United States Bankruptcy Court
District of Idaho

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

PROOF OF CLAIM
Chapter
(please check appropriate box):
7 [ ] 11 [ ] 12 [ ] 13 [X]

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

THIS SPACE FOR COURT USE ONLY

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
[ ] 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 claim above, if any: $ _____

UNSECURED CLAIM: $ 208.00

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.

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) ____

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

UNSECURED: $ 208.00 SECURED: $ _____ PRIORITY: $ _____ TOTAL $ 208.00

[ ] 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 judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

(1)

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).

Marjorie Case
MARJORIE CASE
acct rep
TELEPHONE NO: 208-322-8515

PENALTY FOR PRESENTING FRAUDULENT CLAIM: FINE OF UP TO $500,000 OR IMPRISONMENT FOR UP TO 5 YEARS, OR BOTH. 18 USC §§ 152 AND 3571.

LC [00- -9PR-01] (125)0

PHYSICIANS BILLING
2312 N. COLE #B
BOISE ID 83704

Billing Questions: 322-8515 BOISE, IDAHO
Tax ID: 820312175
93

DATE	DOCTOR	CODE	DESCRIPTION	AMOUNT
06/23/99	ASHBY MD, HANS	99284 -	EVALUATION & MANAGEMENT	208.00
07/20/99			CR-BANKRUPTCY	-208.00

PATIENT
SHELDON, PEGGY L

SERVICES RENDERED AT:
ST ALPHONSUS REG MED CTR

MAKE CHECK PAYABLE TO: IDAHO EMERGENCY PHYSICIANS
PO BOX 4003
BOISE ID 83711

AMOUNT DUE FROM PATIENT 0.00

OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	ACCOUNT NUMBER	
				9616849	0.00

DETACH THIS PORTION AND RETURN WITH YOUR REMITTANCE

STATEMENT DATE 07/22/99

AMOUNT ENCLOSED $

AMERICAN EXPRESS / DISCOVER
VISA / MASTERCARD ACCEPTED

CARD # _____ EXP __/__/__ SIGNATURE _____

PEGGY L SHELDON
3300 N LAKE GROVE LN 2
01
BOISE ID 83713

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