BW

FORM B10 (Official Form 10)(4/98)

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor: CLIKE/ALLISON LARSEN

Case Number: 99-02605

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):
EQUIFAX RISK MANAGEMENT SERVICES/RMA, INC

Name and Address where notices should be sent:
EQUIFAX RISK MANAGEMENT SERVICES/RMA, INC.
P O BOX 4908
BOISE, IDAHO 83711-4908

Telephone Number: 208-375-9640 EXT 239

☐ 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

Account or other number by which creditor identifies debtor: 11926881

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 defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS #: _____ _____ _____
Unpaid compensation for services performed from _____ (date) to _____ (date)

2. Date debt was incurred: 1997-1998

3. If court judgment, date obtained: CV8C99-01691m 5-6-99

4. Total Amount of Claim at Time Case Filed: $ 3470.93
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.

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Date: 1/11/99

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):
RICHARD R. LEMMER, JR. MANAGER, SPECIALIZED COLLECTIONS

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.

COPY

ADA COUNTY RECORDER
J. DAVID NAVARRO
BOISE, IDAHO

1999 MY 13 AM 9:29

RECORDED - REQUEST OF
EQUIFAX FEE 3.00 DEPUTY [signature]

99048372

COPY
NO. _____
FILED
A.M. _____ P.M. _____
MAY 10 1999
J. DAVID NAVARRO, Clerk

HOWELL & VAIL
355 West Myrtle Street, Suite 101
Boise, Idaho 83702
Telephone: (208) 336-3331

Attorney for Plaintiff

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA

EQUIFAX RISK MANAGEMENT SERVICES, a division of EQUIFAX CREDIT INFORMATION SERVICES INC. Plaintiff, vs. LUKE ALAN LARSEN and ALLISON ADELE HELTON LARSEN, husband and wife, Defendant(s).	Case No. CV-OC-99-01691M JUDGMENT

The parties having stipulated before the Court to the terms of judgment and the Court being fully advised in the premises,

IT IS HEREBY ORDERED AND THIS DOES ORDER that the plaintiff have judgment against the defendant in the amount of $1,630.29, including costs and attorney's fees, plus interest at the rate of 10.5% from the date of judgment, subject to the terms of the Stipulation to Judgment.

Dated this 6 day of May, 1999.

STATE OF IDAHO
COUNTY OF ADA
SS
I, J. DAVID NAVARRO, DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF ADA, DO HEREBY CERTIFY THAT THE FOREGOING IS A FULL, TRUE AND CORRECT COPY OF THE ORIGINAL ON FILE IN MY OFFICE.
SEAL THIS 10 May 99
J. DAVID NAVARRO, CLERK
DEPUTY

/s/ A. RICHARD GRANT
JUDGE

JUDGMENT

ACCT/REF#	CLIENT #	CLIENT/ACCOUNT NAME(S)	BAL/PPLN	ASGN/JMT	SC/D	LP/LC-LP
11926881	118MH00780	ST ALPHONSUS RMC	370.54	06-30-98	LBK	08-27-99
9806685747		HELTON LARSEN, ALLISON		CVOC99016	10	04-05-98
11844550	118MH00780	ST ALPHONSUS RMC	18.09	10-02-97	LBK	06-22-97
9705481833		HELTON LARSEN, ALLISON		CVOC99016	10	06-22-97
11921480	118MZ00771	DR MAX A DEAN, MD	527.33	05-27-98	LBK	
		HELTON-LARSEN, ALLISON		CVOC99016	10	01-30-98
11936229	118MZ00771	DR MAX A DEAN, MD	308.05	08-21-98	LBK	
		HELTON LARSEN, ALLISON		CVOC99016	10	04-30-98
11977413	118MD02061	OB-GYN CENTER, P.A.	2180.30	04-02-99	B13	07-28-99
12927-DR#3		HELTON-LARSEN, ALLISON	14066		8	12-02-98

TOT= 5 TOTAL 3404.31

U0P16.67h0T

Plus Costs/Interest 66.62

Claim Amount 3470.93