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<b>United States Bankruptcy Court</b> District of ID-Boise		<b>PROOF OF CLAIM</b>		U.S. COURTS CO NOV 27 PM 3:23  REC'D FILED CAMERON S. BURKE, CLERK, IDAHO   THIS SPACE IS FOR COURT USE ONLY
In re (Name of Debtor) <p style="text-align: center;">Vincent R. Tullock</p>		Case Number <p style="text-align: center;">00-00774</p>		
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 <i>(The person or other entity to whom the debtor owes money or property)</i> US Department of Education		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.		
Name and Address Where Notices Should be Sent NOTICES: P.O.Box 1920 St. Paul, MN 55101-0920  PAYMENTS: National Payment Center P.O. BOX 4169 Greenville, TX 75403		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		
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <p style="text-align: center;">520-62-3754</p>		Check Here if this claim replaces a previously filed claim, dated: _____ amends _____		
1. BASIS FOR CLAIM Goods sold Services performed Money loaned Personal Injury/wrongful death Taxes <input checked="" type="checkbox"/> other (Describe briefly) Student Loan Debt				
2. DATE DEBT WAS INCURRED <p style="text-align: center;">12/28/88</p>		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 AT TIME CASE FILED.				
SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: Real Estate    Motor Vehicle    Other (Describe briefly)		Wages, salaries or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the 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 \$1,800 <sup>1</sup> of deposits toward purchase, lease, or rental of property Alimony, maintenance, or support owed to a spouse, former spouse, or child,—11 U.S.C. § 507(a)(7) Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) Other—Specify applicable paragraph 11 U.S.C. § 507(a)		
Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ UNSECURED NONPRIORITY CLAIM \$ <u>8,835.72</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such priority is less than the amount of the claim. UNSECURED PRIORITY		Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment		
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED				
OF CLAIM AT TIME CASE FILED		\$ <u>8,835.72</u> (Unsecured)    \$ _____ (Secured)    \$ _____ (Priority)		
		\$ <u>8,835.72</u> (Total)		
Check this box if claim includes 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 IS 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 <p style="font-size: 1.5em;">11-20-00</p>	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) as authorized to file on behalf of the U.S. Department of Education  Lillian Sanders - Staff Associate			

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*Penalty for presenting fraudulent claim.* Fine of up to \$500,000 or imprisonment or up to 5 years, or both. 18 U.S.C. § 152 & 3571.

( R110 ) ACCOUNT PROFILE SCREEN 2 ECMC039 10/09/00  
 REGION: 09 ACCT OWNER: ED113 COLL NUM: 14:55  
 ACCT NAME: TULLOCK VINCE R REQUESTOR: ECMC039  
 ACCT NO: S520623754 AS OF (MM/DD/YY): 06/01/00

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DEBT ID	PRINCIPAL	INTEREST	PROJ/ACT CA PENALTY	ADMIN	CA BALANCE FEES	ED BALANCE
N198408000980301						
G199609001029701			1,066.26		5,331.31	
	2,916.95	1,348.10				4,265.05
G199609001029802			1,142.67		5,713.34	
	2,982.45	1,588.22				4,570.67

TOTALS: 5,899.40 2,936.32 2,208.93 11,044.65 8,835.72  
 PF13-R101 14-R102 15-R103 16-R104 17-R105 18-R106 19-R107 20-R108 21-R109  
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