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

Name of Debtor: Lynn Ketterling
dba: Ketterling Farms

Case Number: 03-41318

Chapter: 12 **Trustee:** Forrest P Hymas

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.

Name of Creditor (The person or other entity to whom the debtor owes money or property): State Insurance Fund
1215 W State
Boise, Id 83720

_ 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.

Account or other number by which identifies debtor: 556922

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): Unpaid Workers Compensation Premium
Wages, Salaries and compensation: Your Social Security Number: _____
Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: Billed 2/28/03,3/9/03,4/10/03

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 arrearage 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 $ 9424.00

SPECIFY PRIORITY OF CLAIM
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))
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)(3))

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 $_____ SECURED $_____
PRIORITY $ 9424.00 **TOTAL** $ 9424.00
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.

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 7/29/03

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)
Terri Ritter, Collections Supervisor
Terri Ritter, Collections Supervisor

Penalty for presenting fraudulent claim Fine up to $500,000 or imprisonment for up to 5 year, or both. 18 U.S.C.§152 and §3571

STATE INSURANCE FUND

1215 W. State Street - PO Box 83720 - Boise, Idaho 83720-0044
Phone (208) 332-2100 - (800) 334-2370

*** CANCELLED ***

WORKERS COMPENSATION STATEMENT

*** REPRINT ***

Policy Number : 556922

Due Date	Amount Due
08/13/2003	$9,424.00
Statement Number	**Statement Date**
4438266	07/24/2003

UB202 RE

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Billing Questions?
AGENT: 391
STARLEY LEAVITT INS. AGCY, INC. (BUR)
208/678-9063
UNDERWRITER:
TERRI RITTER
208/332-2215

Date	Policy Year	Trans. Num.	Description	Amount
			Previous Balance - Past Due	$10,121.00
07/24/2003	01/01/2003	006846566	Audit Adjustment	$697.00-
			Current Balance - Payable by Due Date	$9,424.00

IMPORTANT NOTICE: Any Previous Balance is due 30 days from its original invoice date.

To Ensure Proper Credit, Detach Here and Return with Payment -- Please Put Policy Number on Check

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Policy Number	Statement Number
556922	4438266
Amount Due	Due Date
9,424.00	08/13/2003

Amount Enclosed
$ _____

☐ **"X" Box If Address Change**

New Address: _____

New Phone #: _____

STATE INSURANCE FUND
PO BOX 990002
BOISE ID 83799-0002

703 000556922 004438266 000942400

STATEMENT INFORMATION

*** CANCELLED ***

Policy Number	Statement Number	Policy Period	Bill Type
556922	4438266	01/01/2003 - 05/05/2003	Audit Adjustment Transaction ID: 006846566

AUDIT DETAIL

Coverage Information

BUSINESS : 1 KETTERLING LYNN
Owner/Officer: LYNN KETTERLING - Exempt - Sole Proprietor

Location : 1 KETTERLING LYNN

Period : 01/01/2003 - 05/05/2003

Class	RT	Description	Emp	Payroll	Rate	Prem charge
003700	EM	FARM: FIELD CROPS & DRIVERS	0.00	$1,216	6.03	$73
005000	EM	FARM MACHINERY OPERATION-BY CONTRACTOR &	0.00	$0	7.58	$0
008300	EM	FARM: CATTLE/LIVESTOCK RAISING NOC & DRI	0.00	$36,783	12.12	$4,458

Total Payroll : $37,999 **Manual Premium :** $4,531

Premium Information

Description	Period	Adjustment	Amount
Ratable Manual Premium	01/01/2003 - 05/05/2003		$4,531
Net Annual Premium	01/01/2003 - 05/05/2003		$4,531

Prior Billed Premium:

Bill Date	Period	Description	Amount
03/09/2003	01/01/2003 - 01/01/2004	Policy Fee - Waived	$0.00
03/09/2003	01/01/2003 - 01/01/2004	Premium Deposit	$2,138.00
04/10/2003	01/01/2003 - 03/31/2003	Payroll Report	$3,090.00
Total Prior Billed Premium			$5,228.00

Net Difference Due (Net Annual Premium less Total Prior Billed Premium) $697.00-

STATE INSURANCE FUND

1215 W. State Street - PO Box 83720 - Boise, Idaho 83720-0044
Phone (208) 332-2100 - (800) 334-2370

*** CANCELLED ***

WORKERS COMPENSATION STATEMENT

*** REPRINT ***

Policy Number : 556922

Due Date	Amount Due
04/30/2003	$10,121.00

Statement Number	Statement Date
4392110	04/10/2003

UB202 RE

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Billing Questions?
AGENT: 391
STARLEY LEAVITT INS. AGCY, INC. (BUR)
208/678-9063
UNDERWRITER:
TERRI RITTER
208/332-2215

