FORM B10 (3/98)

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 IF FOR COURT USE ONLY

UNITED STATES COURTS
DISTRICT OF IDAHO

JUL 10 1998

LODGED ____ M. RECD ____ FILED

Name of Debtor: COMMUNITY HOME HEALTH INC

Case Number: 98-02141

Chapter: **Trustee:**

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):

Tina M. Peer 208/536-2550
247 N Hagerman St.
Wendell, ID 83355

☐ 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: 540-92-4150
☒ Unpaid Compensation for services performed from 060198 (date) to 062598 (date)

2. Date debt was incurred: 06-25-98

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 $ 2503.20

SPECIFY PRIORITY OF CLAIM:
☒ Wages, Salaries, or commissions (up to $4000)* earned within 90 days before filing of the bankruptcy petition or cessation or 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 $ 2503.20 SECURED $ _____

PRIORITY $ 2503.20 **TOTAL** $ 2503.20

☐ 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: July 7, 1998

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)

Tina Peer RN,C/RCSC
(Regional Clinical Services Coordinator)

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

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