

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

Name of Debtor
Vladimir Panouchkine
Tatyana Panouchkine

Case Number
99-41879 -13



Name of Creditor (The person or other entity to whom the debtor owes money or property):
Day D Sudweeks
Name and Address where notices should be sent:

Day D Sudweeks
PO B 1846
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:

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 #: 518 80 5389
Unpaid compensation for services performed from 1-30-98 to 4-19-99
(date) (date)

2. Date debt was incurred:
9-2-98

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 172.84

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: \$ _____

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 _____ 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):
Monte Williams DDS

THIS SPACE IS FOR COURT USE ONLY

RECEIVED
DISTRICT CLERK
DISTRICT OF IDAHO
TWIN FALLS
SEP 10 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.

24

Statement of Account

Stephen R. Lincoln DDS
 Monte P. Williams DDS
 174 Ash Street North
 Twin Falls, ID 83301

Account No.
00000996-00

Page #
1

Vladimir Paniouchkine
 255 Bonny Drive

Date
12/22/99

Twin Falls, ID 83301

Date	For	Description	Ref	Charges	Credits
01/30/98	Vladimir	Patient Payment Cash	770		-77.80
01/30/98	Vladimir	X-Ray Periapical Addit	770	8.00	
01/30/98	Vladimir	X-Ray Periapical Addit	770	8.00	
01/30/98	Vladimir	X-Ray Periapical Addit	770	8.00	
01/30/98	Vladimir	X-Ray Periapical First	770	10.00	
01/30/98	Vladimir	1 surf Resin	770	70.00	
01/30/98	Vladimir	Root Canal Anterior	770	285.00	
01/30/98	Vladimir	Limited Oral Evaluatio	770	22.00	
02/23/98	Vladimir	Insurance Payment	770		-228.72
05/11/98	Vladimir	Patient Payment-Thanks	770		-104.00
05/11/98	Vladimir	Patient Discount	770		-0.48
08/10/98	Vladimir	Comprehensive Oral Eva	2114	35.00	
08/10/98	Vladimir	X-Ray Bitewing 4 Films	2114	30.00	
08/10/98	Vladimir	Panorex	2114	45.00	
08/10/98	Vladimir	Debridment	2114	50.00	
08/10/98	Vladimir	Unspecified Perio Proc	2114	24.00	
10/26/98	Vladimir	Insurance Payment	2114		-123.36
01/21/99	Vladimir	Patient Payment-Thanks	2114		-60.64
08/18/98	Vladimir	Scale/Root Plane Quad	2173	125.00	
08/18/98	Vladimir	Scale/Root Plane Quad	2173	125.00	
10/05/98	Vladimir	Insurance Payment	2173		-172.80

0 - 30 Current	31 - 60 Past Due	61 - 90 Past Due	> 90 Past Due
\$	\$	\$	\$

Balance Due
\$

Notes

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Stephen R. Lincoln DDS
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Account No.
00000996-00

Page #
2

Vladimir Paniouchkine
 255 Bonny Drive

Date
12/22/99

Twin Falls, ID 83301

Date	For	Description	Ref	Charges	Credits
01/21/99	Vladimir	Patient Payment-Thanks	2173		-39.36
03/18/99	Vladimir	Patient Payment-Thanks	2173		-37.84
09/02/98	Vladimir	2 Surf Resin	2256	85.00	
09/02/98	Vladimir	Scale/Root Plane Quad	2256	125.00	
09/02/98	Vladimir	Scale/Root Plane Quad	2256	125.00	
03/18/99	Vladimir	Patient Payment-Thanks	2256		-62.16
04/19/99	Vladimir	Patient Payment-Thanks	2256		-100.00
07/27/98	Tatyana	3 Surf Amalgam Permane	2028	85.00	
07/27/98	Tatyana	2 Surf Resin	2028	85.00	
08/13/98	Tatyana	Insurance Payment	2028		-78.96
09/22/98	Tatyana	Patient Payment-Thanks	2028		-91.04
07/29/98	Tatyana	Panorex	2043	45.00	
07/29/98	Tatyana	X-Ray Bitewing 4 Films	2043	30.00	
07/29/98	Tatyana	Comprehensive Oral Eva	2043	35.00	
07/29/98	Tatyana	Prophy Adult	2043	50.00	
08/21/98	Tatyana	Insurance Payment	2043		-80.78
09/22/98	Tatyana	Patient Payment-Thanks	2043		-79.22
01/22/99	Alexei	Simple Extraction	4559	50.00	
01/22/99	Alexei	X-Ray Periapical First	4559	10.00	
01/22/99	Alexei	Patient Discount	4559		-6.00
01/22/99	Alexei	Patient Payment-Thanks	4559		-54.00

0 - 30 Current	31 - 60 Past Due	61 - 90 Past Due	> 90 Past Due
\$	\$	\$	\$

Balance Due
\$

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Account No
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Page #
3

Vladimir Paniouchkine
 255 Bonny Drive

Date
12/22/99

Twin Falls, ID 83301

Date	For	Description	Ref	Charges	Credits
04/08/99	Alexei	2 Surf Resin	5652	85.00	
04/08/99	Alexei	2 Surf Resin	5652	85.00	
04/08/99	Alexei	Patient Discount	5652		-17.00
04/08/99	Alexei	Patient Payment-Thanks	5652		-153.00

0-30 Current	31-60 Past Due	61-90 Past Due	> 90 Past Due
\$ 0.00	\$ 0.00	\$ 0.00	\$ 172.84

Balance Due
\$ 172.84

Notes

Happy Holidays from our office to your home!!!!