

BR

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE) 13

PROOF OF CLAIM

Name of Debtor
Peggy L. Sheldon

Case Number
99-01789

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.



THIS SPACE IS FOR COURT USE ONLY

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Credit Data Idaho, Inc.
Name and Address where notices should be sent:

- 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.

Credit Data Idaho, Inc.
PO Box 4068
Boise, ID 83711

Telephone Number:

Account or other number by which creditor identifies debtor:

348925

Check here if 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 _____ to _____
(date) (date)

2. Date debt was incurred: 12/96 - 5/97

3. If court judgment, date obtained:
None + Int + NPS

4. Total Amount of Claim at Time Case Filed:

\$ 510.85 + 31.37 + 20 = 562.22

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 \$4,300)* 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 \$ 1,950* 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 4/1/01 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.

THIS SPACE IS FOR COURT USE ONLY

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.

Date
10-22-99

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):
Howard J. S.

18

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.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

DR JULIE FOOTE M.D.
P.O. BOX 4143
BOISE ID 83711

BKD
336

REQUEST FOR ASSIGNMENT AND ITEMIZED STATEMENT

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in 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 to this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: PEGGY L SHELDON
Our Acct # : 355968
Your Acct #: 1102
List Date : 09/08/97
Serv. Date : 12/13/96
BALANCE : 306.00

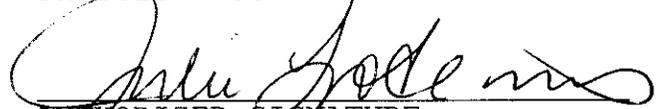
Debtor Address:
1030 E 4TH ST
MERIDIAN, ID 83642

ASSIGNMENT

For value received, and for the purpose of collection, DR JULIE FOOTE M.D. hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against PEGGY L SHELDON in the sum of \$306.00, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 10/6/99

DR JULIE FOOTE M.D.


AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 111899, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

10/01/95

PATIENT FINANCIAL HISTORY BY DT SERVICE
JULIE FOOTE, M.D.
Accounts 1102 - 1102 All Dates

Page 1

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount	
1102			SHELDON, PEGGY						Previous Balance :	0.00
	12/16/96	0	SHELDON, PEGGY	1	99245		CONSULT, OFFICE COMPL	242.90	1.00	227.00
	12/16/96	0	SHELDON, PEGGY	1	36415		DRAW FEE	242.90	1.00	12.00
	01/26/97	0	SHELDON, PEGGY	1	99213		OFFICE E/M EST. PT,	241.0	1.00	67.00
	08/14/97		Adjustment (23)				Bad Debt Adjust			-227.00
	08/14/97		Adjustment (23)				Bad Debt Adjust			-12.00
	08/14/97		Adjustment (23)				Bad Debt Adjust			-67.00

TOTALS FOR ACCOUNT 1102		PAYMENTS :	0.00	ADJUSTS :	306.00	CHARGES :	306.00	3.00	0.00	
		REFUNDS:	0.00							

			0.00		306.00		306.00		0.00	

RECEIVED

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

OCT 01 1999

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

PRIMARY HEALTH / CHECKS
800 PARK BLVD STE 760
BOISE ID 83712

BKD
337

REQUEST FOR ASSIGNMENT

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in this action. We have your account records currently on file there is no need for your 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 document. We appreciate your prompt attention to this matter.

Bankruptcy Desk
Clerical Department

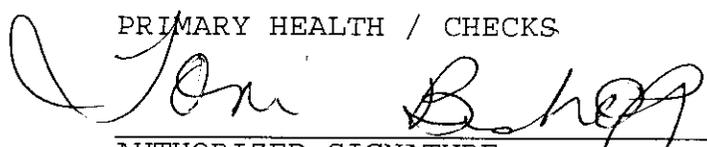
Debtor Name: PEGGY L SHELDON
Our Acct # : 348925
Your Acct # : 61999
List Date : 07/03/97
Serv. Date : 05/02/97
BALANCE : 86.00

