

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

PROOF OF CLAIM

Name of Debtor
Luke Alan Larsen
Allison Adele Helton-Larsen

Case Number
99-02605

BL

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):
Credit Data Idaho, Inc.
Name and Address where notices should be sent:
Credit Data Idaho, Inc.
P.O. Box 4068
Boise, ID 83711-4068

- 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:

Account or other number by which creditor identifies debtor:

406026

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:

10/97 - 3/98

3. If court judgment, date obtained:

None + Int

4. Total Amount of Claim at Time Case Filed:

\$ *241.12 + 107.00 = 348.12*

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)(__).

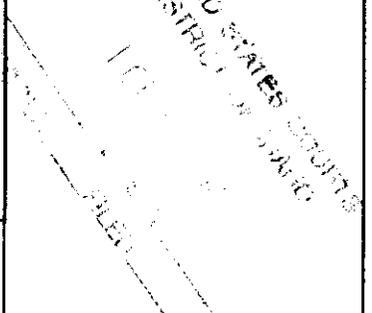
*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

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
2-8-00

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):

Howard J. ...

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.

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

BOISE RADIOLOGY GROUP, P.A.
PO BOX 44630
BOISE ID 83711

BKD
337

REQUEST FOR ASSIGNMENT

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in this action. We have your account records currently on file there is no need for your to provide us with a statement.

We also would like to take this opportunity to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original document. We appreciate your prompt attention to this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: LUKE A LARSEN
Our Acct # : 422702
Your Acct #: 119011
List Date : 02/18/99
Serv. Date : 10/08/97
BALANCE : 214.20

Debtor Address:
4202 N CHRISTINE
BOISE, ID 83704

ASSIGNMENT

For value received, and for the purpose of collection, BOISE RADIOLOGY GROUP hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against LUKE A LARSEN in the sum of \$214.20, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 12/15/99

BOISE RADIOLOGY GROUP, P.A.

Dee Jussis
AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 02102000, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

Account : 119011

D.O.B. : 09/29/1971

LARSEN, LUKE A
4202 N CHRISTINE

Accnt Date : 10/08/97
DOL Visit : 10/10/97
Bill Type : 32
Ref Dr : 99 THOMAS P GOODELL
Doctor : 4 CHARLES A CARRASCO, MD
Last Diags : (1) 724.02

27yr Sex : M
Status : L
Marital :
Race :

BOISE ID 83704
Home: (208) 327-0181
Work:
Empl: SELF EMPLOYED

Soc Sec # : 518-92-9720
Patient ID : 000351027
Patient ID2:

Discount : 0 % Class:
Budget Pmt : 0.00 WF ID:
Collection : 0 days Priority : 0

Balance :	0.00	Dt Last Pay :	12/10/97	Amt Last Pay :	210.00
Balance Fwd:	214.20	Dt Last Stmt :	12/28/98	Amt Last Stmt:	214.20
Pat Due Bal:	0.00	Last Hist Bal:	0.00	YTD Charges :	-210.00
Unappl Cred:	0.00				

10-8-97

02/01/99

PATIENT FINANCIAL HISTORY BY DT SERVICE
 BOISE RADIOLOGY GROUP, P.A.
 Accounts 119011 - 119011 All Dates

Acct	Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		
119011			LARSEN, LUKE						0.00		
	10/08/97	0	LARSEN, LUKE	4	72148		724.02	1.00	210.00		
	12/10/97		Check Payment	95414					-210.00		
	11/11/98		Refund (1)	Insurance	Take Back	10/08/97			210.00		
	11/30/98	0	LARSEN, LUKE	4	INTEREST		INTEREST	1.00	2.10		
	12/28/98	0	LARSEN, LUKE	4	INTEREST		INTEREST	1.00	2.10		
	01/21/99		Adjustment (13)		Bad Debt Write-off	01/21/99			-2.10		
	01/21/99		Adjustment (13)		Bad Debt Write-off	01/21/99			-2.10		
	01/21/99		Adjustment (13)		Bad Debt Write-off	01/21/99			-210.00		
TOTALS FOR ACCOUNT 119011				PAYMENTS :	210.00	ADJUSTS :	214.20	CHRGES :	214.20	3.00	0.00
				REFUNDS:	-210.00						
					0.00		214.20		214.20		0.00

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

208.322.3000 EXT. 3111
208.467.7443 EXT. 3111
TOLL FREE 800.723.3223 EXT. 3111
FAX 208.322.3013

CALL JEWELERS
ATTN: CINDY
753 N MEADOWLAND DRIVE
BOISE ID 83713

BKD
336

REQUEST FOR ASSIGNMENT AND ITEMIZED STATEMENT

A CHAPTER THIRTEEN (13) BANKRUPTCY HAS BEEN FILED BY THE DEBTOR. We are required by law to provide an itemized statement to file the proof of claim in this action. This itemized statement is essential for us to file the correct papers, so you are properly represented.

