

United States Bankruptcy Court

Central District of ID

In re (Name of Debtor) LUKE LARSEN Social Security No 518-92-9720 Case Number 9902605 Chapter 13

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor Citibank (South Dakota), N.A.

[] Check box if you are aware anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and Address Where Notices Should be Sent Citibank/CHOICE Exception Payment Processing P.O. Box 6305 The Lakes, NV 88901-6305 Telephone No: 800 846 8444 x5-8466

[] Check box if you have never received any notices from the bankruptcy court in this case.

[X] 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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 4271382062752205

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

1. BASIS FOR CLAIM

- [] Goods sold [] Services performed [] Money loaned [] Personal injury/wrongful death [] Taxes

- [] Retiree benefits in 11 U.S.C. 1114(a) [] Wages, salaries and compensations (Fill out below) Your social security number Unpaid compensation for services performed from (date) to (date)

[X] Other (Describe briefly) CREDIT CARD DEBT

2. DATE DEBT WAS INCURRED:

10/06/1999

3. IF COURT JUDGEMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for a part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

- [] SECURED CLAIM Attach evidence of perfection of security interest Brief Description of Collateral [] Real Estate [] Motor Vehicle [] Other (describe briefly)

- [] Wages, salaries, or commissions (up to \$4000), earned not more than 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 \$1,800 of deposits toward purchases, 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)(6) [] Taxes or penalties of governmental units 11 U.S.C. 507(a)(2), (a)(7) [] Other - Specify applicable paragraph of 11 U.S.C. 507(a)(2), (a)(5) *Amounts are subject to adjustment on 4/1/96 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

Amount of arrearage and other charges included in secured claim above, if any \$

[X] UNSECURED NONPRIORITY CLAIM \$6,988.49 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

[] UNSECURED PRIORITY CLAIM Specify the portion of the claim.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:

\$6,988.49 (Unsecured) - 0 - (Secured) - 0 - (Priority) \$6,988.49 (Total)

[] Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.

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7. SUPPORTING DOCUMENTS: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. TIME-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.

Date: 11/23/1999 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)

Gregg Morton, Vice President of Citicorp Credit Services, Inc. under limited power of attorney for Citibank (South Dakota), N.A.

4271382062752205



Citibank/CHOICE

Exception Payment Processing
The Lakes, NV 88901-6305

STATEMENT

Account Holder
 SS#: 518929720
 Name: LARSEN, LUKE A

Bankruptcy Information
 Case#: 9902605
 Court: BOISE
 Chapter: 13
 File Date: 10/07/1999
 341A: 11/12/1999

[Account No.]	
4271382062752205	
New Balance	\$6,988.49
Available Credit	0.00
[ENTER AMOUNT ENCLOSED]	

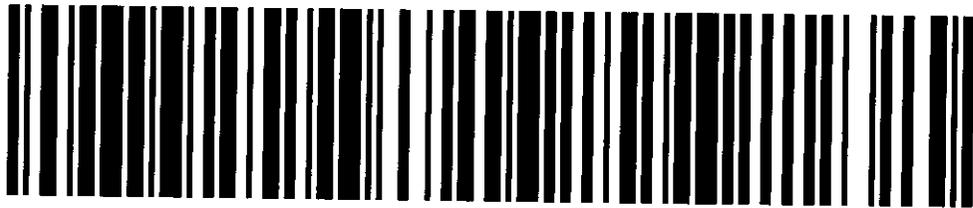
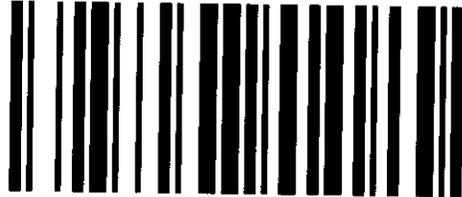
INCLUDE YOUR ACCOUNT NUMBER ON CHECK AND MAKE PAYABLE TO:

Citibank (South Dakota), N.A.

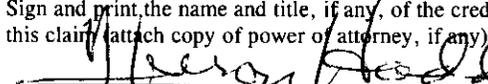
CARDMEMBER NAME	ACCOUNT NUMBER	CREDIT LINE	AVAILABLE CREDIT	STATEMENT DATE
LUKE LARSEN	4271382062752205	\$5,000.00	0.00	11/23/1999

DATE	DESCRIPTION OF TRANSACTION	AMOUNT
	TOTAL:	\$6,988.49

STATEMENT SUMMARY



Seperator Page for Case Number 99-3313
Claim # 1

UNITED STATES BANKRUPTCY COURT <u>IDAHO</u> DISTRICT OF <u>IDAHO</u>		PROOF OF CLAIM
Name of Debtor LYNDON CARROLL REYNOLDS		Case Number 99-03313 -13
<p><small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small></p>		U.S. COURTS 00 JAN -4 PM 1:01
Name of Creditor (The person or entity to whom the debtor owes money or property): Department of the Treasury - Internal Revenue Service	<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.	REC'D _____ FILED _____ CAMERON S. BURKE CLERK IDAHO
Name and addresses where notices should be sent: Internal Revenue Service 550 West Fort St MSC 041 Stop SPF Boise, ID 83724-0041	Telephone number: (208) 334-1360 Creditor #:	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor: see attachment	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" 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 _____ (date) to _____ (date)		
2. Date debt was incurred: see attachment	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>2,435.12</u> 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.		
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 checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>2,335.54</u> Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000),* 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 \$1800* 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 spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input checked="" 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)(____). <small>*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.</small>
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 acknowledgement 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 12/29/1999	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):  _____ (Chief, Special Procedures)	
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.		

Proof of Claim for Internal Revenue Taxes

Form 10
Attachment

Department of the Treasury/Internal Revenue Service

In the Matter of: LYNDON CARROLL REYNOLDS
3261 SPICELAND
BOISE, ID 83704

Docket Number

99-03313

Type of Bankruptcy Case

Chapter 13

Date of Petition

12/16/1999

This claim is not subject to any setoff or counterclaim.

Unsecured Priority Claims under section 507(a)(8) of the Bankruptcy Code

<i>Taxpayer ID Number</i>	<i>Kind of Tax</i>	<i>Tax Period</i>	<i>Date Tax Assessed</i>	<i>Tax Due</i>	<i>Interest to Petition Date</i>
519-74-9337	INCOME	12/31/1998	11/22/1999	\$2,213.00	\$122.54
Total Amount of Unsecured Priority Claims:				\$2,335.54	

Unsecured General Claims

Penalty to date of petition on unsecured priority claims (including interest thereon) \$99.58

Total Amount of Unsecured General Claims: \$99.58