FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT IDAHO DISTRICT OF POCATELLO

PROOF OF CLAIM

Name of Debtor: HUERTA, EDWARD + PEGGY

Case Number: 02-40480 (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):

Name: CREDIT BUREAU OF POCATELLO
PO BOX 1727
POCATELLO, ID 83204

Telephone number:

☐ 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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: 303886

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
☐ 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 _____ (date) to _____ (date)

2. Date debt was incurred: 10-99 - 12-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ PRIN 291.81 INT 110.45 = 1402.26

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 $4,650),* 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 $2,100* 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 4/1/04 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.

THIS SPACE IS FOR COURT USE ONLY

6

Date: 7-8-02

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): Howard

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.

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
P.O. BOX 1727
POCATELLO ID 83204

208.327.3111
208.322.3013 FAX

BANNOCK REGIONAL MED. CENTER
J L EBERT
651 MEMORIAL DRIVE
POCATELLO ID 83201

BKD

REQUEST FOR ASSIGNMENT

A BANKRUPTCY HAS BEEN FILED BY THE DEBTOR.
We are required by law to provide an itemized statement to file the proof of claim on this action. We have your account records currently on file there is no need for you to provide us with a statement.

We also would like to take this opportunity,to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention in this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: EDWARDHUERTA
Our Acct # : 303886
Your Acct #: 00000000000000001799959
List Date : 04/03/00
Serv.Date : 10/29/99
BALANCE : 127.40

For value received, and for the purpose of collection,BANNOCK REGIONAL MED. hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against EDWARD HUERTA in the sum of $127.40, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-13-02

BANNOCK REGIONAL MED. CENTER

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 071802,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
P.O. BOX 1727
POCATELLO ID 83204

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208.322.3013 FAX

BANNOCK REGIONAL MED. CENTER
J L EBERT
651 MEMORIAL DRIVE
POCATELLO ID 83201

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Bankruptcy Desk
Clerical Department

Debtor Name: EDWARDHUERTA
Our Acct # : 319970
Your Acct #: 00000000000000000001813855
List Date : 10/02/00
Serv.Date : 12/13/99
BALANCE : 158.83

For value received, and for the purpose of collection,BANNOCK REGIONAL MED. hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against EDWARD HUERTA in the sum of $158.83, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-13-02

BANNOCK REGIONAL MED. CENTER

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 071802,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
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208.327.3111
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BANNOCK REGIONAL MED. CENTER
J L EBERT
651 MEMORIAL DRIVE
POCATELLO ID 83201

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REQUEST FOR ASSIGNMENT

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Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention in this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: EDWARDHUERTA
Our Acct # : 319971
Your Acct #: 00000000000000000001822841
List Date : 10/02/00
Serv.Date : 01/13/00
BALANCE : 35.00

For value received, and for the purpose of collection,BANNOCK REGIONAL MED. hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against EDWARD HUERTA in the sum of $35.00, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-13-02

BANNOCK REGIONAL MED. CENTER

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 07/18/02,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
P.O. BOX 1727
POCATELLO ID 83204

208.327.3111
208.322.3013 FAX

BANNOCK REGIONAL MED. CENTER
J L EBERT
651 MEMORIAL DRIVE
POCATELLO ID 83201

BKD

REQUEST FOR ASSIGNMENT

A BANKRUPTCY HAS BEEN FILED BY THE DEBTOR.
We are required by law to provide an itemized statement to file the proof of claim on this action. We have your account records currently on file there is no need for you to provide us with a statement.

We also would like to take this opportunity,to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention in this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: SHANE MICHAELHUERTA
Our Acct # : 313367
Your Acct #: 00000000000000000001844838
List Date : 08/01/00
Serv.Date : 03/27/00
BALANCE : 60.00

For value received, and for the purpose of collection,BANNOCK REGIONAL MED. hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against SHANE MICHAEL HUERTA in the sum of $60.00, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-13-02

BANNOCK REGIONAL MED. CENTER

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 071802,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
P.O. BOX 1727
POCATELLO ID 83204

208.327.3111
208.322.3013 FAX

BANNOCK REGIONAL MED. CENTER
J L EBERT
651 MEMORIAL DRIVE
POCATELLO ID 83201

BKD

REQUEST FOR ASSIGNMENT

A BANKRUPTCY HAS BEEN FILED BY THE DEBTOR.
We are required by law to provide an itemized statement to file the proof of claim on this action. We have your account records currently on file there is no need for you to provide us with a statement.

