

Name of Debtor  
**Asa W. Roark**

Case Number:  
**01-02073**

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. § 563.

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
**Performance Capital Management, Inc.**

- 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.

Name and address where notices should be sent:  
**Performance Capital Management, Inc.  
2811 Main St.  
Irvine, CA 92614**

Telephone number: **(800)757-7700 x 3788**

Account or other number by which creditor identifies debtor:  
**1277553**

Check here  replaces if this claim  amends a previously filed claim, dated: \_\_\_\_\_

U.S. COURT  
2001 SEP 10 AM 2:51  
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**1. Basis for Claim**

- Goods sold
  - Services performed
  - Money loaned
  - Personal injury/wrongful death
  - Taxes
  - Other Credit card charges
  - Retiree benefits as defined in 11 U.S.C. § 1114(a)
  - Wages, salaries, and compensation (fill out below)
- Your \$\$ #: \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. Date debt was incurred:** 10/8/99

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

**4. Total Amount of Claim at Time Case Filed:** \$ 8,647.03

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\* claimed 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 unit - 11 U.S.C. § 507(a)(8).
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)( ) \_\_\_\_\_

\* Amounts are subject to adjustment on 10/01 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.

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**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 documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date - 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  
8/31/01

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):  
William D. Constantine, Esq.

# *PCM*

Performance Capital Management  
2811 Main Street, Irvine, California 92614

(949) 797-3726  
(800) 757-7700

In re: Asa W. Roark  
Case No.: 01-02073  
District of Idaho (Boise)

Re Acct: 5323504440652717

Creditor Performance Capital Management, Inc., purchased this account from Debtor's original creditor on May 9, 2000. Original creditor was Chase Manhattan Bank. This account was purchased without re course.

Account balance on date of filing was \$8,647.03 (see attached print out).

Executed the 30<sup>th</sup> day of August 2001, at Irvine, California.

  
Mary Ellen Veraldi  
Legal Collection Manager

MASTER DEBTOR ACCOUNT INQUIRY

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NAME:	ROARK, ASA W	SPOUSE:	
1ADD:	2010 N LINDER RD	BAD ADD:	N
2ADD:		BUSINESS:	N
CITY:	MERIDIAN	PHONE:	2088886944
ST ZIP:	ID 83642	SSN:	519343859
LIC NO:		EMPLOY:	
REM:			
REM:			

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ACCOUNT #: 1277553 CLIENT DEBTOR #: 5323504440652717 STATUS: LPC

OUR CLIENT NAME: CHASE MANHATTAN/BOFNY P2BN51 CLT # 0473  
FOR: INTEREST AT: 24.0% FROM DATE OF SERVICE.  
DATE OF REFERRAL: 06/02/00 DATE OF SERVICE: 05/09/00 DATE OF LAST PMT: 10/08/99

AMOUNT REFERRED:	\$	6744.52
PRINCIPAL BALANCE:	\$	6744.52
ACCUMULATED INTEREST:	\$	0.00
OTHER CHARGES:	\$	0.00
COURT COSTS:	\$	0.00
ATTORNEY FEES:	\$	0.00
INTEREST:	\$	2115.38
ACC'T BAL:	\$	8859.90
TOTAL DUE:	\$	8859.90

ROARK, ASA W SPOUSE: PH: 2088886944  
2010 N LINDER RD SSN :5193 859 \*\*AUXMASTER\*\*  
LIC# : C/D ADDRESS

MERIDIAN, ID 83842 REM  
EMP ASK FOR EMPLOYMENT REM  
ID COT CLIENT R LLS SC DOR DLP SL AMT REF TOTAL

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1	PB	1	473-CHASE MANHATTAN/B	1	000	LPC	060200	100899	00	6744.52	8647.03
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PAYOFF AS OF:071201  
TOT PRIN=\$ 6744.52 TOT INT=\$ 1902.51 TOTAL= 8647.03

VTR 1

ID#,(E)dit,(H)ist,(L)oan,(S)uit,(R)emits,(P)rint,(PE),(M)an,(O)ther,'RET'?