We also would like to take this opportunity to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original with an itemized statement. We appreciate your prompt attention to this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: ALLISON A HELTON-LARSEN & LUKE LARSEN
Our Acct # : 408885
Your Acct #: 1526136
List Date : 11/11/98
Serv. Date : 02/05/98
BALANCE : 342.67

Debtor Address:
4202 CHRISTINE ST
BOISE, ID 83704

ASSIGNMENT

For value received, and for the purpose of collection, CALL JEWELERS hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against ALLISON A HELTON-LARSEN in the sum of \$342.67, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 12-9-99

CALL JEWELERS

Cindy Williams
AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 02102000, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

LOCATIONS
 BOISE - NAMPÁ - PHOENIX
 MESA - TUCSON - YUMA
 SIERRA VISTA - GLENDALE
 PRESCOTT

Call Jewelers

P. O. BOX 26610 - PHOENIX, AZ 85068-0610



Assoc: 0785

CALL JEWELERS TOWNS SQUARE
 CHARGE SALE

POS# 0202415901

Sold To: ~~Alison~~ LARSEN
 BOISE ID 83704

Account Number 1526136
 Approved by _____
 Status Add on

Item Number	Description	Qty	Unit Price	Extended
321-0451-0521-1-4	Karat Gold Chain	1	295.00	295.00

***** YOU ARE SOMEBODY SPECIAL AT CALL'S *****
 WE OFFER YOU A 30 DAY MONEY BACK GUARANTEE ON DIAMOND PURCHASES **
 ** EXCLUDES SPECIAL ORDERS, CUSTOM MADE PIECES, & MAJOR ALTERATIONS **
 WE DO CHARGE FOR RING SIZING ON RINGS PURCHASED FOR LESS THAN \$99.00

Remarks: Slsprn 295.00
 0705 Tax 14.75
 Total 309.75
 Charge to Account 309.75

IMPORTANT: REVOLVING SECURITY AGREEMENT: SEE REVERSE SIDE OF THIS AGREEMENT BEFORE SIGNING BELOW.

TERMS ON THE REVERSE SIDE OF THIS AGREEMENT BUYER AGREES TO
 EXCEPT AS NOTED ABOVE AND HEREBY ACKNOWLEDGES RECEIPT OF
 A COPY OF THIS AGREEMENT.

Buyers Signature _____
 Buyers Signature _____

[Handwritten Signature]

All Signatories are Co-Purchasers

STORE COPY

2/95

CREDIT DATA IDAHO, INC.
P.O. BOX 4068
BOISE ID 83711-4068

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We also would like to take this opportunity to have you sign the assignment attached below. This document is required if we are to represent you in this proceeding.

Please sign the assignment and return this original document. We appreciate your prompt attention to this matter.

Bankruptcy Desk
Clerical Department

Debtor Name: ALLISON HELTON-LARSEN
Our Acct # : 422851
Your Acct #: 111028
List Date : 02/19/99
Serv. Date : 03/26/98
BALANCE : 284.25

Debtor Address:
4202 CHRISTINE ST
BOISE, ID 83704-3439

ASSIGNMENT

For value received, and for the purpose of collection, BOISE RADIOLOGY GROUP hereby assigns and transfers to CREDIT DATA IDAHO, INC. all of our rights, title, and interest in and to OUR/MY claim against ALLISON HELTON-LARSEN in the sum of \$284.25, and we hereby authorize and direct you as the assigned to act in OUR/MY behalf.

Date: 12/15/99

BOISE RADIOLOGY GROUP, P.A.

See Seaweed
AUTHORIZED SIGNATURE

*****Please Rush, Deadline to file a proof of claim is 02102000, Thank you for your prompt attention to this matter. If you have any questions please contact me at (208) 327-3111.*****

01/06/99

PATIENT FINANCIAL HISTORY BY DT SERVICE
 BOISE RADIOLOGY GROUP, P.A.
 Accounts 111028 - 111028 All Dates

Page 1

Acct Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount		
111028		HELTON LARSEN, ALLISON		Previous Balance :				0.00		
05/30/97	0	HELTON LARSEN, ALLISON	21	76700		ABDOMEN ULTRASOUND	1.00	133.40		
07/22/97		Check Payment 84693				Ins #85		-112.00		
07/22/97		Adjustment (7)				Blue Cross Adjust		-21.40		
09/10/97	0	HELTON LARSEN, ALLISON	3	78553		HEAD MRI WD/W CONT	1.00	294.00		
10/08/97		Check Payment 98463				Ins #85		-248.00		
10/08/97		Adjustment (7) 98463				Blue Cross Adjust		-46.00		
03/26/98	0	HELTON LARSEN, ALLISON	5	76830		TRANSVAGINAL PELVIC	1.00	137.30		
03/26/98	0	HELTON LARSEN, ALLISON	5	76700		ABDOMEN ULTRASOUND	1.00	133.40		
06/11/98	0	HELTON LARSEN, ALLISON	7	INTEREST		Finance Charge	1.00	2.71		
07/19/98	0	HELTON LARSEN, ALLISON	7	INTEREST		Finance Charge	1.00	2.71		
08/14/98	0	HELTON LARSEN, ALLISON	7	INTEREST		Finance Charge	1.00	2.71		
09/16/98	0	HELTON LARSEN, ALLISON	7	INTEREST		Finance Charge	1.00	2.71		
10/24/98	0	HELTON LARSEN, ALLISON	7	INTEREST		Finance Charge	1.00	2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-2.71		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-133.40		
12/14/98		Adjustment (13)			12/14/98	Bad Debt Write-off		-137.30		
TOTALS FOR ACCOUNT 111028			PAYMENTS :	360.00	ADJUSTS :	351.65	CHARGES :	711.65	9.00	0.00
			REFUNDS:	0.00						
			360.00	351.65	711.65	9.00	0.00			