

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor  
Katherine L Yocom

Case Number  
04-01883

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 11 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Boise Radiology Group

- 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

Name and Address where notices should be sent:  
Boise Radiology Group  
POB 44630  
Boise, ID 83711-0630

Telephone Number:  
Account or other number by which creditor identifies debtor:  
287560

Check here if  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)  
Last four digits of SS #: \_\_\_\_\_  
Unpaid compensation for services performed from 3/17/03 to 3/17/03  
(date) (date)

2. Date debt was incurred: 3/17/03

3. If court judgment, date obtained: \_\_\_\_\_

4. Total Amount of Claim at Time Case Filed: \$ 23.35 (unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 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 Nonpriority Claim \$ 23.35  
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. 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 \$4,925)\* 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 \$ 2,225\* 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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

9. 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.

10. 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  
6/4/04

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):  
Cindy Nash-Clerk

THIS SPACE IS FOR COURT USE ONLY  
FILED  
CLERK'S OFFICE  
JUN 18 AM 11:01  
6

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.

Account #: 287560

PATIENT FINANCIAL HISTORY BY DT SERVICE

[YOCOM]

Date	Patient	Dr# Procedure	Units	Amount
		Previous Balance :		0.00
05/13/04	0 KYLEE	37 Finance Charge	1.00	0.12
04/16/04	0 KYLEE	37 Finance Charge	1.00	0.12
03/08/04	0 KYLEE	37 Finance Charge	1.00	0.12
02/10/04	Adjustment (8)	001029737 Blue Shield Adjust		-59.07
02/10/04	Check Payment	001029737 Ins #108		-48.74
02/10/04	0 KYLEE	37 Finance Charge	1.00	1.20
01/12/04	0 KYLEE	37 Finance Charge	1.00	1.20
12/16/03	0 KYLEE	37 Finance Charge	1.00	1.20
11/13/03	0 KYLEE	37 Finance Charge	1.00	1.20
10/10/03	0 KYLEE	37 Finance Charge	1.00	1.20
09/10/03	0 KYLEE	37 Finance Charge	1.00	1.20
08/08/03	0 KYLEE	37 Finance Charge	1.00	1.20
07/01/03	0 KYLEE	37 Finance Charge	1.00	1.20
06/09/03	0 KYLEE	37 Finance Charge	1.00	120.00
03/17/03	0 KYLEE	37 CYSTOGRAM RADIONUCLIDE	1.00	23.35
TOTALS:	PAYMENTS:	48.74	CHARGES :	131.16
	ADJUSTS :	59.07		
	REFUNDS :	0.00		
		107.81	131.16	23.35

(N)ext, (P)revious, or <EXIT> : .