

PROOF OF CLAIM

United States Bankruptcy Court
District of Idaho

PROOF OF CLAIM

Chapter

(please check appropriate box):
7 11 12 13

THIS SPACE FOR COURT
USE ONLY

Instructions: Complete this form and mail to:
US Bankruptcy Court, 550 West Fort St. MSC 042,
Boise, ID 83724

Proof of Claim Form and
Supporting Documents are to be
filed in **DUPLICATE** on Chapter 12
and 13 cases.

UNITED STATES COURTS
DISTRICT OF IDAHO

JUL 8 - 1998

In Re: (NAME OF DEBTOR) Community Home Health

CASE NUMBER: 98-021-41

M. REC'D

NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to
whom the debtor owes money or property):

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 11 USC §503.

LODGED _____ FILED lu

Patrick J. Zak, P.T.
Pro-Active Physical Therapy
P.O. Box 2041
MCCALL, ID 83638

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES
DEBTOR Community Home Health

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 Assignment
 Retiree Benefits as defined in 11 U.S.C. §1114(a)
 Wages, salaries and compensation: Social Security #: 378645292

Unpaid compensation for services performed from 6/1/98 to 6/25/98
DATE DATE

2. DATE DEBT OCCURRED: 6/1/98 - 6/25/98

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:

a. Secured b. Unsecured Nonpriority c. Unsecured Priority

It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS 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 was filed included in secured claim above, if any:
\$ _____

UNSECURED PRIORITY CLAIM: \$ 1,237.00

SPECIFY THE PRIORITY OF THE CLAIM:

Wages, salaries, or commissions (up to \$4000, earned not more than 90 days before the filing of the
bankruptcy petition or cessation of the debtor's business, whichever is earlier) 11 USC § 507(a)(3).

Contributions to an employee benefit plan - 11 USC § 507(a)(4).

Up to \$1800 of deposits toward purchase, lease, or rental of property or services for personal,
family, or household use - 11 USC § 507(a)(6).

Taxes or penalties of governmental units - 11 USC § 507(a)(7).

Other - Specify applicable paragraph of 11 USC § 507(a) _____

UNSECURED CLAIM: \$ _____

A claim is unsecured if there is not 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 the claim.

5. TOTAL AMOUNT OF CLAIM AT THE TIME THE CASE WAS FILED:

UNSECURED: \$ _____ SECURED: \$ _____ PRIORITY: \$ 1,237.00 TOTAL \$ 1,237.00

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

6. CREDITS AND OFFSETS: 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 the debtor.

THIS SPACE FOR COURT USE ONLY

7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS, such as promissory notes, purchase orders, invoices,
assignments, deficiency documents, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not
available, explain. If the documents are voluminous, attach a summary.

DATE:
7/6/98

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).

Pat J Zak
Patrick J Zak

TELEPHONE NO: (208) 634-8517

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