

United States Bankruptcy Court

CHAPTER 13

PROOF OF CLAIM

DISTRICT OF ID

Name of Debtor  
**DAYLE DAWSON**

Case Number  
**0041381**

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 entity to whom the debtor owes money or property):  
**OSI FUNDING, L.L.C.**

Name and address where notices should be sent:  
**OSI Portfolio Services  
Bankruptcy Department  
P.O. Box 105460  
Atlanta, GA 30348-5460**

Telephone Number:  
**800-619-3419**

- 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.

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U.S. COURT  
 2000 OCT 23 PM 4:15  
 CLERK, INASD

Account or other number by which creditor identifies debtor:  
**3723562687**

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
  - Other

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

**2. Date debt was incurred: 10/28/81**

**3. If court judgement, date obtained:**

**4. Total Amount of Claim at Time Case Filed: \$4,379.38**

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.

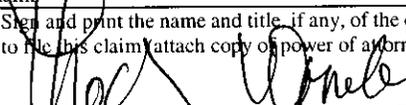
**5. Secured Claim**  
 Check this box if your claim is secured by collateral (including a right of setoff)  
  
Brief Description of Collateral:  
 Real Estate  
 Motor Vehicle  
 Other \_\_\_\_\_  
  
Value of Collateral: \$ \_\_\_\_\_  
  
Amount of arrearage and other charges at time case filed included 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 employee benefit plan - 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)(\_\_\_\_).

**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 judgements, 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 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  
**10/16/00**

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)  
  
**Bankruptcy Analyst**

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