

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF IDAHO (TWIN FALLS)**

**PROOF OF CLAIM**

Name of Debtor  
Clinton Patrick Hinton  
Holly Kay Hinton

Case Number  
99-41638 **13**

**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.



Name of Creditor (The person or other entity to whom the debtor owes money or property):  
Idaho Mountain Water  
Name and Address where notices should be sent:  
  
Idaho Mountain Water  
Acct#: HINS05  
P.O. Box 725  
Kimberly, ID 83341

- 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.

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Telephone Number: **208-733-9299**

Account or other number by which creditor identifies debtor:  
**HINS05**

Check here if  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 **9-1-98** to **9-30-99**  
(date) (date)

**2. Date debt was incurred:**  
**Various**

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** **\$ 293.25**  
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: \$ \_\_\_\_\_

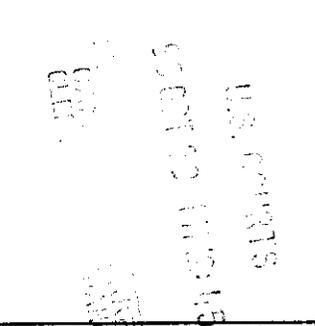
**6. Unsecured Priority Claim.**  
 Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
Specify the priority of the claim:  
 Wages, salaries, or commissions (up to \$4,300),\* earned within 90 days before filing of the bankruptcy petition or cessation 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 4/1/01 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: **10-26-99**

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):  
**Rose Ranft, Bookkeeper**



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.**

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Idaho Mountain Water  
 PO Box 725  
 Kimberly ID 83341

324-4827 1948

HINSON, PAT or MARY  
 1006 4th Ave Dr  
 Jerome ID 83358

Reg 11.25-91 cln 10.50/10.45

4/12/505

DATE	ITEM	DEBIT	CREDIT	BALANCE	DATE	ITEM	DEBIT	CREDIT	BALANCE
	Balance forward			25.20	2-10	-5.287		86.00	89.89
Jul	7/1-4, 7/7-2				Feb	2/2-3, 2/16-1	8.10		
	7/21-4	45.00				March	10.50		
	Aug cln	10.50				tot	1.43		
	tot	2.78				ser chg	1.55		121.15
	ser chg	1.00		84.48					
Aug	8/18-3	13.50			Mar	3/2-2, 3/16-2			
	sep cln	10.50				3/30-1	22.50		
	tot	1.21				Apr cln	10.50		
	ser chg	1.27				tot	1.66		
	late chg	2.00		112.96		ser chg	1.82		157.66
Sept	9/1-3, 9/15-3								
	9/29-1	31.50			Apr	4/13-2, 4/27-2	18.00		
	Oct cln	10.50				May cln	10.50		
	tot	2.12				tot	1.43		
	ser chg	1.69		161.77		ser chg	2.36		
10-16	-114		125.00			late chg	3.00		192.95
Oct	10/3-3, 10/27-2	22.50							
	Nov cln	10.50			May	5/11-2, 5/25-0	9.00		
	tot	1.66				Jun cln	10.50		
	ser chg	1.00		724.23		tot	1.98		
Nov	11/10-4	18.00				ser chg	2.89		
	Dec cln	10.50				late chg	3.00		219.32
	tot	1.43							
	ser chg	1.09		103.45	Jun	6/8-2, 6/22-2	18.00		
Dec	12/8-4	18.00				Jul cln	10.50		
	Jan cln	10.50				tot	1.43		
	tot	1.43				ser chg	3.29		
	ser chg	1.55		131.93		late chg	3.00		235.54
Jan	1/5-3, 1/19-1	18.00			Jul	7/7-9, 7/20-0			
	Feb cln	10.50				Aug cln	10.50		
	tot	1.43				tot	1.53		
	ser chg	2.02				ser chg	3.29		
	late chg	3.00		169.89		late chg	6.00		275.86
						with card			