

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

**PROOF OF CLAIM**



In re  
**Coast to Coast Telecommunications, Inc**

Case Number  
**03-13104**

**YOUR CLAIM IS SCHEDULED AS**  
\$111.82 UNSECURED CONTINGENT  
DISPUTED UNLIQUIDATED  
**FILED**

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.

U.S.B.C. SOUTHERN DISTRICT OF NEW YORK  
ALLEGIANCE TELECOM, INC  
03-13057 (RRD)

**1431**

**Name of Creditor and Address**  
  
Artistic Studios Inc  
12948 Farmington  
Livonia MI 48150

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 this address differs from the address on the envelope sent to you by the court.

The amounts and nature of your claim reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  
  
**If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.**  
If you have already properly filed a proof of claim with the Bankruptcy Court, you do not need to file again.

CREDITOR TELEPHONE NUMBER ( )  
CREDITOR TAX ID #  
**38-2267-831**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces or  amends a previously filed claim dated \_\_\_\_\_ if this claim \_\_\_\_\_

**1 BASIS FOR CLAIM**  
 Goods sold       Personal injury/wrongful death       Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Services performed       Taxes       Wages, salaries, and compensation (Fill out below)  
 Money loaned       Other (describe briefly below) over charges  
 Your social security number 38-2267 831 *not correct*  
 Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED**      **3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**  
 \$ \_\_\_\_\_ (unsecured)      \$ 111.82 (secured)      \$ \_\_\_\_\_ (unsecured priority)      \$ 111.82 (total)

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 Contract to pay  
 Value of collateral: \$ \_\_\_\_\_  
 Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ \_\_\_\_\_

**6 UNSECURED PRIORITY CLAIM**  
 Check this box if you have an unsecured priority claim.  
 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 4/1/01 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 your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5:00 p.m., November 26, 2003, Prevailing Eastern Time.  
**BY MAIL TO:** United States Bankruptcy Court, Southern District of New York, Allegiance Claims Docketing Center, Bowling Green Station, P.O. Box 95, New York, NY 10274-0095.  
**BY HAND OR OVERNIGHT DELIVERY TO:** United States Bankruptcy Court, Southern District of New York, Allegiance Claims Docketing Center, One Bowling Green, Room 534, New York, NY 10004-1408.

**THIS SPACE FOR COURT USE ONLY**

**DATE SIGNED:** 11/11/03  
**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).  
 CAROLYN FAPLEISKI

# VANTAGE AGREEMENT



5850 Dixie Highway  
Clarkston, Michigan 48346  
Phone (248) 623-6700  
Fax (248) 623-1469

Customer Name Artistic Studios Inc Date \_\_\_\_\_  
Address 12948 Farmington City Livonia State MI Zip 48150  
Contact Name Doug Morgan Contact Phone \_\_\_\_\_  
Previous Carrier Ameritech Tax Exempt # \_\_\_\_\_ Sales ID# JMK1880N#26

New  Existing CCT Customer - Acct # \_\_\_\_\_

### Coast to Coast Local Service

Local Service Monthly Line Charge  Zone A - \$12.51  Zone B - \$12.76  Zone C - \$13.50

Type of Service  New - CCT Local Lines (Install \$42.00 per line)  2-PIC  10-10-902  
# of Lines to be Installed \_\_\_\_\_

Existing - Convert to CCT Lines

Assuming CSR for calling features

CF Caller Identification MRC \$ 7.50  
CF Calling Name Display MRC \$ 2.00  
CF Line Backer MRC \$ 4.29 per line

CF Alternate Answering MRC \$ .75  
CF msg. w/ Audible & Visual Ind MRC \$ .25  
CF \_\_\_\_\_ MRC \$ \_\_\_\_\_

### Coast to Coast Long Distance Service

Vantage Long Distance Service Only

The Undersigned Customer understands that by choosing CCT's long distance only and has their Local Service remain with Ameritech the PICC charge will be passed through to the Customer

