

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

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):
Boise Anesthetists Group
Name and Address where notices should be sent:

- 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

Boise Anesthetists Group
P.O. Box 5037 Unit 152
Portland, OR 97208

Telephone Number:

Account or other number by which creditor identifies debtor:

Check here if replaces amends a previously filed claim, dated _____
this claim

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:

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 780.00

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.

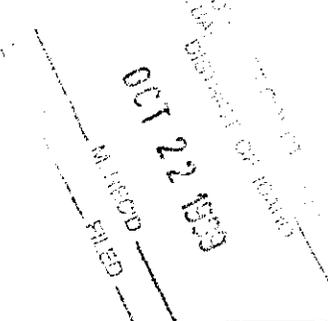
Date

10-20-99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (and if copy of power of attorney, if any):

Deborah A. Steiner, Attorney at Law

THIS SPACE IS FOR COURT USE ONLY



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.

R A N D O M A C C O U N T R E P O R T

10/20/99

ANS.....274 KAREN STOKES, M.D.

| | |
|--|----------------------------|
| PATIENT...LARSEN,ALLISON | RESP. PTY..LARSEN,ALLISON |
| CASE #....900554 | ADDRESS...4202 N CHRISTINE |
| FIN.CLASS..50 HMO CONTRACTS | ADDRESS...BOISE, ID 83704 |
| REF.DR...DRPKR KRUEGER,PHILIP | ADDRESS.... |
| HOSPITAL...85 TREASURE VALLEY HOSPITAL | R.P. PHONE.2086581898 |
| ADMIT DATE.09/18/99 | ONSET DATE. / / |
| BALANCE.... 780.00 | MARITAL ST.MARRIED |
| | SPOUSE....LARSEN,LUKE |
| BIRTH DATE.07/19/73 | SEX/REL...FEMALE/SELF |
| STMT.....***** | NOTES.....***** |
| INSUR #s...600400034 | |

Information on last insurance filing:

Filed to BLUE SHIELD OF IDAHO ECS \$780.00; DOS 09/18/99

BLUE SHIELD OF IDAHO ECS FILED ON 10/08/99

| | |
|---------------------------------|-----------------------------------|
| INSURANCE #1 CODE: B0057 | ID/MEDICARE: 843738 |
| NAME: REGENCE BLUE SHIELD IDAHO | GROUP/POLICY: |
| ADDR: PO BOX 1106 | POE : |
| ADDR: LEWISTON ID 83501 | ADDR: |
| ADDR: | ADDR: |
| SUBS: LARSEN,ALLISON | ASSIGN? N ATTACH? N FILE? Y |
| RELTN: 1 | ----- |

| DATE | DR | CRNA | FAC | PROC # | DESCRIPTION | ALLOWED | AMOUNT |
|----------|-----|------|-----|------------------------------|-------------------------------|---------|--------|
| 09/18/99 | 274 | 274 | IN | 00840-P1 | ANESTH, SURG LOWER ABDOMEN | | 780.00 |
| | | | | (00840-P1:Base=6 + Time=9) X | 52.00 = 780.00) | | |
| | | | | | 02HR,04MINS. FRM 0725 TO 0929 | | |
| | | | | | DX: 617.9 ENDOMETRIOSIS NOS | | |
| | | | | | BALANCE ***** | | 780.00 |