

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (POCATELLO)**

PROOF OF CLAIM

Name of Debtor
John E Nichols
Barbara J Nichols

Case Number
00-42215

13

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



Name of Creditor (The person or other entity to whom the debtor owes money or property):
East Idaho Fed Cr. Union
Name and Address where notices should be sent:

East Idaho Fed Cr. Union
P.O. Box 1865
Idaho Falls ID 83403

- 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.

THIS SPACE IS FOR COURT USE ONLY

Telephone Number: 523-9072

Account or other number by which creditor identifies debtor:
101458-0 C

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 _____ (date) to _____ (date)

2. Date debt was incurred:
1-20-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 2005.09

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.

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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 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):

1-8-01

Bev Rainsdon Bev Rainsdon/Collection Supervisor

11 U.S. COURT
JAN - 9 2001
6-11-01

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 3471.

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

PLEASE TELL US ABOUT YOURSELF (PLEASE PRINT OR TYPE)

increase
Amount Requested: \$ 2000

Last Name <u>Nichols</u>	First Name <u>John</u>	Initial <u>J</u>	Account No. <u>7014</u>	Birth Date <u>12-59-96</u>	Soc. Sec. No. <u>2-59-9612</u>
Street Address <u>1493 Mountain View</u>	City <u>Idaho Falls ID.</u>	State <u>ID.</u>	Zip Code <u>83402</u>	Own Rent Other Monthly Pmt \$ <u>375</u>	How Long? <u>5 mos</u>
Previous Address <u>1956 Henry Park</u>	City <u>Idaho Falls ID.</u>	State <u>ID.</u>	Zip Code <u>83401</u>	Own Rent Other <u>RENT</u>	How Long? <u>6 months</u>
Name, Address and Phone Number of nearest relative not living with you. <u>Patty Nichols 597 Laurelwood Ave Idaho Falls ID</u>					
Check box if you live in a community property state (AZ, CA, ID, NM, TX, WA, WI)					
Married <input checked="" type="checkbox"/>			Single <input type="checkbox"/>		Separated <input type="checkbox"/>

PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY

Employer <u>Papa Murphy's</u>	Address <u>1857 W Broadway Idaho Falls ID</u>	Position <u>Manager</u>	Hire Date <u>12-1-98</u>	Business Phone <u>(208) 529-9800</u>	
Previous Employment (if less than 5 years)	Address	Position	Hire Date	Date Left	
NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered.		Alimony, Child Support, Sep Maint	Gross Monthly Income <u>\$1450</u>	Gross Other Income	Source

PLEASE COMPLETE FOR JOINT APPLICANT

Last Name <u>Nichols</u>	First Name <u>Barbara</u>	Initial <u>B</u>	Account No. <u>108948</u>	Birth Date <u>9-30-79</u>	Soc. Sec. No. <u>519-11-7882</u>
Employer <u>Melaleuca</u>	Address <u>3910 So. Yellowstone Idaho Falls ID.</u>	Position <u>Product Support</u>	Hire Date <u>9-3-99</u>	Business Phone <u>(208) 522-0700</u>	
Previous Employment (if less than 5 years)	Address	Position	Hire Date	Date Left	
NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered.		Alimony, Child Support, Sep Maint	Gross Monthly Income <u>\$900.00</u>	Gross Other Income	Source

PLEASE LIST YOUR CREDIT REFERENCES (ATTACH OTHER SHEETS, IF NECESSARY.)

Home	Name and Address of Creditor	Balance	Monthly Payment
Auto	<u>1990 Camaro EICU</u>	<u>3800</u>	<u>117</u>
Auto	<u>1990 Mustang EICU</u>	<u>1,900</u>	<u>108</u>
Other	<u>Jensen Jewelers</u>	<u>200.00</u>	<u>80</u>
Other	<u>Les Schwab</u>	<u>700.00</u>	<u>75</u>
Other Alimony, Child Support or Separate Maintenance Payments			

You understand that, when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated, will allow you, the co-applicant and any other authorized users, to access your Credit Union's Credit Card (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for Credit Card/ATM Access Card. You understand that use of your credit card will constitute acknowledgement of receipt and agreement to the terms of the Credit Card/ATM Access Card disclosures.

You will also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the Credit Union to obtain credit reports in connection with this application for any update, renewal or extension of the credit received. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

X John Nichols 3-7-00
APPLICANT'S SIGNATURE DATE

X Barbara J. Nichols 3-7-00
CO-APPLICANT'S SIGNATURE DATE

No. of Cards requested 2 Names of Authorized Users _____

FOR CU USE ONLY
L/O 919M
Limit 2000
Date 3-7-00

APR 99

Melara

W.P. 11-3-99

PLEASE TELL US ABOUT YOURSELF (PLEASE PRINT OR TYPE)

Amount Requested: \$ 1000.00

Last Name <i>Nichols</i>	First Name <i>John</i>	Initial <i>E.</i>	Account No. <i>101458, 0</i>	Birth Date <i>8-1-81</i>	Soc. Sec. No. <i>522-59-9612</i>
Street Address <i>1956 Henry Anna Ave.</i>	City <i>Idaho Falls</i>	State <i>ID</i>	Zip Code <i>83404</i>	Own Rent Other Monthly Pmt \$ <i>185</i>	How Long? <i>6 MOS.</i>
Previous Address	City	State	Zip Code	Own Rent Other	How Long? <i>(208) 552-5246</i>

Name, Address and Phone Number of nearest relative not living with you.
Patty Nichols 697 Laurelwood Ave.

