

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)**

PROOF OF CLAIM

Name of Debtor
James Clinitt 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. §503.



Name of Creditor (The person or other entity to whom the debtor owes money or property):
Payday
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.



Payday
1116 Chinden Blvd.
Boise, ID 83714-6342

P.O. Box 6512
Boise ID 83207

Telephone Number: 658-5758

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:

1610 + 1641

Check here if replaces 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:

5-14-01

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed:

\$ 482.00

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.

THIS SPACE IS FOR COURT USE ONLY

Date

8/13/01

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):

Payday - Christine Belanger

U.S. COURTS
15
15

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.

**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. § 503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
Payday
Name and Address where notices should be sent:
Payday
416 Chinden Blvd
Boise, ID 83714-6342

P.O. Box 6512
Boise ID 83707

Telephone Number: 658-5758

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

Account or other number by which creditor identifies debtor:
1610 + 464

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:
5-14-01

3. If court judgment, date obtained:
4-22-02

4. Total Amount of Claim at Time Case Filed: \$ 482.22

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.

THIS SPACE IS FOR COURT USE ONLY

Date: 8/13/01
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):
PAYDAY -
Christine Belanger

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.

Applicant Name: James Pericite Social Security Number: 549 31 038
I am applying for Individual Joint Credit

How Did You Hear About Us? Yellow Page Ad Radio Direct Mail Other

Co-Applicant: Stephanie Pericite Social Security Number: _____

Address: 9223 W. Calico St. Apt/Lookup _____ City: Pease State: MD Zip: 20709

Home Phone: (202) 396-1333 Work Phone: (202) 462-7621 Cell Phone: (202) 890-8404

Place of Employment: Sharis Monthly Gross Income \$ 4000.00

Co-Applicant Employed By: _____ Monthly Gross Income \$ _____

Co-Applicant Work Phone: _____ Pay Date: _____

Email Address: _____

Please Provide Two References That Do Not Live With You

Name: Quinn Address: 7X53 W. Ash St. City: Bowie State: MD Zip: 20704

Phone: (202) 376-1333 Relation: Friend Years at Location: _____

Name: Linda Address: _____ City: Bowie State: MD Zip: _____

Phone: (541) 375-2714 Relation: Neighbor Years at Location: _____

Banking Information:

Bank Name: US Bank Address: Charmers Blvd City: Bowie State: MD Zip: 20704

Phone: (302) 272-2457 Account Number: 1538501393 Routing: _____

Direct Deposit

Additional Information:

Vehicle License Number: _____ State: MD Vehicle Make: _____

Applicant Drivers Lic: _____ State: MD

Co-Applicant Drivers Lic: _____ State: _____

To Be Completed By Teller:

Bank Account Verified Employment Verified Check Verified Account Opened By: _____ Limit \$ _____

Identification Verified Application Complete Home Phone

I AGREE THAT IF A CHECK IS NOT HONORED BY MY BANK ON THE DATE OF DEPOSIT FOR ANY REASON I WILL PAY A \$20.00 RETURNED CHECK FEE. IF A CHECK IS RETURNED WE RESERVE THE RIGHT TO DEBIT YOUR BANK AT ANY TIME REGARDLESS OF PAYMENT ARRANGEMENTS. BY SIGNING THIS AGREEMENT YOU AUTHORIZE US TO AT THEIR OPTION ELECTRONICALLY DRAW FUNDS TO INCLUDE SERVICE CHARGE FROM MY ACCOUNT TO COVER ALL DEBIT AND OTHER FEES AND CHARGES AS APPLICABLE TO SATISFY MY OBLIGATION WITH YOU.

Applicant: James Pericite Date: Jan 16 2004 If Military _____ ETS Date: _____

Co-Applicant: Stephanie Pericite Date: Jan 16 2004

Applicant Name: James Pericite Social Security Number: 549 31 058
I am applying for Individual Joint Credit

How Did You Hear About Us? Yellow Page Ad Radio Drive by Other

Co-Applicant: Stephanie Pericite Social Security Number: _____

Address: 9275 W. Colfax ST Apt/Unit _____ City: Boise St: ID Zip: 83704

Home Phone: (208) 396 1323 Work Phone: (208) 942 9621 Cell Phone: (208) 890 8404

Place of Employment: Shaw's Monthly Gross Income \$ 4000.00

Co-Applicant Employed By: _____ Monthly Gross Income \$ _____
Co-Applicant Work Phone: _____ Pay Date: _____

Email Address: _____

Please Provide Two References That Do Not Live With You:
Name: Andrew Address: 7253 W. 13th St City/Zip: Boise ID 83704
Phone: (208) 374 1333 Relation: Friend Years at Location: _____

Name: Linda Address: _____ City/Zip: Boise OR
Phone: (541) 375 2714 Relation: Mother Years at Location: _____

Banking Information:
Bank Name: US Bank Address: Chandler Ave City/Zip: Boise ID
Phone: (802) 272 2457 Account Number: 1535045711 Branch: _____
Direct Deposit

