

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO

U.S. COURTS

99 JUL 30 PM 1:41

In Re:)	Chapter 13
)	
DALE/LEONA BLUSH)	Case Number 99 01784
5601 MARVIN LN #127D)	
BOISE, ID 83705)	
)	OBJECTION TO CLAIM
Debtor(s))	AND NOTICE
-----)	

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CAMILA S. BURKE
CLERK
IDAHO

TO: MERCY HOSPITAL
1512 12TH AVE RD
NAMPA ID 83686

NOTICE

YOU ARE HEREBY NOTIFIED that the trustee has objected to the allowance of your Claim No. 003 filed on the 27th day of July, 1999.

YOU ARE HEREBY NOTIFIED that if you wish to contest the trustee's objection to your claim, a written reply to the objection must be filed within fifteen (15) days from the date this objection is mailed. File the original (1) with the U.S. Bankruptcy Court, 550 West Fort St., MSC 042, Boise, Idaho, 83724; and (2) a copy with the Trustee.

YOU ARE FURTHER NOTIFIED that if the objection is a matter which can be corrected by filing an amended claim, you may do so prior to the expiration of the fifteen (15) days period. Failure to file a written reply will result in the Trustee requesting that the Court enter an Order disallowing the claim to the extent objected to.

OBJECTION

() Proof of claim is alleged to be based on a writing; no supporting documents attached to proof of claim; claim should be disallowed for distribution.

() Claimant not entitled to post-petition interest; claim should be disallowed in the amount of \$_____.

() No signature on claim and should be disallowed for distribution.

() Claimant not entitled to priority under 11 USC 507; claim should be allowed as unsecured.

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() Claim is a duplicate of Claim No.____ and should not be allowed for distribution.

() Claim exceeds the amount entitled to priority under 11 USC 507; \$_____ should be allowed as unsecured, balance allowed as priority.

() No evidence provided to show assignment of claim and should be disallowed for distribution.

() Supporting documents attached to claim do not show perfected security interest; claim should be allowed as unsecured.

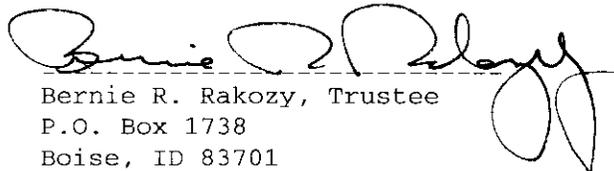
() Amount of secured claim exceeds the amount allowed in the confirmed Chapter 13 plan; difference of \$_____ should be allowed as unsecured with balance to be allowed as secured.

() Proof of claim was not timely filed; last day to file claim was 11-04-99; claim should be disallowed.

() There is no class designation as to priority, secured or unsecured. Claim should be disallowed.

Other

There is no dollar amount listed on the proof of claim.



Bernie R. Rakozy, Trustee
P.O. Box 1738
Boise, ID 83701
(208) 343-4474 or (208)343-4476

CERTIFICATE

The undersigned hereby certifies that a copy of the document on which this appears was mailed this date to the named creditor at the address shown and that the same was deposited in the regular U.S. Post Office in the city of Boise, ID.

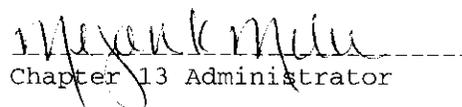
DATED: 07-29-99

cc:

MERCY HOSPITAL
1512 12TH AVE RD
NAMPA ID 83686

HAROLD NOACK, ATTORNEY
P.O. BOX 875

BOISE, ID 83701



Chapter 13 Administrator