

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA

Chapter 11

Case No. 02-31674

Sheldahl, Inc.,

Claimant

APPEALING FOR THE DISALLOWANCE OF MY CLAIM

I the claimant seek to reclassify my claim from non-priority back to priority status either in full or part, on the grounds that I am entitled to the priority status. I was layed off before the bankruptcy was announced. I was entitled to the wages that I accrued when I was layed off. That is what I filed claim on. Attached is a copy of proof of claim.



Darlene Hietala
612 E 9th St.
Northfield, MN 55057
(507) 645-9435

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MINNESOTA (ST. PAUL)**

Name of Debtor SHELDAHL INC	Case Number 02-31674
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Name of Creditor (The person or other entity to whom the debtor owes money or property): HIETALA DARLENE H Name and Address where notices should be sent: HIETALA DARLENE H 612 E 9TH ST NORTHFIELD MN 55057	<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 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 court.
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Telephone Number:	Account or other number by which creditor identifies debtor:	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
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1. Basis for Claim <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 <input type="checkbox"/> Other	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <u>476 60 4730</u> Unpaid compensation for services performed from <u>Feb 2 1987</u> to <u>April 26 2002</u> (date) (date) <i>Vacation Pay 6 weeks</i> <i>See reference Ray 9 weeks</i>
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2. Date debt was incurred: <u>Feb 2 1987 - 2002</u>	3. If court judgment, date obtained: <u>7</u>
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4. Total Amount of Claim at Time Case Filed: \$ 7,908.00
 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.

SEND CLAIM TO:
 U.S. BANKRUPTCY COURT
 200 U.S. COURTHOUSE
 316 NORTH ROBERT STREET
 ST. PAUL, MN 55101

Date <u>July 16 2002</u>	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): <u>Darlene Hietala</u>
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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.

Severance pay 9 weeks = \$5,931.00
Vacation pay 2 weeks = \$1,318.00
Personal Time off = \$659.00

Total \$5,931
1,318
659
\$7,908.00

Total Pay Due (\$7,908.00)