

**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

U.S. COURTS  
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**Name of Debtor:** **Community Home Health Inc,**  
**82-0339**      **Case Number: 98-02141**

**Chapter: 7**      **Trustee: Bernie R. Rakozy**  
Proof of claim form and all supporting documents must be filed in **DUPLICATE** on Chapter 12 and 13 cases

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):  
**Ada County Treasurer**  
**P.O. Box 2868**  
**Boise, Idaho 83701**

- 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:  
**A1COMHOHE01 - 1998**

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: \_\_\_\_\_
- Unpaid Compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

**2. Date debt was incurred:** First Position Lien as of Jan 1 each year. I.C. § 63-206

**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 personal  
Value of Collateral \$ **159,160.00**

Amount of arrearage and other charges *at time the case was filed* included in secured claim, if any:  
**\$ 2,893.65**

**Plus interest accruing at 1% per month - Idaho Code § 63-1001**

**5. UNSECURED PRIORITY CLAIM**  
 Check box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_

**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 \$ **2,893.65**

PRIORITY \$ \_\_\_\_\_ TOTAL \$ **2,893.65**

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

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