

UNITED STATES BANKRUPTCY COURT - DISTRICT OF IDAHO POCA TELLO DIVISION

PROOF OF CLAIM
02 MAY 2002 PM 4:09

In re PEGGY LA RUE HUERTA
AKA: PEGGY L HUERTA

02-40480

SSN: 519-86-8201

FILED
L.C. MENITZGER, 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 11 U.S.C. sec 503.

Name of Creditor
Arrow Financial Services LLC

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.

Name and Address Where Notices Should Be Sent
Arrow Financial Services LLC

Check box if you have never received any notices from the bankruptcy court in this case.

c/o BECKET & LEE LLP
Attorneys for Claimant
P.O. BOX 3001
Malvern, PA 19355-0701
Telephone (610) 644-7800

Check box if this address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
7211005541617584

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

1. Basis For Claim

- Goods Sold
- Services Performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (Describe briefly) CREDIT CARD DEBT

- Retiree benefits as defined in 11 USC sec 1114(a)
- Wage, salaries and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED: Various Transaction Dates

3. IF COURT JUDGMENT, DATE OBTAINED: None

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ 217.59

- 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 interests 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 (Describe)

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 \$4300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier--11 USC 507 (a) (3)
- Contributions to an employee benefit plan 11 USC 507(a) (4)
- Up to \$1,950* of deposits towards purchase, lease or rental of property or services for personal, family, or household use--11 USC 507 (a) (5).
- Alimony, maintenance, or support owed to a spouse, former spouse, or child--11 USC 507 (a) (7).
- Taxes or penalties owed to government units--11 USC 507 (a) (8).
- Other--Specify applicable paragraph of 11 USC 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.

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

8. SUPPORTING DOCUMENTS: Itemized monthly statements of account were mailed to the debtor pre-petition; claimant maintains copies of said statements on microfilm or image processing and reproduction of same absent a dispute as to the balance would be unduly time consuming and burdensome; nevertheless, where an interested party so requests, claimant will search its records to provide copies of said month accounts statements. To request further documentation please call Becket & Lee LLP at 1-800-962-6030 and ask to speak to the Claims servicing Supervisor. Claim may include contractual interest and/or late charges.

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.

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DATE
05/11/02

Sign and print name and title (if any) of creditor or person authorized to file this claim (attach copy of power of attorney, if any)

Barbara K. Hamilton, Wendell H. Livingston, Sarah E. Pugh
Becket and Lee LLP, Attorneys/Agent for Creditor

Penalty for Presenting Fraudulent Claim: Fine up to \$500,000 or imprisonment for up to 5 years or both. 18 USC Sec. 152 & 3571



Name: HUERTA, PEGGY L
Acct: 7211005541617584
Social Security: 519-86-8201
Original Balance: 165.58

Drcode: HUERTAID0001
Acct B: 10267996

Pay Date		Description of Payment
	+ 52.01	Interest Accrued
There are no payments for 7211005541617584		
Current Balance:	217.59	