The enclosed computer-generated form substantially complies with Official Form Number B10--PROOF OF CLAIM

UNITED STATES COURTS
DISTRICT OF IDAHO

AUG 20 1998

M. REC'D
LODGED FILED

FORM 10. PROOF OF CLAIM

United States Bankruptcy Court
For The District of Idaho

PROOF OF CLAIM

In re:
Community Health Care, Inc.

DEBTOR.

Case Number:
98-02141

Chapter:7

THIS SPACE IS FOR COURT USE ONLY

Name of Creditor:
COLONIAL PACIFIC LEASING CORPORATION
Post Office Box 1100
Tualatin, OR 97062-1100

phone: 1-800-444-1738

++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.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
#302871001

Check here if this claim __replaces __amends a previously filed claim, dated._____.

1. BASIS FOR CLAIM Personal Property Lease #302871001

2. DATE DEBT WAS INCURRED 04/25/97

3. IF COURT JUDGEMENT, DATE OBTAINED_____

4. CLASSIFICATION OF CLAIM
SECURED CLAIM $
X UNSECURED NONPRIORITY CLAIM $11,769.56
O UNSECURED PRIORITY CLAIM $
Specify the priority of the claim: O 11USC$507(a)(2) Describe briefly:

5. **TOTAL AMOUNT OF CLAIM AT TIME CASE FILE** $11,769.56 (Unsecured) $ (Secured) $ (Priority) $11,769.56 (Total)

O Check this box if claim includes prepetition 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.

Date: 08/18/98

Yousef Alghamdi, Legal Department
COLONIAL PACIFIC LEASING CORPORATION

Court--Use--Only

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