

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

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):

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.

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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

8384869

Check here if this claim: [] REPLACES [] 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 _____ to _____
DATE DATE

2. DATE DEBT OCCURRED: 5-3-99

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: \$ _____

UNSECURED PRIORITY CLAIM: \$ _____

Attach evidence of perfection of security interest
Brief description of Collateral: [] Real Estate [] Motor Vehicle
[] Other (Describe Briefly)

SPECIFY THE PRIORITY OF THE CLAIM:

Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$ _____

[] 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).

UNSECURED CLAIM: \$ 187.00

[] 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).

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.

[] Taxes or penalties of governmental units - 11 USC § 507(a)(7).

[] Other - Specify applicable paragraph of 11 USC § 507(a) _____

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

UNSECURED: \$ 187.00 SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ 187.00

[] 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.

3

DATE: 7/22/99

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).

Margie Case MARJORIE CASE
act rep TELEPHONE NO: 208-322-8515

IC [00- -SPR-01] (124)D

PHYSICIANS BILLING
2312 N. COLE #3
BOISE ID 83704

Billing Questions: 322-8515
Fax ID: 620312175

BOISE, IDAHO
93

DATE	DOCTOR	CODE	DESCRIPTION	AMOUNT																																																								
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↑ DETACH THIS PORTION AND RETURN WITH YOUR REMITTANCE ↑

STATEMENT DATE 07/22/99

AMOUNT ENCLOSED \$

AMERICAN EXPRESS / DISCOVER
VISA / MASTERCARD ACCEPTED

PEGGY L SHELDON
1030 E 4TH ST
MERIDIAN ID 83542

CARD # _____ EXP _____ SIGNATURE _____

A finance charge of 1 1/2% per mo will be added to amounts not paid after 60 days from bill date.