

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)**

PROOF OF CLAIM

Name of Debtor
James L Hershberger
Melissa R Hershberger

Case Number
01-00317

U.S. COURTS
2001 MAY 21 AM 9:45

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



Name of Creditor (The person or other entity to whom the debtor owes money or property):
South Kentucky Rural Electric
Name and Address where notices should be sent:

- 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.



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South Kentucky Rural Electric
925 N. Main Street
Somerset, KY 42503

Telephone Number: 606-678-4121

Account or other number by which creditor identifies debtor:
1962901

Check here if replaces amends a previously filed claim, dated _____
this claim

- 1. Basis for Claim**
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other Electric Usage

- 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)

2. Date debt was incurred:
12-24-95

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 53,88
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
5/10/01

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):
DOUG ROBERTS Doug Roberts Credit & Collections Coordinator

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.

-----UNCOLLECTIBLE INQUIRY-----

MBRSEP 1962901
NAME HERSHBERGER JAMES
COADDR
ADDR1 PO BOX 8086
ADDR2 BEND OR
ADDR3
ZIP 977080086
SPOUSE MELISSA

TELEPHONE
BUS-PHONE
PAGER
FAX
CELLULAR
OTHER

EMAIL

CLASS 12 LOC 124503141 INT CHGD .00 YTD INT RECVD .00
STATE 1 SOC SEC NBR 542981377 INT RECVD .00 THRU DATE
COLL CD 3 SPOUSE SSN 544062046 CURR INT AMOUNT 53.88
BKRUPT 0 DRV PAYDATE
AGENCY 0 SM BUS NBR NBR PAYS 0 PAYMENT .00
DISC 120495 NBR ADJS 0 UNC DUE 53.88
W/OFF 62796 DUE+INT

COMMENTS:

-----DEPRESS FUNCTION KEY FROM THE LIST BELOW-----