

<b>United States Bankruptcy Court</b>  <b>DISTRICT OF IDAHO</b>	<b>PROOF OF CLAIM</b>
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U.S. COURTS  
2009 JUN -2 AM 9:39  
FILED  
CAMERON S. BURGE,  
CLERK, IDAHO

In re (Name of Debtor) <b>MONICA KNIGHT</b>	Case Number 00-00244 <span style="float: right;"><i>BL</i></span>
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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: Fingerhut Corporation <i>(The person or other entity to whom the debtor owes money or property)</i>	<input type="checkbox"/> Check box if you are aware that any- one 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.
Name and Address Where Notices Should be Sent  Axsys National Bank (formerly Fingerhut National Bank) 11 McLeland Street St. Cloud, Minnesota 56395	
Telephone No.: 320-654-7456	

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  8050051728048529	<input type="checkbox"/> Check here if this claim replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
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1. BASIS FOR CLAIM

<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 (Describe briefly)	<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 social security number _____ Unpaid compensation for service performed from _____ (date) to _____ (date)
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2. DATE DEBT WAS INCURRED See attached	3. IF COURT JUDGMENT, DATE OBTAINED:
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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 AT TIME CASE FILED.

<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____  <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>911.71</u> 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.  <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* earned not more than 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"/> Contribution to an employee benefit plan--11 U.S.C. § 507 (a)(4)  <input type="checkbox"/> Up to \$1,800* 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 of 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 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ 911.71 (Unsecured) \$ \_\_\_\_\_ (Secured) \$ \_\_\_\_\_ (Priority) \$ 911.71 (Total)

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDIT AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim, claimant has deducted all amounts that claimant owes debtor.

7. SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed enveloped and copy of this proof of claim.

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Date  5/24/00	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)  <i>Cindy Ward</i> Cindy Ward, Company Representative
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# AXSYS NATIONAL BANK

formerly  
Fingerhut National Bank

1682 -- POGGEN TRACEY      on s1350      Customer Contact v5.0.1 - Customer Service      Thu Apr 13 12:08:14 US/Central 2000  
 CUSTOMER CONTACT SYSTEM: Customer Service  
 Home: Presumed residence; (208) 336-8300, No preference; Untested;

GoTo | Account # 172 - 8048 - 529  
 Customer Name MS MONICA KNIGHT  
 Address 3446 BRAMPTON WAY  
 City BOISE

ID 83706 \_ 5312  
 Revolving Charge ORG 805 LOGO 005 TRSF 5502  
 Bad Debt  
 ELIGIBLE FOR MAILINGS

Authorized Buyer  
 Search > Cust List > Apply Goto > Vision > Vision2 > Customer Options > Show History > Queue >

Customer Balance		Statement Payments		Combine In Process	
Last Statement Date	Amount	Stmnt Date	Next Action	Date	Action
05/16/00	911.71	0.00	78	SET TO PURGE	
05/16/00	0.00	0.00	12/04/00		
04/16/00	0.00	0.00	1/Date	BANKRUPTCY	02/17/00
03/16/00	0.00	0.00	2/Date		99/99/99
02/16/00	0.00	0.00	Pay By Date	06/10/00	
02/16/00	0.00	0.00			TM15

Order Date	Product Description	Style/Size	Cash Price	Order Status	Label	Coupon Book Order Number	Free Gift	From CCS
11/25/1999	RIDE ON POWER RDR XTRM 000000		229.99	SHPD PAID PROMOTABLE	00	9932926397/01		M
	CAR R/C JACK RABBIT CA 000000		19.99	SHPD PAID PROMOTABLE	01	9942922590/01	Y	

Account Activity > Credits > Qvr/Red/Tsfr > EPP > Notes > MISC > Actions >

ORDER LOOKUP

Lost Shipment > Shipment > \$ Entries > Notes > MISC > Actions >

1682 -- POGGEN TRACEY      on s1350      Customer Contact v5.0.1 - Toolbar      Thu Apr 13 12:08:15 US/Central 2000

Product Lookup    St Services    one Order    Xt Customer    ont    Maintenance >    Options >