BR

UNITED STATES BANKRUPTCY COURT

DISTRICT OF IDAHO (BOISE)

PROOF of CLAIM

Name of Debtor: VINCENT R. AND DARCI J. TULLOCK **Case Number:** 00-00774

NOTE: This form should 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

Court space only

Name and address of creditor:
Beneficial
P.O. Box 1878
Carol Stream, IL 60128
Telephone Number:

(x) Check box if you are aware that anyone has filed a proof a claim relating to your claim. Attach copy of statement giving particulars.
() Check 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 evenlope sent to you by the court.

Account or other Number by which creditor which creditor identified debtor:

Check here if this claim (x) replaces ( ) amends a previously filed claim dated

1. Basis for Claim
(x) Goods Sold *Repossessed*
() Services Performed *Domicile*
() Money Loaned *in chapter 7*
() Personal Injury/wrong death
() Retiree benefits as defined in 11 U.S.C. 1114(a)
() Taxes
() Wages, salaries, and compensation Your SS#: ___-___-___
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Dated debt was incurred:

3. If court judgment, date obtained:

4. Total amount of Claim at Time Case Filed: $_3469.73

If all or part of your claims is secrued or entitled to priority, also complete Item 5 or 6 below.
() Check this if claims 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 if your claim is secured by collateral.
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 here if you hav an unsecured priortiy claim amount entitled to priority $_____.
Specify the priortiy 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 of 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, and evidence of perfection of lien. ***DO NOT SEND ORIGINAL DOCUMENTS.*** If the documents are not available, expalin. 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.

This Space for COURT USE ONLY

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U.S. COURTS
RECEIVED
CAMERON S. BURKE
CLERK
IDAHO

Date: 8/28/01

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] Peterson, Attorney for Debtors.