



**CORPORATE OFFICE:**

P.O. Box 1138

Lake Oswego, OR 97035

Phone: (503) 697-3763

Customer Service: (800) 697-8827

Fax: (503) 697-3863

**CONTRACTOR SERVICES,**

**TRUSS PLANTS & YARDS:**

**Lake Oswego, OR**

Phone: (503) 635-7731

Customer Service: (800) 755-8827

Fax: (503) 636-6277

**Bend, OR**

Phone: (541) 382-2441

(800) 720-2441

Fax: (541) 382-7117

**Klamath Falls, OR**

Phone: (541) 883-1314

(800) 722-9575

Fax: (541) 883-7605

**RIDGEFIELD TRUSS PLANT**

Ridgefield, WA

Phone: (360) 887-3480

Fax: (360) 887-3493

**WALL SYSTEMS**

Ridgefield, WA

Phone: (360) 887-3480

Fax: (360) 887-3493

**TVBS WORLD WIDE:**

Vancouver, WA

Phone: (360) 944-8401

Customer Service: (800) 839-5962

Fax: (360) 253-7152

**WINDOW, DOOR & SPECIALTY**

Aloha, OR

Phone: (503) 591-8827

Fax: (503) 642-4762

**CABINETS DIVISION:**

Aloha, OR

Phone: (503) 591-8827

Fax: (503) 642-4762

**Do-it Express  
project centers**

**LAKE OSWEGO**

Phone: (503) 636-8401

Fax: (503) 635-7005

**ALOHA**

Phone: (503) 591-8827

Fax: (503) 642-4762

**GRESHAM**

Phone: (503) 667-8827

Fax: (503) 665-7906

**VANCOUVER**

Phone: (360) 944-8401

Fax: (360) 253-4135

**SCAPPOOSE**

Phone: (503) 543-5999

Fax: (503) 543-7797

**ST. HELENS**

Phone: (503) 397-2400

Fax: (503) 397-2401

**ASTORIA**

Phone: (503) 325-1821

Fax: (503) 325-1822

**SALEM**

Phone: (503) 363-9209

Fax: (503)363-9200

September 29, 2000

United States Bankruptcy Court  
District of Idaho  
550 West Fort St. MSC 042  
Boise, ID 83724

We recently received your denial of claim in the case number 00 00774. The form letter indicated that there were no supporting documents along with the claim.

I am re-sending the claim along with the supporting documents. I believe they were included in the original mailing. The supporting documents include the invoice, and statement for the account.

Please advise if there is need for any further documentation of this claim.

Sincerely,

Kevin Hillier  
Credit Manager

*cc: T number 10/4/00*

*reply to*  
U.S. COURTS

00 OCT -2 PM 4: 07

REC'D \_\_\_\_\_ FILED \_\_\_\_\_  
CAMERON S. BURKE.  
CLERK, IDAHO

43

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

**PROOF OF CLAIM**

Name of Debtor  
Vincent Ray Tullock  
Darci Joy Tullock

Case Number  
00-00774

**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):  
TVBS

Name and Address where notices should be sent:

TVBS  
P.o. Box 1138  
Lake Oswego, OR 97035

- 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: 503-697-3763

Account or other number by which creditor identifies debtor:  
65245

Check here if  replaces  amends a previously filed claim, dated \_\_\_\_\_  
this claim

**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:** 5-28-94

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ ~~4544.99~~ 1,544.99

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.

Date

8-30-00

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):

*[Signature]* Kevin L. Hillier

THIS SPACE IS FOR COURT USE ONLY

REC'D  
CAMERON S. BURKE,  
CLERK, IDAHO  
FILED  
00 OCT -2 PM 4:07  
U.S. COURTS

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.**

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

**PROOF OF CLAIM**

Name of Debtor  
Vincent Ray Tullock  
Darci Joy Tullock

Case Number  
00-00774

**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):  
TVBS

Name and Address where notices should be sent:  
  
TVBS  
P.o. Box 1138  
Lake Oswego, OR 97035

- 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.
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THIS SPACE IS FOR COURT USE ONLY

Telephone Number: 503-697-3763

Account or other number by which creditor identifies debtor:  
65-245

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:** 5-28-94

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** \$ 1,544.99

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).  
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 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)(\_\_\_\_).  
  
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**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.