Additional Information:
Vehicle License Number: _____ State: ID Vehicle Make: _____
Applicant Drivers Lic: _____ State: ID
Co-Applicant Drivers Lic: _____ State: _____

To Be Completed By Teller:
Bank Account Verified Employment Verified Check Verified Account Opened By: _____ Limit \$ _____
Identification Verified Application Complete Home Phone

I AGREE THAT IF A CHECK IS NOT HONORED BY MY BANK ON DEPOSIT FOR ANY REASON I WILL PAY A \$20.00 RETURNED CHECK FEE. IF A CHECK IS RETURNED WE RESERVE THE RIGHT TO DEBIT YOUR BANK ACCOUNT AT ANY TIME REGARDLESS OF PAYMENT ARRANGEMENTS. BY SIGNING THIS AGREEMENT I AUTHORIZE THIS AGENCY TO AT THEIR OPTION ELECTRONICALLY DRAW FUNDS TO INCLUDE SERVICE CHARGE FROM MY ACCOUNT TO MEET MY OBLIGATION AS APPLICABLE TO SATISFY MY OBLIGATION WITH YOU.

Applicant: James Pericite Date: Jan 16 2004 If Military _____
Co-Applicant: Stephanie Pericite Date: Jan 16 2004 ETS Date: _____

**Truth in Lending Disclosures
Preloaning Note**

CREDITOR:

Payday
4116 Chinden Blvd.
Garden City, ID 83704
(208) 331-0000

Perritte, James
5030 Wildrye
Boise, ID 83703
1611

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
467.24	40.97	200.03	241.00
<small>The apr of my credit is a yearly rate.</small>	<small>The dollar amount the total of all payments.</small>	<small>The amount of money you borrow or the amount of money you receive.</small>	<small>The amount you will have paid after you have made all payments as scheduled.</small>
My payment schedule will be:			Date of Loan
Number of Payments	Amount of Payment	First Due Date	
1	241.00	05-14-2001	04-28-2001

PREPAYMENT: If I pay this loan off early, I will not have to pay a penalty which is equal to the amount of the Prepaid Finance Charge.
I promise to pay the Principal amount and the Prepaid Finance Charge which is equal to the amount of the Finance Charge above. In addition, I promise to pay you a Late Charge equal to \$5.00 or 6% of the Total of Payments disclosed above, whichever is greater, if I do not pay you within 10 days after the Payment Due Date disclosed above. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS LOAN AND I AGREE TO BE LEGALLY BOUND BY ITS TERMS AND CONDITIONS. I ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS LOAN AGREEMENT AND I PROMISE TO PAY YOU AS SET FORTH ABOVE. I AUTHORIZE YOU TO PRESENT MY CHECK FOR PAYMENT ANYTIME AFTER THE PAYMENT DUE DATE IS DUE AND I AUTHORIZE YOU TO ELECTRONICALLY DRAW FUNDS FROM MY ACCOUNT PLUS ANY FEES TO SATISFY MY OBLIGATION TO YOU UNDER THIS LOAN.

Itemization of Amount Financed	Amount Given Directly to you	Prepaid Finance Charge	Amount Paid in your Account
200.03	200.03	40.97	

NOTICE TO CUSTOMER:
04-28-2001
Date

1. Do not sign this agreement until you have read it.
2. You are entitled to a copy of this agreement.

Licensing Agency: Idaho Department of Finance
700 W. State, Boise, ID 83702 (208) 333-8000

James Perritte
Signature of Borrower

**Truth in Lending Disclosure
Promissory Note**

CREDITOR:

Payday
4116 Chinden Blvd.
Garden City, ID 83714
(208) 331-0000

Loan#
Borrower
Address
City
State

Perrette, James
5030 Wildrye
Boise, ID. 83703
1610

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
467.24	40.97	200.03	241.00
<small>The cost of my credit as a yearly rate.</small>	<small>The dollar amount of credit will cost you.</small>	<small>The amount of credit provided to me or my authorized agent.</small>	<small>The amount you will have paid after you have made all payments as scheduled.</small>

My payment schedule will be:

Number of Payments	Amount of Payment	First Due Date	Date of Loan
1	241.00	05-14-2001	04-28-2001

PREPAYMENT: If I pay this loan off early, I will not have to pay a penalty fee. However, I will have to pay a Prepaid Finance Charge.

I promise to pay the Principal amount and the Prepaid Finance Charge, which is equal to the amount of the finance charge above. In addition, I promise to pay you a Late Charge equal to \$5.00 or 5% of the Total of Payments disclosed above, whichever is greater. If I do not pay the total amount within 10 days after the Payment Due Date disclosed above, BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS NOTE INCLUDING OTHER NOTES AND I AGREE TO BE LEGALLY BOUND BY ITS TERMS AND CONDITIONS. I ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS NOTE, INCLUDING OTHER NOTES. I HEREBY PROMISE TO PAY YOU AS SET FORTH ABOVE. I AUTHORIZE YOU TO PRESENT MY CHECK FOR PAYMENT ANY TIME AFTER THE PAYMENT DUE DATE HAS BEEN ELECTED ABOVE OR TO ELECTRONICALLY DRAW FUNDS FROM MY ACCOUNT PLUS ANY FEES TO SATISFY MY OBLIGATION TO YOU UNDER THIS NOTE.

