Fill in this information to identify the case:									
Debtor									
United States Bankruptcy Court for the: Central District of California									
Case number									

Official Form 410

Proof of Claim 04/16

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? 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 Nο acquired from Yes. From whom? someone else? 3. Where should notices Where should notices to the creditor be sent? Where should payments to the creditor be sent? (if and payments to the different) creditor be sent? Federal Rule of Name Name Bankruptcy Procedure (FRBP) 2002(g) Number Street Number Street ZIP Code ZIP Code City State City State Contact phone Contact phone Contact email Contact email Uniform claim identifier for electronic payments in chapter 13 (if you use one): 4. Does this claim amend Yes. Claim number on court claims registry (if known) _ one already filed? Filed on MM / DD / YYYY 5. Do you know if anyone Yes. Who made the earlier filing? else has filed a proof of claim for this claim?

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:									
7.	low much is the claim?	\$ Does this amount include interest or other charges? \[\sum_{\text{No}}\] \text{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.									
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: 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: Amount of the claim that is unsecured: Amount necessary to cure any default as of the date of the petition: Annual Interest Rate (when case was filed)% 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)?			No Yes. Check all that apply: Amount entitled to priority									
A claim may be partly priority and partly					bligations (i (1)(A) or (a)		g alimony a	ınd child sı	upport) und	er	\$	
nonpriority. For example, in some categories, the law limits the amount			Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).							for \$		
entitled to priority.			bankrupt	es, salaries, or commissions (up to \$12,850*) earned within 180 days before the cruptcy petition is filed or the debtor's business ends, whichever is earlier.							he \$	
			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 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.											stment.
Part 3: Sign Below												
The person completing	Check the appropriate box:											
this proof of claim must sign and date it.			the credito									
FRBP 9011(b). If you file this claim				he creditor's attorney or authorized agent.								
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	 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. 											
specifying what a signature is.	I understand that an authorized signature on this <i>Proof of Claim</i> 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.											
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 3571.	I declare under penalty of perjury that the foregoing is true and correct.											
3371.												
Signature												
Print the name of the person who is completing and signing this claim:												
	Nam	ie	_ Fi	First name Middle name Last name								
	Title		_									
Company Identify the corporate servicer as the company if the authorized agent is a servicer.												
	Address Number Street										 .	
			State ZIP Code									
Contact phone Email												