

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)**

Name of Debtor
Vladimir Paniouchkine
Tatyana Paniouchkine

Case Number
99-41879 - 13

DEPT OF JUSTICE
BANKRUPTCY COURT
99-41879



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NOTE: This form should be filed with the bankruptcy court at the commencement of the case. A separate form should be filed with the court if the claim is 11 U.S.C. § 509.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Jay D Sudweeks
Name and Address where notices should be sent:
Jay D Sudweeks
POB 1846
Twin Falls, ID 83301

Telephone Number:

- 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.

Account or other number by which creditor identifies debtor:

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 4-22-99 to 4-26-99
(date) (date)

2. Date debt was incurred:
04-26-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 756.00
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.

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Date
2/8/00

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):
Maed Grove - Operations Mgr

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.

Vivat Logistics, Inc.
P.O. Box 5151
Twin Falls, Idaho
(208) 733-7082

To Whom It May Concern:
Subject: Payment arrangement

Jun 10, 1999

RE: Accounts Payable

To whom this notice may concern:

Due to uncontrollable circumstances it is necessary for Vivat Logistics, Inc. to inform you that all accounts have been frozen. There will be no payments made by our accounting department, accounts payable for no less than 30 days of this notice and no more than 120 days from the date of this notice. Vivat Logistics, Inc. would like to extend their deepest sympathies and would request that you be understanding in this matter.

If you have any questions in regards to your account with Vivat Logistics, Inc. please call or send a fax to us. The Fax number for Vivat Logistics, Inc. is: (208) 733-7560.

Again I would like to extend my apologies and to let you know that this matter will be taken care of as quickly as possible.

Thank you,



Vladimir Panfenchkin
President and CEO

KVMR

VIVANT Logistics, Inc

409 Shoshone St.
Twin Falls, ID 83301

Load Order

DATE	P.O. NO.
4/23/99	4047

Carrier

McEwen Trng. Inc.
P.O. Box 390124
Omaha, NE 68138

DUPLICATE

SHIP VIA

P.O. #

4/23/99

FB

RIPO4018

ITEM	DESCRIPTION	Pick Up / Delivery	RATE	Weight	AMOUNT
Load			756.00	48000	756.00

Total

\$756.00

Handwritten signature