

UNITED STATES BANKRUPTCY COURT DISTRICT OF IDAHO (TWIN FALLS)		PROOF OF CLAIM
Name of Debtor Dayle A Dawson Eva H Dawson	Case Number 00-41381 <i>13</i>	  THIS SPACE IS FOR COURT USE ONLY
<p>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. §903.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Anderson Lumber Name and Address where notices should be sent: Anderson Lumber 960 Eastland Dr. P.O. Box 168 Twin Falls ID 83303 Telephone Number: <i>208-733-2910</i>	<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.	
Account or other number by which creditor identifies debtor: <i>252829</i>	Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____	<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 SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <i>MARCH - JULY, 1999</i>	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> 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.		\$ <i>501.79</i>
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> 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). <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 owed to 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 4/1/01 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. 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.		THIS SPACE IS FOR COURT USE ONLY
Date <i>10-16-00</i>	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>Anderson Lumber Co by Ann Dennis, Credit Manager</i>	THIS SPACE IS FOR COURT USE ONLY 00 OCT 18 AM 11:12 110 COURT
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.

ANDERSON LUMBER - TWIN FALLS
 960 EASTLAND DRIVE
 P.O. BOX 168
 TWIN FALLS, ID. 83303 733-2910

STATEMENT

EVA H DANSON
 182 E 420 S
 JEROME, ID 83338

182 E 420 S
 JEROME, ID

ST: 1 (ALL) ACCT NUM: 252829.001 0 DATE 07/11/00

ACCOUNT SUMMARY

BEGINNING OF MONTH BALANCE 501.79
 ENDING BALANCE 501.79

ST: 1 OPEN INVOICES

		NUMBER	DATE	DUE	AMOUNT	BALANCE
1	INVOICE	2283627	03/15/99	04/10/99	343.22	247.43
1	INVOICE	2286107	03/26/99	04/10/99	155.09	155.09
1	F-CHG	2294078	04/29/99	04/29/99	8.72	1.33
1	F-CHG	2301651	05/29/99	05/29/99	7.90	7.90
1	F-CHG	2308928	06/29/99	06/29/99	7.90	7.90
1	INVOICE	2310513	07/05/99	08/10/99	33.81	33.81
1	F-CHG	2316350	07/29/99	07/29/99	7.90	7.90
1	F-CHG	2323646	08/29/99	08/29/99	8.49	8.49
1	F-CHG	2330813	09/29/99	09/29/99	8.46	8.46
1	F-CHG	2337902	10/28/99	10/28/99	7.76	7.76
1	F-CHG	2344732	11/28/99	11/28/99	7.76	7.76
1	F-CHG	2351840	01/01/00	01/01/00	7.76	7.76

CURRENT : .00 1-30 : .00 Balance Due
 31-60 : .00 61-90 : .00
 OVER 90 : 436.33 F-CHG : 65.46 501.79

YOUR ACCOUNT IS NOW ON CREDIT HOLD! A NEGATIVE
 CREDIT REPORT MAY BE SUBMITTED TO A CREDIT REPORTING
 AGENCY IF YOU FAIL TO FULFILL YOUR OBLIGATIONS.