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

124184

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor	Case Number
Christina M Bosier	02-03228

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

02-03228

1965183

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Wireless Broadcast System
Name and Address where notices should be sent:

Wireless Broadcast System
3131 Lanark
Meridian, ID 83642

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:

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. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 66.73
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	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):
12/10/02	Beth Dennis Beth Dennis customer Serv Mgr

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.

002006

Account: 124184-9 TRLR 7 St: W Freq: M Cyc: 15
CHRIS BOSIER 4545 E USTICK RD Fr: 19 Sys: 001
CALDWELL ID 83605 208-455-0128

Attention

Current:	0.00
Over-30:	0.00
Over-60:	0.00
Over-90:	0.00

CSR Alert
Sales rep: 33 GEORGINA CURTIS
Mktg code: 54 REFERRAL
Mgmt area: Sls rte:
Get stmt: Y

Services

1	SHOWTIME	3	7.95	2/22/97
1	EQUIPMENT RENTAL	1	0.95	2/22/97

DWTR	Description	Deposit
999999	WRITEOFF	66.73-

MONTHLY: 33.95 BALANCE: 0.00
Outlets: 1 0.00 Tier: 1 25.05 Deposits: 0.00 In: 2/22/97 7/10/97 25
PF1-add TC call PF2-account changes PF3-more data PF4-refresh FIND-direction

WIRELESS BROADCASTING SYSTEMS OF BOISE
3131 LANARK STREET, SUITE C • MERIDIAN, IDAHO 83642
PHONE: (208) 888-1950 • FAX (208) 888-1433

WORK ORDER NO. 31719

WORK ORDER TYPE DS

SUBSCRIBER NO. 124184-9

SUBSCRIBER INFORMATION

SERVICE ADDRESS
CHRIS BOSTER
TRLR 7
4545 E USTICK RD
CALDWELL ID 83605

BILLING ADDRESS

HOME 208-455-0128 | BUSINESS 208-466-2438 | A
SYS 1 | FRAN 19 | MGMT | S. RTE | S. REP 0 | BCYCLE M | INSTALL DATE 2/22/97
ADDRESS TAG NUMBERS

BASIC SERVICE INFORMATION

TIER 1 | BASIC 22.05 | OUTLETS 1 | CHANGE 0 | OUTCHG 0.00 | DISC DATE 7/10/97 | REASON 25

PAY SERVICE INFORMATION

ACTION	PAY	RATE	OUTLET	ACTION	PAY	RATE	OUTLET	ACTION	PAY	RATE	OUTLET
DFI	SHO	7.95	1	DFI	FQR	0.95	1				

CONVERTER INFORMATION

SERIAL	OUTLET	DEPOSIT	RENT
6040115996	1	0.00	0.00

WORK ORDER INFORMATION

JOB DESCRIPTION	UNITS
NON-PAY DISCONNECT	1
TOTAL	1

TOTAL DEPOSIT 0.00 | TOTAL RENT 0.00 | TOTAL INSTALL 50.00
CSR 24 | OPEN DATE 7/03/97 | TIME 10:44
RESOLUTION CODE | ORIGINAL SCHEDULE DATE 7/10/97 | NUMBER OF TIMES RESCHEDULED

COMMENTS

Cust has Moved - can see ASIZ side on Floor.

W ON NAMPA/CALDWELL, TR ON USTICK, [illegible] TRLR CRT BEFORE RR TRACKS
WHITE AND GREEN TRLR ON RHS

P/S LVMM 2-6 7-13 SM BB ON MST GRD FR

120

MOUNT TYPE JIFFY
MAST SIZE 5 ft.
ANTENNA MAKE lance
ANTENNA SIZE 24 dbi
33 DC MAKE GAIN 6040115996
CONVERTER BOXES (1) (2)
(3) (4)
POWER SUPPLY NO
LEVEL @ END BLOCK (24) (54)
REMOTE (S) (D)
GROUNDING
FILTERS 7-13, 2-6
BROADBAND SBB

