FORM B10 (Official Form 10)(4/01)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

Name of Debtor
Lynn Ketterling
Jeanne Ketterling

Case Number
03-41318 12

[redacted]

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Magic Valley R.M.C.
Name and Address where notices should be sent:

Magic Valley R.M.C.
PO Box 409
Twin Falls, ID 83303-0409

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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
F 12967402

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
☐ 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 _____ (date) to _____ (date)

2. Date debt was incurred:
3-11-03 thru 3-19-03

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 1200.00
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.

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Date
7-17-03

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):
Kathy Bohling : Kathy Bohling Patient Financial Rep.

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.

002367

F0012967402 KETTERLING,LYNN E.

ACCT: F0012967402
KETTERLING,LYNN E.
100 NORTH 160 WEST
RUPERT, ID 83350
436-4466/.

GUAR: 519-66-5958
KETTERLING,LYNN E.
100 NORTH 160 WEST
RUPERT, ID 83350
436-4466 (H)

49 M	**ADM/SER:**	03/16/03	**UR CHG:**	0	CV-BS	0
CVI	**DISCHARGE:**	03/19/03	**AR CHG:**	5178.13	CV-SELF	0
FB 04/03/03	**LST STMT:**	07/16/03	**BALANCE:**	1260.00	SELF	1260.00 04/03/03

BCH DATE	BCH	SER DATE	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	TOTAL
03/18/03	142	03/08/03	DPCAS	2300648		PSYCH TESTING - 60 MIN ($186.00 P/C)	186.00	186.00
04/14/03	117	03/08/03	DPCRL	2300648		PSYCH TESTING - 60 MIN ($-186.00 P/C)	-186.00	0
03/18/03	142	03/08/03	DPCAS	2300812		AM GROUP THERAPY -60 MIN THER	93.50	93.50
04/14/03	117	03/08/03	DPCRL	2300812		AM GROUP THERAPY -60 MIN THER	-93.50	0
03/18/03	142	03/08/03	DPCAS	2360170		DETAILED/STRAIGHTFORWARD ($75.75 P/C)	75.75	75.75
04/14/03	117	03/08/03	DPCRL	2360170		DETAILED/STRAIGHTFORWARD ($-75.75 P/C)	-75.75	0
03/20/03	171	03/16/03	DPCAS	0791004		SLIPPER ADULT BEIGE X LARGE	8.75	8.75
03/16/03	10	03/16/03	AUTOCLOSE	2300010		ADULT PSYCH. INTENSIVE CARE - ROOM 3/CVICUADU	1212.50	1221.25
03/20/03	171	03/16/03	DPCAS	2301588		CV-PATIENT ADMIT KIT	29.25	1250.50
03/19/03	189	03/16/03	DPCAS	2360006		DX INTERVIEW/EXAM-90 MIN ($238.75 P/C)	238.75	1489.25
03/18/03	138	03/16/03	DPCAS	2360089		INITIAL H&P-LEVEL 2 ($217.50 P/C)	217.50	1706.75
03/18/03	144	03/16/03	DPCAS	2360170		DETAILED/STRAIGHTFORWARD ($75.75 P/C)	75.75	1782.50
03/19/03	188	03/16/03	DPCAS	2360170		DETAILED/STRAIGHTFORWARD ($-75.75 P/C)	-75.75	1706.75
03/16/03	7	03/16/03	AUTOCLOSE	3300704		NUTRITIONAL IP CONSULT 1/2 HR	30.00	1736.75
03/16/03	9	03/16/03	AUTOCLOSE	5004668		AMBIEN 10 MG TAB - AMBIEN 10 MG TAB	5.56	1742.31
03/16/03	9	03/16/03	AUTOCLOSE	5014139		OLZANZAPINE 5 MG TAB - ZYPREXA 5 MG TAB	11.12	1753.43
03/16/03	9	03/16/03	AUTOCLOSE	5014865		VELAFAXIN XR 37.5 MG CAP - EFFEXOR XR 37.5 MG CAP	5.03	1758.46
03/17/03	244	03/17/03	AUTOCLOSE	2300010		ADULT PSYCH. INTENSIVE CARE - ROOM 3/CVICUADU	1212.50	2970.96
03/17/03	243	03/17/03	AUTOCLOSE	5014139		OLZANZAPINE 5 MG TAB - ZYPREXA 5 MG TAB	11.12	2982.08
03/17/03	243	03/17/03	AUTOCLOSE	5017223		EFFEXOR XR 75 MG CAP - EFFEXOR XR 75 MG CAP	5.51	2987.59
03/18/03	166	03/18/03	AUTOCLOSE	2300010		ADULT PSYCH. INTENSIVE CARE - ROOM 3/CVICUADU	1212.50	4200.09
03/19/03	196	03/18/03	DPCAS	2300648		PSYCH TESTING - 60 MIN	186.00	4386.09

						($186.00 P/C)		
04/14/03	118	03/18/03	DPCRL	2300648		PSYCH TESTING - 60 MIN ($186.00 P/C)	186.00	4572.09
03/19/03	196	03/18/03	DPCAS	2300812		AM GROUP THERAPY -60 MIN THER	93.50	4665.59
04/14/03	118	03/18/03	DPCRL	2300812		AM GROUP THERAPY -60 MIN THER	93.50	4759.09
03/19/03	196	03/18/03	DPCAS	2360170		DETAILED/STRAIGHTFORWARD ($75.75 P/C)	75.75	4834.84
04/14/03	118	03/18/03	DPCRL	2360170		DETAILED/STRAIGHTFORWARD ($75.75 P/C)	75.75	4910.59
03/18/03	163	03/18/03	AUTOCLOSE	3300282		GROUP CLASS 1/2 HOUR	6.00	4916.59
03/18/03	165	03/18/03	AUTOCLOSE	5014139		OLZANZAPINE 5 MG TAB - ZYPREXA 5 MG TAB	11.12	4927.71
03/18/03	165	03/18/03	AUTOCLOSE	5017223		EFFEXOR XR 75 MG CAP - EFFEXOR XR 75 MG CAP	5.51	4933.22
03/20/03	130	03/19/03	DPCAS	2301547		D/C PREP GRP-60 MIN-THER	106.75	5039.97
03/20/03	130	03/19/03	DPCAS	2360352		DISCHARGE <30 MIN ($132.25 P/C)	132.25	5172.22
03/19/03	201	03/19/03	AUTOCLOSE	5014584		VENLAFAXINE XR 150 MG CAP - EFFEXOR XR 150 MG CAP	5.91	5178.13
05/16/03	33	05/15/03	BSREW	9744616	1	CV-BS ADJUSTMENT Adjustment to UCRN: FAF65178	-379.20	4798.93
05/16/03	33	05/15/03	BSREW	9744616	1	CV-BS ADJUSTMENT Adjustment to UCRN: FAF65178	-226.97	4571.96
05/16/03	33	05/15/03	BSREW	9744616	1	CV-BS ADJUSTMENT Adjustment to UCRN: FAF61909	-1531.13	3040.83
05/16/03	33	05/15/03	BSREW	9990001	1	CV-BS PAYMENT Payment to UCRN: FAF65178	-100.05	2940.78
05/16/03	33	05/15/03	BSREW	9990001	1	CV-BS PAYMENT Payment to UCRN: FAF65178	-405.78	2535.00
05/16/03	33	05/15/03	BSREW	9990001	1	CV-BS PAYMENT Payment to UCRN: FAF61909	-1275.00	1260.00