Date	Policy Year	Trans. Num.	Description	Amount
			Previous Balance - Past Due	$7,031.00
04/10/2003	01/01/2003	006750566	Payroll Report	$3,090.00
			Current Balance - Payable by Due Date	$10,121.00

IMPORTANT NOTICE: Any Previous Balance is due 30 days from its original invoice date.

To Ensure Proper Credit, Detach Here and Return with Payment -- Please Put Policy Number on Check

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Policy Number	Statement Number
556922	4392110
Amount Due	Due Date
10,121.00	04/30/2003

Amount Enclosed
$ _ _ , _ _ _ _ . _ _

☐ **"X" Box If Address Change**

New Address: _____

_____

New Phone #: _____

STATE INSURANCE FUND
PO BOX 990002
BOISE ID 83799-0002

703 000556922 004392110 001012100

STATEMENT INFORMATION

*** CANCELLED ***

Policy Number	Statement Number	Policy Period	Bill Type
556922	4392110	01/01/2003 - 05/05/2003	Payroll Report Transaction ID: 006750566

Coverage Information

BUSINESS : 1 KETTERLING LYNN
Owner/Officer: LYNN KETTERLING - Exempt - Sole Proprietor

Location : 1 KETTERLING LYNN

Period : 01/01/2003 - 03/31/2003

Class	RT	Description	Emp	Payroll	Rate	Prem charge
003700	EM	FARM: FIELD CROPS & DRIVERS	0.00	$829	6.03	$50
005000	EM	FARM MACHINERY OPERATION-BY CONTRACTOR &	0.00	$0	7.58	$0
008300	EM	FARM: CATTLE/LIVESTOCK RAISING NOC & DRI	0.00	$25,079	12.12	$3,040

Total Payroll : $25,908 **Manual Premium :** $3,090

Premium Information

Description	Period	Adjustment	Amount
Ratable Manual Premium	01/01/2003 - 03/31/2003		$3,090
Net Period Premium	01/01/2003 - 03/31/2003		$3,090

STATE INSURANCE FUND

1215 W. State Street - PO Box 83720 - Boise, Idaho 83720-0044
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*** CANCELLED ***

WORKERS COMPENSATION STATEMENT

*** REPRINT ***

Policy Number : 556922

Due Date	Amount Due
03/31/2003	$7,031.00
Statement Number	Statement Date
4382193	03/09/2003

UB202 RE

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Billing Questions?
AGENT: 391
STARLEY LEAVITT INS. AGCY, INC. (BUR)
208/678-9063
UNDERWRITER:
TERRI RITTER
208/332-2215

Date	Policy Year	Trans. Num.	Description	Amount
			Previous Balance - Past Due	$4,893.00
03/09/2003	01/01/2003	006730183	Premium Deposit - See Renewal Information Page	$2,138.00
			Current Balance - Payable by Due Date	$7,031.00

IMPORTANT NOTICE: Any Previous Balance is due 30 days from its original invoice date.

To Ensure Proper Credit, Detach Here and Return with Payment -- Please Put Policy Number on Check

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Policy Number	Statement Number
556922	4382193
Amount Due	Due Date
7,031.00	03/31/2003

Amount Enclosed

$ ___,___.___

☐ **"X" Box If Address Change**

New Address: _____

New Phone #: _____

STATE INSURANCE FUND
PO BOX 990002
BOISE ID 83799-0002

703 000556922 004382193 000703100

STATEMENT INFORMATION

*** CANCELLED ***

Policy Number	Statement Number	Policy Period	Bill Type
556922	4382193	01/01/2003 - 05/05/2003	Premium Deposit Transaction ID: 006730183

RENEWAL INFORMATION PAGE

Coverage Information

BUSINESS : 1 KETTERLING LYNN
Owner/Officer: LYNN KETTERLING - Exempt - Sole Proprietor