CHARGES

DATE	DESCRIPTION	AMOUNT
7/09/97	BALANCE	102.85
7/10/97	SERVICE CHARGE	50.00

PRORATED AMOUNT $ 152.85
MONTHLY CHARGE $ 30.95
AMOUNT RECEIVED: CHECK CASH

SCHEDULE INFORMATION

APPOINTMENT DATE/TIME	INSTALLER	CALENDAR
7/10/97 AD	0	13

INSTALLER SIGNATURE
X J [signature] S DATE 7/10/97
SUBSCRIBER SIGNATURE
X

WIRELESS BROADCASTING SYSTEMS OF BOISE
3131 LANARK STREET, SUITE C • MERIDIAN, IDAHO 83642
PHONE: (208) 888-1950 • FAX (208) 888-1433

WORK ORDER NO. 25145

SUBSCRIBER INFORMATION | **WORK ORDER TYPE** NW | **SUBSCRIBER NO.** 12418[illegible]

SERVICE ADDRESS
CHRIS BOSIER
TRLR 7
4545 E USTICK RD
CALDWELL ID 83605

BILLING ADDRESS

HOME 208-455-0128 | BUSINESS 208-466-2438 | A
SYS 1 | FRAN 19 | MGMT | S. RTE | S. REP 33 | BCYCLE M | INSTALL DATE
ADDRESS TAG NUMBERS

BASIC SERVICE INFORMATION
TIER 1 | BASIC 22.05 | OUTLETS 1 | CHANGE 0 | OUTCHG 0.00 | DISC DATE | REASON

PAY SERVICE INFORMATION

ACTION	PAY	RATE	OUTLET	ACTION	PAY	RATE	OUTLET	ACTION	PAY	RATE	OUTLET
ADD	DIS	8.95	1	ADD	SHO	7.95	1	ADD	EQR	0.95	1
ADD	PAC	2.00-	1								

CONVERTER INFORMATION

SERIAL	OUTLET	DEPOSIT	RENT

WORK ORDER INFORMATION

JOB DESCRIPTION	UNITS
$19.95 INSTALL DISNEY INSTALL W/OTHER SERVICE SHOWTIME INST. W/ OTHER SERVIC	5
TOTAL	5

TOTAL DEPOSIT 0.00 | TOTAL RENT 0.00 | TOTAL INSTALL 19.95
CSR 33 | OPEN DATE 2/18/97 | TIME 17:34
RESOLUTION CODE | ORIGINAL SCHEDULE DATE 2/22/97 | NUMBER OF TIMES RESCHEDULED

COMMENTS
CALL FIRST
W ON NAMPA/CALDWELL, TR ON USTICK, [illegible] TRLR CRT BEFORE RR TRACKS
WHITE AND GREEN TRLR ON RHS

701

cust did not want Disney

MOUNT TYPE Wall | MAST SIZE Customers ft.
ANTENNA MAKE Lance | ANTENNA SIZE 24 dbi
D/C MAKE GAIN (Ch) 10dB 0115796 Ch Amp | CONVERTER BOXES (1) P (2)
POWER SUPPLY LUEM | (3) (4)
LEVEL @ END BLOCK (24) (54)
REMOTE (S) P (D) | GROUNDING Frame
FILTERS 26/7-13/[illegible] | BROADBAND SMALL/on MAST

CHARGES

DATE	DESCRIPTION	AMOUNT
2/22/97	SERVICE CHARGE	19.95
	MONTHLY SVC	37.90
PRORATED AMOUNT	collected $50.00	$ ~~57.85~~ 49.00
MONTHLY CHARGE		$ 37.90

SCHEDULE INFORMATION

APPOINTMENT DATE/TIME	INSTALLER	CALENDAR
2/22/97 AM	35	2

INSTALLER SIGNATURE
X [signature] DATE 2-22-97
SUBSCRIBER SIGNATURE
X Chris Bosier

AMOUNT RECEIVED: CHECK CASH