

UNITED STATES BANKRUPTCY COURT DISTRICT OF Idaho

Name of Debtor Stephanie Lee Case Number 01-01998

NOTE: This form should not be used to make a claim for an administrative expense unless it is the claimant's intent to file a request for payment of an administrative expense. 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): Risk Management Alt. - SEARS

Name and address where notices should be sent:
RMA
7775 Baymeadows WAY, Ste 300
Jacksonville, FL. 32256
 Telephone number: 877-294-4849

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:
13386 3166

Check here if this claim replaces a previously filed claim, dated: _____
 amends

1. Basis for Claim

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other CREDIT CARD DEBT

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 _____ (date) to _____ (date)

2. Date debt was incurred: 2-6-00

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 551.86

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.

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24 MAR 03

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Date 8-15-01 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):
Bucana Diomedes

RMA, Inc. - RMS008/SEAL76

ACCOUNT 13386366

ACCOUNT UPDATE

		--OWING--	--RECEIVED--	
CLIENT#	160DC03101 RISK MANAGEMENT ALTERN	AGN/AMT	551.86	0.00
1NAME (?)	LEE, STEPHANIE R	TNT	17.41	0.00
NAME2		CANCELLED	0.00	0.00
ADDRESS	MR-2413 LOUISIANA PL	ATTORNEY	0.00	0.00
ADDRESS2		COURT	0.00	0.00
CITY	NAMPA	MISC	0.00	0.00
	ST ID	ZIP 83686-6288	TOTAL*****	569.27
2TELEPHONE		INT .08		0.00
NOTE LNS	38	DOB: *	NET*****	569.27
DESK(UNIT)	J13	SSN: 546-37-8515	6STATUS	R13 COMM 0
PKT(n,+, -)		DR/L NOT PUSHBACK	PPLAN \$	
3CLIENT REF	0056544209945			
FWD CLIENT	Sears			
4ASSIGNED	02-06-00	SPATIENT		
LAST CHG	02-06-00	SPC FLD2		
LAST PAY		SPC FLD3	06-28 01:97;551.86	
1ST DBLQ		SPC FLD4		
CL LC/LP	02-06-00	SPC FLD5		
INTR EFF	03-25-01	CREDIT RPT	AyyyyyyyyCR.RECY12143yyyyyy06-28 01:97;55	