

B-19  
(3-88) **United States Bankruptcy Court**  
IDAHO DISTRICT OF \_\_\_\_\_

**PROOF OF CLAIM**

CHAPTER

11 [ ] 111 [ ] 112 [ ] 113

Name of Debtor  
COMMUNITY HOME HEALTH INC.

Bankruptcy Case No.  
98-02141

UNITED STATES COURTS  
DISTRICT OF IDAHO

JUL 13 1998

M. RE...  
LOGGED

**A. CREDITOR INFORMATION**

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor  
Boise Cascade Office Products  
800 W. Bryn Mawr Ave.  
Itasca, IL 60143

- Check box if you never received any notices from the bankruptcy court in this case.
- Check box if this address differs from the address on the envelope sent to you by the court.
- Check box and attach copy of assignment if claim has been assigned to you.

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor:

36-283 606

- replaces
- amends a previously filed claim dated: \_\_\_\_\_
- supplements

**B. CLAIM INFORMATION**

1. BASIS FOR CLAIM:

Wages, Salaries and Commissions (Fill out below)

- Goods purchased Office Supplies
- Services performed
- Monies loaned
- Other forms of contract (Identify)
- Personal injury/Wrongful death/Property damage
- Other (Describe briefly)

Your social security number \_\_\_\_\_  
Unpaid services performed from \_\_\_\_\_ to \_\_\_\_\_  
Nature of services (Describe briefly)

2. DATE DEBT WAS INCURRED:

5-29 thru 6-16-98

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF THE CLAIM.

- UNSECURED NONPRIORITY CLAIM \$ 1125.38  
For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt.
- SECURED CLAIM \$ \_\_\_\_\_  
Attach evidence of perfection of security  
Brief Description of Collateral:  
 Real Estate  Motor Vehicle  Other

- PRIORITY CLAIM \$ \_\_\_\_\_  
Specify the priority of the claim by checking the appropriate box(es)  
 Wages, salaries or commissions (up to \$2000, 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 \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use—11 U.S.C. §507(a)(6)
- Taxes or penalties of governmental units—11 U.S.C. §507(a)(7)
- Other specify:

4. TOTAL AMOUNT OF CLAIM: \$ 1125.38 (Unsecured) + \$ \_\_\_\_\_ (Secured) + \$ \_\_\_\_\_ (Priority)

= \$ 1125.38 (Total)

- 5. Attach copies of documents in support of this claim, such as 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.
- 6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.
- 7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.
- 8. To receive an acknowledgment of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

THIS SPACE IS FOR COURT USE ONLY

**C. CERTIFICATION**

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date: 7-5-98 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):  
Anne Fuller - Credit Supervisor

32  
K