

United States Bankruptcy Court

DISTRICT OF IDAHO

PROOF OF CLAIM

In re (Name of Debtor)

JAMES CLINI PERRITTE

Case Number

0101998 TLM

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)

FNANB® CIRCUIT CITY

Name and Address Where Notices Should be Sent

First North American National Bank®
(FNANB) PO Box 42395

Richmond, VA 23286-5689

Telephone No. **800-677-4339**

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 this box if the address differs from the address on the envelope sent to you by the court.

U.S. COURTS
2001 JUL 20 AM 11:17

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

1523003510377831

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 defined in 11 U.S.C. § 1114 (a)
- Wages, salaries, and compensations (fill out below)
- Your social security number _____
- Unpaid compensations for services performed from _____ to _____ (date) (date)

2. DATE DEBTOR WAS INCURRED:

Various Pre-Petition Dates

3. IF COURT JUDGEMENT, DATE OBTAINED:

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 \$ 53.85

Attach evidence of perfection of security interest Brief Description of Collateral:

Real Estate Motor Vehicle Other (Describe briefly)

PORTABLE CD

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

UNSECURED NONPRIORITY CLAIM \$ 150.60

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 priority of the claim.

- Wages, salaries, or commissions (up to \$2000), 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 - 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 - 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:

\$ 150.60 (Unsecured) \$ 53.85 (Secured) \$ (Priority)

\$ 204.45 (Total)

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

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 debt

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 interest. 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.

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Date

7/17/01

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

Todd Anderson

Todd Anderson BR

CIRCUIT CITY CREDIT CARD APPLICATION

Circuit City Credit Card Account with First North American National Bank ("FNANB"), 1800 Parkway Place, Suite 400, Marietta, GA 30067 (the "Bank"). The applicant, if married, may apply for a separate account. After credit approval each applicant shall have the right to use the credit card account up to the credit limit of the account. Each applicant may be liable for amounts extended under the plan to any joint applicant.

FOR STORE USE ONLY													
Store: 3334	Amount of Purchase: \$												
Account#	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												

Date: 12/03/99

Saved App#: 000PERRIT

APPLICANT INFORMATION

Last Name PERRITTE	First Name JAMES	Initial C	Suffix	Date Of Birth 05/19/70
Mailing Address 9753 W. LINSTOCK LN.		Apt #	City BOISE	State ID
Home Phone (208)376-1333		Home Type Own Home	Time at Address 3 Yrs Mos	Social Security # 549-31-0388
Prior Address (If less than 2 years at current)		Apt #	City	State
Personal Monthly Salary \$4000		Employer's Name SHARIS		Job Title MNGR
Time at Present Job 9 Yrs 6 Mos	Retired N	Self-Employed N	Work Phone (208)884-1100	
Nearest Relative (Not living with you) PERRITTE, LINDA		Relative's Phone (541)573-547		
Other Accounts Checking, Savings, Visa, Mastercard, Department Store, Other Loan(s)				

JOINT-APPLICANT INFORMATION

Last Name	First Name	Initial	Suffix	Date of Birth
Mailing Address		Apt #	City	State
Home Phone	Employer's Name	Job Title		Social Security #
Work Phone	Personal Monthly Salary \$	Relation to Applicant		
Other Accounts				

SIGNATURES

CREDIT CARD AGREEMENT; SIGNATURES

I have read and kept a copy of the credit card agreement, and agree to its terms, including a security interest in goods charged to my account. FNANB may approve me for a Circuit City Advantage, Regular or Extended Payment Plan account, each of which have different interest rates, minimum payments, late charges and returned check fees. FNANB may verify the above information and get a consumer report on me.

OPTIONAL CHARGE GARD PLUS PROTECTION PLAN

Yes, Please insure my new Circuit City credit card or Circuit City Advantage Card, whichever applies with the ChargeGard Plus Credit Protection Plan available in the state where I apply for my credit card account. I understand the insurance is optional and is not required to obtain credit, and that if I desire insurance I may obtain it from anyone I want. I may cancel at anytime. I have read and understand the notice of proposed insurance in the Circuit City Credit Card Agreement, describing the insurance and its cost.

A JAMES C PERRITTE

B

C Accept ChargeGard Plus Plan

Circuit City Stores, Inc.

Store 3334
BOISE, ID 83704
(208) 321-7000

19:49:00 07/15/00

STORE COPY

Trans #: 333400898817

Merchant #: Register #: 18 Cashier: 002734
Mdse Desc: Consumer Electronics/Major Appliance/Home Office

				Amount
CCS-M	023698	Sale	\$	104.98
1523003510377831				

The cardholder agrees to the credit card amount shown hereon and agrees to perform the obligations set forth in the cardholder's agreement with the issuer. For purchases made using a Circuit City credit card, or other credit card issued by First North American National Bank, a security interest in the merchandise listed below is hereby retained by the credit card issuer under the credit card agreement.

Qty	Model	Description
1	BLKCCERC600700	WIRELESS ACCESSO
1	AIWXPV716C	PORT. COMPACT DI

Signature:

