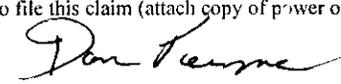


<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>	DEC 15 2000 10:04 AM
ID District of <b>MOSCOW</b>		Chapter: <b>13</b>	
In re (Name of Debtor) <b>JOEY JAMES</b> <b>0080842402319</b>		Case Number <b>00 21327</b>	DEC 15 2000 10:04 AM
<small>Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be FILED pursuant to 11 U.S.C. 503.</small>			
Name of Creditor (The person or entity to whom the debtor owes money or property) <b>U. S. BANK</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	
Name and Address Where Notices SHOULD be Sent <b>U. S. BANK</b> <b>P. O. BOX 17143</b> <b>DENVER, CO 80217</b>  <b>TEL 800-374-4908</b>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <b>4190080867719472</b>		Check here if this claim: <input type="checkbox"/> replaces ) <input type="checkbox"/> amends ) a previously filed claim, dated:	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe Briefly)		<input type="checkbox"/> Retiree benefits as described in U.S.C. 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number: Unpaid compensations for services performed from (date) to (date)	
2. DATE DEBT WAS INCURRED: <b>1996/07/05</b>		3. IF COURT JUDGEMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code All claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM			
<input type="checkbox"/> SECURED CLAIM Attach evidence of perfection of security agreement Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Briefly Describe)  <b>VIN#:</b> Amount of arrearage and other charges include in secured claim above, if any.		<input type="checkbox"/> UNSECURED PRIORITY Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions - 11 U.S.C. 507(a)(3) <input type="checkbox"/> Contributions to employee plan - U.S.C. 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - <input type="checkbox"/> Taxes or penalties of government - 11 U.S.C. 507(a)(7) <input type="checkbox"/> Other - 11 U.S.C. 507(a)(2),(a)(5) - (Describe Briefly)	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY  A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
5. TOTAL AMOUNT OF CLAIM			
AT TIME CASE FILED	<b>1884.57</b> (UNSECURED)	<b>0.00</b> (SECURED)	<b>1884.57</b> (TOTAL)
		(PRIORITY)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principle amount of the claim. Attach itemized statement			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interest. If the documents are not available, explain. If voluminous, attach summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date  <b>12/8/00</b>	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)   <b>Dan Parmer Bankruptcy Specialist</b>		

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

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STMT DATE	NEW BALANCE	DUE DATE	AMT PAST	MIN DUE
NOV 24 2000	1884.57	DEC 19 2000	152.00	290.00

JOEY L JAMES

ACCOUNT NUMBER 4190 0808 6771 9472

NUMBER OF PAGES 1

ACCT STATUS D CORRESPOND CODE

CARD STATUS

3270 LENVILLE RD TRLR 12

MOSCOW

ID

83843

	PREV BAL	PAYMENTS	CREDITS	NEW ACT	AVE BAL	FIN CHG	NEW BAL
*	.00	.00	.00	.00	.00	.00	.00
P	108.42	.00	.00	29.00	108.42	1.08	138.50
*	.00	.00	.00	.00	.00	.00	.00
C	1728.99	.00	.00	.00	1728.99	17.08	1746.07
*	.00	.00	.00	.00	.00	.00	.00
M	.00	.00	.00	.00	.00	.00	.00
T	1837.41	.00	.00	29.00	.00	18.16	1884.57

FOR BILLING	PERIODIC RATES	NEW CASH	PUR	MAJ	OLD CASH	PUR	MAJ
INFO CALL	MONTHLY	0.00	0.00	0.00	0.00	0.00	0.00
800 285 8585	ANNUAL	0.0	0.0	0.0	0.0	0.0	0.0

STATEMENT MESSAGE NUMBER 64

ACCOUNT NUMBER	LIMIT	AVAIL	DUE DATE	MAJ	PUR	PMT	PAST DUE	MIN PMT
41900808 67719472	1900	015	DEC 19 00			.00	152.00	290.00

NEXT OPTION (MONTH, T=TRANSACTION, C=CANCEL, P=PRINT STATEMENT)