

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

Name of Debtor
Vladimir Paniouchkine
Tatyana Paniouchkine

Case Number
99-41879 -13

NOTE: This form should be filed with the announcement of the case. A creditor must file this form with the court pursuant to 11 U.S.C. § 503.



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:
A430793

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 5-4-99 to 6-19-99
(date) (date)

2. Date debt was incurred:
5-4-99 6-19-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$500.29
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: 12-20-99
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):
J. Krachel

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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.

GEM STATE RADIOLOGY
 PO BOX 8359
 BOISE, ID 83707
 (208) 385-0045
 82-6041596


PANIOUCHKINE, VLADIMIR
 255 BONNIE DR
 TWIN FALLS, ID 83301-7608

BILL DATE	ACCOUNT NUMBER
12-20-1999	A430793
PATIENT NAME	
PANIOUCHKINE, IVAN	

REFERRING PHYSICIANS: ROBERT KORN MD, MD, ELIZABETH LIVINGSTON, MICHAEL

DATE	DR	LOC	REFERENCE	CPT CODE	DESCRIPTION	AMOUNT
05-04-1999	15	13	05069380	72100	SPINE, LUMBAR AP & LATER	35.00
05-04-1999	15	13	05069380	72072	THORACIC, 3 VIEWS	42.20
05-04-1999	7	13	05069380	72170	PELVIS, ANTERIOR POST. V	29.90
05-04-1999	7	13	05069380	99050	SERVICES AFTER HOURS	60.80
05-04-1999	7	13	05069380	70450	CT. SCAN NEURO W/O CONTR	123.60
05-04-1999	7	13	05069380	71010	CHEST 1 VIEW	24.70
05-04-1999	7	13	05069380	72020	CERVICAL	29.90
05-05-1999	11	11	05289210	70450	CT. SCAN NEURO W/O CONTR	123.60
05-05-1999	9	11	05289210	71010	CHEST 1 VIEW	24.70
05-07-1999	9	11	05289210	71010	CHEST 1 VIEW	24.70
05-07-1999	11	11	05289210	70450	CT. SCAN NEURO W/O CONTR	123.60
05-08-1999	19	11	05289210	71010	CHEST 1 VIEW	24.70
05-09-1999	14	11	05289210	71010	CHEST 1 VIEW	24.70
05-11-1999	14	11	05289210	71010	CHEST 1 VIEW	24.70
05-12-1999	22	11	05289210	71010	CHEST 1 VIEW	24.70
05-15-1999	10	11	05289210	71010	CHEST 1 VIEW	24.70
05-16-1999	10	11	05289210	71010	CHEST 1 VIEW	24.70
05-16-1999	18	11	05289210	70450	CT. SCAN NEURO W/O CONTR	123.60
05-17-1999	9	11	05289210	71010	CHEST 1 VIEW	24.70
05-18-1999	18	11	05289210	72050	CERVICAL SPINE MIN. 4 VI	55.55
05-23-1999	14	11	05269017	71020	CHEST, 2 VIEWS	31.20
05-25-1999	16	11	06039096	71020	CHEST, 2 VIEWS	31.20
05-26-1999	10	11	06039096	72052	CERVICAL SPINE COMP.OBLI	55.60
05-29-1999	19	11	06039096	70450	CT. SCAN NEURO W/O CONTR	123.60
05-29-1999	15	11	06039096	71020	CHEST, 2 VIEWS	31.20
05-30-1999	19	11	06039096	7048652	CT.SCAN MAXILLOFACIAL W/	106.30
05-30-1999	19	11	06039096	74160	CT ABDOMEN W CONTRAST	180.30
05-30-1999	19	11	06039096	7219352	CT. PELVIS W/CONTRAST LT	112.50

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12-20-1999	A430793
PATIENT NAME	
PANIOUCHKINE, IVAN	

DATE	DR	LOC	REFERENCE	CPT CODE	DESCRIPTION	AMOUNT
05-31-1999	15	11	06039096	36489	CENTRAL VEN. CATH -PERCU	178.70
05-31-1999	15	11	06039096	76003	FLUORO-LOCAL NEEDLE BIOP	89.60
05-31-1999	15	11	06039096	93971	DUPLEX EXTREM VEINS FOLL	46.80
06-01-1999	7	11	06229201	93971	DUPLEX EXTREM VEINS FOLL	46.80
06-01-1999	7	11	06229201	76003	FLUORO-LOCAL NEEDLE BIOP	89.60
06-01-1999	7	11	06229201	75820	VENOGRAM-EXTREM UNILAT I	96.80
06-01-1999	7	11	06229201	36011	CATH PLACE VENOUS 1ST OR	538.00
06-07-1999	22	11	06229201	93971	DUPLEX EXTREM VEINS FOLL	46.80
06-17-1999	20	12	06249021	75896	TRANSCATH THERAPY INFUSI	219.50
06-17-1999	20	12	06249021	36011	CATH PLACE VENOUS 1ST OR	538.00
06-17-1999	20	12	06249021	75820	VENOGRAM-EXTREM UNILAT I	96.80
06-17-1999	20	12	06249021	37201	TRANSCATH INFUSION-THROM	1,231.10
06-18-1999	20	12	06249031	75898	TRANSCATHETER FOLLOW UP	243.70
06-18-1999	20	12	06249031	75898.76	TRANSCATHETER FOLLOW UP	243.70
06-19-1999	20	11	06309104	75898	TRANSCATHETER FOLLOW UP	243.70
06-19-1999	20	11	06309104	35473	TRANSLUM.ANGIOPLASTY ILI	994.00
06-19-1999	20	11	06309104	37206	TRANSCATH PLACEMENT EACH	675.00
06-19-1999	20	11	06309104	75960	TRANSCATH OF VASC STENT	145.00
06-19-1999	20	11	06309104	37205	PERC PLACE-INTRAVASC ST	1,350.00
06-19-1999	20	11	06309104	75962	TRANLUMINAL ANGIOPLASTY	256.50
08-27-1999					ADJUST: BLUE SHIELD CONTRACTUAL W	504.58CR
08-27-1999					RECEIPT: BLUE SHIELD OF IDAHO	1,034.13CR
10-08-1999					ADJUST: BLUE SHIELD CONTRACTUAL W	272.79CR
10-08-1999					RECEIPT: BLUE SHIELD OF IDAHO	272.61CR
10-12-1999					ADJUST: BLUE SHIELD CONTRACTUAL W	729.29CR
10-12-1999					RECEIPT: BLUE SHIELD OF IDAHO	2,868.06CR
BALANCE DUE:						3,355.29