

United States Bankruptcy Court
PROOF OF CLAIM
 Chapter: 13

ID District of **BOISE**
 In re (Name of Debtor)
ALLISON HELTON
ALLISON HELTON

Case Number
99 02605

U.S. DISTRICT COURT
 U.S. BANKRUPTCY COURT
 DISTRICT OF IDAHO
OCT 23 1999
 M. RECD
 FILED
 THIS SPACE IS FOR COURT USE ONLY

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
 (The person or entity to whom the debtor owes money or property)
U. S. BANK

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Name and Address Where Notices SHOULD be Sent
U. S. BANK
P. O. BOX 17143
DENVER, CO 80217
TEL 800-374-4908

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 by the court.

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
4190080867624094

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 (Describe Briefly)

Retiree benefits as described in U.S.C. 1114(a)
 Wages, salaries, and compensations (Fill out below)
 Your social security number:
 Unpaid compensations for services performed
 from (date) to (date)

2. DATE DEBT WAS INCURRED:
09/21/95

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 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

SECURED CLAIM
 Attach evidence of perfection of security agreement
 Brief Description of Collateral:
 Real Estate Motor Vehicle Other (Briefly Describe)
 VIN#:
 Amount of arrearage and other charges include in secured claim above, if any.
 UNSECURED NONPRIORITY
 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
 Specify the priority of the claim.
 Wages, salaries, or commissions - 11 U.S.C. 507(a)(3)
 Contributions to employee plan - U.S.C. 507(a)(4)
 Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -
 Taxes or penalties of government - 11 U.S.C. 507(a)(7)
 Other - 11 U.S.C. 507(a)(2),(a)(5) - (Describe Briefly)

5. TOTAL AMOUNT OF CLAIM
 AT TIME CASE FILED **549.61** (UNSECURED) **0.00** (SECURED) (PRIORITY)
 Check this box if claim includes prepetition charges in addition to the principle amount of the claim. Attach itemized statement

549.61
(TOTAL)

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

THIS SPACE IS FOR COURT USE ONLY
 4

Date
10/21/99

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)

Dan Parmer Bankruptcy Specialist

STMT DATE NEW BALANCE DUE DATE AMT PAST MIN DUE
 SEP 17 1999 549.61 OCT 12 1999 .00 90.00

LUKE LARSEN ACCOUNT NUMBER 4190 0808 6762 4094
 ALLISON HELTON NUMBER OF PAGES 1

4202 CHRISTINE ST ACCT STATUS CORRESPOND CODE
 BOISE CARD STATUS

ID	NEW ACT	AVE BAL	FIN CHG	NEW BAL
83704				
PREV BAL	.00	.00	.00	.00
PAYMENTS	.04	3.27	.06	82.27
* .00	.00	.00	.00	.00
C 508.45	49.96	498.46	8.85	467.34
* .00	.00	.00	.00	.00
M .00	.00	.00	.00	.00
T 510.06	50.00	.00	8.91	549.61

FOR BILLING PERIODIC RATES | NEW CASH PUR MAJ IOLD CASH PUR MAJ
 INFO CALL MONTHLY | 0.00 0.00 | 0.00 0.00 0.00 0.00
 800 285 8585 ANNUAL | 0.0 0.0 | 0.0 0.0 0.0 0.0

ACCOUNT NUMBER LIMIT AVAIL DUE DATE MAJ PUR PMT PAST DUE MIN PMT
 41900808 67624094 500 0 OCT 12 99 .00 .00 90.00
 NEXT OPTION (MONTH, T=TRANSACTION, C=CANCEL, P=PRINT STATEMENT)