

FORM B10 January 1995

# PROOF OF CLAIM

<p align="center"><b>United States Bankruptcy Court</b> District of Idaho</p> <p>Instructions: Complete this form and mail to: US Bankruptcy Court, <del>250 S. 4th Ave</del> <u>801 E Sherman</u> Pocatello, ID <del>83202</del> <u>83201</u></p>	<p align="center"><b>PROOF OF CLAIM</b> Chapter (please check appropriate box): 7 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input checked="" type="checkbox"/></p> <p><b>Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.</b></p>	<p align="center"><b>THIS SPACE FOR COURT USE ONLY</b></p>
<p>In Re: (NAME OF DEBTOR) <u>Vladimir Panjouchkine</u></p>	<p>CASE NUMBER: <u>99-41879</u></p>	
<p>NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):</p> <p><u>Slade Singleton Farms</u> <u>2347 E 300 N</u> <u>St. Anthony, ID 83448</u></p>	<p>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 USC §503.</p>	
<p>ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR</p>	<p>Check here if this claim: <input type="checkbox"/> REPLACES <input type="checkbox"/> AMENDS a previously filed claim dated: _____</p>	
<p>1. BASIS FOR CLAIM: <input type="checkbox"/> Goods Sold <input checked="" type="checkbox"/> Services Performed <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury/Wrongful Death <input type="checkbox"/> Taxes <input type="checkbox"/> Assignment  <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a)  <input type="checkbox"/> Wages, salaries and compensation: Social Security #: _____</p> <p>Unpaid compensation for services performed from <u>5-4-99</u> to _____  <small>DATE DATE</small></p>		
<p>2. DATE DEBT OCCURRED: <u>5-4-99</u></p>	<p>3. IF COURT JUDGMENT, DATE OBTAINED: _____</p>	
<p>4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following:  a. Secured b. Unsecured Nonpriority c. Unsecured Priority  It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.</p>		
<p>SECURED CLAIM: \$ _____  Attach evidence of perfection of security interest.  Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle  <input type="checkbox"/> Other (Describe Briefly)  Amount of Arrears and other charges at time case was filed included in secured claim above, if any: \$ _____</p>	<p>UNSECURED PRIORITY CLAIM: \$ _____  SPECIFY THE PRIORITY OF THE CLAIM:</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4).  <input type="checkbox"/> Up to \$1600 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6).  <input type="checkbox"/> Taxes or penalties of governmental units - 11 USC § 507(a)(7).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a) _____</p>	
<p>UNSECURED CLAIM: \$ <u>450.00</u></p> <p>A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.</p>		
<p>5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:  UNSECURED: \$ <u>450.00</u> SECURED: \$ _____ PRIORITY: \$ _____ TOTAL \$ _____</p> <p><input type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>		
<p>6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.</p>		<p align="center"><b>THIS SPACE FOR COURT USE ONLY</b></p> <p align="center" style="font-size: 2em;">15</p>
<p>7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices, assignments, deficiency documents, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>		
<p>DATE: <u>12-17-99</u></p>	<p>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).  <u>OWNER</u>  <u>Slade Singleton / SLADE Singleton</u> TELEPHONE NO: <u>208-624-4278</u></p>	

VIVAT Logistics, Inc

409 Shoshone St.  
Twin Falls, ID 83301

# Load Order

DATE	P.O. NO.
5/4/99	5001

**Carrier**

Siadesinset  
2347 E. 300 N.  
St. Anthony, ID 83445  
1-208-624-4228

DUE DATE	SHIP VIA	P.O. #
5/4/99	FB	5000RUHE

ITEM	DESCRIPTION	Pick Up / Delivery	RATE	Weight	AMOUNT
Load			450.00		450.00

**Total** \$450.00

Vivat Logistics, Inc.  
P.O. Box 5151  
Twin Falls, Idaho  
(208) 734-7082

To Whom It May Concern:  
Subject: Payment arrangement

Jun 10, 1999

RE: Accounts Payable

To whom this notice may concern:

Due to uncontrollable circumstances it is necessary for Vivat Logistics, Inc. to inform you that all accounts have been frozen. There will be no payments made by our accounting department, accounts payable for no less than 30 days of this notice and no more than 120 days from the date of this notice. Vivat Logistics, Inc. would like to extend their deepest sympathies and would request that you be understanding in this matter.

If you have any questions in regards to your account with Vivat Logistics, Inc. please call or send a fax to us. The Fax number for Vivat Logistics, Inc. is: (208) 733-7560.

Again I would like to extend my apologies and to let you know that this matter will be taken care of as quickly as possible.

Thank you,



Vladimir Panfuchkin  
President and CEO

RAMP

CASE #

99-41879

US Court Porcatello 478-4123