

**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  
**UNITED STATES COURTS  
DISTRICT OF IDAHO**

<b>Name of Debtor:</b> COMMUNITY HOME HEALTH INC	<b>Case Number:</b> 98-02141
<b>Chapter:</b> Proof of claim form and all supporting documents must be filed in <b>DUPLICATE</b> on Chapter 12 and 13 cases	<b>Trustee:</b>

AUG 11 1998

M. REC'D  
LODGED \_\_\_\_\_ FILED *[Signature]*

**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):**  
*Laurie Burnell*

- 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: 519-74-0719  
 Unpaid Compensation for services performed from JUNE 1, 1998 (date) to JUNE 25, 1998 (date)

**2. Date debt was incurred:**

**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 \$ 1105.93

**6. TOTAL AMOUNT OF CLAIM AT TIME CASE WAS FILED**  
 UNSECURED \$ \_\_\_\_\_ SECURED \$ \_\_\_\_\_

- 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)( )

PRIORITY \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_  
 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.

\*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.

**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**  
08/03/98

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)  
*Laurie Burnell RN LAURIE BURNELL RN.*

**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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