

**PROOF OF CLAIM**

<p><b>United States Bankruptcy Court</b> District of Idaho</p> <p>Instructions: Complete this form and mail to: <b>US Bankruptcy Court, 550 West Fort St. MSC 042, Boise, ID 83724</b></p>	<p><b>PROOF OF CLAIM</b> Chapter (please check appropriate box): 7 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/></p> <p><b>Proof of Claim Form and Supporting Documents are to be filed in <i>DUPLICATE</i> on Chapter 12 and 13 cases.</b></p>	<p><b>THIS SPACE FOR COURT USE ONLY</b></p> <p style="text-align: right;">U.S. COURTS APR 12 1996 <i>[Signature]</i></p>
<p><b>In Re: (NAME OF DEBTOR)</b></p>	<p><b>CASE NUMBER:</b> <u>91e03050 AGH</u></p>	
<p><b>NAME AND MAILING ADDRESS OF CREDITOR</b> (The person or other entity to whom the debtor owes money or property): <u>J. Weil Foodservice</u></p>	<p><b>NOTE:</b> 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.</p>	
<p><b>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR</b> <u>49727</u></p>	<p>Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated:</p>	
<p><b>1. BASIS FOR CLAIM:</b> <input checked="" type="checkbox"/> Goods Sold <input 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 type="checkbox"/> Wages, salaries and compensation: Social Security #: _____</p> <p>Unpaid compensation for services performed from <u>6-19-96</u> to <u>9-30-96</u>  <small style="margin-left: 100px;">DATE</small> <small style="margin-left: 100px;">DATE</small></p>		
<p><b>2. DATE DEBT OCCURRED:</b> <u>6-19-96</u></p>	<p><b>3. IF COURT JUDGMENT, DATE OBTAINED:</b></p>	
<p><b>4. CLASSIFICATION OF CLAIM.</b> 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.</p>		
<p><b>SECURED CLAIM:</b> \$ <u>405.11</u>  Attach evidence of perfection of security interest  Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input checked="" type="checkbox"/> Other (Describe Briefly) <u>Security agreement</u>  Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:  \$ <u>405.11</u></p>	<p><b>UNSECURED PRIORITY CLAIM:</b> \$ _____  SPECIFY THE PRIORITY OF THE CLAIM:</p> <p><input 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).  <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).  <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) _____</p>	
<p><b>5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:</b>  UNSECURED: \$ _____ SECURED: \$ <u>405.11</u> PRIORITY: \$ _____ TOTAL \$ <u>405.11</u>  <input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>		
<p><b>6. CREDITS AND OFFSETS:</b> 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.</p>		<p><b>THIS SPACE FOR COURT USE ONLY</b></p> <p style="text-align: right; font-size: 2em;"><u># 43</u></p>
<p><b>7. SUPPORTING DOCUMENTS:</b> 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.</p>		
<p><b>DATE:</b> <u>4-8-97</u></p>	<p>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).  <u>Penny Lendler Credit MGR</u> TELEPHONE NO: <u>208 377 0540</u>  <u>377 0713</u></p>	