

UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO PROOF OF CLAIM

Name of Debtor ULRICH-SMITH, MARY A

Case Number 99-00480

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): FDS National Bank - Bon Marche

- 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
US COURTS
APR 23 PM 1:13
CLERK BURKE IDAHO

Name and address where notices should be sent: WALLACE AND DEMAYO, P.C. PO BOX 6700 NORCROSS, GA 30091
Telephone number: (770) 446-9996

Account or other number by which creditor identifies debtor: 6500049955230

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

- 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)

2. Date debt was incurred: 10/20/88

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 555.53
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 government units - 11 U.S.C. § 507 (a)(8).
Other - Specify applicable paragraphs of 11 U.S.C. § 507 (a) (—).
*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, 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.

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10

Date 04/22/99

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): Stacy Seun