

<b>UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF CALIFORNIA</b>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>ROBERTA L BARTH</b>		Case Number <b>01-34010-A13J</b>
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): <b>PEREGRINE TRUST</b>		<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. <input checked="" type="checkbox"/> Check box if you have never filed a claim in this 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 court.
Name and address where notices should be sent: <b>PEREGRINE TRUST c/o EASON &amp; TAMBORNINI 1900 POINT WEST WAY, SUITE 276 SACRAMENTO, CA 95815</b>		<div style="border: 2px solid yellow; padding: 5px;"> <p>Note:</p> <p>Matthew Eason is partner in Eason &amp; Tambornini</p> </div>
Telephone number:		
Account or other number by which creditor identifies debtor:		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS# _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2. Date debt was incurred:</b> 11/02/93		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ 11,656.00 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.		
<input checked="" type="checkbox"/> 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.		
<b>5. Secured Claim.</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral:		<b>Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority: \$
<p><b>Note:</b> California's Department of Corporations has no record of a United Fiduciary Services, Inc. having ever existed in California.</p> <p>Who is Jim Harris? Is he a non-existent person like his non-existent company? Does Harris know it's a felony offense to file fraudulent documents in a public facility? It's also a felony offense to file false claims in a bankruptcy.</p>		
<b>6. Supporting Documents:</b> 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.		
<b>7. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date: 2/5/2002		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): <b>Jim Harris, Agt for United Fiduciary Svcs, Inc. The Trustee for Peregrine Trust</b>