Location : 1 KETTERLING LYNN

Period : 01/01/2003 - 01/01/2004

Class	RT	Description	Emp	Payroll	Rate	Prem charge
003700	EM	FARM: FIELD CROPS & DRIVERS	0.00	$0	6.03	$0
005000	EM	FARM MACHINERY OPERATION-BY CONTRACTOR &	0.00	$0	7.58	$0
008300	EM	FARM: CATTLE/LIVESTOCK RAISING NOC & DRI	0.00	$58,814	12.12	$7,128

Total Payroll : $58,814 **Manual Premium :** $7,128

Premium Information

Description	Period	Adjustment	Amount
Ratable Manual Premium	01/01/2003 - 01/01/2004		$7,128
Net Estimated Annual Premium	01/01/2003 - 01/01/2004		$7,128

Premium Deposit $2,138
(Refer to Payment Information page for Billing Schedule)

Limits of Employers Liability Coverage

Bodily Injury by Accident	$ 100,000	Each Accident
Bodily Injury by Disease	$ 500,000	Policy Limit
Bodily Injury by Disease	$ 100,000	Each Employee

STATE INSURANCE FUND

1215 W. State Street - PO Box 83720 - Boise, Idaho 83720-0044
Phone (208) 332-2100 - (800) 334-2370

*** CANCELLED ***

WORKERS COMPENSATION STATEMENT

*** REPRINT ***

Policy Number : 556922

Due Date	Amount Due
03/26/2003	$4,893.00
Statement Number	Statement Date
4381525	03/06/2003

UB202 RE

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Billing Questions?
AGENT: 391
STARLEY LEAVITT INS. AGCY, INC. (BUR)
208/678-9063
UNDERWRITER:
TERRI RITTER
208/332-2215

Date	Policy Year	Trans. Num.	Description	Amount
			Previous Balance - Past Due	$442.00
11/06/2002	01/01/2002	006617819	Payment Received	$442.00-
02/28/2003	01/01/2002	006724578	Audit Adjustment	$4,893.00
			Current Balance - Payable by Due Date	$4,893.00

IMPORTANT NOTICE: Any Previous Balance is due 30 days from its original invoice date.

To Ensure Proper Credit, Detach Here and Return with Payment -- Please Put Policy Number on Check

KETTERLING LYNN
100 N 160 W
RUPERT ID 83350-0000

Policy Number	Statement Number
556922	4381525
Amount Due	Due Date
4,893.00	03/26/2003

Amount Enclosed
$ _ _, _ _ _. _ _

☐ **"X" Box If Address Change**

New Address: _____

New Phone #: _____

STATE INSURANCE FUND
PO BOX 990002
BOISE ID 83799-0002

703 000556922 004381525 000489300

STATEMENT INFORMATION

*** CANCELLED ***

Policy Number	Statement Number	Policy Period	Bill Type
556922	4381525	01/01/2002 - 01/01/2003	Audit Adjustment Transaction ID: 006724578

AUDIT DETAIL

Coverage Information

BUSINESS : 1 KETTERLING LYNN
Owner/Officer: LYNN KETTERLING - Exempt - Sole Proprietor

Location : 1 KETTERLING LYNN

Period : 01/01/2002 - 01/01/2003

Class	RT	Description	Emp	Payroll	Rate	Prem charge
003700	EM	FARM: FIELD CROPS & DRIVERS	0.00	$35,679	5.37	$1,916
005000	EM	FARM MACHINERY OPERATION-BY CONTRACTOR &	0.00	$0	5.73	$0
008300	EM	FARM: CATTLE/LIVESTOCK RAISING NOC & DRI	0.00	$56,013	10.31	$5,775

Total Payroll : $91,692 **Manual Premium :** $7,691

Premium Information

Description	Period	Adjustment	Amount
Ratable Manual Premium	01/01/2002 - 01/01/2003		$7,691
Net Annual Premium	01/01/2002 - 01/01/2003		$7,691

Prior Billed Premium:

Bill Date	Period	Description	Amount
11/12/2001	01/01/2002 - 01/01/2003	Initial Premium Installment	$587.00
02/10/2002	01/01/2002 - 01/01/2003	Premium Installment	$443.00
04/08/2002	01/01/2002 - 01/01/2003	Premium Installment	$442.00
06/09/2002	01/01/2002 - 01/01/2003	Premium Installment	$442.00
08/08/2002	01/01/2002 - 01/01/2003	Premium Installment	$442.00
10/08/2002	01/01/2002 - 01/01/2003	Premium Installment	$442.00
Total Prior Billed Premium			$2,798.00

Net Difference Due (Net Annual Premium less Total Prior Billed Premium) $4,893.00