

United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>IDAHO-BOI</u>			
In re: CARL & WANDA BORUP		Case Number: 99-00352 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" of payment of an administrative expense may be filed			
Name of Creditor FCNB PREFERRED CHARGE		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in the case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent FCNB PREFERRED CHARGE (SPIEGEL) P.O. Box 2650 Portland, OR 97208 Telephone No. 503-520-8257			
ACCOUNT OR OTHER NUMBER BY WHICH CREDIT IDENTIFIES DEBTOR: 3003789082			
		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. BASIS FOR CLAIM <input checked="" type="checkbox"/> Good 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"/> Other (Describe briefly)			
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>			
2. DATE DEBT WAS INCURRED: <u>10/13/95</u>		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: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> SECURED CLAIM <u>\$0.00</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4,000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's)	
Amount of arrearage and other charges included in the secured claim above, if any \$ _____		<input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(6)	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$2,146.48</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or use services for personal, family, or household - 11 U.S.C. § 507(a)(6)	
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim.		<input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other - U.S.C. § 507(a)(2), (a)(5) - (Describe briefly)	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED			
<u>\$2,146.48</u> (Unsecured)		<u>\$0.00</u> (Secured)	
		\$ _____ (Priority)	
		<u>\$2,146.48</u> (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: 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 debtor		THIS SPACE FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, 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			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date: Apr 15, 1999	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>W. Korman</i> Bankruptcy Specialist		