Debtor Address:
1030 E 4TH
MERIDIAN, ID 83642

ASSIGNMENT

For value received, and for the purpose of collection, PRIMARY HEALTH / CHE hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against PEGGY L SHELDON in the sum of \$86.00, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 10-1-99

PRIMARY HEALTH / CHECKS

AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 111899, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

PEGGY L. SHELDON
3499 N. FIVE MILE #103C 208-375-4492
BOISE, ID 83713

ENDORSEMENT CANCELLED 8/12

1388

92-8/1241

4-25-97

Primary Health
PAY TO THE ORDER OF

Eighty Six and 10/100

INSUFFICIENT FUNDS



86.00

DOLLARS

First Security Bank

First Security Bank, N.A.
Ustick & Five Mile Office
P.O. Box 7069
Boise, Idaho 83730



SPRINT2 SEAT2

FOR 1999

Peggy Sheldon

⑆ 24 100064⑆ 28 1 10 16 2 09⑆ 1388 ⑆0000008600⑆

HARLAND 199J

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

PRIMARY HEALTH
800 PARK BLVD STE 760
BOISE ID 83712

BKD
336

REQUEST FOR ASSIGNMENT AND ITEMIZED STATEMENT

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in 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 to this matter.

Bankruptcy Desk
Clerical Department

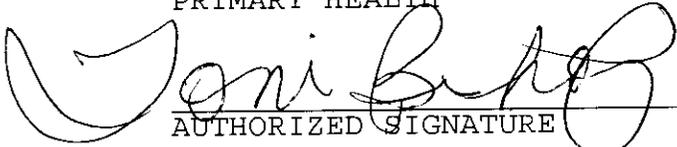
Debtor Name: PEGGY L SHELDON
Our Acct # : 348926
Your Acct #: 61999
List Date : 07/03/97
Serv. Date : 05/02/97
BALANCE : 118.85

Debtor Address:
1030 E 4TH
MERIDIAN, ID 83642

ASSIGNMENT

For value received, and for the purpose of collection, PRIMARY HEALTH hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against PEGGY L SHELDON in the sum of \$118.85, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 10-1-99

PRIMARY HEALTH

AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 111899, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

PRIMARY HEALTH INC
P.O. BOX 101050

06/30/99

0011 ID 0010-1050

PRINTED 06/01/99 14:49 BY LJB005

0-30 days	0.00	PEGGY	SHIELDOR	Home 208 383 4530
31-60 days	0.00	1030 1 4TH		Work 208 375 2413
61-90 days	0.00			PI-0016 In 0004
91-120 days	0.00	MEREDITH	ED 83642	05-0000 DR 0030
121-150 days	0.00			
150+ days	0.00	PEGGY	SHIELDOR	F-06/27/58- 41-61999
		Next app't		
Total bal	0.00			
Pending	0.00			
P.P. bal	0.00			
Budget due	0.00			
Nonbud due	0.00			
Total due	0.00			
Budget bal	0.00			
Bud payment	0.00			
Last billing	02/30/99			
Revised date	02/30/99			

Last chg 020499 71.00 Last ins pay 020299 00.00
 SSN: 519 76 1118 Last per pay 020499 10.00

Reg date 040695 PATIENT INFO NOTES

Insurance	Subscriber	Policy id	TR PR
BLIND FROM: HMC	SHIELDOR	PEGGY XMBE12701118 0003060	1Y-02

FastNotes

As No FastNotes found

File#	SS	PEGGY	SHIELDOR	Total	00.00
01/08/97	10-PARRA MD	SEALBY, MD		OVERLAND	
LINE DETAIL					
010897-010897					52.00
010897-010897					19.00
010897-010897					16.00
010897-010897					3.00

RECEIPTS

Date	Type	Amount	Applied
03/05/97	1001-1321 CHECK PAYMENT ROA	21.63	21.60
03/21/97	1001-1314 CHECK PAYMENT ROA	02.91	25.00
05/01/97	1000-1307 CHECK PAYMENT	01.35	25.00
06/25/97	2015-8AD DEBT TO COLLECTIONS	05.95	15.00

