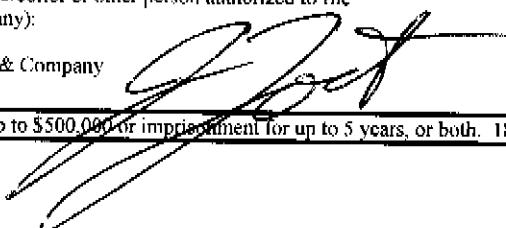


UNITED STATES BANKRUPTCY COURT		Bankruptcy	DISTRICT OF	ID	PROOF OF CLAIM
Name of Debtor	Lynn Ketterling	Case Number	03-41318 12		
NOTE: This form should not be used to make a claim for administrative expenses arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.					
Name of Creditor (The person or other entity to whom the debtor owes money or property): Deere & Company		<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. <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 sent to you by the court.			
Name and address where notices should be sent: Deere & Company P.O. Box 6600, Johnston, Iowa 50131-6600 Attn: Jim Zoet Telephone No. (800)869-4367					
Account or other number by which creditor identifies debtor: 05519665958AI		Check here <input type="checkbox"/> Replaces if this claim _____ a previously filed claim, dated: _____ <input type="checkbox"/> Amends			THIS SPACE IS FOR COURT USE ONLY
1. Basis for Claim: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS# : _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. Date debt was incurred: April 20, 1999		3. If court judgement, date obtained:			
4. Total Amount of Claim at time Case Filed: \$5,409.53 ** If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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.					**Plus additional interest and Attorneys fees.
5. Secured Claim: <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other		6. Unsecured Priority Claim: <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to Priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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.					THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.					
Date	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):				
July 09, 2003	Jim Zoet, Deere & Company				
<i>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.</i>					



JCA
PPI & S RPA

ADDITIONAL PROVISIONS CONCERNING RIGHTS OF THE PARTIES

PREPAYMENT REFUNDS: Any refund of unearned finance charges (as described on the front) will be figured by the straight-line method or calendar formula for figuring refunds on the early payment of installment contracts.

APPLICATION OF PAYMENTS: Any sums received from me may be applied at Lender's discretion to obligations hereunder or to any other indebtedness owed by me to Lender despite directions, if any, appearing on the remittance, and to interest before principal, and if permitted by law to past due interest before installments.

DEFECTS IN CONTRACT: This contract shall be in default (a) if I fail to pay any installment when due, (b) if I attempt to sell or otherwise dispose of the Goods, (c) if I institute or have instituted against me proceedings under any bankruptcy or insolvency law, (d) if I make an assignment for the benefit of creditors, (e) if I fail to pay any taxes levied on the Goods, (f) if any attachment, execution, writ or other process is levied against any of my property, (g) if I fail at any time to keep the Goods properly insured as described below, (h) if I remove the Goods, without prior written notice to Lender, from the location in which I have agreed to keep them, or (i) if for any reason Lender deems the debt or security unsafe. In any event Lender may take possession of any Goods in which Lender has a Security Interest and exercise any rights, remedies provided by law, and may immediately and without notice declare the entire balance of this contract due and payable. However, upon default I agree to assemble the Goods at a location designated by Lender. In addition, to the extent permitted by law, Lender may collect all reasonable expenses, including attorney's fees, incurred in realizing on the security interest granted hereunder, or otherwise enforcing the terms of this contract. If I reside in Texas, I agree that any remaining amounts due under this contract after any default by me shall be payable to Lender or its order at Dallas, in Dallas County, Texas.

RISK OF LOSS AND OTHER AGREEMENTS: The Goods are held by me at my risk and expense with no abatement in my obligation on account of loss or damage. I will settle all claims of any kind against SELLER directly with SELLER and I will not use any such claim as a defense, setoff or counterclaim against any effort by Lender to enforce this contract. Waiver or condonation of any breach or default shall not constitute a waiver of any other or subsequent breach or default. I authorize Secured Party or any assignee hereof to file (or to execute on my behalf and file) a financing statement in the appropriate office(s) in order to perfect the security interest granted herein, indicating the type of items described herein or describing such items. A carbon impression of my signature shall be sufficient to authenticate a financing statement describing the Goods. Any provision hereof prohibited by law shall be ineffective and deemed deleted to the extent it such prohibition and shall not invalidate any other provision hereof. Lender may correct patent or clerical errors in this contract, or in any purchase orders or financing statements executed in connection therewith.

DISASTERS, DAMAGE INSURANCE PROVISIONS: I agree that (except to the extent this contract is for service work) I will at all times keep the Goods insured against all risks of loss, damage or destruction for their full insurable value, with the premium paid by me. I may choose the person through whom I obtain the insurance, but the insurance must be assignable to Lender. Such insurance will provide that it may not be cancelled by me without Lender's consent and may not be cancelled by the Insurer without at least 10 days written notice to Lender. I agree to provide Lender with evidence of the paid-up insurance policy that I have on the Goods within 15 days of the date of this contract and at least 30 days before the renewal date. It is understood that if I fail to deliver to Lender satisfactory evidence of paid-up insurance, Lender may but shall not be obligated to, purchase such insurance. I agree to pay the cost thereof either at such time or to the extent Lender demands, together with interest thereon at the Contract Rate until paid, or to have such cost added as an increase in the amounts of the installments at the sole discretion of Lender. If I provide evidence of paid-up insurance to the Insurer, I agree to reimburse Lender for the cost of any insurance Lender purchased until the date such evidence is provided by me. In addition, if permitted by law, I agree to pay a reasonable administrative fee to Lender for the issuance and cancelling such insurance.