### Other CCT Products.

Voice Mail - Class Code 702  Calling Card - Qty \_\_\_\_\_ RP \_\_\_\_\_  Pagers (Agmt Attached)  
 ISDN (Agmt Attached)  Annual Internet (CCT Connection Attached)  Monthly Internet (CCT Connection Attached)

### CREDIT APPLICATION

#### Credit References

1) Company Name Excel Prod  
Address 25822 Schoolcraft  
City Redford ST MI Zip \_\_\_\_\_  
Contact Name \_\_\_\_\_  
2) Company Name C + J Fastener  
Address 5 mile  
City Redford ST MI Zip \_\_\_\_\_  
Contact Name 313-935-8835

#### Bank References

Name PNC National Bank  
Address \_\_\_\_\_  
City Wilmington ST DE Zip \_\_\_\_\_  
Account Number 031100157-1209952201  
Phone Number (202) 848-8083  
Duns Number \_\_\_\_\_  
SS Number Fed Id # 38-2267 831

#### CCT Approval

President \_\_\_\_\_ Date \_\_\_\_\_  
Financial \_\_\_\_\_ Date \_\_\_\_\_

WHEREFORE, an authorized representative of each party has executed the Agreement effective as of the date written below

Customer

Coast to Coast Telecommunications, Inc.

By \_\_\_\_\_ Date \_\_\_\_\_  
Customer Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Customer Printed Name Title

\_\_\_\_\_ Date \_\_\_\_\_  
William Frohriep, National Sales Director

E agreements/vantage Agmt

11/22/99

Please see reverse side for Terms & Conditions

### Letter of Agency (LOA)

This LOA confirms my selection of Coast to Coast Telecommunications (CCT) I am authorizing CCT to act as my agent to take whatever steps are required, including obtaining my Customer Service Records from my Local Exchange Carrier (LEC) to change my Preferred Interexchange Carrier (PIC) to be CCT and/or assume my local phone service for the following phone services:

Local Service     IntraLata Calling (Local Long Distance)     Long Distance (InterState/IntraState & International)

I hereby revoke any appointments of authority that I have given to any other Local Exchange Carrier or Long Distance Service Provider prior to this date

Preferred Interexchange Carrier (PIC) & Local Exchange Carrier (LEC) Protection	
When available, I authorize CCT to impose the following protection for the Main Billing Telephone number and all associated Working Telephone numbers	
<input checked="" type="checkbox"/> PIC Protection	<input checked="" type="checkbox"/> LEC Protection (Local Service)

Service Location - Main Billing Telephone Number (BTN) as shown on your Local Service bill  
(Use separate LOA for each BTN and Service Location)

Name Artistic Studios Inc

Address 12948 Farmington Rd Suite # \_\_\_\_\_

City Livonia State MI ZIP 48150

Main BTN (734) 525-7323 Main Fax Number (734) 525-5047

List all additional numbers associated with Main BTN

(734) 525-2765 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 800/888 Service

800/888 Number	Terminating Number	Prior Carrier	Prior RESP ORG

I understand my local telephone company may charge me a fee to switch my long distance carrier to Coast to Coast and that the charges may appear on my local exchange carrier's invoice following the date of the change. I also understand that there may be only one Interexchange carrier PIC per line for InterState or Interlata and one for IntraState or IntraLata. I certify that I am at least 18 years of age and am fully authorized to request this change for the lines listed above including but not limited to RESP ORG services for the 800/888 numbers. Authorized person(s) are limited to 1) The actual Subscriber of the Local Service, as shown on Amertech billing records for Residential Service or, 2) The Owner of a Sole Proprietorship or, 3) The Partner of a Partnership or, 4) An Officer of a Corporation. I understand that I am bound to the terms and conditions of the CCT Service Agreement.

Customer Signature: \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ (required if Sole Ownership)