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**FORM 10. PROOF OF CLAIM**

U.S. COURTS  
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<b>United States Bankruptcy Court</b> IDAHO-BOISE		<b>PROOF OF CLAIM</b>
In re (Name of Debtor) JONES, LEROY - 218-76-8898 JONES, TERRI - - -		Case Number 98-02822
NOTE: This form should 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 <i>(The person of entity to whom the debtor owes money or property)</i> Real Time Resolutions, Inc		<input type="checkbox"/> 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.  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and Address Where Notices Should Be Sent  Real Time Resolutions, Inc 1750 Regal Row, Suite 120 Dallas, TX 75235		
Telephone No. (214)599-6366		

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ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 22416	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: 12/28/98 <input checked="" type="checkbox"/> amends
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**1. BASIS FOR CLAIM**

<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)
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<b>2. DATE DEBT WAS INCURRED</b> 11/15/96	<b>3. IF COURT JUDGMENT, DATE OBTAINED:</b>
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**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.

<input type="checkbox"/> <b>SECURED CLAIM \$</b> _____ Attach evidence of perfection of security interest Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____	<input type="checkbox"/> 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> 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) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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**UNSECURED NONPRIORITY CLAIM \$** 20,046.53  
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 the claim.

**UNSECURED PRIORITY CLAIM \$** \_\_\_\_\_  
Specify the priority of the claim.

<b>5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:</b>	\$ <u>20,046.53</u> (Unsecured)	\$ <u>0</u> (Secured)	\$ <u>0</u> (Priority)	\$ <u>20,046.53</u> (Total)
<input checked="" type="checkbox"/> Check this box if claim includes 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.

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Date 11/06/2001	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) <i>Terre Allman</i> Terre Allman
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FPF LOAN# 22416

PROOF OF CLAIM EXHIBIT

Unpaid Principal Balance		\$	20,046.53
Accrued Interest from			
Contract Rate of Interest	14.750%		
Foreclosure Fees		\$	-
Previous Bankruptcy Fees		\$	-
Late Charges			
Miscellaneous Fees		\$	-
Escrow Advance		\$	-
Less Funds in Partial		\$	-
<b>Total Claim</b>		<b>\$</b>	<b>20,046.53</b>

Date: 11/6/01