

FORM B10 (4/99)

United States Bankruptcy Court
District of Idaho

Complete this form and mail to U.S. Bankruptcy Court 801 E. Sherman St. Pocatello, ID 83201

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY
U.S. DISTRICT COURT
U.S. BANKRUPTCY COURT
DISTRICT OF IDAHO

Name of Debtor: LYNN KETTERLING
JEANNE KETTERLING

Case Number: 03-41318

NOV 02 2003

Chapter: 12

Trustee: FORREST P. HYMAS

M. REC'D
LOGGED FILED

Name of Creditor (The person or other entity to whom the debtor owes money or property):
FREDERS GRAIN, INC.
C/O FLETCHER LAW OFFICE
P.O. BOX 248
BURLEY, ID 83318

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.
Check box if you have never received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope.

FAX FILED

Account or other number by which identifies debtor:

Check here if this claim: Replaces Amends a previously filed claim dated:

1. Basis for Claim: Goods Sold Services Performed Money Loaned Personal Injury/Wrongful Death Taxes
 Retiree benefits as defined in 11 U.S.C. §1114 (a) Other (please describe):
Wages, Salaries and compensation: Your Social Security Number: _____ (date) to _____ (date)
 Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: FEBRUARY, 2003

3. If court Judgment, date obtained:

4. SECURED CLAIM

Check box if your claim is secured by collateral (including a right of setoff)

Brief Description of Collateral:

Real Estate Motor Vehicle
 Other _____

Value of Collateral \$ _____

Amount of precharge and other charges at time the case was filed included in secured claim, if any: \$ _____

5. UNSECURED PRIORITY CLAIM

Check box if you have an unsecured priority claim

Amount entitled to priority \$ _____

SPECIFY PRIORITY OF CLAIM

Wages, Salaries, or commissions (up to \$4650* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. (11 U.S.C. § 507 (a)(3))
Contributions to an employee benefit plan (11 U.S.C. § 507 (a)(4))
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))
Alimony, maintenance, or support owed to a spouse, former spouse or child (11 U.S.C. § 507 (a)(7))
Taxes or penalties owed to governmental units (11 U.S.C. § 507 (a)(8))
Other - Specify applicable paragraph of (11 U.S.C. § 507 (a)())

*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.

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ 30,832.10 SECURED \$ _____
PRIORITY \$ _____ TOTAL \$ 30,832.10

Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. 29,213.6 (Prin) + 1,618.49 (Int)

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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. DO NOT SEND ORIGINAL DOCUMENTS. 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

OCTOBER 31, 2003

Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)

KENT FLETCHER, ATTORNEY

Penalty for filing a false claim: Fine up to \$500,000 or imprisonment for up to 5 years or both.

