

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

Name of Debtor
Christina M Bosier

Case Number
02-03228



THIS SPACE IS FOR COURT USE ONLY

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

**ACTION COLLECTION SERVICES
PO BOX 5425
BOISE, ID 83705**

- 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.

Telephone Number: 208.345.1750

Account or other number by which creditor identifies debtor:
169323

Check here if replaces this claim 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 _____ to _____
(date) (date)

2. Date debt was incurred: 1.13.1999

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 45.60

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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DEC 17 2002
6 Deputy

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):

12-17-02 Emina Terzic

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.

NN 7950

BLANKET ASSIGNMENT

FOR VALUE RECEIVED AND TO BE RECEIVED I
KENNETH F. DROUHARD, M.D. (P.A.)

hereby assign to Action Collection Service, Inc. any and all
accounts of Tampa Pathology
which are now or hereafter tendered to said Action Collection
Service, Inc. as listed accounts on Action Collection
Service's account listing form or as listed accounts on any
account listing form employed by this business or for which
other account evidence is tendered to Action Collection
Service Inc., subject to the following terms and conditions:

1. Said assignments is for purposes of collection.
2. Action Collection Service, Inc. is entitled to retain an agreed upon percentage of the principal sum collected.
3. Action Collection Service Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATE 2/27/96 + K. Drouhard

By: President

266981 - BOSIER, ASHLEY L

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: RECEIPTS AND ADJUSTMENTS
ADJ # 1 09-03-99      17 = TURNED OVER TO COLLE      -13.60      1      -1.20
                                                           2      -1.20
                                                           3      -1.90
                                                           4      -3.10
                                                           5      -3.10
                                                           6      -3.10
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: TOTALS: CHGD:      13.60  RCVD:      0.00  ADJ:      -13.60  BAL:      0.00 :
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: AMOUNT TURNED TO COLLECTION:      13.60 :
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BLANKET ASSIGNMENT

FOR VALUE RECEIVED AND TO BE RECEIVED I

_____ hereby assign to Action Collection Service, Inc. any and all accounts of _____ which are now or hereafter tendered to said Action Collection Service, Inc. as listed accounts on Action Collection Service's account listing form or as listed accounts on any account listing form employed by this business or for which other account evidence is tendered to Action Collection Service Inc., subject to the following terms and conditions:

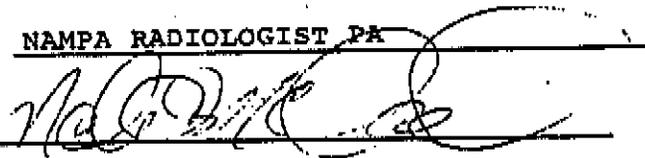
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3. Action Collection Service Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATE

3/10/94

NAMPA RADIOLOGIST PA

By: _____



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 :NANPA RADIOLOGISTS, PA:
 : P.O. BOX 3359 :
 : BOISE, ID 83707 :
 :=====
 12:38:16 05 NOV 1999

1713685

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 :263912: BOSIER, CHRISTINA M
 : TRF: 12
 : 4545 F. HORTON RD
 : CALDWELL, ID
 : 83605-0835
 :=====
 PHONE: 208-454-3286
 SS NO: 519-82-8898
 DOB: 05-07-71
 SEX: F

EMPLOYER: LAKEYS CAFE
 =====
 : INSURANCE RECORD: 800 - BLUE SHIELD OF IDAHO
 INSURED: PATIENT
 ADDR: SAME
 RELAT: SELF
 POL #: XNA313174
 GRP #: 519828898

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 : CLAIM RECORD # 001
 REF PHYS: 829495 - THOMAS, MARK C, D
 ICD9 CB: 1: 4660

	DATE	LOC	TDS	CRCD	MODIFIERS	ICD	AMOUNT DR	BILL DT	INS DATE
1	05-13-99	13	4	71020	26	1	32.00	06-10-99	05-24-99
	CHEST, 2 VIEW								

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 : RECEIPTS AND ADJUSTMENTS
 ADJ # 1 11-05-99 17 = TURNED OVER TO COLLE -32.00 1 -32.00
 : TOTALS: CHGD: 32.00 RCVD: 0.00 ADJ: -32.00 BAL: 0.00 :
 =====

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 : AMOUNT TURNED TO COLLECTION: 32.00 :
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