

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

PROOF OF CLAIM

Name of Debtor
Vladimir Paniouchkine
Tatyana Paniouchkine

Case Number
99-41879 -13

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 (The person or other entity to whom the debtor owes money or property):
Black Petroleum
Name and Address where notices should be sent:
Black Petroleum
PANTR
735 Mindoka Ave — P.O. Box A
Twin Falls, ID 83301

- 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

Telephone Number:

Account or other number by which creditor identifies debtor:
PANTR

Check here if replaces this claim 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:
7/31/99 & 8/11/99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$64,322

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.

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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
11/29/99

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):

Larry L. Moffitt office manager

LODGED
RECORDED
NOV 30 1999
UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO
TWIN FALLS

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.

P.O. BOX A • 735 MINIDOKA AVE
TWIN FALLS, IDAHO 83303-0009
PHONE (208) 733-0741
FAX (208) 733-0752

INVOICE
32181

DATE 8/11/99
ACCOUNT NUMBER
P.O. NUMBER

DELIVERY POINT	PRODUCT	GALS.	GA. LITRE TAXES FEDERAL STATE	TOTAL PRICE PER GAL.	AMOUNT	CHARGE SALE	CASH SALE
	GASOLINE UNLEADED	184	25				
	GASOLINE UNLEADED PLUS	184	25				
	GASOLINE PREMIUM UNLEADED	184	25				
	DYED DIESEL OFF ROAD						
	#1 DIESEL DYED OFF ROAD						
	CLEAR DIESEL ON ROAD						
	FEDERAL DIESEL TAX @						
	STATE DIESEL TAX @						
	DYED DIESEL FUEL - NON-TAXABLE USE ONLY PENALTY FOR TAXABLE USE						
CODE	PRODUCT	NO.	SIZE	QTY.	PRICE		
	50/164VAVT	16	180	288	80		
DELIVERED BY							
	SUB TOTAL						

I CERTIFY THAT THE PROPERTY WHICH I HAVE PURCHASED WILL BE USED DIRECTLY AND PRIMARILY IN THE PROCESS OF PRODUCING TANGIBLE PERSONAL PROPERTY BY MACHINING, MANUFACTURING, PROCESSING OR FORTANNING AND WOULD BE EXEMPT FROM APPLICATION OF SALES TAX WHERE ITS BEING PURCHASED.

IDAHO STATE SALES TAX 1.44
DRUM CHARGE
TOTAL DUE 30.24

BUYER ACKNOWLEDGES RECEIPT OF GOODS AND AGREES TO THE TERMS SET FORTH BELOW FOR ALL PURCHASES MADE WITHIN ONE YEAR FROM THIS DATE. PAST DUE ACCOUNTS WILL BE CHARGED A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL RATE).

BUYER SIGNATURE X Carl

Thank You - We Appreciate Your Business!
GAS NOT SOLD FOR ILLUMINATING PURPOSES!

P.O. BOX A • 735 MINIDOKA AVE
TWIN FALLS, IDAHO 83303-0009
PHONE (208) 733-0741
FAX (208) 733-0752

INVOICE
31832

DATE 7/31/99
ACCOUNT NUMBER
P.O. NUMBER

DELIVERY POINT	PRODUCT	GALS.	GA. LITRE TAXES FEDERAL STATE	TOTAL PRICE PER GAL.	AMOUNT	CHARGE SALE	CASH SALE
	GASOLINE UNLEADED	184	25				
	GASOLINE UNLEADED PLUS	184	25				
	GASOLINE PREMIUM UNLEADED	184	25				
	DYED DIESEL OFF ROAD						
	#1 DIESEL DYED OFF ROAD						
	CLEAR DIESEL ON ROAD						
	FEDERAL DIESEL TAX @						
	STATE DIESEL TAX @						
	DYED DIESEL FUEL - NON-TAXABLE USE ONLY PENALTY FOR TAXABLE USE						
CODE	PRODUCT	NO.	SIZE	QTY.	PRICE		
	775-140	1	165	82	32.90		
DELIVERED BY							
	SUB TOTAL						

I CERTIFY THAT THE PROPERTY WHICH I HAVE PURCHASED WILL BE USED DIRECTLY AND PRIMARILY IN THE PROCESS OF PRODUCING TANGIBLE PERSONAL PROPERTY BY MACHINING, MANUFACTURING, PROCESSING OR FORTANNING AND WOULD BE EXEMPT FROM APPLICATION OF SALES TAX WHERE ITS BEING PURCHASED.

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BUYER SIGNATURE X Carl

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11/11/14
11/31/14

Client: Pet Group
Account History
From: 11/11/14 To: 11/31/14

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Customer Name	Date	Item	Ref.	Amount	Balance
Pet Group	11/11/14	1001	01001	22.00	127.38
	11/21/14	1003	01001	10.00	117.38
	11/22/14	1014	01001	1.94	115.44
	11/27/14	1015	10015	-105.15	10.29
	11/27/14			0.04	10.33
	11/31/14			0.04	10.37