

PROOF OF CLAIM

<p align="center">United States Bankruptcy Court District of Idaho</p> <p>Instructions: Complete this form and mail to: US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724</p>	<p align="center">PROOF OF CLAIM Chapter (please check appropriate box): 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input checked="" type="checkbox"/></p> <p>Proof of Claim Form and Supporting Documents are to be filed in <i>DUPLICATE</i> on Chapter 12 and 13 cases.</p>	<p align="center">THIS SPACE FOR COURT USE ONLY</p> <p align="right"><i>OR</i></p>
<p>In Re: (NAME OF DEBTOR) <i>Shelton, Peggy</i></p>	<p>CASE NUMBER: <i>99-1789</i></p>	
<p>NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):</p> <p align="center">EQUIFAX RMS PO BOX 4908 BOISE ID 83711-4908</p>	<p>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.</p>	
<p>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR</p> <p align="center"><i>11567543</i></p>	<p>Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:</p>	
<p>1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation: Social Security #: _____</p> <p>Unpaid compensation for services performed from _____ to _____ DATE DATE</p>		
<p>2. DATE DEBT OCCURRED: <i>12/94</i></p>	<p>3. IF COURT JUDGMENT, DATE OBTAINED:</p>	
<p>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.</p>		
<p>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 was filed included in secured claim above, if any: \$ _____</p>	<p>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 the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) _____</p>	
<p>UNSECURED CLAIM: \$ <i>4348.64</i></p> <p>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.</p>		
<p>5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: UNSECURED: \$ <i>4348.64</i> SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ <i>4348.64</i></p> <p><input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>		
<p>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.</p>	<p align="center">THIS SPACE FOR COURT USE ONLY</p>	
<p>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 judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>		
<p>DATE: <i>8/16/99</i></p>	<p>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 <i>KRC</i></p> <p align="right">TELEPHONE NO: <i>208-375-9640</i></p>	<p align="center"><i>13</i></p>

UNITED STATES BANKRUPTCY COURT

District of Idaho (Boise)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 7/14/99.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.**Debtor(s) (name(s) and address):**

Peggy L. Sheldon

3300 N Lakegrove Ln #201
Boise, ID 83713**Case Number:**

99-01789

Social Security/Taxpayer ID Nos.:

519-76-1118

Attorney for Debtor(s) (name and address):

Richard L. Alban

POB 1059

Nampa, ID 83653

Telephone number: (208) 466-6781

Bankruptcy Trustee (name and address):

Bernie R. Rakozy

POB 1738

Boise, ID 83701

Telephone number: (208) 343-4476

Meeting of Creditors:

Date: 08/20/99 Time: 1:00 pm

Location: Office of U.S. Trustee, 8th and Bannock 3rd Fl #333, Boise, ID 83702

Deadlines:Papers must be *received* by the bankruptcy clerk's office by the following deadlines:**Deadline to File a Proof of Claim:**

For all creditors (except a governmental unit): 11/18/99

For a governmental unit: 01/10/00

Deadline to Object to Exemptions:Thirty (30) days after the *conclusion* of the meeting of creditors.**Filing of Plan, Hearing on Confirmation of Plan**

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date: November 2, 1999 Time: 1:30 pm

Location: Fed Bldg & US Cts Rm #5, 550 W Fort 5th Floor, Boise, ID 83724

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:

US Bankruptcy Court

550 West Fort MSC 042

Computerized Case Info (208) 334-9386

Boise, ID 83724

Telephone number: Computerized Case information: (208)

334-9386/Web Site: www.id.uscourts.gov

For the Court:

Clerk of the Bankruptcy Court:

Cameron Burke

Hours Open:

8:00 a.m. to 5:00 p.m.

Date:

07/14/99

Equifax Credit Information
P.O. Box 4908
Boise, Idaho 83711-4908
(208) 375-9640

Idaho Emergency Physicians
2312 N. Cole Rd Suite B
Boise ID 83711

**Continuing
Assignment**

To: Equifax Risk Management Services
A Division of Equifax Credit Information Services
7255 W. Franklin Rd
P.O. Box 4908
Boise, ID 83711

Until revoked in writing this document shall constitute a blanket and continuing assignment of all accounts the undersigned either delivers to Equifax Risk Management Services. A division of Equifax Credit Information Services, hereinafter "Equifax R.M.S." mails to Equifax R.M.S. for collection purposes by this assignment, the undersigned hereby authorizes Equifax R.M.S. to file legal action on the account(s) and/or other documents that the undersigned may, from time to time, submit/assign to Equifax R.M.S. for collection purposes.

Dated this 24 Day of July 1997.

Idaho Emergency Physicians
Company

By [Signature]

Title [Signature]



RISK MANAGEMENT ALTERNATIVES, INC.

St. Alphonsus Regional Medical Center
1055 N Curtis Rd
Boise, ID 83706

Continuing Assignment

To: Risk Management Alternatives Inc.
7255 Franklin Road
P.O. Box 4908
Boise, ID 83711

Until revoked in writing this document shall constitute a blanket and continuing assignment of all accounts the undersigned either delivers to Risk Management Alternatives Inc., or mails to Risk Management Alternatives Inc. for collection purposes by this assignment, the undersigned hereby authorizes Risk Management Alternatives Inc. to file legal action on the account(s) and/or other documents that the undersigned may, from time to time, submit/assign to Risk Management Alternatives Inc. for collection purposes.

Dated this 26 Day of July 1999.

Company St. Alphonsus RMC

By Steve Faulken

Title General Manager Business Affairs

BOISE NEURO OFFICE
BOISE NEUROLOGICAL CONSULTANTS
Patient Ledger
08/10/99

Patient	Date	Prov	POS	Billing	Procedure	Diagnosis	Amount
SHEPEG-00 (PEGGY SHELDON, Home (208)322-6163, Work (208)322-1480)							
	12/31/93	RWW		426H	BF		100.50
	08/31/94	RWW		426H	CASHPMT		-20.00
	01/20/95	RWW		426H	CASHPMT		-50.00
	02/01/95	RWW		426H	CASHPMT		-30.50
	12/31/93	RWW		628H	BF		54.00
	02/01/95	RWW		628H	CASHPMT		-19.50
	03/08/95	RWW		628H	CASHPMT		-20.00
	06/22/95	RWW		628H	BADDEBTWO		-14.50
	02/15/94	RWW	11	1379H	99213	346.9	56.00
	05/13/94	RWW		1379H	PTCK		-56.00
	(Insurance 1 billed 06/27/94)						
	05/04/94	RWW	21	3513H	99252	784.0	128.00
	06/22/95	RWW		3513H	BADDEBTWO		-128.00
	(Insurance 1 billed 06/27/94)						
	08/30/94	JDR	11	5118H	99244	346.00	223.00
	01/17/95	JDR		5118H	COLLEXWO		-223.00
	(Insurance 1 billed 10/26/94)						
	11/30/94	RWW	11	6402H	99213	784.0	56.00
	06/22/95	RWW		6402H	BADDEBTWO		-56.00
	(Insurance 1 billed 12/06/94)						

Total Debits: 617.50
Total Credits: -617.50

Balance: 0.00
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RICHARD W WILSON MD

Provider Debits: 394.50
Provider Credits: -394.50

Provider Balance: 0.00

JAMES D REDSHAW MD

Provider Debits: 223.00
Provider Credits: -223.00

Provider Balance: 0.00

Report Debits: 617.50
Report Credits: -617.50

Report Balance: 0.00
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