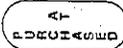
THIS SPACE IS FOR COURT USE ONLY

Date  
8-30-00

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):  
  
Kevin L. Hillier

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.**



**CONTRACTOR SERVICE CENTER**  
 5974 JEAN RD. • LAKE OSWEGO, OR 97035  
 PHONE: (503) 635-7731 • FAX: (503) 636-6277

PLEASE REMIT TO: P.O. BOX 1138 • LAKE OSWEGO, OR 97035-0504

LOADED BY	CHECKED BY	DELIVERED BY

**2055287 INVOICE**

05/28/99 15:39 01

DARCI TULLOCK  
 VINCE TULLOCK  
 8200 HWY 44  
 MIDDLETON ID 83644

SHIP TO: 4 N MIDDLETON RD.  
 MIDDLETON ID

S-153  
 A-1  
 W-90  
 C-  
 P-1

SIGNATURE: TULLOCK/DARCI  
 CUST#: 65245.9960 DEL DATE: 05/28/99  
 208-585-2034

TERMS: 10TH

LINE	QTY	DESCRIPTION	ITEM NO	UNITS	PRICE	AMOUNT
1	1	CABINET DELIVERED AS PER PLAN	NS072	1	1281.00	1281.00
SUBTOTAL OREGON SALES TOTAL						1281.00 1281.00

NOTE: RETURNED MERCHANDISE WILL BE SUBJECT TO A 15% RESTOCKING CHARGE. SPECIAL ORDER MERCHANDISE MAY NOT BE RETURNED WITHOUT PRIOR AGREEMENT. PLEASE, NO CREDIT WILL BE ALLOWED WITHOUT INVOICE & DATE.  
 ALL MATERIALS SOLD, DELIVERED TO CURB ONLY. NOT RESPONSIBLE FOR BROKEN SIDEWALKS OR CURBS WHEN DELIVERY IS REQUESTED ON PREMISES.

TVBS CONTRACTOR YARD

INVOICE SEE REVERSE FOR CREDIT SALES TERMS AND CONDITIONS. RECEIVED BY

1/29/00 STORE: 00 (ALL)  
 1:55:38 AGING DATE: 08/29/00

CUSTOMER AGING BY INVOICE

TVBS

CPTV23900  
 PAGE 0001

5245.996 D TULLOCK/DARCI

CREDIT LIMIT: 3000

4 N MIDDLETON RD.

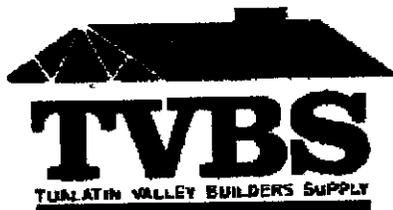
MIDDLETON ID

PHONE: 208-433-9882

TYPE	DATE	INVOICE	DUE	BALANCE DUE	PPD	CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	90+ DAYS	FIN. CHARGE
FCHG	07/26/99	2210594	07/26/99	14.13	*						14.13
FCHG	08/25/99	2217199	08/25/99	19.22							19.22
FCHG	09/26/99	2223519	09/26/99	19.22							19.22
FCHG	10/26/99	2229792	10/26/99	19.22							19.22
FCHG	11/25/99	2235896	11/25/99	19.22							19.22
FCHG	12/25/99	2241576	12/25/99	19.22							19.22
FCHG	01/25/00	2247305	01/25/00	19.22							19.22
FCHG	02/26/00	2252942	02/26/00	19.22							19.22
FCHG	03/25/00	2258262	03/25/00	19.22							19.22
FCHG	04/26/00	2264102	04/26/00	19.22							19.22
FCHG	05/26/00	2270034	05/26/00	19.22							19.22
FCHG	06/25/00	2276038	06/25/00	19.22							19.22
FCHG	07/25/00	2282348	07/25/00	19.22							19.22
FCHG	08/26/00	2289130	08/26/00	19.22							19.22
! INVC	05/28/99	2055287	07/10/99	1281.00						1281.00	
CUSTOMER TOTALS				1544.99						1281.00	263.99

\*\*\*\*\* INVOICE AGING REPORT TOTALS \*\*\*\*\*

NUMBER OF TRANSACTIONS	BALANCE DUE	CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	90+ DAYS	FIN. CHARGE
15	1544.99					1281.00	263.99



