FORM B10 (Official Form 10)(4/98)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (TWIN FALLS)

PROOF OF CLAIM

Name of Debtor	Case Number
Vladimir Paniouchkine Tatyana Paniouchkine	99-41879 13

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 U.S.C. §503.

99-41879

1319417

Name of Creditor (The person or other entity to whom the debtor owes money or property):	☐ 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.
Twin Falls Truck and Equipment Name and Address where notices should be sent: Twin Falls Truck and Equipment 1992 Kimberly Road Twin Falls, ID 83301 Telephone Number:	☐ 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 this claim ☐ replaces ☐ amends a previously filed claim, dated _____

1. Basis for Claim

XX☒ Goods sold
XX☒ 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 _____ (date) to _____ (date)

2. Date debt was incurred: 9-13-99

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 6,718.30

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	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):
11-30-99	Brent H. Nielson Attorney for Creditor

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.

008333

FREIGHTLINER

C & S TRUCKING, INC.
dba **TWIN FALLS TRUCK & EQUIPMENT**
1992 KIMBERLY ROAD, P.O. BOX 1656
TWIN FALLS, IDAHO 83303-1656
PHONE (208) 733-7035 FAX (208) 734-6692

STATEMENT

FINANCE CHARGES will apply if the new balance is unpaid one month from the closing date of statement. The "FINANCE CHARGES" are computed by a periodic rate of 2% per month which is an "ANNUAL PERCENTAGE RATE" of 24% applied to the unpaid balance after deducting current payments and/or credits appearing on this statement from the previous balance.

REMITTANCE ADVICE

TWIN FALLS TRUCK & EQUIPMENT
P.O. BOX 1656
TWIN FALLS, IDAHO 83303-1656

RETURN THIS PORTION WITH YOUR PAYMENT.

CHECK THOSE ITEMS IN THE "✓" COLUMN BEING PAID.

PAN TRANS
VLADIMIR PAN
255 BONNY DR.
TWIN FALLS ID 83301

STATEMENT DATE	ACCOUNT NO.
10/25/99	P00175

ITEMS AFTER THIS DATE WILL APPEAR ON YOUR NEXT STATEMENT.

PLEASE REFER TO THIS ACCOUNT NO. WHEN MAKING INQUIRIES.

PAN TRANS

STATEMENT DATE	ACCOUNT NO.
10/25/99	P00175

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
CODES: I — INVOICE C — CR MEMO D — DR MEMO P — PAYMENT A — DISCOUNT ALLOWED F — FINANCE CHARGE				PLEASE PAY	6,987.04	TOTAL		6,987.04

DATED	CURRENT	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS
.00	[illegible]	[illegible]	.00	[illegible]	[illegible]

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10/25/99	P00175

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
THANK YOU WE APPRECIATE YOUR BUSINESS								
73694	3/29/99	I		1,032.70	1,032.70	73694	I	1,032.70
73817	3/30/99	I	PO# 033099	165.00	1,197.70	73817	I	165.00
73901	4/07/99	I	PO# 040599	960.44	2,158.14	73901	I	960.44
73858	4/09/99	I	PO# 040199	3,124.57	5,282.71	73858	I	3,124.57
211343	4/13/99	I	PO# 041399	13.21	5,295.92	211343	I	13.21
73[illegible]3	4/15/99	I	PO# 040999	947.96	6,243.88	73993	I	947.96
74[illegible]25	4/27/99	I	PO# 041299	54.08	6,297.96	74025	I	54.08
995062	5/26/99	F	FINANCE CHARGE	125.96	6,423.92	995062	F	125.96
996032	6/23/99	F	FINANCE CHARGE	125.96	6,549.88	996032	F	125.96
71848	7/15/99	D	TRANS FROM COD	39.94	6,589.82	71848	D	39.94
997062	7/26/99	F	FINANCE CHARGE	128.48	6,718.30	997062	F	128.48
999052	9/25/99	F	FINANCE CHARGE	134.37	6,852.67	999052	F	134.37
990152	10/25/99	F	FINANCE CHARGE	134.37	6,987.04	990152	F	134.37

CODES:
I — INVOICE
C — CR MEMO
D — DR MEMO
P — PAYMENT
A — DISCOUNT ALLOWED
F — FINANCE CHARGE

PLEASE PAY

TOTAL

11 30 99 ILE 13:24 FAX 208 734 6692 002