

UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO AT BOISE

PROOF OF CLAIM

Name of Debtor
YOCOM, KATHERINE L

Case Number: **0401883**
Ch **13**

U.S. COURTS

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. §603.

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Name of Creditor (The person or other entity to whom the debtor owes money or property):
B-Line, LLC/Cross Country Bank

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of the statement giving particulars.

CLERK TIMHO

Name and address where notices should be sent:
B-Line, LLC
c/o Weinstein, Treiger & Riley, P.S.
2101 Fourth Ave., Suite 900
Seattle, WA 98121

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.

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Account or other number by which creditor identifies debtor:
XXXXXXXXXXXX3764

Check here if the this claim:
 replaces a previously filed claim, dated: _____
 amends

1. Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other: Credit Card

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 _____ to _____ (date) (date)

2. Date debt was incurred:
Charges made Prior to Filing

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: **\$ 742.28** (unsecured) **\$0.00** (secured) **\$0.00** (priority) **\$742.28** (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: \$ _____

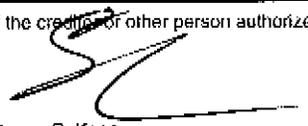
7. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,925), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's 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.

6. Unsecured Nonpriority Claim **\$742.28**
 Check this box if:
a) there is no collateral of lien securing your claim, or
b) your claim exceeds the value of the the property securing it, or if
c) none or only part of your claim is entitled to priority.

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

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Date
8/6/2004

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):

Steven G. Karic
Authorized Agent for B-Line, LLC

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Account Summary

Debtor Name:	YOCOM, KATHERINE L
Debtor SSN:	XXX-XX-3510
Debtor Address:	2040 WEST SLATON DR
End Balance:	\$742.28
Last Payment Date:	4/1/2004
Last Payment Amount:	\$100.00
Last Purchase Date:	
Last Purchase Amount:	