**CONTRACTOR SERVICE CENTER**  
 Phone (503) 635-7731  
 Fax (503) 636-6277

**ALOMA**  
 Phone (503) 591-8827  
 Fax (503) 642-4762

**ST HELENS**  
 Phone (503) 397-2400  
 Fax (503) 397-2401

**TRUSS COMPONENT DIVISION**  
 Phone (503) 635-7731  
 Fax (503) 635-6947

**GRESHAM**  
 Phone (503) 867-8827  
 Fax (503) 825-7906

**ASTORIA**  
 Phone (503) 325-1821  
 Fax (503) 325-1822

**LAKE OSWEGO**  
 Phone (503) 636-8401  
 Fax (503) 636-7006

**VANCOUVER**  
 Phone (206) 844-8401  
 Fax (503) 253-4135

**SCAPPOOSE**  
 Phone (503) 543-6988  
 Fax (503) 543-7797

**CORPORATE OFFICE:**  
 P.O. Box 1136 • Lake Oswego, OR 97035  
 Phone: 857-3789 • Fax: (503) 657-3863  
 Customer Service: (800) 697-8827

**CREDIT LIMIT REQUESTED \$ 3000.00**

APPLICANT NAME <b>Darci J. Tullock</b>		SOCIAL SECURITY NUMBER <b>511-82-0703</b>	
CO-APPLICANT NAME <b>Vince R. Tullock</b>		SOCIAL SECURITY NUMBER <b>520-62-3754</b>	
STREET ADDRESS <b>8200 Hwy 44</b>	CITY <b>Middleton</b>	STATE <b>IO</b>	ZIP CODE <b>83644</b>
MAIL ADDRESS	CITY	STATE	ZIP CODE
			PHONE PHONE <b>585-3419 2034</b>
			MESSAGE PHONE

EMPLOYMENT INFORMATION			
APPLICANT'S EMPLOYER (COMPANY NAME) <b>MORTGAGE Runner</b>	STREET ADDRESS <b>8200 Hwy 44</b>	CITY <b>Middleton</b>	STATE <b>IO</b>
SUPERVISOR'S NAME	PHONE NO <b>585-3419</b>	EXT <b></b>	LENGTH OF EMPLOYMENT <b>6 yrs</b>
POSITION <b>MORTGAGE BROKER</b>	ZIP CODE <b>83644</b>		
CO-APPLICANT'S EMPLOYER (COMPANY NAME) <b>MORTGAGE Runner</b>	STREET ADDRESS <b>Same as above</b>	CITY	STATE
SUPERVISOR'S NAME	PHONE NO	EXT	LENGTH OF EMPLOYMENT
POSITION	ZIP CODE		

BANK INFORMATION			
BANK NAME <b>Washington Mutual</b>	BRANCH <b>Nampa Branch</b>	CITY	STATE
CHECKING ACCOUNT NO <b>407-300205-1</b>	BALANCE	SAVINGS ACCOUNT NO	BALANCE
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			MONTHLY NET INCOME <b>\$ 5500.00</b>

CREDIT REFERENCES				
PLEASE LIST LOANS INCLUDING OTHER CHARGE ACCOUNTS				
NAME	ADDRESS	ACCOUNT NO.	PHONE	BALANCE
First security Bank				
Seas				
Citibank Visa				
MBNA				
PTCU				

**AGREEMENT**

Credit sales are subject to these terms. (A) All invoices will be paid by the tenth (10) of the month following purchase, or finance charge will be imposed on all delinquent balances. (B) Finance charge will be computed at a monthly rate of 1.5% for an ANNUAL PERIODIC RATE OF 18% applied to balance shown on the statement as being past due. The closing date of each statement period will be shown on each statement and to avoid a finance charge the amount due is the last amount shown in the balance column of each statement and must be paid before the same statement date for the next month. (C) If suit is instituted to collect the sum due on this invoice, or any portion thereof, or any sum or sums due on any account between seller and buyer in which this sale is entered as an item, buyer shall pay such sum as shall be affixed by Court of competent jurisdiction as and for seller's reasonable attorney's fees, including fees by appeal in case of lawsuit, the value of said lawsuit may be laid in the county of the residence of the seller. If this account is placed in the hands of a collection agency we agree to pay you the collection fee, not exceeding 50% of the account unpaid thereon, and also reasonable attorney fees.

I (we) agree to provide Tualatin Valley Builder's Supply, Inc. in writing, a list of authorized names and signatures should this account be approved. I (we) also agree to notify Tualatin Valley Builder's Supply, Inc. in writing, of any changes to this list. Should I (we) fail to provide a list, or fail to notify Tualatin Valley Builder's Supply, Inc. of any changes, I (we) agree to pay any disputed charges to our account.

I (we) hereby authorize Tualatin Valley Builder's Supply, Inc. to check through its credit bureau any and all credit information given regarding its credit standing.

I (we) understand the above-stated credit terms and policy.

SIGNED <b>Darci J. Tullock</b>	DATE <b>4/7/99</b>	SIGNED <b>Vince R. Tullock</b>	DATE <b>4/7/99</b>
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