

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
James L Hershberger
Melissa R Hershberger

Case Number
01-00317

NOTE: This form should not be used to request a refund for an administrative expense including attorney's fees or costs of this case. A request for a refund of an administrative expense must be filed pursuant to 11 U.S.C. § 502.



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

Action CSI
1325 Vista Ave.
Boise, ID 83705

- 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

Telephone Number: 208-345-1750

Account or other number by which creditor identifies debtor:

1834346

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 _____ to _____
(date) (date)

2. Date debt was incurred:

1-02-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 617,860

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.

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):

5-08-01

Dea Sweet

208-345-1750

THIS SPACE IS FOR COURT USE ONLY

FILED
COURT REPORTER
BOISE, IDAHO

MAY 10 AM 11:37

U.S. COURTS

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.

ACTION COLLECTION SERVICE INC
BOISE OFFICE
1325 VISTA AVE
P O BOX 5425
BOISE, IDAHO 83705
208-345-1750

DATE: _____

RE: _____

AMOUNT: _____

CLIENT: Carl Tate DDS

APPROVAL FOR LEGAL ACTION

The account above is being referred to our Attorney for LEGAL ACTION. When this occurs we prefer to have a specific written assignment in the file, rather than rely upon the implied assignment that arises when clients list accounts with us.

Therefore Please SIGN and DATE the Approval below and return along with:

() ITEMIZED STATEMENT () ORIGINAL CONTRACT () OTHER

For value received we hereby sell, assign and transfer to ACTION COLLECTION SERVICE, INC., all Rights, Title and Interest in our claim and demand against, _____ in the amount of \$ _____, plus any check charge posted at point of sale with full power to sue and collect.

DATED: 7/10/92

Carl Tate D.D.S.

BY Dr. [Signature]

*Bankruptcy
only*

RETURN TO: ACTION COLLECTION SERVICE INC
P O BOX 5425
BOISE, IDAHO 83705

Office Phone: 208-376-2721

Carl R. Tate, D.D.S.
2455 North Milwaukee Street
Boise, ID 83704

1834346

Home # disconnected
Work ?

James Hershberger
6709 Douglas St
Boise, ID 83704

Account history for 01-01-00 to 01-31-01, printed on 01-31-01

Date	Patient	Description	Amount	Balance
		Balance as of 01-01-00	0.00	0.00
		Opening balance	133.00	133.00
03-07-00	Account	Mail stmt prepared	0.00	133.00
05-08-00	Account	Interest charge	2.08	135.06
06-06-00	Account	Mail stmt prepared	0.00	135.06
06-06-00	Account	Check rec'd - Thank you	-10.00	125.06
06-13-00	Account	Interest charge	1.91	126.97
07-06-00	Account	Mail stmt prepared	0.00	126.97
07-08-00	Account	Interest charge	2.03	129.00
08-07-00	Account	Mail stmt prepared	0.00	129.00
08-07-00	Account	Check rec'd - Thank you	-50.00	79.00
08-08-00	Account	Interest charge	1.25	80.25
09-07-00	Account	Mail stmt prepared	0.00	80.25
09-07-00	Account	Interest charge	1.32	81.57
10-10-00	Account	Mail stmt prepared	0.00	81.57
10-10-00	Account	Interest charge	1.10	82.67
11-06-00	Account	Mail stmt prepared	0.00	82.67
11-06-00	Account	Interest charge	1.24	83.91
12-06-00	Account	Mail stmt prepared	0.00	83.91
12-06-00	Account	Interest charge	1.38	85.29
01-08-01	Account	Mail stmt prepared	0.00	85.29
01-08-01	Account	Ending balance		85.29

Patient	Charges	Ins Pmts	Patient Pmts	Net Adj
Account	0.00	0.00	60.00	145.29
Totals	0.00	0.00	60.00	145.29

