

United States Bankruptcy Court
District of Idaho
City of BOISE

PROOF OF CLAIM

Case Number
 0101998-TLM
 U.S. COURTS

In re (Debtor) SSN or Tax ID: 549310388
James C Perritte

Case Number: 0101998-TLM
 Chapter: 13
 Creditor ID:

2001 OCT 26 AM 11:40
 REC'D FILED
 CAMERON S. DURME
 CLERK, MDAD

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. Sec. 503.

Name of Creditor
 (The person or other entity to whom the debtor owes the money or property)
Retailers National Bank - MERVYN

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

SSN or TAX ID of Claimant

Check box if you never received any notices from the bankruptcy court in this case.

Name and Address Where Notices Should be Sent
Retailers National Bank
 c/o The Creditor's Rights & Bankruptcy Group
 A Division of Phillips & Cohen Associates, Ltd.
 695 Rancocas Road, Suite 101
 Westampton, NJ 08060
 Telephone Number: 609-518-9000

Check 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:
 87759475422210

replaces
 amends a previously filed claim, dated

1. BASIS FOR CLAIM	Itemized Charges	Secured	Unsecured
<input type="checkbox"/> Goods Sold	PRIN.	\$0.00	\$541.75
<input type="checkbox"/> Services performed	PRE PET.	\$0.00	\$0.00
<input type="checkbox"/> Money loaned	LATE CHG.	\$0.00	\$0.00
<input type="checkbox"/> Personal injury/wrongful death	COST.	\$0.00	\$0.00
<input type="checkbox"/> Taxed	POST PET.	\$0.00	\$0.00
<input checked="" type="checkbox"/> Other (Describe Briefly): Credit Card Purchases	ARREAR.	\$0.00	\$0.00

Retiree benefits as defined in 11 U.S.C. sec 1114(a)
 Wages, salaries, and compensation (Fill out below)
 Your social security number:
 Unpaid compensation for services performed
 From _____ To _____
 Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

2. CARD OPEN DATE:

3. IF COURT JUDGMENT, DATE OBTAINED

4. CLASSIFICATION OF CLAIM. Under Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured non-priority (2) Unsecured Priority, (3) Security. 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 at the TIME CASE FILED.

SECURED CLAIM \$0.00
 Attach evidence of perfection of security interest. Brief description of collateral

1. Real Estate 2. Motor Vehicle 3. Other

1.
2.
3.

UNSECURED PRIORITY CLAIM:
 Specify the priority of the claim

Wages, salaries, or commissions (up to \$2,000.00), 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. sec. 507(a)(3)
 Contributions to an employee benefit plan - 11 U.S.C. sec. 507(a)(4)

Amount to arrearage and other charges at time case filed
 Included in the secured claim above, if any: \$0.00

Up to \$1800* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. sec. 507(a)(6)
 * - Alimony, maintenance, or family support owed to a spouse, former spouse or child - 11 U.S.C. sec. 507(a)(7)
 Taxes or penalties of governmental units - 11 U.S.C. sec. 507(a)(7)
 Other - Specify applicable paragraph of 11 U.S.C. sec. 507(a): _____

UNSECURED NONPRIORITY CLAIM \$ 541.75
 A claim is unsecured if there is no collateral or lien property of the debtor securing the claim to the extent that the value of such property is less than the amount of the claim.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED	541.75 (Unsecured)	— (Secured)	— (Priority)	541.75 (TOTAL)
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6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. IN filing this claim, claimant has deducted all amounts that claimant owes to debtor.

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 interests. 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

THIS SPACE IS FOR COURT USE ONLY

Date:
10/05/2001

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)

David Huber

Howard A. Enders, Esq., David Huber
The Creditor's Rights & Bankruptcy Group, A Division of Phillips & Cohen Associates, Ltd.
Authorized Representative for Creditor

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To whom it may concern,

Due to the voluminous nature of the documentation supporting this claim, the following account summary is provided:

SUMMARY OF ACCOUNT

1. ACCOUNT NUMBER: 87759475422210
2. NAME IN WHICH CARD ISSUED: James C Perritte
3. PRIMARY CARD HOLDER(S) James C Perritte
4. OPEN DATE:
5. CREDIT LIMIT:
6. FINAL BALANCE: 541.75
7. PRIMARY USE OF CARD: Purchases