

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

PROOF OF CLAIM

Name of Debtor
John E Nichols
Barbara J Nichols

Case Number
00-42215

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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 2

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 _____ to _____
(date) (date)

2. Date debt was incurred:
8-2-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 3951.67

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.

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.

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FILED
JAN -9 11:11:20
U.S. COURTS
AMERICAN BANKRUPTCY SERVICE

Date
1-8-01

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):
Bev Rainsdon Bev Rainsdon/Collection Supervisor

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 3571.

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

1 MEMBER INFORMATION

DATE 02Aug99	MEMBER ACCOUNT NUMBER 101458-02	EAST IDAHO CREDIT UNION 865 South Woodruff Avenue Idaho Falls, ID 83401	
SOCIAL SECURITY NUMBER 522-59-9612	HOME TELEPHONE NUMBER (208)552-5246		
MEMBER NAME (LAST) (FIRST) (INITIAL) NICHOLS, JOHN		YOU REQUEST THE FOLLOWING ADVANCE SUBJECT TO THE TERMS AND CONDITIONS OF YOUR LOANLINER® CREDIT AGREEMENT \$ 3500.00	
ADDRESS 1956 HENRYANNA AVE		DATE WANTED 02Aug99	PURPOSE/LOAN SUBACCOUNT DESCRIPTION Personal
CITY IDAHO FALLS ID 83404-8000	STATE ID	ZIP 83404-8000	SECURITY OFFERED (IF ANY) <input type="checkbox"/>

2 CHANGES SINCE LAST ADVANCE

LIST ALL DEBTS: (i.e., Rent, Mortgage, Auto, Credit Cards, Credit Union, Alimony, etc.) ATTACH ADDITIONAL SHEET IF NECESSARY PRESENT BALANCE MONTHLY PAYMENT

SEE APP DATED 8/2/99

MARITAL STATUS - DO NOT COMPLETE IF APPLYING FOR INDIVIDUAL UNSECURED CREDIT UNLESS YOU RESIDE OR ARE RELYING UPON PROPERTY IN A COMMUNITY PROPERTY STATE (AZ, CA, ID, LA, NV, NM, TX, WA, WI)

IF YOU ARE WORKING, NAME AND ADDRESS OF NEW EMPLOYER NEW POSITION

SELF EMPLOYED babysitting

DATE HIRED MONTHLY SALARY \$ 0.00

PHONE NO. (000)000-0000 0 NET GROSS

NOTICE: YOU DON'T HAVE TO INCLUDE INCOME FROM CHILD SUPPORT, SEPARATE MAINTENANCE, OR ALIMONY UNLESS YOU WANT THE CREDIT UNION TO CONSIDER IT. SOURCE OF OTHER INCOME OTHER MONTHLY INCOME \$ 0.00

3 SECURITY OFFERED

IN ADDITION TO THE PLEDGE OF SHARES IN YOUR LOANLINER® CREDIT AGREEMENT, THE FOLLOWING PROPERTY SECURES THE ADVANCE:

PROPERTY	MODEL	YEAR	I.D. NUMBER	TYPE	VALUE
OTHER (DESCRIBE)					

PLEDGE OF SHARES \$ 0.00 PRIMARY USE OF PROPERTY: PERSONAL BUSINESS FARMING KEY NO.

ACCOUNT NO(S) PURCHASE MONEY: YES NO LOCATION OF PROPERTY:

4 PAYMENT TERMS

DAILY PERIODIC RATE 0.034247% ANNUAL PERCENTAGE RATE 12.500% INTEREST RATE IS: FIXED VARIABLE OTHER CHARGES (DESCRIBE) LOAN LIMIT \$ 3500.00

AMOUNT APPROVED \$ 3500.00	OTHER CHARGES \$	AMOUNT ADVANCED \$ 3500.00	PREV LOANLINER® BALANCE (THIS SUBACCOUNT) \$ 0.00	OTHER LOANS \$ 0.00	NEW BALANCE MINUS \$ 3500.00
CURRENT PMT 121.00	DATE DUE	PMT AFTER ADVANCE 23Aug99	DATE DUE	PMT FREQUENCY MO - U	TOTAL PMT ALL ACCTS \$
				REMAINING LIMIT \$ 0.00	EQUALS

