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| UNITED STATES BANKRUPTCY COURT - DISTRICT OF IDAHO | | PROOF OF CLAIM <i>Chapter 11 COURTS</i> |
| In re DARCI JOY TULLOCK AKA: DARCI JOY KUHNHAUSEN | | 00-00774 SSN: 541-82-0703 |
| 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. sec 503. | | |
| Name of Creditor MAX FLOW CORP. On Behalf Of | | <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 this case. <input checked="" type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. |
| Name and Address Where Notices Should Be Sent MAX FLOW CORP. On Behalf Of MENA AMERICA BANK, N.A. And Its Assigns P.O. BOX 2434 CAROL STREAM, IL 60132-2434 | | |
| Telephone (610) 644-7800 | | THIS SPACE IS FOR COURT USE ONLY |
| ACCOUNT NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 0074993157238509 M | | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ |
| 1. Basis For Claim | | |
| <input 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 checked="" type="checkbox"/> Other (Describe briefly) CREDIT CARD DEBT | | <input type="checkbox"/> Retiree benefits as defined in 11 USC sec 1114(a) <input type="checkbox"/> Wage, salaries and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (date) (date) </div> |
| 2. DATE DEBT WAS INCURRED: Various Transaction Dates | | 3. IF COURT JUDGMENT, DATE OBTAINED: None |
| 4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ <u>12522.84</u> | | |
| <input type="checkbox"/> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interests or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. | | |
| 5. SECURED CLAIM. | | 6. UNSECURED PRIORITY CLAIM. |
| <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe) Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ | | <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4300),* earned within 90 days before 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 \$1,950* of deposits towards purchase, lease or rental of property or services for personal, family, or household use--11 USC 507 (a) (6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child--11 USC 507 (a) (7). <input type="checkbox"/> Taxes or penalties owed to government units--11 USC 507 (a) (8). <input type="checkbox"/> Other--Specify applicable paragraph of 11 USC 507 (a) _____ * Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |
| 7. 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 IS FOR COURT USE ONLY |
| 8. SUPPORTING DOCUMENTS: Itemized monthly statements of account were mailed to the debtor pre-petition; claimant maintains copies of said statements on microfilm or image processing and reproduction of same absent a dispute as to the balance would be unduly time consuming and burdensome; nevertheless, where an interested party so requests, claimant will search its records to provide copies of said month accounts statements. To request further documentation please call Becket & Lee LLP at 1-800-962-6030 and ask to speak to the Claims Servicing Supervisor. Claim may include contractual interest and/or late charges. | | |
| 9. DATE 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 08/10/00 | Sign and print name and title (if any) of creditor or person authorized to file this claim (attach copy of power of attorney, if any) Wendell H. Livingston, Eric J. Slifer, Luddie M. Chapman, Merrill L. Zebe, D. ALEXANDER BARNES Becket and Lee LLP, Attorneys/Agent for Creditor | |
| Penalty for Presenting Fraudulent Claim: Fine up to \$500,000 or imprisonment for up to 5 years or both. 18 USC Sec. 152 & 3571 | | |

2000 AUG 21 PM 4:44
 RECEIVED
 CLERK OF COURT
 DISTRICT OF IDAHO

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X165-1

CUSTOMER INFORMATION SYSTEM

08/04/00

* 74993157238509 *

13:49:25

DARCI J*TULLOCK

CURBAL: .00 CYCLE: 07 N

CR LIN: .00 STATUS: O* CHANGED: 07/29/00

***** JUNE STATEMENT *****

POST -----REFERENCE----- TRAN -----DESCRIPTION----- BC ---AMOUNT---

**** NO ACTIVITY FOUND ****

***** JUNE STATEMENT *****

PREV BAL - PAY + SALE + CASH + F/C = NEW BAL

\$12522.84 \$0.00 \$0.00 \$0.00 \$187.88 \$12710.72

PF10=PAGE FORWARD ** NO MORE PAGES TO DISPLAY ** PA1=BEGIN AGAIN 0

PF11=PAGE BACKWARD PF09=MAY STMT PA2=SYSTEM MENU IFJU