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United States Bankruptcy Court  
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

In re (Name of Debtor)  
DAVID L MAYS

Case Number  
99-01009

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)  
BANK OF THE WEST

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.

Name and Address Where Notices Should be Sent  
BANK OF THE WEST  
1450 TREAT BLVD.  
WALNUT CREEK, CA 94596  
Telephone No. (925) 906-4984

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.

UNITED STATES COURT  
DISTRICT OF IDAHO  
MAY 17 1999  
M. WEC'D  
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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR  
332-033265

Check here if this 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 \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2. DATE DEBT WAS INCURRED  
10-3-95

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 \$ 11,204.51  
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 in secured claim above, if any \$ \_\_\_\_\_  
 UNSECURED NONPRIORITY CLAIM \$ \_\_\_\_\_  
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 \$4000),\* 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 \$1,800\* 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 of 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: (Unsecured) \$ \_\_\_\_\_ (Secured) \$ 11,204.51 (Priority) \$ \_\_\_\_\_ (Total) \$ 11,204.51  
 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.  
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date  
5/14/99

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)  
*Kimberly Fiasconaro*  
KIMBERLY FIASCONARO, AUTHORIZED SIGNATORY