

**United States Bankruptcy Court  
District of Idaho**

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

**PROOF OF CLAIM**

THIS SPACE IS FOR COURT USE ONLY

U.S. COURTS

01 MAY -3 PM 1:11

Name of Debtor:  
*Richard & BARBARA Gordon*

Case Number:  
*01-00288*

Chapter: *13* Trustee:  
Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

REC'D. FILED  
CAMERON S. BURKE,  
CLERK, IDAHO

**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 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):  
*208-375-9640*  
**RISK MANAGEMENT ALTERNATIVES, INC.**  
P. O. BOX 4908  
BOISE, ID 83711

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.

Account or other number by which identifies debtor:  
*050409*

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  
Retiree benefits as defined in 11 U.S.C. §1114 (a) Other (please describe):  
Wages, Salaries and compensation \$ Your Social Security Number: \_\_\_\_\_  
Unpaid Compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2. Date debt was incurred: *1/00*

3. If court Judgment, date obtained:

4. SECURED CLAIM  
Check 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 the case was filed included in secured claim, if any: \$ \_\_\_\_\_

5. UNSECURED PRIORITY CLAIM  
Check box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
**SPECIFY PRIORITY OF CLAIM**  
Wages, Salaries, or commissions (up to \$4300)\* 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)( ))

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED  
UNSECURED \$ *145<sup>99</sup>* SECURED \$ \_\_\_\_\_  
PRIORITY \$ \_\_\_\_\_ TOTAL \$ *145<sup>99</sup>*  
Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

\*Amounts are subject to adjustment on 4/1/98 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, please 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.

DATE  
*5/2/01*

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)  
*Kathy Rice KR Kathy Rice*

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

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BARBARA GORDON  
RT BOX 3806  
HOMEDALE ID 83628

CREDITOR	ACCT#	SERVICE DATE	AMOUNT	INTEREST	BALANCE
BOISE PAINT & GLASS INC	650409	01/11/00	58.38	11.30	69.68
FAMILY PRACTICE MEDICAL CTR	720476	05/23/00	44.80	0.00	44.80
FLYING J INC.	721013	12/23/99	38.01	0.00	38.01
IDAHO EMERGENCY PHYSICIANS	731732	07/26/00	24.80	1.47	26.27

\$ 145.99