Prepared on 01/31/2001

HISTORY FOR

James Hershberger*** (003603)
 6709 Douglas St
 Boise ***, ID 83704
 323-3856

Carl Tate DDS
 2455 N. Milwaukee
 Boise, ID 83704-5736
 (208) 376-2721

HISTORY Report including CLAIMS Dated 00/00/00 thru 12/31/25, Oldest First

Billing Doctor: 01-Tate	Under 30:	\$0.00
Send Statement	30 to 60:	\$0.00
Account is being charged INTEREST	60 to 90:	\$133.00
Charge MISSED PAYMENT PENALTY	Over 90:	\$0.00
Requested Payment Amount : \$0.00	Interest:	\$0.00
Minimum Payment : \$0.00	Penalty:	\$0.00
Interest Paid YTD: \$0.00	TOTAL:	\$133.00
Financial Class : 4-	Credit Limit:	No Limit
Collection Status:		

	LAST PAYMENT DATE	AMOUNT	YTD PAID
1. PRIVATE	03/16/00	\$100.00	\$117.40
1. PROD	04/06/00	\$51.00	\$676.60

*** INSURANCE CLAIMS ***

PR	CLM NO	COMP.	STS	SUBMITTED	EXPECTED
01	13990	PROD	C	\$82.00 on 04/11/00	\$68.51 by 04/25/00

PR	DATE	PATIENT	TRANSACTION DESCRIPTION	123456	AMOUNT	BAL FORWARD
	00/00/00		Previous Balance			\$0.00
01-00	01/11/00	Melissa	Initial Exam	P-----	\$0.00	\$0.00
01-00	01/11/00	Melissa	2 Bitewings	P-----	\$0.00	\$0.00
01-00	01/11/00	Melissa	Intra Periapical 1st	P-----	\$15.00	\$15.00
01-00	01/13/00	Melissa	CANCELLED APPT	N-----	\$0.00	\$15.00
01-00	01/20/00	Melissa	Rec: PROD (#11-438574) DOS 01/11/00		\$15.00-	\$0.00
01-00	01/25/00	Sarah	Initial Exam	N-----	\$0.00	\$0.00
01-00	01/25/00	Sarah	2 Bitewings	N-----	\$0.00	\$0.00
01-00	01/25/00	Jessica	Initial Exam	N-----	\$0.00	\$0.00
01-00	01/25/00	Jessica	2 Bitewings	N-----	\$0.00	\$0.00
01-00	02/01/00	Sarah	Prophy W/Fluoride, Chi	P-----	\$49.00	\$49.00
01-00	02/01/00	Sarah	Prophy W/Fluoride, Chi	P-----	\$49.00	\$98.00
01-00	02/02/00	Melissa	Prophylaxis-Adult	P-----	\$56.00	\$154.00
01-00	02/02/00	Melissa	Unspecified-By Repor	N-----	\$3.00	\$157.00
01	02/02/00	Melissa	Mes: Tongue Scraper		\$3.00-	\$154.00
01-00	02/02/00	Melissa	Rec: PRIVT (Cash) Thank You			
01-00	02/09/00	Jessica	Resin-One Surf, Post.	D-----	\$72.00	\$226.00
01-00	02/09/00	Melissa	Rec: PROD (#461232) DOS 2/02/00		\$56.00-	\$170.00