Check box if you live in a community property state (AZ, CA, ID, NM, TX, WA, WI)

Married Single Separated

PLEASE TELL US ABOUT YOUR EMPLOYMENT HISTORY

Employer <i>Papa Murphy's</i>	Address <i>1857 U. Broadway, Idaho Falls, ID.</i>	Position <i>Manager</i>	Hire Date <i>12-1-98</i>	Business Phone <i>529-9800</i>
Previous Employment (if less than 5 years) <i>Siezer</i>	Address <i>2117 17th St. Idaho Falls, ID.</i>	Position <i>Cook</i>	Hire Date <i>8-1-97</i>	Date Left <i>4-1-99</i>
NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered.		Alimony, Child Support, Sep Maint	Gross Monthly Income <i>\$1400.00</i>	Gross Other Income

PLEASE COMPLETE FOR JOINT APPLICANT

Last Name <i>Daniels</i>	First Name <i>Barbara</i>	Initial <i>J</i>	Account No. <i>108948</i>	Birth Date <i>9-30-79</i>	Soc. Sec. No. <i>519-11-9882</i>
Employer <i>Melaluca</i>	Address <i>3910 S Yellowstone Hwy</i>	Position <i>Product Support</i>	Hire Date <i>8-1-99</i>	Business Phone <i>522-0700</i>	Date Left
Previous Employment (if less than 5 years)	Address	Position	Hire Date		
NOTICE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered.		Alimony, Child Support, Sep Maint	Gross Monthly Income <i>\$960</i>	Gross Other Income	Source

PLEASE LIST YOUR CREDIT REFERENCES (ATTACH OTHER SHEETS, IF NECESSARY.)

Home	Name and Address of Creditor	Balance	Monthly Payment
Auto			
Auto			
Other	<i>Personnel East Idaho Credit Union</i>	<i>\$ 3,100</i>	<i>\$ 121.00</i>
Other	<i>Jensen Grand Teton Mall</i>	<i>\$ 500</i>	<i>\$ 75.00</i>
Other	Alimony, Child Support or Separate Maintenance Payments		

You understand that, when applicable, a Personal Identification Number (PIN) may be issued. This PIN, when validated, will allow you, the co-applicant and any other authorized users, to access your Credit Union's Credit Card (ATM) networks, subject to the terms and disclosures of the Credit Card Agreement and the Electronic Funds Transfer Disclosure for Credit Card/ATM Access Card. You understand that use of your credit card will constitute acknowledgement of receipt and agreement to the terms of the Credit Card/ATM Access Card disclosures.

You will also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of all your debts and obligations. You authorize the Credit Union to obtain credit reports in connection with this application for any update, renewal or extension of the credit received. If you request, the Credit Union will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications made to federal credit unions or state chartered credit unions insured by NCUA.

<i>X John Nichols</i>	<i>11-12-99</i>	<i>X Barbara A Nichols</i>	<i>12-08-99</i>
APPLICANT'S SIGNATURE	DATE	CO-APPLICANT'S SIGNATURE	DATE
No. of Cards requested <i>2</i>	Names of Authorized Users <i>John Nichols, Barbara Nichols</i>		

FOR C.U. USE ONLY	
L/O	<i>MM</i>
Limit	<i>1000</i>
Date	<i>1-20-00</i>

APR 9 9

101458-0 C credit card		LOAN		NICHOLS JOHN		
DATE	DESCRIPTION	AMOUNT	PRINCIPAL	INTEREST	BALANCE	
01Nov00	PURCHASE - SALES PHILLIPS 6601533150171	5.55	5.55	0.00	1917.35	VS 194 \$V
02Nov00	PURCHASE - SALES PHILLIPS 6601533150783	3.34	3.34	0.00	1920.69	VS32669 \$V
02Nov00	PURCHASE - SALES PHILLIPS 6601533150791	3.35	3.35	0.00	1924.04	VS32670 \$V
02Nov00	PURCHASE - SALES PHILLIPS 6601533150791	5.74	5.74	0.00	1929.78	VS32671 \$V
03Nov00	PURCHASE - SALES PHILLIPS 6601533150783	2.42	2.42	0.00	1932.20	VS56659 \$V
03Nov00	PURCHASE - SALES MAVERIK CTRY STRE #164	2.98	2.98	0.00	1935.18	VS56660 \$V
06Nov00	PURCHASE - SALES AMOCO 07565104	10.00	10.00	0.00	1945.18	VS88804 \$V
07Nov00	PURCHASE - SALES PHILLIPS 6601533150783	1.78	1.78	0.00	1946.96	VS123634\$V
07Nov00	PURCHASE - SALES PHILLIPS 6601533150791	24.00	24.00	0.00	1970.96	VS123635\$V
07Nov00	PURCHASE - SALES CHEVRON KC'S FOODMART	4.50	4.50	0.00	1975.46	VS123636\$V
07Nov00	PURCHASE - SALES AMOCO 07565104	10.00	10.00	0.00	1985.46	VS123637\$V
08Nov00	PURCHASE - SALES PHILLIPS 6601533150791	2.96	2.96	0.00	1988.42	VS153679\$V
08Nov00	PURCHASE - SALES PHILLIPS 6601533150171	5.00	5.00	0.00	1993.42	VS153680\$V
09Nov00	PURCHASE - SALES APPLEBEE'S 17110016	8.42	8.42	0.00	2001.84	VS176125\$V
13Nov00	PURCHASE - SALES AMOCO 07565104	3.25	3.25	0.00	2005.09	VS210617\$V
30Nov00	FINANCE CHARGE	19.25	0.00	19.25	2005.09	GL 3369 \$\$
31Dec00	FINANCE CHARGE	20.10	0.00	20.10	2005.09	GL113913\$\$
	NEW BALANCE				2005.09	