

<b>United States Bankruptcy Court District of Utah</b>		<b>Proof of Claim</b>	
Name of Debtor	Case Number		
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.			
Name of Creditor (the person or other entity to whom the debtor owes money or property):	<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	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the bankruptcy court.	<b>THIS SPACE IS FOR COURT USE ONLY</b>	
Account or other number by which creditor identifies debtor:	Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previous claim,		
<b>1. Basis for Claim</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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             </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree Benefits as defined in 11 U.S.C. §1114(a)  <input type="checkbox"/> Wages, Salaried, and compensations (Fill out below)                Your Social Security Number _____  <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____             </div> </div>			
<b>2. Date Debt Was Incurred:</b>	<b>3. If court judgement, date obtained:</b>		
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ _____ If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box is claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or			
<b>5. Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (include a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other: _____  Value of collateral: \$ _____  Amount of arrearage and other charges <u>at time case filed</u> included in secured claim above, if any:	<b>6. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, Salaries, or commissions (up to \$4,300)*, 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) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §§507(a)(____)		
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<b>THIS SPACE IS FOR COURT USE ONLY</b>  Please mail or file this form to: <b>U. S. BANKRUPTCY COURT 350 SOUTH MAIN STREET SALT LAKE CITY, UT 84101</b>	
<b>8. Supporting Documents:</b> <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security interests, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are voluminous, attach a summary.			
Date	Sign and print name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)		
<b>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</b>			