I acknowledge that I may meet this insurance requirement by having Lender purchase such insurance. Inclusion of an "X" in the For Physical Damage Insurance in the Insurance Disclosure box on the front of this contract will be my election to do this, but such insurance will be purchased only if Deere & Company accepts this agreement. Such insurance will cover the full market value of the Goods at the time of loss and will remain in effect until my debt to Lender is paid in full, or Lender's security interest in the Goods terminates, or I default under this contract and Lender cancels the insurance, or to the extent the Goods are repossessed, or the Retail Installment Sales Floater Policy under which Lender purchased the insurance is terminated.

By signing this contract, I give Lender permission to cancel any insurance on the Goods and, if allowed by law, to apply any premiums refunds to my debt to Lender with any excess returned to me.

Any proceeds payable to me from insurance by reason of loss, damage or destruction of the Goods may be applied to my outstanding debt to Lender or to replacement of the Goods, at Lender's sole discretion.

I understand and agree that Lender may consider my debt in default if I fail to keep the Goods properly insured at any time when my debt to Lender is paid in full. If that happens, Lender may, but is not obligated to, buy insurance to protect the Goods and add the cost to my debt to Lender, and I promise to pay such additional cost upon Lender's demand.

STATE OF IDAHO FINANCING STATEMENT - FORM UCC-1

Customer account number

04-174

1. PLEASE TYPE THIS FORM IN BLACK.
2. Filing fees:
 - a. With Secretary of State: Filing fee - pre-printed account users \$10.00 / form if typed, or \$10.00 if not typed. For attachments, add \$1.00 per printed page. Pre-printed account users must enter Customer Number in "Customer account number" block to right.
 - b. Filing filing with County Recorder: Filing fee - recording fee of \$3.20 per page.
3. File only the original. Make copies for your files. The original must be retained by you permanently.
4. Enter only one debtor's name or assumed name per column. Each entry as #1 to be entered. If more than four names, use an attached sheet. Enter individual debtor names. Last, First, Middle Initial (e.g. Smith, John Alan Jr.)
5. When the obligation has been satisfied, complete the Termination Statement and return the original to the filing officer.

RECEIVED, SECRETARY OF STATE, UCC, TITLES, 710 W. JEFFERSON, PC BOX 8875, SPOKANE, WA 99230-08875, PH 208-324-3151

Debtors #1 (Last name, first, middle, title & mailing address)

Debtors #3

Ketterling, Lynn
100 N 350 W
Rupert, ID 83350

A-1-05

119-06-5958

Debtors #2

Debtors #4

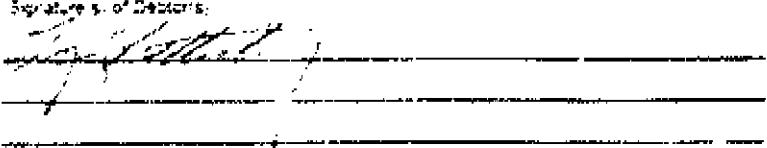
Secured Party and Address	Assignee and Address
Deere & Company PO Box 65090 West Des Moines IA 50265	
Mailing Address for acknowledgement of the Secured Party	<input checked="" type="checkbox"/> Products of collateral are also covered <input type="checkbox"/> One of the following boxes is checked: the secured party may sign the financing statement. The collateral described herein is: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Shipped into this state which, subject to a security interest in another jurisdiction. <input type="checkbox"/> Shipped to a security interest in another jurisdiction and the debtor's location has changed to this state. <input type="checkbox"/> Proceeds of the regular business described herein in which a security interest was perfected. <input type="checkbox"/> The scope of a financing statement which has changed. <input type="checkbox"/> Shipped to a secured creditor located outside of the state or county of the filing office.

This financing statement covers the following types or items of property:

(If this is a fixture, timber or mineral filing to be recorded with the County Recorder, include legal description and name of record owner, if required.)

One New John Deere 8075 Skid Steer Loader w/2 buckets, pallet forks

S/N M08875X03U747

Signature(s) of Debtor(s)	Filing Office Use Only
	IDAHO SECRETARY OF STATE 04/15/1999 4:9:00 CH 1000 CH 24274 BY 26766 10 4:00 = 6:00 UCC FILE # 2 Filing Number is 032849
Secured Party Signature 	Deere & Company Agent
TERMINATION STATEMENT: The Secured Party no longer claims a security interest under this financing statement	
SACRED PARTY OR ASSIGNEE OF RECORD Lynn Ketterling	Date
LENSING AGENT FOR DEERE & CO INC	Received 10/24

Customer Responsibility for Physical Damage Insurance

INSTRUCTIONS: The first sheet of this form is to be submitted with your original contract to Deere Case Services. The second sheet is the customer's copy.

TO: DEERE & COMPANY

CUSTOMER'S NAME

Lynn Ketterling

CUSTOMER'S PHONE NUMBER (519) 661-5553

Physical Damage Insurance for the equipment on the attached note will be provided by the agency listed below:

NAME OF AGENCY

First Security Insurance Co.
Koblenz
(519) 661-5553

PHONE NUMBER OF AGENT

Ann Ode
(519) 673-9043
Dep. Room

1701 Silver Hand

Bulky

\$331.00

I (We) agree and understand that under the terms of my (our) contract with you I (we) must at all times keep the Goods insured against all risk loss, damage, or destruction for their full insurable value, with you listed as loss payee.

John Ketterling
John Ketterling

Date: April 19, 1971

Deere Case Services

Deere Case Services