SUMMARY

Payd	00	00	00	Expected	00	Pat	00
Li/O	00	00	00	Personal	75.00	Pat	00
Payd to print on form			00	Other pd	15.00		

File#	SS	PEGGY	SHIELDOR	Total	00.00
01/09/97	10-PARRA MD	SEALBY, MD		OVERLAND	
LINE DETAIL					
010997-010997					41.00
010997-010997					20.00
010997-010997					19.00

RECEIPTS

Date	Type	Amount	Applied
------	------	--------	---------

01/01/01	1000.00	CHIEF PAYMENT	11	67000000	01	00	01	00	01	00
01/01/01	0000.00	DEBT TO COLLECTOR:	11	60500000	05	00	07	00	05	00
		CAMMERY								
				Statm.	0000	0000		*Balance*		00
01/01	00	00	00	IF expected		00		Inc.		00

M/0 00 00 00 Personal 25.00 Pat 1.00
 Pat paid to print on form 00 Other pd 25.00

Tick# 347466 U 115 41 PEGGY SHELDON Total: 79.00
 01/26/97 00-1000 PA GILBERT, R WEST BOTTLE TMR

-TIME DETAIL
 012697-012697 [REDACTED] 1 79.00
 012697-012697 [REDACTED] 1 0.00
 012697-012697 [REDACTED] Y 1 0.00
 RECEIPTS

Date Type Amount Applied
 01/26/97 1010-CASH PAYMENT PR 001741U 115 41 10.00- 10.00
 01/26/97 1010-1250 CHECK PAYMENT PR 001747U 115 41 25.00- 25.00
 06/25/97 0015-BAD DEBT TO COLLECTIONS PR 005549U 35 95 224.85- 24.00

-SUMMARY-

Card 00 00 00 00 00 Expected 00 Inv 00
 M/0 00 00 00 00 Personal 25.00 Pat 1.00
 Pat paid to print on form 00 Other pd 25.00

Tick# 345484 U 00 14 PEGGY SHELDON Total: 1.00
 04/16/97 00-PRIMARY HEAL 7999 FINANCE CHARGE

-RECEIPTS-

Date Type Amount Applied
 06/25/97 0015-BAD DEBT TO COLLECTIONS PR 005549U 35 95 224.85- 1.00

Balance

Personal 1.00 Pat 0.00
 Other pd 1.00

Tick# 392134 U 01 55 PEGGY SHELDON Total: 86.00
 04/21/97 00-100000 MD BLOOMSBN, GYM BAND

-TIME DETAIL

042197-042597 [REDACTED] 1 52.00
 042597-042597 [REDACTED] 1 17.00
 042197-042597 [REDACTED] 1 19.00
 042597-042597 [REDACTED] 1 8.00

RECEIPTS

Date Type Amount Applied
 04/21/97 1000-1000 CHECK PAYMENT PR 002114U 01 55 86.00- 20.00
 05/28/97 5000-RETURNED CHECK NCE BUBBC PR 059147U 34 5 86.00 86.00
 05/28/97 5000-RETURNED CHECK PCC PR 059155U 34 5 20.00 20.00
 06/25/97 0015-BAD DEBT TO COLLECTIONS PR 005549U 35 95 224.85- 106.00

-SUMMARY-

Card 00 00 00 00 00 Expected 00 Inv 00
 M/0 00 00 00 00 Personal 86.00 Pat 00
 Pat paid to print on form 00 Other pd 20

Tick# 852231 U 00 14 PEGGY SHELDON Total: 1.21
 06/25/97 00-PRIMARY HEAL 7999 FINANCE CHARGE

-RECEIPTS-

Date Type Amount Applied
 06/25/97 0015-BAD DEBT TO COLLECTIONS PR 005549U 35 95 224.85- 1.21

Balance

Personal 1.00 Pat 0.00
 Other pd 1.21

Tick# 888896 U 00 14 PEGGY SHELDON Total: 1.21
 06/25/97 00-PRIMARY HEAL 7999 FINANCE CHARGE

RECEIPTS

