

**United States Bankruptcy Court**  
DISTRICT OF IDAHO

**PROOF OF CLAIM**

In re (Name of Debtor)  
David Lynn Mays

Case Number:  
99-01009 Ch-13

NOTE: This form should not be used to make a claim for an administrative expense arising after 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)  
West Capital Financial Services Corp.

Name and Address Where Notices Should be Sent  
West Capital Financial Services Corp.  
5775 Roscoe Court  
San Diego, California 92123  
Telephone No. 800-825-8131 Ext. 5315

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 you the address differs from the address on the envelope sent to you by the court.

RECEIVED  
FILED 9

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Account or other number by which creditor identifies debtor  
9607266833

Check here if claim  replaces a previously filed claim, dated: \_\_\_\_\_  
 amends

1. BASIS FOR CLAIM

Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other (Describe briefly)

Retiree benefits as defined in 11 U.S.C. 1114(a)  
 Wages, salaries, and compensation (Fill out below)  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

West Capital is the successor in interest of Prudential Account no. 5407835007266833

2. DATE DEBT WAS INCURRED  
2/28/98

3. IF COURT JUDGMENT, DATE OBTAINED:

4. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at time case filed.

SECURED CLAIM \$ \_\_\_\_\_  
Attach evidence of perfection of security interest  
Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other (Describe briefly)  
Amount of arrearage and other charges at time case filed included secured claim above, if any \$ \_\_\_\_\_

UNSECURED NONPRIORITY CLAIM \$10,010.38  
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.

UNSECURED PRIORITY CLAIM \$ \_\_\_\_\_  
SPECIFY THE PRIORITY OF THE CLAIM.  
 Wages, salaries, or commissions (up to \$2000), earned not more than 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 \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C (507)(a)(6)  
 Taxes or penalties of governmental units -11 U.S.C 507 (a)(7)  
 Other-Specify applicable paragraph of 11 U.S.C 507 (a) \_\_\_\_\_

5. Total Amount of claim at time case filed: \$10,010.38 (Unsecured) (Secured) (Priority) (Total) \$10,010.38

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. Credits and Setoffs: 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 debtor.

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, 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. Documentation is on computer tape. Hardcopy media has a 90 day retrieval time period.

8. Time-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: 8/18/99

Sign and print the name and title, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  
*Eyle Mathews*  
Eyle Mathews - Director, Quality Assurance

#9

## PROOF OF SERVICE BY MAIL

The undersigned hereby certifies that on this date the foregoing Proof of Claim was served upon the standing trustee and the debtor or debtor's attorney by mailing a complete copy of the Proof of Claim including any pertinent attachments to each party by first class mail to the following addresses:

### Attorney

C Grant King  
5440 Franklin Rd 201  
Boise ID 83705

### Chapter 13 Trustee

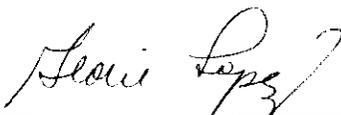
Bernie R Rakozy  
PO Box 1738  
Boise ID 83701

### Clerk of the US Bankruptcy Court

550 West Fort MSC 042  
Boise ID 83724

I swear under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 8/18/99

  
\_\_\_\_\_  
Glorie Lopez, Bankruptcy Assistant