HISTORY FOR

Prepared on 01/31/2001

James Hershberger*** (003603)
 6709 Douglas St
 Boise ***, ID 83704
 323-3856

Carl Tate DDS
 2455 N. Milwaukee
 Boise, ID 83704-5736
 (208) 376-2721

HISTORY Report including CLAIMS Dated 00/00/00 thru 12/31/25, Oldest First

PR	DATE	PATIENT	TRANSACTION DESCRIPTION	123456	AMOUNT	BAL FORWARD
					\$14.40-	\$155.60
01-00	02/09/00	Melissa	Rec: PRIVT (Cash) Thank You		\$49.00-	\$106.60
01-00	02/09/00	Sarah	Rec: PROD (#459334) DOS 2/01/00		\$49.00-	\$57.60
01-00	02/09/00	Jessica	Rec: PROD (#459333) DOS 2/01/00		\$17.60-	\$40.00
01-00	02/22/00	Jessica	Rec: PROD (#471519) DOS 02/09/00		\$25.00	\$65.00
01-00	02/23/00	Sarah	Sealant-per Tooth	P-----	\$25.00	\$90.00
01-00	02/23/00	Sarah	Sealant-per Tooth	P-----	\$25.00	\$115.00
01-00	02/23/00	Sarah	Sealant-per Tooth	P-----	\$72.00	\$187.00
01-00	02/23/00	Sarah	Resin 1 surf, perm.	P-----		
01	02/23/00	Jessica	Mes: CANCELLED (Sick)		\$0.00	\$187.00
01-00	02/28/00	James	Initial Exam	P-----	\$0.00	\$187.00
01-00	02/28/00	James	2 Bitewings	P-----	\$51.00	\$238.00
01-00	02/28/00	James	Panoramic Film	P-----	\$9.00	\$247.00
01-00	02/28/00	James	Unspecified-By Repor	P-----	\$82.00	\$329.00
01-00	02/29/00	James	Full Mouth Debridement	R-----	\$92.60-	\$236.40
01-00	03/02/00	Sarah	Rec: PROD (#11-481446) 2/23/00		\$0.00	\$236.40
01-00	03/06/00	Jessica	CANCELLED APPT	N-----	\$56.00	\$292.40
01-00	03/07/00	James	Prophylaxis-Adult	P-----	\$83.00	\$375.40
01-00	03/15/00	James	Amalgam-2 Surf Perma	P-----	\$83.00	\$458.40
01-00	03/15/00	James	Amalgam-2 Surf Perma	P-----	\$25.00	\$483.40
01-00	03/16/00	Jessica	Sealant-per Tooth	P-----	\$25.00	\$508.40
01-00	03/16/00	Jessica	Sealant-per Tooth	P-----	\$25.00	\$533.40
01-00	03/16/00	Jessica	Sealant-per Tooth	P-----	\$25.00	\$558.40
01-00	03/16/00	Jessica	Sealant-per Tooth	P-----	\$72.00	\$630.40
01-00	03/16/00	Jessica	Resin 1 surf, perm.	P-----	\$100.00-	\$530.40
01-00	03/16/00	Jessica	Rec: PRIVT (#1001) Thank You		\$56.00-	\$474.40
01-00	03/20/00	James	Rec: PROD (#11-502645) DOS 3/07/00		\$157.60-	\$316.80
01-00	03/27/00	Jessica	Rec: PROD (#11-512820) DOS 3/16/00		\$132.80-	\$184.00
01-00	03/27/00	James	Rec: PROD (#11-512821) DOS 3/15/00		\$51.00-	\$133.00
01-00	04/06/00	James	Rec: PROD (#542981377) DOS 02/28/00			

--N/A N-Not Billed W-Waiting B-Billed R-Rebilled
 P-Paid A-Authorized C-Cleared X-Xcluded D-Deductible
 U-Unused E-Excluded H-Held *-Pd. Prior S-Resolved

MRI CENTER OF IDAHO
 PO BOX 9589
 BOISE, ID 83707

1624383

16:13:32 04 DEC 2000

057100	HERSHBERGER, MELISSA	PHONE: 323-3856
	6709 DOUGLAS ST	SS NO: 544-06-2046
	BOISE, ID	DOB: 10-12-66
	83704-9236	SEX: F

INSURANCE RECORD: 800 - BLUE SHIELD OF IDAHO

INSURED: PATIENT	RELAT: SELF
ADDR: SAME	POL #: XNA115292
	GRP #:

CLAIM RECORD # 001
 REF PHYS: E04238 - ANGLETON, PETER J, MD
 ICD9 CD: 1: 724.2 - PAIN SPINE/LOW BACK/LUMAGO

T	DATE	LOC	TOS	CPTCD	MODIFIERS	ICD	AMOUNT	DR	BILL DT	INS DATE
1	05-04-00	64	0	72148	TC	1	1,073.00	11	05-25-00	05-10-00
	MRI SPINE, LUMBAR W/O CONT.									

