

PROOF OF CLAIM

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 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> Proof of Claim Form and Supporting Documents are to be filed in <i>DUPLICATE</i> on Chapter 12 and 13 cases.	THIS SPACE FOR COURT USE ONLY U.S. DISTRICT COURT 27 APR 15 AM 10:25 CLERK
In Re: (NAME OF DEBTOR) <i>Sawtooth Enterprises dba Bucklin Bogel</i>	CASE NUMBER: <i>96-03050 ACH</i>	
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property): <i>Cornelia Russo</i> <i>NEW</i> <i>PO Box 6332</i> <i>Sum Valley</i> <i>Idaho</i> <i>83354</i>	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 <i>Sawtooth Enterprises dba Bucklin Bogel</i> → <i>820459581</i>	Check here if this claim: <input checked="" type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a) <input checked="" type="checkbox"/> Wages, salaries and compensation: Social Security #: <i>216-48-1358</i> Unpaid compensation for services performed from <u><i>11/17/96</i></u> to <u><i>11/22/96</i></u> <small style="margin-left: 100px;">DATE</small> <small style="margin-left: 100px;">DATE</small>		
2. DATE DEBT OCCURRED: <i>11/22/96</i>	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 <input checked="" type="checkbox"/> 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: \$ _____ <small>Attach evidence of perfection of security interest</small> <small>Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe Briefly)</small> <small>Amount of Arrearage and other charges at time case was filed included in secured claim above, if any: \$</small> _____	UNSECURED PRIORITY CLAIM: \$ <i>227.50</i> <small>SPECIFY THE PRIORITY OF THE CLAIM:</small> <i>3 1/2 hrs - supervisor rate \$7 center</i> <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4). <i>11/17-434 hr</i> <input type="checkbox"/> 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). <i>11/18-534</i> <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7). <i>11/21-7</i> <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) — <i>lower total 32 1/2 hr</i>	
5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED: <i>SEE CHECK</i> <small>* If applicable "I request penalties per guidelines to be added to above per Wage Payment Law. Check Code Sec. 45 - 606-45-617 #3 for 30 days wage rate \$7 hr. 20 hours wage per week.</small> UNSECURED: \$ _____ SECURED: \$ _____ PRIORITY: \$ <i>227.50</i> TOTAL \$ <i>227.50</i> <input type="checkbox"/> 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.	THIS SPACE FOR COURT USE ONLY <i>H 48</i>	
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.	DATE: <i>4/9/97</i> 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). <i>CORNELIA J. RUSSO - former employee/supervisor</i> <i>Cornelia Russo</i> TELEPHONE NO: <i>(208) 622-3639</i>	