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**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)**

PROOF OF CLAIM

Name of Debtor
Dale Blush
Leona Blush

Case Number
99-01784

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 U.S.C. §503



Name of Creditor (The person or other entity to whom the debtor owes money or property):
Action Collection Service
Name and Address where notices should be sent:

Action Collection Service
P.O. Box 5425
Boise, ID 83705

- 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.



THIS SPACE IS FOR COURT USE ONLY

Telephone Number: 208-345-1750

Account or other number by which creditor identifies debtor:
1601805

Check here if replaces this claim amends a previously filed claim, dated _____

- 1. Basis for Claim**
- Goods sold
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other _____

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Your SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred: 3/98

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 509.18

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.
 Check this 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 case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Wages, salaries, or commissions (up to \$4,300),* 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 \$ 1,950* 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 4/1/01 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.

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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, 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.

U.S. DISTRICT COURT
U.S. BANKRUPTCY COURT
DISTRICT OF IDAHO
OCT 20 1999
M. RECD
FILED
(9)

Date
10/18/99

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):
[Signature]

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.
Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

UNITED STATES BANKRUPTCY COURT
District of Idaho (Boise)

Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on 7/13/99.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. **NOTE:** The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations.

Debtor(s) (name(s) and address): Dale Blush 5601 Marvin Ln #127D Boise, ID 83705	Leona Blush 5601 Marvin Ln #127D Boise, ID 83705- USA
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11/01/2005
1151398 NCM

Case Number: 99-01784	Social Security/Taxpayer ID Nos.: 518-46-5574 541-48-9148
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Attorney for Debtor(s) (name and address): Harold Q Noack, Jr POB 875 Boise, ID 83701 Telephone number: (208) 336-2480	Bankruptcy Trustee (name and address): Bernie R Rakozy POB 1738 Boise, ID 83701 Telephone number: (208) 343-4476
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Meeting of Creditors:

Date: **08/06/99** Time: **8:00 am**
 Location: **Office of U.S. Trustee, 8th and Bannock 3rd Fl #333, Boise, ID 83702**

Deadlines:

Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Proof of Claim:

For all creditors (except a governmental unit): 11/04/99 For a governmental unit: 01/10/00

Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

Filing of Plan, Hearing on Confirmation of Plan

The debtor has not filed a plan as of this date. You will be sent separate notice of the hearing on confirmation of the plan.

Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

Address of the Bankruptcy Clerk's Office: US Bankruptcy Court 550 West Fort MSC 042 Computerized Case Info (208) 334-9386 Boise, ID 83724 Telephone number: Computerized Case information: (208) 334-9386/Web Site: www.id.uscourts.gov	For the Court: Clerk of the Bankruptcy Court: Cameron Burke Date: 07/14/99
Hours Open: 8:00 a.m. to 5:00 p.m.	

384909

BLANKET ASSIGNMENT

FOR VALUE RECEIVED AND TO BE RECEIVED I

Monique Millington
hereby assign to Action Collection Service, Inc. any and all
accounts of St. Alphonsus Radiology Group,
which are now or hereafter tendered to said Action Collection
Service, Inc. as listed accounts on Action Collection
Service's account listing form or as listed accounts on any
account listing form employed by this business or for which
other account evidence is tendered to Action Collection
Service Inc., subject to the following terms and conditions:

1. Said assignments is for purposes of collection.
2. Action Collection Service, Inc. is entitled to retain an agreed upon percentage of the principal sum collected.
3. Action Collection Service Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATE 2/28/96

By: [Signature]

BLANKET ASSIGNMENT

FOR VALUE RECEIVED AND TO BE RECEIVED I

Michael Browning

hereby assign to Action Collection Service, Inc. any and all accounts of _____

Egyptian Express

which are now or hereafter tendered to said Action Collection Service, Inc. as listed accounts on Action Collection Service's account listing form or as listed accounts on any account listing form employed by this business or for which other account evidence is tendered to Action Collection Service, Inc., Subject to the following terms and conditions:

1. Said assignments is for purposes of collections
2. Action Collection Service, Inc. is entitled to retain an agreed upon percentage of the principal sum collected.
3. Action Collection Service, Inc., is authorized to bring suit, file claims in bankruptcy proceedings, compromise or adjust, and take other reasonable steps in its efforts to collect these accounts.

DATE Feb 9, '98

By: _____



eyemart EXPRESS

EYEMART EXPRESS #43
 291 NORTH MILWAUKEE, WA-3
 BOISE, IDAHO 83704 (208) 378-9944
 WE APPRECIATE YOUR BUSINESS!

TAX ID # 61-1178530

1152635

DATE	DIAGNOSIS	LOC	PROCEDURE	DESCRIPTION	INSURANCE	PATIENT
03/26/98				FRAMES	0.00	39.95
03/26/98				0866-1100128 DB 11 GOLD 57	0.00	97.00
03/26/98				LENSES	0.00	6.85
				FLUSH, DALE JS	0.00	
				SALES TAX		
TODAY'S CHARGES					0.00	143.80
PREVIOUS BALANCE					0.00	0.00
PAID TODAY					0.00	0.00
AMOUNT DUE					0.00	143.80

PAYMENT ARRANGEMENTS:

I HAVE BEEN INFORMED OF THE IMPACT
 RESISTANCE OF POLYCARBONATE LENSES.
 SIGNATURE:

1 YEAR FRAME WARRANTY

NEXT APPOINTMENT:

Cash Sales

TICKET: 52375

1	03/26/98
ACCOUNT NUMBER	DATE

14625-4222

STATEMENT OF CHARGES



eyemart EXPRESS

EYEMART EXPRESS #43
 291 NORTH MILWAUKEE, WA-3
 BOISE, IDAHO 83704 (208) 378-9900
 WE APPRECIATE YOUR BUSINESS!

