

United States Bankruptcy Court District of IDAHO • Sub-district of MOSCOW		<b>PROOF OF CLAIM</b> <small>THIS SPACE IS FOR COURT USE ONLY</small>
<b>Name of Debtor(s):</b> <p style="text-align: center;">GERALD LINDSEY</p>	<b>Case Number:</b> <p style="text-align: center;">03-21652</p>	<div style="font-size: 1.2em; font-weight: bold;">03 NOV -4 PM 2:39</div> <div style="font-size: 0.8em;">RECEIVED CAMERON S. BURKE CLERK IDAHO</div>
	<b>Chapter:</b> <p style="text-align: center;">13</p>	
	<b>Trustee:</b> <p style="text-align: center;">C BARRY ZIMMERMAN</p>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. §503</small>		
<b>Name of Creditor</b> (The person or other entity to whom the debtor owes money or property): <p style="text-align: center;"><b>Idaho State Tax Commission</b></p>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent: <p style="text-align: center;">Idaho State Tax Commission Bankruptcy Unit P.O. Box 36 Boise, ID 83722</p>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
	<input type="checkbox"/> Check box if the address differs from the address on the envelope.	
Account or other number by which identifies debtor: <p style="text-align: center;">SEE ATTACHMENT</p>	<input type="checkbox"/> Check below if this claim: <input type="checkbox"/> Replaces a previously filed claim dated: _____ <input type="checkbox"/> Amends a previously filed claim dated: _____	
<b>1. Basis for Claim</b>		
<input type="checkbox"/> Goods sold	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114	
<input type="checkbox"/> Services performed	<input type="checkbox"/> Wages, Salaries and compensation (fill out below)	
<input type="checkbox"/> Money loaned	Your SS #: _____	
<input type="checkbox"/> Personal injury/wrongful death	Unpaid compensation for services performed from _____ to _____	
<input checked="" type="checkbox"/> Taxes	(date) (date)	
<input type="checkbox"/> Other	<b>UNLIQUIDATED LIABILITIES</b>	
<b>2. Date debt was incurred:</b> <p style="text-align: center;">SEE ATTACHMENT</p>	<b>3. If court Judgment, date obtained:</b>	
<b>4. Secured Claim</b>	<b>5. Unsecured Priority Claim</b>	
<input type="checkbox"/> Check box if your claim is secured by collateral (including a right of setoff)	<input checked="" type="checkbox"/> Check box if you have an unsecured priority claim	
<b>Brief Description of Collateral:</b> See below	Amount entitled to priority: <span style="float: right; border: 1px solid black; padding: 2px;">\$525,916.17</span>	
Value of Collateral: _____	<b>Specify Priority Of Claim:</b>	
Amount of arrearage and other charges <i>at time the case was filed</i> included in secured claim, if any: _____	<input type="checkbox"/> Wages, Salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation or the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))	
<b>6. Total Amount of Claim at Time Case was Filed</b>	<input type="checkbox"/> Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))	
SECURED <span style="float: right; border: 1px solid black; padding: 2px;">\$0.00</span>	<input type="checkbox"/> Up to \$2100* of deposits toward purchase, lease, or rental of property or services for personal, family or household use (11 U.S.C. § 507 (a)(6))	
UNSECURED PRIORITY <span style="float: right; border: 1px solid black; padding: 2px;">\$525,916.17</span>	<input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))	
UNSECURED GENERAL <span style="float: right; border: 1px solid black; padding: 2px;">\$42,655.00</span>	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))	
<b>TOTAL</b> <span style="float: right; border: 1px solid black; padding: 2px;">\$568,571.17</span>	Other - Specify applicable paragraph of (11 U.S.C. § 507 (a) ) _____	
<small>* Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>		
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<small>THIS SPACE IS FOR COURT USE ONLY</small>
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, please explain. If the documents are voluminous, attach a summary.		
9. Date Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <p style="text-align: center;">11/04/2003</p>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim <p style="text-align: center;"><i>Kris Fosness</i> <b>KRIS FOSNESS</b> Bankruptcy Unit Tel. (208) 334-7778</p>	
<b>Penalty for presenting fraudulent claim:</b> Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571		

# Proof of Claim - State Tax Liability Itemization

STC Form 10  
Attachment

Idaho State Tax Commission  
Bankruptcy Unit  
P.O. Box 36  
Boise, ID 83722

Case Number: 03-21652  
Chapter: 13

NOTES:

- # Period has priority status. Assessed within 240 days of bankruptcy petition date.
- \* Unliquidated liability - Unfiled return

**UNSECURED PRIORITY CLAIMS**

<i>Note</i>	<i>Taxpayer ID</i>	<i>Taxpayer ID</i>	<i>Tax Type</i>	<i>Tax Period</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>	<i>Total</i>
#	8816		Indv Income	Dec 1997	\$113,445.00	\$44,998.82	\$158,443.82
#	8816		Indv Income	Dec 1998	\$266,892.00	\$85,273.82	\$352,165.82
#	8816		Indv Income	Dec 1999	\$3,797.00	\$935.97	\$4,732.97
*	8816		Indv Income	Dec 2001	\$5,000.00	\$447.53	\$5,447.53
*	8816		Indv Income	Dec 2002	\$5,000.00	\$126.03	\$5,126.03

**Total Amount of Unsecured Priority Claims: \$525,916.17**

**UNSECURED GENERAL CLAIMS**

<i>Note</i>	<i>Taxpayer ID</i>	<i>Taxpayer ID</i>	<i>Tax Type</i>	<i>Tax Period</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>	<i>Total</i>
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Penalty to date of petition on unsecured priority claims (including interest thereon) . . . . . \$42,655.00

**Total Amount of Unsecured General Claims: \$42,655.00**