Itemization of Amount Financed	Amount Given Directly to You	Prepaid Finance Charge	Amount Paid in your Account
200.03	200.03	40.97	

NOTICE TO CUSTOMER:

1. Do not sign this agreement unless you read it.
2. You are entitled to a copy of this agreement.

Date: 04-28-2001

Signature of Borrower: James Perrette

Licensing Agency: Idaho Department of Finance
700 W. State Blvd., ID 83702 (208) 332-8000

**Truth In Lending Disclosure
Promissory Note**

CREDITOR:

Payday
4116 Chinden Blvd.
Garden City, ID 83714
(208) 331-8000

Lender
Derritte, James
Borrower
5030 Wildrye
Address
Boise, ID. 83703
1610

ANNUAL PERCENTAGE RATE	FINANCE CHARGE	AMOUNT FINANCED	TOTAL OF PAYMENTS
467.24	40.97	200.03	241.00
<small>The cost of my credit as a yearly rate.</small>	<small>The dollar amount the credit will cost me.</small>	<small>The amount of funds provided to me or my account.</small>	<small>The amount you will have paid after you have made all payments as scheduled.</small>

My payment schedule will be:

Number of Payments	Amount of Payment	First Due Date	Date of Loan
1	241.00	05-14-2001	04-28-2001

PREPAYMENT: If I pay this loan early, I will not have to pay a penalty, but I will be subject to a prepayment fee of 5% of the unpaid finance charge.

I promise to pay the Principal amount and the Prepaid Finance Charge, which together equal the Total of Payments disclosed above. In addition, I promise to pay you a Late Charge equal to \$5.00 or 5% of the Total of Payments disclosed above, whichever is greater, if I do not pay you the Total of Payments (10) days after the Payment Due Date disclosed above. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ THIS NOTE IN FULL AND UNDERSTAND THE TERMS AND CONDITIONS. I ACKNOWLEDGE RECEIVING A COMPLETED COPY OF THIS NOTE INCLUDING DISCLOSURES. I HEREBY PROMISE TO PAY YOU AS SET FORTH ABOVE. I AUTHORIZE YOU TO PRESENT MY CHECK FOR PAYMENT ANYTIME AFTER THE PAYMENT DUE DATE ELECTRONICALLY OR TO ELECTRONICALLY DRAW FUNDS FROM MY ACCOUNT PLUS ANY FEES TO SATISFY MY OBLIGATION TO YOU UNDER THIS NOTE.

Itemization of Amount Financed	Amount Given Directly to You	Prepaid Finance Charge	Amount Paid in your Account
200.03	200.03	40.97	

NOTICE TO CUSTOMER:

04-28-2001

Date:

1. Do not sign this agreement unless you read it.
2. You are entitled to a copy of this agreement.

Licensing Agency: Idaho Department of Finance
700 W. State Blvd. ID 83702 (208) 332-8000

Stephane Derritte
Signature of Borrower

James C. Perritte
Stephanie R. Perritte
9873 W. Calico St.
Boise ID 83709
208-276-1333

5246
MRS

1610

May 14, 2001 DATE

92-372/1201 3697

PAY TO
THE ORDER OF

Pay Day Loan

\$ 241.00

Two Hundred Forty One Dollars

DOLLARS



Security Features
See Back

STOP PAYMENTS

USbank

1-800-US-BANKS
usbank.com

Stephanie Perritte

FOR

⑆ 1 231037290 1533504393 18 16 10

⑆ 0000024100 ⑆

James C. Perritte
Stephanie R. Perritte
9373 W. Colfax St
Boise, ID 83709
208-378-1333

5246
MS

1610

02-372/1221 3687

May 14, 2001 DATE

PAY TO
THE ORDER OF

Pay Day Loan

\$ 241.00

Two hundred forty one and 00/100

DOLLARS



Security
Features
Guaranteed

STOP PAYMENT

USbank
1-800-US BANKS
usbank.com

Stephanie Perritte

FOR

⑆ 23303729021533504393181610

⑆0000024100⑆

James C. Perritte
Stephen R. Perritte
3275 McCulloch St
Belle Me, NJ 08789
208-272-1333

5746
7113

1611

00-07271231-9887

May 14 2001 DATE

PAY TO
THE ORDER OF

Pay Day Loan

\$ 241.00

Two Hundred Forty One and No/100

DOLLARS

US Bank

STOP PAYMENT

Stephen Perritte

FOR

⑆ 25103729⑆ 153350439318⑆ 1611 ⑆0000024100⑆