TAX ID # 61-1178530

DATE	DIAGNOSIS	LOC	PROCEDURE	DESCRIPTION	INSURANCE	PATIENT
04/22/98				PAYMENT RECEIVED - PERSONAL CHECK - THANK YOU	0.00	98.88CR
				FLUSH, 3 INS PROT DL SHIELDS		
TODAY'S CHARGES					0.00	0.00
PREVIOUS BALANCE					0.00	143.88
PAID TODAY					0.00	98.88CR
AMOUNT DUE					0.00	53.88

PAYMENT ARRANGEMENTS:

I HAVE BEEN INFORMED OF THE IMPACT
 RESISTANCE OF POLYCARBONATE LENSES.
 SIGNATURE:

1 YEAR FRAME WARRANTY

NEXT APPOINTMENT:

Cash Sales

TICKET: 52375

1	04/22/98
ACCOUNT NUMBER	DATE

STATEMENT OF CHARGES

DATE: 4-25-98

NAME: Dale, Blush

DOB 09/26/42

ADDRESS: 1780 E. Overland Rd.

CITY, STATE, ZIP: Meridian, Id. 83642

(208) 884-2544

Dear Dale,

We have received payment from your vision insurance plan in the amount of 90.00. This leaves a balance of 53.80 due from you. Please stop by our office with your payment, or mail it to:

EYEMART EXPRESS
291 N. Milwaukee, Suite A-3
Boise, Idaho 83704

Thank you in advance for your attention to this matter.

Sincerely,

Joseph Schinse
JS.

Joseph Schinse
Store Manager

acct # 52375

5-14-98

NAME Dale Blush
ADDRESS 1780 E. Overland Rd.
CITY STATE ZIP Meridian, ID
83642

Dear Dale,

About a month ago we notified you of an outstanding balance of 5380 on your account. As of yet we have not received your payment. Please stop by our office with your payment or mail it to:

EYEMART EXPRESS
291 N. Milwaukee, Suite A-3
Boise, Idaho 83704

Thank you for your prompt attention to this matter.

Sincerely,

Joseph Schinse
J.S.

Joseph Schinse
Store Manager

acct # 52375

DATE: 6.23.98

NAME: Blush, Dale

ADDRESS: 1780 E Overland rd.

CITY, STATE, ZIP: Meridian ID 83642

Dear Dale

Your account is past due. It has been at least 60 days since we first notified you of your vision insurance payment and the balance remaining on your account. Failure to make payment in full, or to arrange a payment schedule by the end of the month, will result in your account being turned over for collections.

Please make every effort to pay the balance due and avoid the collection process.

Thank you for your immediate attention to this matter.

EYEMART EXPRESS

291 N. Milwaukee, Suite A-3

Boise, Idaho 83704

Sincerely,

Joseph Schinse
JS

Joseph Schinse
Store Manager

Acct: 52375

Bal
53.90.

ASSIGNMENT

I, ADA COUNTY PARAMEDICS, hereby assign the attached
account of _____ for the sum of
\$ _____ plus 12% interest to ACTION COLLECTION
for collection purposes with full authority to bring suit,
compromise or adjust.

DATE: 5-31-89

Ada County Paramedics
BUSINESS

Jan Lashley
BY- Administrative As

Customer Name: BLUSH, DALE
Customer Addr: 1780 E OVERLAND SP 4

Guarantor Name: BLUSH, DALE
Guarantor Addr: 1780 E OVERLAND SP 4

City/St/Zip : MERIDIAN, ID 83642
Phone : (208) 884-2544
SSN : 518-46-5574
DOB : 09/26/1942

City/St/Zip : MERIDIAN, ID 83642
Phone : (208) 884-2544
SSN : 518-46-5574
DOB : 09/26/1942

Coverage	ID Number	Group Number
BLUE SHIELD OF IDAHO	XNA370509	

Employer Name : WALMART
Employer Addr :

City/St/Zip :
Employer Phone:

Handwritten:
1644545

Run Number: 5481 Date of Service: 06/04/1998 Total Charges:\$ 556.50
Schedule: COLLECTION ACCO Event: PENDING CO Group Assigned:

Payment History (Credits)	Posted Date	Receipt Number	Credit Amount
Credit Description			
PAYMENT-BLUE SHIELD	08/11/98		\$ 445.20

Total Credits	\$ 445.20
Balance Due	\$ 111.30

Patient Comments: WIFE LEONA 541489148

Billing Notes:

11/27/1998 * CLLD RA # TT/MAN SD HAD # FOR ABOUT 3 DAYS;CKED W/DA NO LI
EMTURNKL STING;CKED DMV ONLY OLD REG, NOTHING CURRENT FOR MR OR MRS