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

United States Bankruptcy Court _____ **District of** IDAHO

__ Ch 7 ✓ Ch 13 __ Ch 11
PLEASE CHECK CHAPTER

Name of Debtor: David Lynn Mays

Case Number: 99-01009

PROOF OF CLAIM
(Cases Filed 4/1/98 & After)

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)
Gulf State Credit, L.L.C.

Name and address where notices should be sent
3300 Northeast Expressway
Building 1, Suite M
Atlanta, GA 30341

Telephone Number: *770-451-4862*

☐ 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 to you by the court.

UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO
MAY 21 1999
LOGGED

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Account or other number by which creditor identifies debtor: 3716875404

Check here is this claim
☐ amends ☐ replaces a previously filed claim dated: _____

1. Basis for Claim

☐ Goods Sold ☐ Services Performed ☐ Wrongful Death
☐ Money Loaned ☐ Personal Injury
☐ Taxes ☐ Other Line of Credit

☐ 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 _____

2. Date Debt was Incurred: 2-28-99

5. If court judgement, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 11,780.81
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)

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 $4300), *earned within 90 days before filing the bankruptcy petition or cessation of the debtor's business, whichever is earlier- 11 U.S. § 507 (a)(3).
☐ Contributions to any employee benefit plan- 11 U.S.C. § 507(a)(4).
☐ Up to $1950* 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, of 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 adjustments on 4/1/98 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 Documentation: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, 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 the proof of claim.

3

Date: 5-18-99

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)
Constance Neal Bankruptcy Clerk

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