

**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):  
Valley Brake  
Name and Address where notices should be sent:  
Valley Brake  
1346  
673 Eastland Drive South  
Twin Falls, ID 83301

Telephone Number: **208-733-6924**

- 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.

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Account or other number by which creditor identifies debtor:

Check here if  replaces  amends a previously filed claim, dated \_\_\_\_\_  
this claim

- 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:** **6/99 - 10/31/99**

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed:** **\$ 872.91**  
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  
**12/21/99**

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):  
**Virginia A. Alberdi**

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.**

1346 PAN TRANS  
 1845 OSTERLOH AVE  
 TWIN FALLS  
 ID 83301  
 AVAILABLE 627.09  
 CREDIT LIMIT 1500.00  
 A/R BALANCE 872.91

INV#-REF	INV. DATE	CD	DEBITS	CODE	CREDITS	CODE	INV. BAL	A/R BAL	ENTRY DATE	TIME
084195	06/09/99	IN	324.45	AB			324.45		06/10/99	12:41
084197	06/09/99	IN	123.40	B			447.85		06/10/99	12:41
084202	06/10/99	CM	63.00-	B			384.85		06/14/99	11:34
084213	06/10/99	CM	84.00-	B			300.85		06/14/99	11:34
084296	06/15/99	IN	407.74	B			708.59		06/16/99	12:25
084305	06/15/99	CM	111.34-	B			597.25		06/16/99	12:25
084319	06/15/99	IN	85.89	B			683.14		06/16/99	12:25
084327	06/16/99	IN	146.30	B			829.44		06/17/99	13:01
084409	06/18/99	IN	435.02	BCD			1264.46		06/20/99	13:41
084410	06/18/99	CM	168.00-	B			1096.46		06/20/99	13:41
084411	06/18/99	IN	33.10				1129.56		06/20/99	13:41
084461	06/22/99	IN	154.79				1284.35		06/28/99	12:07
084468	06/22/99	IN	107.30				1391.65		06/28/99	12:07
084482	06/23/99	CM	58.19-				1333.46		06/28/99	12:07
085162	07/23/99	IN	31.64				1365.10		07/26/99	13:00
085253	07/27/99	IN	23.06				1388.16		07/28/99	13:50
990731	07/31/99	SC	20.00				1408.16		08/01/99	11:51
1200	08/19/99	CK			200.00	A	1208.16		08/19/99	12:43
990831	08/31/99	SC	18.12				1226.28		09/01/99	11:39
086077	09/07/99	IN	307.56				1533.84		09/08/99	10:41
1224	09/08/99	CK			500.00	B	1033.84		09/08/99	12:57
1233	09/30/99	CK			200.00	C	833.84		09/30/99	14:03
086634	09/30/99	IN	.65				834.49		10/01/99	10:49
1253	09/30/99	CK			23.39	D	811.10		10/01/99	11:10
990930	09/30/99	SC	7.54				818.64		10/01/99	12:00
086649	10/01/99	IN	41.99				860.63		10/04/99	11:15
991031	10/31/99	SC	12.28				872.91		11/01/99	11:48
CUSTOMER TOTALS			1796.30		923.39		872.91			

27 RECORDS READ

\*\*\*\*\* END OF REPORT \*\*\*\*\*