

United States Bankruptcy Court  
 3D District of BOISE  
**PROOF OF CLAIM**  
 Chapter: 13

UNITED STATES COURTS  
 DISTRICT OF BOISE  
 FILED  
 01/04/00

In re (Name of Debtor)  
**KELLY HALE**  
**CLYDE V HALE**

Case Number  
**99 42056**

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be FILED pursuant to 11 U.S.C. 503.

Name of Creditor  
 (The person or entity to whom the debtor owes money or property)  
**U. S. BANK**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Name and Address Where Notices SHOULD be Sent  
**U. S. BANK**  
**P. O. BOX 17143**  
**DENVER, CO 80217**  
**TEL 800-374-4908**

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 by the court.

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:  
**5417380335634152**

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  
 Other (Describe Briefly)

Retiree benefits as described in U.S.C. 1114(a)  
 Wages, salaries, and compensations (Fill out below)  
 Your social security number:  
 Unpaid compensations for services performed from (date) to (date)

2. DATE DEBT WAS INCURRED:  
**04/29/93**

3. IF COURT JUDGEMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code All claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority. (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM

SECURED CLAIM  
 Attach evidence of perfection of security agreement  
 Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Briefly Describe)  
 VIN#:  
 Amount of arrearage and other charges include in secured claim above, if any.  
 UNSECURED NONPRIORITY  
 A claim is unsecured if there is no 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  
 Specify the priority of the claim.  
 Wages, salaries, or commissions - 11 U.S.C. 507(a)(3)  
 Contributions to employee plan - U.S.C. 507(a)(4)  
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -  
 Taxes or penalties of government - 11 U.S.C. 507(a)(7)  
 Other - 11 U.S.C. 507(a)(2),(a)(5) - (Describe Briefly)

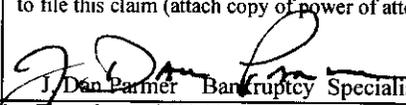
5. TOTAL AMOUNT OF CLAIM  
 AT TIME \$3,989.17 \$0.00  
 CASE FILED (UNSECURED) (SECURED) (PRIORITY)  
 Check this box if claim includes prepetition charges in addition to the principle amount of the claim. Attach itemized statement

<b>\$3,989.17</b>
(TOTAL)

6. CREDITS AND SETOFFS: 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 debtor.  
 7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interest. If the documents are not available, explain. If voluminous, attach summary.  
 8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date  
**01/04/00**

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)  
  
**J. Dan Parmer Bankruptcy Specialist**

*Handwritten mark*

STMT DATE NEW BALANCE DUE DATE AMT PAST MIN DUE  
 DEC 20 1999 3989.17 JAN 9 2000 178.00 550.00

KELLY HALE ACCOUNT NUMBER 5417 3803 3563 4152  
 CLYDE V HALE NUMBER OF PAGES 1

255 BLUE LAKES BLVD N # 636 ACCT STATUS Y CORRESPOND CODE  
 TWIN FALLS ID 83301 CARD STATUS 1

	PREV BAL	PAYMENTS	CREDITS	NEW ACT	AVE BAL	FIN CHG	NEW BAL
*	.00	.00	.00	.00	.00	.00	.00
P	649.16	.00	.00	649.16	.00	.00	649.16
*	.00	.00	.00	.00	.00	.00	.00
C	16.31	.00	.00	16.31	.00	.00	16.31
*	.00	.00	.00	.00	.00	.00	.00
M	3323.70	.00	.00	3323.70	.00	.00	3323.70
T	3989.17	.00	.00	.00	.00	.00	3989.17

FOR BILLING PERIODIC RATES|NEW CASH PUR MAJ IOLD CASH PUR MAJ  
 INFO CALL MONTHLY | 1.85 1.68 | 1.85 1.85 1.68  
 612 244 4444 ANNUAL | 22.1 20.1 | 22.1 22.1 20.1

STATEMENT MESSAGE NUMBER 62  
 \*\* TO HELP IDENTIFY YOUR HOLIDAY PURCHASES, PLEASE SAVE ALL SALES RECEIPTS. \*\*  
 ACCOUNT NUMBER LIMIT AVAIL DUE DATE MAJ PUR PMT PAST DUE MIN PMT  
 54173803 35634152 5300 0 JAN 9 00 198.00 178.00 550.00  
 NEXT OPTION (MONTH, T=TRANSACTION, C=CANCEL, P=PRINT STATEMENT)