

United States Bankruptcy Court

District of Idaho

PROOF OF CLAIM Chapter

(please check appropriate box): 7 [] 11 [] 12 [] 13 [X]

THIS SPACE FOR COURT USE ONLY

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Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724

Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.

In Re: (NAME OF DEBTOR) PEGGY L. Sheldon

CASE NUMBER: 99-01789

NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):

IEP BILLING OFFICE 2312 NORTH COLE ROAD, SUITE C BOISE, ID. 83704 208-322-8515

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 USC §503.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

8616849

Check here if this claim: [] REPLACES [X] AMENDS a previously filed claim dated:

1. BASIS FOR CLAIM: [] Goods Sold [X] Services Performed [] Money Loaned [] Personal Injury/Wrongful Death [] Taxes [] Assignment [] Retiree Benefits as defined in 11 U.S.C. §1114(a) [] Wages, salaries and compensation; Social Security #:

Unpaid compensation for services performed from DATE to DATE

2. DATE DEBT OCCURRED: 6-23-99

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: a. Secured b. Unsecured Nonpriority c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.

SECURED CLAIM: \$ Attach evidence of perfection of security interest Brief description of Collateral: [] Real Estate [] Motor Vehicle [] Other (Describe Briefly) Amount of Arrearage and other charges at time case was filed included in secured claims above, if any: \$

UNSECURED PRIORITY CLAIM: \$ SPECIFY THE PRIORITY OF THE CLAIM: [] Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the 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 \$1800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6). [] Taxes or penalties of governmental units - 11 USC § 507(a)(7). [] Other - Specify applicable paragraph of 11 USC § 507(a)

UNSECURED CLAIM: \$ A claim is unsecured if there is not 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.

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:

UNSECURED: \$ SECURED: \$ PRIORITY: \$ TOTAL \$

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

6. CREDITS AND OFFSETS: 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 the debtor.

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7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, 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.

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DATE: 8/24/99

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). MARJORIE CASE ACCT REP TELEPHONE NO: 208-322-8515

PHYSICIAN BILLING
 231 W. COLE ST
 BOISE ID 83704

Billing questions: 362-3515
 FAX TO: 320312175

BOISE, IDAHO 83704

DATE	DOCTOR	CODE	DESCRIPTION	AMOUNT
05/15/97	DR. J. W. COLE	1445	PHYSICIAN FEE	200.00
05/15/97			ANESTHESIA	-150.00
05/15/97			OPERATION	-58.00
MAKE CHECK PAYABLE TO: PATIENT SERVICES RENDERED AT: 231 W. COLE ST BOISE, IDAHO 83704				AMOUNT DUE FROM PATIENT 0.00
OVER 30 DAYS				ACCOUNT NUMBER 01010101
OVER 60 DAYS				
OVER 90 DAYS				
OVER 120 DAYS				AMOUNT DUE FROM PATIENT 0.00

DETACH THIS PORTION AND RETURN WITH YOUR REMITTANCE

STATEMENT DATE 03/23/97

AMOUNT ENCLOSED \$

[Signature Box]

AMERICAN EXPRESS / DISCOVER
 VISA / MASTERCARD ACCEPTED

CARD # _____ EXP _____ SIGNATURE _____

A finance chg of 1.1% per mo will be added to amounts not paid after 50 days from bill date.

PEBBY L SHELTON
 3300 W LAKE DRIVE LV 2
 82
 BOISE ID 83713