RECEIPTS AND ADJUSTMENTS							
ADJ #	1	05-23-00	800 = BLUE SHIELD CONTRACT	-210.34	1	-210.34	
REC #	2	05-23-00	800 = BLUE SHIELD OF IDAHO	-569.09	1	-569.09	
ADJ #	3	12-04-00	17 = TURNED OVER TO COLLE	-293.57	1	-293.57	

BILLING & INSURANCE CLAIM HISTORY											
BILL DT	TY	AMOUNT	AGE	BILL DT	TY	AMOUNT	AGE	INS DATE	TY	INS	AMOUNT
10-19-00	10	293.57	147	08-03-00	B	293.57	70	05-10-00	E	800	1073.00
10-12-00	B	293.57	140	06-29-00	B	293.57	35				
09-06-00	B	293.57	104	05-25-00	B	293.57	0				

TOTALS: CHGD: 1,073.00 RCVD: 569.09 ADJ: -503.91 BAL: 0.00

AMOUNT TURNED TO COLLECTION: 293.57

3824909

BLANKET ASSIGNMENT

FOR VALUE RECEIVED AND TO BE RECEIVED I

Monique Mulligan

hereby assign to Action Collection Service, Inc. any and all accounts of St. Alphonsus Radiology Group

which are now or hereafter tendered to said Action Collection Service, Inc. as listed accounts on Action Collection Service's account listing form or as listed accounts on any account listing form employed by this business or for which other account evidence is tendered to Action Collection Service Inc., subject to the following terms and conditions:

- 1. Said assignments is for purposes of collection.
- 2. Action Collection Service, Inc. is entitled to retain an agreed upon percentage of the principal sum collected.
- 3. Action Collection Service Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATE 2/28/96

By: [Signature]

UNITED STATES BANKRUPTCY COURT

District of Idaho (Boise)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 2/8/01.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. **NOTE:** The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.**Debtor(s) (name(s) and address):**

James L Hershberger

Melissa R Hershberger

8165 McMullen
Boise, ID 837098165 McMullen
Boise, ID 83709-
USA**Case Number:**

01-00317

Social Security/Taxpayer ID Nos.:542-98-1377
544-06-2046**Attorney for Debtor(s) (name and address):**Stephen W French
2995 N Cole Rd #255
Boise, ID 83704

Telephone number: (208) 321-7373

Bankruptcy Trustee (name and address):Bernie R Rakozy
POB 1738
Boise, ID 83701

Telephone number: (208) 343-4476

Meeting of Creditors:

Date: 03/26/01 Time: 8:00 am

Location: US Trustee, 8th & Bannock 3rd Fl #333, Boise, ID 83702

Deadlines:Papers must be *received* by the bankruptcy clerk's office by the following deadlines:**Deadline to File a Proof of Claim:**

For all creditors (except a governmental unit): 06/24/01

For a governmental unit: 08/08/01

Deadline to Object to Exemptions:Thirty (30) days after the *conclusion* of the meeting of creditors.**Filing of Plan, Hearing on Confirmation of Plan**

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date: May 8, 2001 Time: 1:30 pm

Location: Fed Bldg & US Cts Rm #5, 550 W Fort 5th Floor, Boise, ID 83724

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office:US Bankruptcy Court
550 West Fort MSC 042
Computerized Case Info (208) 334-9386
Boise, ID 83724Telephone number: Computerized Case information: (208)
334-9386/Web Site: www.id.uscourts.gov**For the Court:**Clerk of the Bankruptcy Court:
Cameron Burke**Hours Open:**

8:00 a.m. to 5:00 p.m.

Date:

02/14/01