

B-19 (3-88) <b>United States Bankruptcy Court</b> DISTRICT OF <u>Idaho</u> PO BOX 2600, BOISE, ID 83701	<b>PROOF OF CLAIM</b> CHAPTER [ ] 17 [X] 111 [ ] 112 [ ] 113
Name of Debtor SAWTOOTH ENTERPRISES, INC BUCKIN BAGEL	Bankruptcy Case No. 96-03050

U.S. COURTS

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**A. CREDITOR INFORMATION**

*(The creditor is the person or other entity to whom the debtor owes money or property)*

Name and Address of Creditor  ADA COUNTY TREASURER 650 Main Street P.O. Box 2868 Boise, ID 83701	<input type="checkbox"/> Check box if you never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.  <input type="checkbox"/> Check box and attach copy of assignment if claim has been assigned to you.
Number by which creditor identifies debtor: A1BUCKBAG01 - 96,97 A1BUCKBAVO01--96,97	<input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated: _____ <input type="checkbox"/> supplements

**B. CLAIM INFORMATION**

1. BASIS FOR CLAIM:

<input type="checkbox"/> Goods purchased <input type="checkbox"/> Services performed <input type="checkbox"/> Monies loaned <input type="checkbox"/> Other forms of contract (Identify) <input type="checkbox"/> Personal injury/Wrongful death/Property damage <input checked="" type="checkbox"/> Other (Describe briefly) <b>Property Taxes -</b>	<input type="checkbox"/> Wages, Salaries and Commissions (Fill out below) Your social security number _____ Unpaid services performed from _____ to _____ Nature of services (Describe briefly) <b>Nature of debt - Non dischargeable property tax owed Ada county, a governmental entity.</b> <b>By statute, penalty is a one time 2% charge &amp; interest accrues at 1% per month.</b>
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2. DATE DEBT WAS INCURRED: Perfection- Idaho Code Title 63 provides First Position Lien as of January 1 each year.

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt.	<input type="checkbox"/> PRIORITY CLAIM \$ _____ Specify the priority of the claim by checking the appropriate box(es) <input type="checkbox"/> Wages, salaries or commissions (up to \$2000, earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan—11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use—11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. §507(a)(7) <input type="checkbox"/> Other specify: _____
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SECURED CLAIM \$ \$4724.79  
 Attach evidence of perfection of security  
 Brief Description of Collateral: PERSONAL PROP.  
 Real Estate  Motor Vehicle  Other  
**Plus interest accruing at 1% per month.**

**TOTAL AMOUNT OF CLAIM:** \$4724.79  
 Idaho Code 63 provides 12% (Secured) interest on outstanding balance which continues to accrue until secured debt is paid in full. = \$ 4724.79 (Total)

5. Attach copies of documents in support of this claim, such as purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.

7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.

8. To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

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**C. CERTIFICATION**

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this 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)
March 3, 1997	<u>Barbara Bauer</u> Barbara Bauer, Ada County Treasurer