SHARI L. FREIDENRICH, Orange County Treasurer-Tax Collector

Print the name of the person who is completing and signing this claim:

Name: Ratna (First name) D (Middle name) Butani (Last name)

Title: Bankruptcy Collection Officer

Company: County of Orange
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: PO Box 4515
Number Street

Santa Ana (City) CA (State) 92702 (ZIP Code)

Contact phone 714-834-3411 Email _____

ORANGE COUNTY
OC Public Works
Our Community. Our Commitment.

CERTIFICATE OF REGISTRATION - This is the only notification you will receive.

County of Orange
Sealer of Weights & Measures
222 E. Bristol Lane, Orange, CA 92865-2714
Phone: (714) 955-0108 Fax: (714) 921-2713

BILLING PHONE: (714) 472-9529
LOCATION PHONE: (714) 472-9529

DESCRIPTION	AMOUNT DUE
Your prorated annual fee for 2 device(s): 2 Price Scanner or PLU	44.00
PENALTY IF PAID AFTER 11/15/17 IS 25% OF THE PRORATED FEE: $11.00 TOTAL FEE AND PENALTY: $55.00	
AMOUNT DUE BEFORE 11/15/17	**$44.00**

0000070-0000070 PDFT 001 ------ 652184
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

THIS IS YOUR PERMIT - POST IN PUBLIC VIEW

07/01/17 - 06/30/2018

County of Orange
Sealer of Weights & Measures
CERTIFICATE OF REGISTRATION

INVOICE NO.	**D10089043**
PERMIT VALID THROUGH	**06/30/18**
PERMIT NO.	**PV-106260**

GRANTED TO:

SUGARFINA
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

This permit is NON-TRANSFERABLE, and is valid only through continued compliance with state and local laws, ordinances, rules and regulations applicable to the type of devices for which this permit was issued. **In addition, it is only valid upon payment of the annual registration fee.** This permit is valid only for specific devices at the location for which it is issued.

Do not staple or clip payment. Please detach at perforation and return this stub with your payment to ensure timely credit to your account. Please do not send cash

County of Orange
Sealer of Weights & Measures

INVOICE NO.	**D10089043**
DATE OF INVOICE	**09/30/17**
PERMIT NO.	**PV-106260**

☐ CHECK IF YOU HAVE CHANGES IN ADDRESS OR DEVICES. SEE REVERSE FOR DETAILS.

DATE DUE	AMOUNT BILLED	AMOUNT PAID
11/15/17	**$44.00**	

MAIL PAYMENT TO:
COUNTY OF ORANGE
ATTN: ORANGE COUNTY TREASURER
PO BOX 4005
SANTA ANA, CA 92702-4005

MAKE CHECK PAYABLE TO:
COUNTY OF ORANGE

PLEASE REFERENCE THE INVOICE NUMBER ON YOUR CHECK.

PAY BY eCHECK OR CREDIT CARD AT WWW.OCPAYMENT.COM

eCheck ELECTRONIC CHECK

AMERICAN EXPRESS DISCOVER MasterCard VISA

10100D10089043 5PWWAM 1093017000000044001115170000000550000003604

ORANGE COUNTY
OC Public Works
Our Community. Our Commitment.

CERTIFICATE OF REGISTRATION - This is the only notification you will receive.

County of Orange
Sealer of Weights & Measures
222 E. Bristol Lane, Orange, CA 92865-2714
Phone: (714) 955-0108 Fax: (714) 921-2713

BILLING PHONE: (714) 472-9529
LOCATION PHONE: (714) 472-9529

DESCRIPTION	AMOUNT DUE
Your annual fee for 2 device(s): 2 Price Scanner or PLU	44.00
PENALTY IF PAID AFTER 08/15/18 IS 25% OF THE ANNUAL FEE: $11.00 TOTAL FEE AND PENALTY: $55.00	
AMOUNT DUE BEFORE 08/15/18	**$44.00**

0003039-0003039 PDFT 001 ------ 717357
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

THIS IS YOUR PERMIT - POST IN PUBLIC VIEW

07/01/18 - 06/30/2019

County of Orange
Sealer of Weights & Measures
CERTIFICATE OF REGISTRATION

INVOICE NO.	**D10092848**
PERMIT VALID THROUGH	**06/30/19**
PERMIT NO.	**PV-106260**

GRANTED TO:

SUGARFINA
SUGARFINA
3333 BRISTOL STREET, SUITE 1218
COSTA MESA, CA 92626

This permit is NON-TRANSFERABLE, and is valid only through continued compliance with state and local laws, ordinances, rules and regulations applicable to the type of devices for which this permit was issued. **In addition, it is only valid upon payment of the annual registration fee.** This permit is valid only for specific devices at the location for which it is issued.

Do not staple or clip payment. Please detach at perforation and return this stub with your payment to ensure timely credit to your account Please do not send cash

County of Orange
Sealer of Weights & Measures

INVOICE NO.	**D10092848**
DATE OF INVOICE	**07/01/18**
PERMIT NO.	**PV-106260**

☐ CHECK IF YOU HAVE CHANGES IN ADDRESS OR DEVICES. SEE REVERSE FOR DETAILS.

DATE DUE	AMOUNT BILLED	AMOUNT PAID
08/15/18	**$44.00**	

MAIL PAYMENT TO:
COUNTY OF ORANGE
ATTN: ORANGE COUNTY TREASURER
PO BOX 4005
SANTA ANA, CA 92702-4005

MAKE CHECK PAYABLE TO:
COUNTY OF ORANGE

PLEASE REFERENCE THE INVOICE NUMBER ON YOUR CHECK.

PAY BY eCHECK OR CREDIT CARD AT WWW.OCPAYMENT.COM

eCheck ELECTRONIC CHECK DISC_VER VISA

10100D10092848 2PWWAM 1070118000000044000815180000000550000003608

PROOF OF SERVICE BY MAIL

(CCP SEC. 1013A, 2015.5)

I am employed in the County of Orange, State of California. I am over the age of 18 years and not a party to the within action. My business address is Orange County Treasurer-Tax Collector, 625 N. Ross St. Room G-58, Santa Ana, CA 92702.

DOCUMENT(S) SERVED: Proof of Claim

On September 20, 2019, I served the documents named above on the parties in this action by placing a true copy of said document(s) in a sealed envelope in the following manner:

[X] (BY MAIL) I caused each such envelope, with postage fully prepaid, to be placed in the United States mail at Santa Ana, California. I am readily familiar with this office's practice for collecting and processing correspondence for mailing, said practice for collecting and processing correspondence for mailing, said practice being that in the ordinary course of business, mail is deposited in the United States Postal Service the same day as it is place for.

[X] (STATE) I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on September 20, 2019

at Santa Ana, California by

Jennifer Burkhart

NAME AND ADDRESS OF PERSON(S) SERVED:

Attorney for the Debtor
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Claims Agent
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Attn: Claims & Noticing Agent
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