

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

Name of Debtor: Vladimir Paniouchkine, Tatyana Paniouchkine

Case Number: 99-41879-43

This form should be filed with the court... U.S.C. § 507



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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

Check here if this claim replaces or 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: 4/14/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1183.40
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: 1/26/00

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): DENNIS W. MEYER, PRES

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Handwritten number 50 and stamp: U.S. COURT DISTRICT OF IDAHO FEB 28 2000

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.

Dennis W. Meyer Inc. DBA Denny's Towing
2600 24TH STREET NORTH
ST. PETERSBURG FL 33713
Phone: 727-821-7616 Fax: 727-822-6533

Statement

Run Date: 5/01/1999
Customer Id: 348

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VITAT LOGISTICS
P. O. BOX 5181
TWIN FALLS ID 83301

Any Question Call and Contact: PAM
Printing Date: 5/01/1999
Due Date: 5/19/1999

Amount Remitted: _____

Ticket #	Date	Type	Description	Amount
	Owner Name		Call Back #	P.O.#
118521	4/14/1999	TOW	Tow Charges	1,183.40

Statement Total: \$1,183.40

Over 30: 0.00 Over 60: 0.00 Over 90: 0.00

DENNY'S TOWING & TRANSPORT SERVICE

2600 24th St N.

St. Petersburg FL 33713

Phone: (727) 821-7616

FAX: (727) 822-6533

Wats: 1-800-749-4229

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DATE 07-14-99	KEYS	HOLD	VEHICLE NO. OR ID NUMBER	
MAKE OF CAR Steel Pipe	YEAR	COLOR Black		LICENSE NO.
TOWED FROM Houston TX				
TOWED TO CONARRISTA NC				

CHARGE TO: NAME
MAIL STREET ADDRESS
CITY, STATE ZIP CODE

VASS PIPE Uwat Log

AUTHORIZED BY _____ SIGNATURE _____ PHONE NO. _____

OWNER'S NAME-ADDRESS OR OWNER OPERATOR IF DIFFERENT FROM ABOVE

ENDING MILEAGE	DRIVER James #22	TRK # 950
STARTING MILEAGE	P.O. NO.	R.O. NO.
TOTAL MILEAGE	TIME START	AM PM TIME FINISH AM PM

# TOW. VEHs.:	# MEN:	# RECOVERY HRS:
HOOKUP	STOR @	
MILES @ 1183.40	ADMIN-CHG.	
ROAD SERVICE	SUBLET	
RECOVERY	PAID OUT	
LABOR	MISC.	
WAITING TIME		
2ND TOW	SUB TOTAL	▶
SWAP VEHICLE	DISCOUNT	
	TOTAL	▶ 1183.40

SPECIAL COMMENTS

ACCEPTED BY: X Henry Smith

No. 118521

VIVAT Logistics, Inc

409 Shoshone St.
Twin Falls, ID 83301

Load Order

DATE	P.O. NO
4/27/99	4050

Carrier
Dennis W. Meyer 260024th St. N. St. Petersburg, FL 33713

DUE DATE	SHIP VIA	P.O. #
4/27/99	FB	RIPO4022

ITEM	DESCRIPTION	Pick Up / Delivery	RATE	Weight	AMOUNT
Load			1,183.40	48000	1,183.40

Total \$1,183.40