5 SIGNATURES SIGN BELOW

BY SIGNING BELOW OR UNDER THE ENDORSEMENT ON THE ADVANCE PROCEEDS CHECK YOU AGREE:

- TO MAKE AND BE BOUND BY THE TERMS OF THE SECURITY AGREEMENT.
- THAT EVERYTHING IN SECTION 2 IS A COMPLETE LISTING OF ALL YOUR DEBTS AND OBLIGATIONS.
- THAT THE CREDIT UNION WILL RELY ON THE INFORMATION IN SECTION 2 TO MAKE A DECISION ON THIS ADVANCE.
- TO MAKE PAYMENTS AS DISCLOSED IN SECTION 4.
- TO THE TERM(S) DISCLOSED BELOW IF ANY ONE OR MORE ITEM(S) ARE CHECKED.

IF YOU ARE NOT A BORROWER BUT AN OWNER OF THE COLLATERAL, SIGN BELOW AND CHECK THE APPLICABLE BOX.

YOU ARE RECEIVING A CASH/CHECK ADVANCE YOU ARE PLEDGING SHARES FOR THE AMOUNT SHOWN IN THE SECURITY OFFERED SECTION THE CHANGE IN THE TERM(S) OF YOUR LOANLINER® AGREEMENT MARKED WITH A STAR(*)

SIGNATURE OWNER OF COLLATERAL (Other than a Borrower) DATE SIGNATURE OWNER OF COLLATERAL (Other than a Borrower) DATE

X *John Nichols* (SEAL) 8-2-99 X (SEAL)

SIGNATURE DATE SIGNATURE DATE

X (SEAL) X (SEAL)

6 FOR CREDIT UNION USE ONLY

REQUESTED: TRANSACTION: MEMBER PAYS PREMIUM FOR: REPAYMENT THROUGH:

BY MAIL THRU OFFICE FIRST ADVANCE INSURANCE CREDIT JOINT PAYROLL AUTOMATIC
 BY PHONE INTERNALLY SUBSEQUENT CHANGE SINGLE CREDIT LIFE DEDUCTION PAYMENT
 BY CU ADVANCE CREDIT LIFE CASH MILITARY

CHECK NUMBER DEPOSIT ACCT. NUMBER PLAN/SUBACCOUNT NO. LOAN NUMBER

CONTRACT NUMBER REFERENCE NUMBER BRANCH NUMBER PROCESSED BY

APP 2

101458-0 2 Personal		LOAN		NICHOLS JOHN	
DATE	DESCRIPTION	AMOUNT	PRINCIPAL	INTEREST	BALANCE
	PREVIOUS BALANCE				4499.21
02Jun00	SHARE/LOAN PMT	155.00-	111.86-	43.14-	4387.35
	Transfer Account #			108948-3 9	ST65493 74
02Jun00	Next Loan Payment Due: 05 Jul 2000				NS65493 74
15Jul00	SHARE/LOAN PMT	155.00-	90.39-	64.61-	4296.96
	Transfer Account #			101458-0 9	ST17194627
15Jul00	Next Loan Payment Due: 05 Aug 2000				NS17194627
04Aug00	LOAN PAYMENT	155.00-	125.57-	29.43-	4171.39
04Aug00	Next Loan Payment Due: 05 Sep 2000				LP11084576
06Sep00	LOAN PAYMENT	155.00-	107.86-	47.14-	4063.53
06Sep00	Next Loan Payment Due: 05 Oct 2000				NS10681870
07Oct00	SHARE/LOAN PMT	155.00-	111.86-	43.14-	3951.67
	Transfer Account #			101458-0 9	ST15325883
07Oct00	Next Loan Payment Due: 05 Nov 2000				NS15325883
	NEW BALANCE				3951.67