

PROOF OF CLAIM

88

United States Bankruptcy Court District of Idaho

PROOF OF CLAIM

Chapter

(please check appropriate box):
7 11 12 13

THIS SPACE FOR COURT
USE ONLY

US BANKRUPTCY COURT
DISTRICT OF IDAHO
550 W FORT 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):
Associates Credit Service, Inc.
421 Coeur d'Alene Ave., Suite 4
Coeur d'Alene, ID 83814
(208) 667-1596

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

02.186756 / 2.186756

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 Assignment
 Retiree Benefits as defined in 11 U.S.C. §1114(a)
 Wages, salaries and compensation: Social Security #: _____

Unpaid compensation for services performed from _____ to _____
DATE DATE

2. DATE DEBT OCCURRED:

8/29/97

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 claim 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: \$ 2167.63

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: \$ 2167.63 SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ 2167.63

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.

THIS SPACE FOR COURT USE ONLY

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.

#5

DATE:

7-27-99

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).

Kelli A. Crain
Kelli A. Crain - legal secretary TELEPHONE No: 208-667-1596

FILE COPY

J02020285

SHELDON, PEGGY L

FEB 26 1998

ACCT: J02020285
SHELDON, PEGGY L
1030 E 4TH
MERIDIAN, ID 83642
208 888-4566/208 375-2413

GUAR: 519-76-1118
SHELDON, PEGGY L
1030 E 4TH
MERIDIAN, ID 83642
208 888-4566 (H)

39 F ADM/SER: 08/29/97 UR CHG: 0 SPAY000
EMR DISCHARGE: AR CHG: 265.00
FB 09/04/97 LST STMT: 11/28/97 BALANCE: 267.63

267.63 08/29/97

2196756

BCH DATE	BCH	SER	DATE	USER	PROCEDURE	BL#	DESCRIPTION	AMOUNT	BALANCE
09/05/97	2	09/04/97	TLH12		FINAL BILL	1	CUT	265.00	265.00
09/05/97	2	09/04/97	TLH12		FINAL BILL	1	POSTED (265.00)		265.00
09/05/97			TLH12		C-8		NSD: (None) to 09/29/97		265.00
09/05/97		09/05/97	TLH12		FINAL BILL	1	PRINTED		265.00
09/25/97		09/25/97	DLD1		FINAL BILL	1	RE-PRINTED		265.00
09/29/97		09/29/97	KRS		STMT		MSG #1 SEQ #1 PRINTED MSG: SELF 1ST		265.00
09/29/97			KRS		C-12		NSD: 09/29/97 to 10/29/97		265.00
10/29/97		10/29/97	TLH12		STMT		MSG #2 SEQ #2 PRINTED MSG: SELF 2ND		265.00
10/29/97			TLH12		C-14		NSD: 10/29/97 to 11/28/97		265.00
11/28/97	6	11/28/97			ADJFINCHG	1	Finance Charge	2.63	267.63
11/28/97		11/28/97	KRS		STMT		MSG #3 SEQ #3 PRINTED MSG: PRE COLL		267.63
11/28/97			KRS		C-17		Exceeded stmt group max NSD: 11/28/97 to (None)		267.63
02/17/98			SJS13		C-18		CALLED PT AND SPOKE WITH HER AND SHE STATED SHE HAD A CHAPTER 13 FILED IN BOISE ON 010898 AND THE CASE # IS 98-00042-13 HER ATTORNEY IS RICHARD ALBAN 800 728 6783		267.63
02/17/98			SJS13		C-19		PUT CHART IN FOR BAD DEBT WRITE OFF TO ACS		267.63



ASSOCIATED
CREDIT
SERVICE
INC.

120 N WALL SUITE 350
SPOKANE, WA 99201-0614
TELEPHONE (509) 252-4600 FAX-1-509-252-4984

LICENSED
BONDED

July 19, 1999

U.S COURTHOUSE & FEDERAL BUILDING
205 N 4th Room 214
COEUR d'ALENE ID 83814

RE: BANKRUPTCY CASE # 99-01789

The following creditor information is found under our, ACS INC. of IDAHO,
account # C2.186756/2.186756.

CREDITOR: HOLY FAMILY HOSPITAL
LISTED: 02/26/98
PRINCIPAL: \$267.63
TRANSDATE: 08/29/97

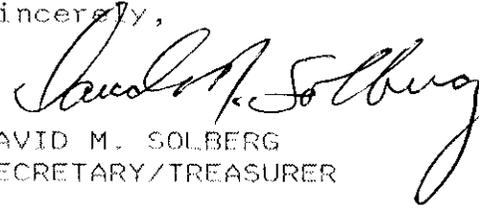
INTEREST AS OF 07/28/95: \$61.46

TOTAL BALANCE \$329.09

If you have any questions or concerns regarding the above information we
are including with our proof of claim, you may contact me at 509-484-4600.

Thank you for your time and cooperation.

Sincerely,


DAVID M. SOLBERG
SECRETARY/TREASURER