

**United States Bankruptcy Court  
District of Idaho**

Complete this form and mail to: U.S. Bankruptcy Court 550 W. Fort St. Boise, ID 83724

**PROOF OF CLAIM**

THIS SPACE IS FOR COURT USE ONLY

Name of Debtor:

**COMMUNITY HOME HEALTH INC**

Case Number:

**98-02141**

**UNITED STATES COURTS  
DISTRICT OF IDAHO**

**JUL 9 - 1998**

Chapter:

Trustee:

Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

M. REC'D

JUL 9 1998  
JUL 9 1998  
FILED

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 U.S.C. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):

**POB 1197  
CHALLIS ID 83226  
Kathleen J. Anderson  
employee # 888**

- 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.

Account or other number by which identifies debtor:

Check here if this claim:  Replaces  Amends a previously filed claim dated:

1. Basis for Claim  Goods Sold  Services Performed  Money Loaned  Personal Injury/Wrongful Death  Taxes
- Retiree benefits as defined in 11 U.S.C. § 1114(a)  Other (please describe):
- Wages, Salaries and compensation: Your Social Security Number: **573-50-0593**
- Unpaid Compensation for services performed from **June 1st 1998** (date) to **June 25 1998** (date) + VACATION PAY **380.00**

2. Date debt was incurred:

3. If court Judgment, date obtained:

**4. SECURED CLAIM**

Check 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 the case was filed included in secured claim, if any: \$ \_\_\_\_\_

**5. UNSECURED PRIORITY CLAIM**

Check box if you have an unsecured priority claim

Amount entitled to priority \$ **626.52**

SPECIFY PRIORITY OF CLAIM:

- Wages, Salaries, or commissions (up to \$4000)\* 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 \$1,800\* 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 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 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED

UNSECURED \$ \_\_\_\_\_ SECURED \$ \_\_\_\_\_

PRIORITY \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

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

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, please 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

**070698**

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)

**Kathleen J. Anderson**

Penalty for presenting fraudulent claim: Fine up to \$500,000 or imprisonment for up to 5 year, or both. 18 U.S.C. § 152 and § 3571

*Handwritten initials*