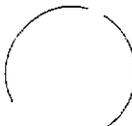


<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (BOISE)</b>		<b>PROOF OF CLAIM</b>
Name of Debtor Richard Steven Gordon Barbara Lynn Gordon		Case Number 01-00288
<p><b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503</p>		 
Name of Creditor (The person or other entity to whom the debtor owes money or property): Flying J. Travel Plaza Name and Address where notices should be sent:  Flying J. Travel Plaza 3512 Franklin Rd. Caldwell, ID 83605		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Telephone Number: <u>435-734-6407</u>		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____
<b>1. Basis for Claim</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: <u>12/199</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: <u>\$ 38.01</u> <u>18.01</u> Check # <u>20</u> Service charge		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> 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.		
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  *Amounts are subject to adjustment on 4/1/05 and every 5 years thereafter with respect to cases commenced on or after the date of adjustment.
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <u>2/20/01</u>	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): <u>Delwin K. Lee Corp. Credit Manager</u>	

RECEIVED  
 CLERK, IDAHO  
 FILED  
 IN S. BURKE,  
 2001 FEB 21 AM 9:53  
 COURTS  
 5

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.



**FLYING J INC.**

50 WEST 990 SOUTH  
P.O. BOX 678 • BRIGHAM CITY, UTAH 84302-0678  
PHONE (435) 734-6400 • FAX (435)734-6568  
www.flyingj.com

September 26, 2000

GORDON, RICHARD & BARBARA  
4868 CLARK STREET APT 2  
BOISE ID 83705

**RE: LEGAL NOTICE OF CHECK RETURNED UNPAID**

You will hereby take notice that Flying J Inc. has requested that legal action be commenced against you to collect \$38.01. This amount is for 1 returned check(s) in the amount of \$18.01 plus a \$20 service fee (\$20 per check), in accordance with section 7-15-1 U.C.A. Demand is hereby made upon you for payment in full within ten (10) days of the date of this letter.

You may dispute the debt and request in writing that the debt be verified or the debt will be assumed to be valid if not disputed within (30) days. Your request for verification does not prevent the filing of a complaint within the (30) days.

This is to inform you that unless satisfactory arrangements are made and approved through the Credit Department of Flying J Inc. for the payment of this account within ten (10) days from the date of this letter, that legal action will be filed against you. Please contact Michele Kelley at (435) 734-6471 to make payment arrangements. Of course, if this litigation and collection becomes necessary, it will result in additional fees and costs being added to your account, thus increasing the amount you already owe.

Enclosed please find a copy of your check(s) drawn through YELLOW FINANCIAL CU, made payable to Flying J, that has(have) been returned unpaid. Please note that issuing a bad check may create criminal liability as well as civil liability.

It would be to your advantage financially to take care of this matter and avoid the addition of attorney/collection fees and court costs being added to your account. Unless we hear from you within the prescribed time, however, Flying J Inc. will have no alternative but to file suit or turn this over for collection.

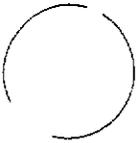
The aforementioned amount must be paid within ten (10) days from the date of this notice, or appropriate civil legal action may be filed against you for the amount due and owing together with service charges, interest, court costs, and attorney/collection fees as provided by law.

**GOVERN YOURSELF ACCORDINGLY; THIS IS THE ONLY NOTICE YOU WILL RECEIVE BEFORE LEGAL ACTION IS BEGUN.**

Respectfully,  
Flying J Inc.



Ron R. Kunzler  
Associate Corporate Counsel  
RRK/mk



# FLYING J INC.

50 WEST 990 SOUTH  
P.O. BOX 678 • BRIGHAM CITY, UTAH 84302-0678  
PHONE (435) 734-6400 • FAX (435) 734-6568  
www.flyingj.com

Date Received: 9/21/00

Location Name: Caldwell, ID

Location #: 0500004

Location Phone #: 208-453-9225

If questions please call Michele Kelley (435)734-6471.

*copy VA 2813330*  
*18.01* *ex 5100*  
**GOLD ACCOUNT**  
**RICHARD S. GORDON**  
**BARBARA GORDON**  
4868 CLARK STREET, APT. 2 424-1145  
BOISE, ID 83705  
83-7962/3010 3854  
519525804

PAY TO THE ORDER OF Flying J \$ 18.01  
Eighteen + 01/100 DOLLARS

**YF**  
**YELLOW FINANCIAL**  
CREDIT UNION  
20  
P.O. Box 799, Boise, Idaho 83724 (800) 321-YFCU

*NSF*  
*Barbara Gordon*

MEMO 050002  
⑆301079620⑆ 519525804⑆ 3854 ⑆0000001801⑆