

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF IDAHO (TWIN FALLS)**

**PROOF OF CLAIM**

COURTS

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Name of Debtor  
Lynn Ketterling  
Jeanne Ketterling

Case Number  
03-41318 - 12

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Schow's  
Name and Address where notices should be sent:  
  
Schow's  
323 E 8th  
PO Box 94  
Rupert, ID 83350  
  
Telephone Number:

- 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 sent to you by the court.

Account or other number by which creditor identifies debtor:  
15190

Check here if  replaces this claim  amends a previously filed claim, dated \_\_\_\_\_

1. **Basis for Claim**
- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other \_\_\_\_\_

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)  
Your SS #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

2. **Date debt was incurred:**  
10/11/02 - 6/26/03

3. **If court judgment, date obtained:**

4. **Total Amount of Claim at Time Case Filed:** \$ 669.09

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.  
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. **Secured Claim.**

Check this 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 case filed included in secured claim, if any: \$ \_\_\_\_\_

6. **Unsecured Priority Claim.**

Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:  
 Wages, salaries, or commissions (up to \$4,650)\* 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 \$ 2,100\* 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.*

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

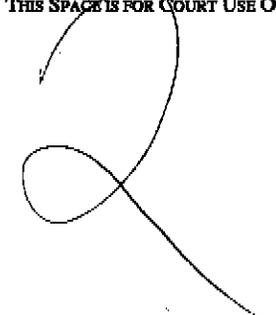
8. **Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, 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  
7/8/03

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):  
KENT SCHOW OFFICE MGR.

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

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

# Schow's Inc.

Lynn Ketterling  
Account# 15190

<u>Invoice#</u>	<u>Date</u>	<u>Amount</u>
227201	10/11/02	232.21
227202	10/11/02	13.70
227293	10/11/02	82.79
<del>227325</del>	10/12/02	83.95
227452	10/14/02	13.11
227476	10/14/02	37.77
227642	10/16/02	46.78
227748	10/16/02	98.95
228778	10/25/02	36.44
229053	10/29/02	138.97
229169	10/30/02	51.02
230218	11/09/02	45.21
ROA	11/13/02	(100.00)
112602 S/CHARGE	11/26/02	8.19
122602 S/CHARGE	12/26/02	11.84
233736	12/28/02	289.20
012603 S/CHARGE	01/26/03	12.01
022603 S/CHARGE	02/26/03	16.53
032603 S/CHARGE	03/26/03	16.78
ROA	03/28/03	(200.00)
ROA	04/09/03	(100.00)
042603 S/CHARGE	04/26/03	12.53
ROA	05/12/03	(100.00)
052603 S/CHARGE	05/26/03	11.22
ROA	06/09/03	(100.00)
062603 S/CHARGE	06/26/03	<u>9.89</u>
A/R CHARGE BALANCE	07/08/03	\$669.09