We also would like to take this opportunity,to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention in this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: EDWARDHUERTA
Our Acct # : 357659
Your Acct #: 00000000000000001969831
List Date : 03/01/02
Serv.Date : 05/29/01
BALANCE : 489.16

For value received, and for the purpose of collection,BANNOCK REGIONAL MED hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against EDWARD HUERTA in the sum of $489.16, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-13-02

BANNOCK REGIONAL MED. CENTER

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 07/16/02,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

DEBTOR Name:HUERTA EDWARD Ssn:518562957 Cbr: Ph:208-233-2395
Rp: , Ssn: Rp Ph:208-233-0076
Adr1:767 W CEDAR ST POR:R HOMES POE Ph:208-233-2289
City:POCATELLO Cty: Canc: Born:06/16/1948
St: ID Zip:832015605 St: Zip: COF: Sal:

Clnt:5248 BANNOCK REGIONAL MED. CENTER, POCATELLO ID, 0000000000000000001799959 Org: 127.40
List:04/03/00 Srv:10/29/99 Lbrs:16 Time:80 Calls:29 Con:18 Bal: 164.00
Aty:0 Int: 36.60

MULTIPLE ACCOUNTS

RM# Acct	Name / Client	Lst	Srv	Spy	Col Disp	Bal	Check Reason	Drivers License #
PRN	INT	LI3	LI4	AIN	CC	ATY	MSI	PJI

1 303886* HUERTA,EDWARD
0000000000000000001799959/5248/B 04/03/00 10/29/99 BKD 40FC 164.00
127.40 0.00 0.00 0.00 36.60 0.00 0.00 0.00 0.00

1 313367 HUERTA,SHANE MICHAEL
0000000000000000001044836/5248/B 08/01/00 03/27/00 BKD 40FC 74.28
60.00 0.00 0.00 0.00 14.28 0.00 0.00 0.00 0.00

1 319970 HUERTA,EDWARD
0000000000000000001813855/5248/B 10/02/00 12/13/99 BKD 40FC 202.11
158.83 0.00 0.00 0.00 43.28 0.00 0.00 0.00 0.00

1 319971 HUERTA,EDWARD
0000000000000000001822841/5248/B 10/02/00 01/13/00 BKD 40FC 44.19
35.00 0.00 0.00 0.00 9.19 0.00 0.00 0.00 0.00

1 356924 HUERTA,PEGGY
2034934600-120401/32053/IDAHO P 02/21/02 12/04/01 BKD 40FC 425.30
421.42 0.00 0.00 0.00 3.88 0.00 0.00 0.00 0.00

1 357659 HUERTA,EDWARD
0000000000000000001969831/5248/B 03/01/02 05/29/01 10/01/01 BKD 40FC 492.38
489.16 0.00 0.00 0.00 3.22 0.00 0.00 0.00 0.00

2 22694* HUERTA,EDWARD
N1284739/5249/BANNOCK REGIONAL 09/01/93 05/19/93 09/23/99 Paid 0.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

2 23546 HUERTA,EDWARD
8796760010342296/25320/CABLE ON 09/03/93 07/25/93 09/23/99 Paid 0.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

2 26228 HEURTA,EDWARD
N1283703/5249/BANNOCK REGIONAL 10/01/93 05/12/93 09/23/99 Paid 0.00
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

3 36906* HUERTA,EDWARD
41929/57240/POCATELLO RADIOLOGY 01/17/94 05/19/93 Inactive 71.11
42.00 0.00 0.00 0.00 29.11 0.00 0.00 0.00 0.00

** END OF REPORT **

CREDIT BUREAU OF POCATELLO, INC.
324 S. MAIN STREET
P.O. BOX 1727
POCATELLO ID 83204

208.327.3111
208.322.3013 FAX

BKD

IDAHO POWER COMPANY
CUSTOMER SERVICE CENTER
P.O. BOX 70
BOISE ID 83707

REQUEST FOR ASSIGNMENT AND ITEMIZED STATEMENT

A BANKRUPTCY HAS BEEN FILED BY THE DEBTOR.
We are required by law to provide an itemized statement to file the proof of claim on this action. This itemized statement is essential for us to file the correct papers, so you are properly represented.

We also would like to take this opportunity,to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention in this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: PEGGYHUERTA
Our Acct # : 356924
Your Acct #: 2034934600-120401
List Date : 02/21/02
Serv.Date : 12/04/01
BALANCE : 421.42

For value received, and for the purpose of collection,IDAHO POWER COMPANY hereby assigns and transfers to CREDIT BUREAU OF POCATELLO all of our rights, title, and interest in and to OUR/MY claim against PEGGY HUERTA in the sum of $421.42, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 6-14-02

IDAHO POWER COMPANY

AUTHORIZED SIGNATURE

*******Please Rush, Deadline to file proof of claim is 071802,
Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.

Account Financial History: Huerta, Peggy L

Account: 2034934500 Name: Huerta, Peggy L

Trans Date	Type	Service	Actual Amount	Actual Balance	Current Amount	Current Balance	Deposit on Hand
02/11/2002	WO	U	-421.42	0.00	[illegible]	[illegible]	0.00
02/01/2002	LPC	U	4.17	421.42	[illegible]	[illegible]	0.00
01/03/2002	LPC	U	4.13	417.25	[illegible]	[illegible]	0.00
12/06/2001	BILL	U	196.64	413.12	[illegible]	[illegible]	0.00
[illegible]	LPC	U	0.70	216.48	[illegible]	[illegible]	0.00
11/13/2001	BILL	U	144.70	215.78	[illegible]	[illegible]	0.00
[illegible]	LPC	U	0.70	71.08	[illegible]	[illegible]	0.00
10/11/2001	BILL	U	32.21	70.38	[illegible]	[illegible]	0.00
[illegible]	LPC	U	0.37	38.17	[illegible]	[illegible]	0.00
09/11/2001	BILL	U	4.39	37.80	[illegible]	[illegible]	0.00

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