

**United States Bankruptcy Court**  
District of Idaho

**PROOF OF CLAIM**  
THIS SPACE IS FOR COURT USE ONLY

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

Name of Debtor: Christina Basler

Case Number: 02-03228 *BL*

U.S. COURT DISTRICT OF IDAHO  
BOISE, IDAHO  
2002 JUL 14 AM 11:19

Chapter: 13 Trustee: \_\_\_\_\_  
Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

**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 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
R.M.A.  
P O BOX 4908  
BOISE ID 83711

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.

Account or other number by which identifies debtor:  
124066

Check here if this claim: Replaces Amends a previously filed claim dated \_\_\_\_\_

1. Basis for Claim: Services Performed  
Retiree benefits as defined in 11 U.S.C. §1114 (a) Other (please describe):  
Wages, Salaries and compensation \$ \_\_\_\_\_ Your Social Security Number: \_\_\_\_\_  
Unpaid Compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

Money Loaned Personal Injury/Wrongful Death Taxes

2. Date debt was incurred: 6-97-9.97

3. If court Judgment, date obtained: 10-19-98 CW98-0486

4. SECURED CLAIM  
Check 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 the case was filed included in secured claim, if any: \$ \_\_\_\_\_

5. UNSECURED PRIORITY CLAIM  
Check box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
SPECIFY PRIORITY OF CLAIM  
Wages, Salaries, or commissions (up to \$4300)\* 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 \$1,950\* 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED  
UNSECURED \$ 1264.69 SECURED \$ \_\_\_\_\_  
PRIORITY \$ \_\_\_\_\_ TOTAL \$ 1264.69  
Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

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, please 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: 10-4-02

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)  
Barbara Edna dba

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

#3

COPY

7:00 A.M. 10 P.M.  
OCT 21 1998  
NED J. KEFF, CLERK  
E. GARCIA, DEPUTY

HOWELL & VAIL  
355 West Myrtle Street, Suite 101  
Boise, Idaho 83702  
Telephone: (208) 336-3331

Attorney for Plaintiff

IN THE DISTRICT COURT OF THE THIRD JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF CANYON

EQUIFAX RISK MANAGEMENT )  
SERVICES, a division of EQUIFAX )  
CREDIT INFORMATION SERVICES INC. )

Plaintiff, )

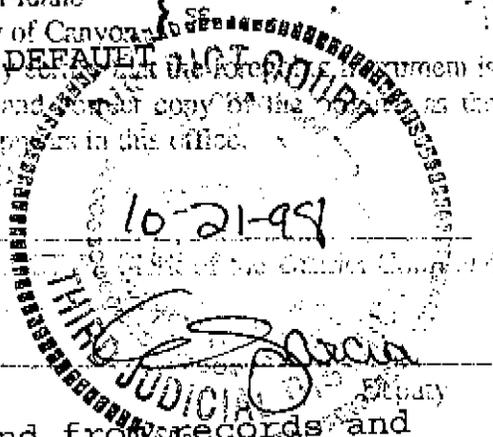
vs. )

MICHAEL K. BOSIER and CHRISTINA )  
M. BOSIER fka KEMPKERS fka )  
MCDANIEL, husband and wife, )  
Defendant(s). )

Case No. 98-04860

County of Canyon

ORDER FOR DEFAULT JUDGMENT  
and a true and correct copy of the  
JUDGMENT appears in this office.



It appearing from affidavits filed and from records and files herein that the Defendant(s) are not incompetent, and are not in the military service of the United States of America as defined by that Act of Congress known as the Soldiers' and Sailors' Civil Relief Act of 1940, nor as defined in any other act of Congress or of the State Legislature duly adopted and approved;

The Defendant(s), having been served with process and failed to answer, their default is hereby ordered.

IT IS FURTHER ORDERED AND ADJUDGED that the Plaintiff have and receive from the Defendants as follows:

- |                       |    |              |
|-----------------------|----|--------------|
| 1. The sum of         | \$ | 516.84; plus |
| 2. Costs of suit of   | \$ | 95.52;       |
| SUBTOTAL              | \$ | 612.36; plus |
| 3. Attorney's fees of | \$ | 250.00;      |

Making a total Judgment of \$ 862.36; together with interest at 10.5% from the date hereof until paid.

DATED this 19 day of Oct., 1998.

JAMES A. (JR) SCHILLER