

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)

PROOF OF CLAIM

Name of Debtor
James Clinit Perritte
Stephanie Renee Perritte

Case Number
01-01998

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. §563

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Kenneth Droulard, MD
Name and Address where notices should be sent:

Kenneth Droulard, MD
17SS Westgate Dr Ste 200
Boise, Idaho 83707

- 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.

Telephone Number: 208/385-0044

Account or other number by which creditor identifies debtor:
02203

Check here if replaces this claim 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 _____ to _____
(date) (date)

2. Date debt was incurred: 1/12/01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 70.00
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 \$4,650)* 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 \$ 2,100* 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 4/1/04 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: 7/17/01

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):
Cm Arthur, Accts Rec. Cm Arthur

THIS SPACE IS FOR COURT USE ONLY
2001 JUL 19 AM
U.S. COURT
3

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.

Kenneth E. Droulard, MD F.A.C.P.
PO Box 9589
BOISE, ID 83707
208-472-8110

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BY: 40 KED.AR CINDY
PAGE 1
TAX ID# 820295223

JAMES PERRITTE (263)
9273 W CALICO ST
BOISE, ID 83709-8215

NOTICE, THIS IS LISTED FROM THE OLDEST TO THE MOST RECENT

Date....	Name...	Code....	Description.....	Link...	Dr..	Fcl	Amount....	Dx
BALANCE							0.00	
-----<01/31/01>-----								
01/12/01	JAMES	88304	LEVEL III-SURG PA	63001.1	1	2	70.00	474.00
BALANCE							70.00	
-----<06/30/01>-----								
06/22/01		98.1		stmt			0.00	
BALANCE							70.00	

DOCTOR.....	TAX-ID.....	FINANCIAL CLASS
1 KENNETH DROULARD, MD	820295223	2 MINOR GROUP INSURANCE

07/17/01 15:52 CINDY -REC'D NOTICE OF CHAPTER 13 BANKRUPTCY CS# 01-01998
FILED 7/3/01, ATTY JON R WILSON, PH# 343-8400, DEADLINE 11/11/01 - FILED
PROOF OF CLM
01/18/2001 B-BILL FOR \$70.00
02/22/2001 B-BILL FOR \$70.00
03/22/2001 T-60 DAY LETTER FOR \$70.00
04/19/2001 H-90 DAY LETTER FOR \$70.00
05/17/2001 C-COLLECTION LETTER (10 DAY) FOR \$70.00

PATIENT# 263	JAMES PERRITTE	DOB:05/19/1970	SEX: 549-31-0388
PATIENT#		DOB:	SEX: