

OR

<b>United States Bankruptcy Court</b>		<b>PROOF OF CLAIM</b>	
DISTRICT OF IDAHO			
In re (Name of Debtor) <b>JAMES CLINI PERRITTE</b>		Case Number <b>0101998 TLM</b>	
<p>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.</p>			
Name of Creditor (The person or entity to whom the debtor owes money or property) <b>FNANB ® VISA</b>		<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.	
Name and Address Where Notices Should be Sent <b>First North American National Bank ®                  (FNANB) PO Box 42395                  Richmond, VA 23286-5689                  Telephone No. 800-677-4339</b>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check this box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR <b>4053559001920258</b>		Check here if this claim: <input type="checkbox"/> Replaces A previously filed claim, dated: _____ <input type="checkbox"/> Ammends	
<b>1. BASIS FOR CLAIM:</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other ( Describe briefly) <b>Revolving Credit Card</b>			
<b>2. DATE DEBTOR WAS INCURRED:</b> Various Pre-Petition Dates		<b>3. IF COURT JUDGEMENT, DATE OBTAINED:</b>	
<b>CLASSIFICATION OF CLAIM.</b> 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			
<b>CHECK THE APPROPRIATE BOX OR BOXES</b> that best describe your claim and		<b>STATE THE AMOUNT OF THE CLAIM.</b>	
<input type="checkbox"/> <b>SECURED CLAIM \$</b> <u>0.00</u> Attach evidence of perfection of security interest Brief Description of Collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other ( Describe briefly)		<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$</b> _____ Specify the priority of the claim.  <input type="checkbox"/> 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)  <input type="checkbox"/> Contributions to an employee benefit plan - U.S.C. § 507 (a)(4)  <input type="checkbox"/> 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)  <input type="checkbox"/> Other - 11 U.S.C. §§ 507 (a)(2), (a)(5) - (Describe briefly)	
<input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM \$</b> <u>3045.25</u>  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.			
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> \$ <u>3045.25</u> (Unsecured)    \$ <u>0.00</u> (Secured)    \$ _____ (Priority)		\$ <u>3045.25</u> (Total)	
<input type="checkbox"/> 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			
<b>6. CREDITS AND SETOFFS:</b> 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			
<b>7. SUPPORTING DOCUMENTS:</b> 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.			
<b>8. TIME STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self-address envelope and copy of this proof of claim.			
Date 7/13/01	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 <i>Todd Anderson</i> <b>OR</b>		

U.S. COURTS  
2001 JUL 20 PM 1:00  
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CLERK OF COURT  
DISTRICT OF IDAHO

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5