

**United States Bankruptcy Court
District of Idaho**

PROOF OF CLAIM
THIS SPACE IS FOR COURT USE ONLY

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

Name of Debtor: Vladimir Paniouchkine
Tatyana Paniouchkine

Case Number:
99-41879

U.S. COURTS
FEB 15 PM 12:01
JAMES A. CHILDRESS
ATTORNEY
BOISE, IDAHO

Chapter: _____ **Trustee:** _____
Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

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 U.S.C. §503

Name of Creditor (The person or other entity to whom the debtor owes money or property): Lometa Trucking, Inc.
Notices should be sent to James A. Childress
P. O. Box 308, San Saba, TX 76877-0308

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.

Account or other number by which identifies debtor:
Re: Vivat Logistics

Check here if this claim: Replaces Amends a previously filed claim dated:

1. Basis for Claim Goods Sold Services Performed Money Loaned Personal Injury/Wrongful Death Taxes
Retiree benefits as defined in 11 U.S.C. §1114 (a) Other (please describe):
Wages, Salaries and compensation⁵ Your Social Security Number: _____
Unpaid Compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: April 2 & 20, 1999

3. If court Judgment, date obtained:

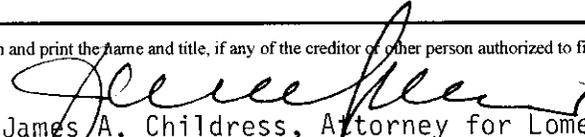
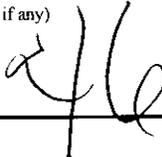
4. SECURED CLAIM
Check box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral:
Real Estate Motor Vehicle
Other _____
Value of Collateral \$ _____
Amount of arrearage and other charges *at time the case was filed* included in secured claim, if any: \$ _____

5. UNSECURED PRIORITY CLAIM
Check box if you have an unsecured priority claim
Amount entitled to priority \$ _____
SPECIFY PRIORITY OF CLAIM
Wages, Salaries, or commissions (up to \$4300)* 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.*

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED
UNSECURED \$ 2,116.25 SECURED \$ _____
PRIORITY \$ _____ **TOTAL \$ 2,116.25**
Check box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

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, please 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
2-10-2000

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)

James A. Childress, Attorney for Lometa Trucking, Inc. 

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. §152 and §3571

LOMETA TRUCKING, INC.
HC 62 BOX 38 * LOMETA, TEXAS 76053-9625
OFFICE: (512) 752-3353 FAX: (512) 752-3953

TO: VIVAT LOGISTICS
PO BOX 5151
TWIN FALLS, ID 83301

April 2, 1999

TRIP#:	LOAD#:	Q / M	PRODUCT DESCRIPTION	PRICE	TOTAL AMT
3/26/99			PIPE		887.40
D#10_JIMMY				TOTAL INVOICE AMT: \$	887.40 ***
LOADED @: HOUSTON, TX		** DATE BILLED:	April 1, 1999*****	** AMT PAID: \$	**** LOMETA TRUCKING REFERENCE #: JW4699 **
UNLOADED @: INDIANAPOLIS IN		** CHECK#:	DATE: _____	*****	BALANCE DUE: \$ 887.40

Remittance Advise: Please Include Reference Numbers To Insure Proper Credit To Your Account					
TOTAL INVOICES: \$ 887.40 AMOUNT PAID: \$ 0.00 BAL DUE: \$ 887.40					

***** THANK YOU FOR YOUR BUSINESS *****

888-893-8087

LOMETA TRUCKING, INC.
 HC 62 BOX 38 * LOMETA, TEXAS 76703-9625
 OFFICE: (512) 732-3353 FAX: (512) 732-3353

TO: VIVAT LOGISTICS
 PO BOX 5151
 TWIN FALLS, ID 83301

April 20, 1999

TRIP#:	LOAD#:	Q / M	PRODUCT DESCRIPTION	PRICE	TOTAL AMT
4/01/99			PIPE		1,228.85
D#11_LUIS MUN					TOTAL INVOICE AMT: \$ 1,228.85 ***
LOADED @: HOUSTON TX					** DATE BILLED: April 20, 1999*****
UNLOADED @: PHOENIX AZ					** AMT PAID: \$_ *** LOMETA TRUCKING REFERENCE #: LM4733-35 **
*****					** CHECK#: _ DATE: _ ***** BALANCE DUE: \$_ 1,228.85
Remittance Advise: Please Include Reference Numbers To Insure Proper Credit To Your Account					
TOTAL INVOICES: \$_ 1,228.85 AMOUNT PAID: \$_ 0.00 BAL DUE: \$_ 1,228.85					

***** THANK YOU FOR YOUR BUSINESS *****