

(A)

PLEASE ACKNOWLEDGE CLAIM

United States Bankruptcy Court
Middle District of ID
Boise Division

PROOF OF CLAIM
Chapter 7 6/25/98

U.S. DISTRICT COURT
DISTRICT OF IDAHO
FILED AT _____ M

In re (Name of Debtor)
Community Home Health, Inc.

Case Number
98-02141

FEB - 1 1999

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor
(The person or entity to whom the debtor owes money or property)
KMVT-TV (#3355)
Name and Addresses Where Notices Should be Sent
c/o Szabo Associates, Inc.
3355 Lenox Road, 9th Floor
Atlanta, Georgia 30326
Telephone No. 404/266-2464

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.

By _____ Deputy

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
223869-01

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 compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED:
6/8-6/14/98

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 \$ _____
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 \$ 380.00
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 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 the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ 380.00 (Unsecured) \$ (Secured) \$ (Priority) \$ 380.00 (Total)

\$ 380.00 (Total)

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.
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.

THIS SPACE IS FOR COURT USE ONLY

Date
1/2/99

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)
Szabo Associates, Inc., Agent
By _____
Marilyn Zimmerman

231/K