

Slipped 12/20/99

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

Name of Debtor
Limir Paniouchkine
Ana Paniouchkine

Case Number
99-41879



WARREN CRANE TRKING
PH. # (541) 523-2116
3710 17th Street
Baker City, OR 97814-1321

Debtor

- 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 replaces this claim amends a previously filed claim, dated _____

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)

Date debt was incurred: 4/21/99

3. If court judgment, date obtained: _____

Total Amount of Claim at Time Case Filed: \$ 1,035.00

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.

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 \$ 1,035.00
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.*

Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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.

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.

THIS SPACE IS FOR COURT USE ONLY

U.S. DISTRICT COURT
U.S. BANKRUPTCY COURT
DISTRICT OF IDAHO

JAN 13 2000

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):

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.

34

u 1st 1999

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

Name of Debtor
dimir Paniouchkine
yana Paniouchkine

Case Number
99-41879 *13*



Name of Creditor (The person or other entity to whom the debtor owes money or property):
D Sudweeks
Name and Address where notices should be sent:
D Sudweeks
9 18-46
in Falls, ID 83301

see next page

- 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 this claim amends a previously filed claim, dated _____

- 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)

Date debt was incurred: *4/21/99*

3. If court judgment, date obtained:

Total Amount of Claim at Time Case Filed: \$ *1,035.00*

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.

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 \$ *1,035.00*
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.

Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
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.
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.

THIS SPACE IS FOR COURT USE ONLY

U.S. DISTRICT COURT
U.S. BANKRUPTCY COURT
DISTRICT OF IDAHO

JAN 13 2000

M. [unclear]
LOUGED [unclear]

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):

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.

WARREN CRANE TRUCKING

3710 17th Street, Baker City, OR 97814

(541) 523-2116

FAX (541) 523-1598

Fed ID #93-0840520

Weight # 10350

No 4673

DATE 4/21

SHIPPER NO.

2254

SHIPPER *Wallowa Forest Products*

CONSIGNEE

Buckeye

BE 79831

ORIGIN: *Wallowa OR.*

DESTINATION: *Cheyenne WY*

QUANTITY	DESCRIPTION	WEIGHT	RATE	PREPAID	COLLECT
	<i>H.F. Studs 2x4-92 5/8</i>				

1,000.00
X 57¢ *35.00*

1,035.00

BROKER

C.O.D. AMOUNT \$

*Don Travis # 4021
VIVAT LOGISTICS*

1,035.00

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED

SHIPPER'S SIGNATURE SUBJECT TO SECTION 7 OF B-1

DRIVERS SIGNATURE

X Ed Hallmark

4-22-1999

Don

COMBINED STRAIGHT BILL OF LADING AND / OR FREIGHT BILL

1- RECEIVED, subject to the classification and tariffs in effect on the date of the issue of this Bill of Lading

P.U.C. & I.C.C. REGULATIONS REQUIRED
PAYMENT WITHIN SEVEN (7) DAYS

4-29

Don OR

VIVAT LOGISTICS

PO BOX 5-51
TWIN FALLS ID 83701-5-51
888-532-5882 FAX 208-737-7860

CARRIER WARREN C. : DATE 4-20-99

CONTACT CORAL

3710 17th ST

BAKER City OR

97814-1321

AX# 541-523-1588

Phone# 541-523-2116

PICK UP INFO

PO# 2254

PU# BE 79831

COMMODITY

LUMBER

Call ahead

SHIPPER

WALLOWA FOREST PROD
WALLOWA OR

541-886-6666

CONSIGNEE

MEAD Building Centers
2222 BENT AVE
CHEYENNE WY

DC# 8809

DRIVER

UNIT#

PAY 4021

RATE

1000⁰⁰

PAY

CARPS

3500

WEIGHT SLIPS

YES

PALLETS

ISS

NOTE: NEED to CALL TRACI JAMES
@ 800 767-8181 when loaded

NO FAX BACK

Coral J. Crane

DATE 4-20-99

WARREN CRANE TRKING

THANK YOU

READY TO GO

going to lunch for