

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MAINE**

PROOF OF CLAIM

In re: Pegasus Satellite Television, Inc., et al.

Case Numbers: 04-20864 through 04-20868 and 04-20871 through 04-20893

How Scheduled



6199217

Name of Debtor (See Reverse for List of Debtors)

Pegasus Satellite Television, Inc.

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):

**FARMER & CASE, for 07 6199217
Professional Satellite & Communications**

Name and address where notices should be sent:

**FARMER & CASE 07 6199217
JOHN T. FARMER, ESQ.
402 WEST BROADWAY
SUITE 1100
SAN DIEGO, CA 92101-8542**

Telephone number: (619) 338-0300

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

Class:

Amount:



10006035

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Account or other number by which creditor identifies debtor:

Check here replaces if this claim amends a previously filed claim, dated: _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. §1114(a)
- Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

May 2004 through July 2004

3. If court judgment, date obtained:

N/A

4. Total Amount of Claim at Time Case Filed:

\$ 1,029,280.00 (unsecured) \$ 1,029,280.00 (priority) \$ 1,029,280.00 (Total)

Check this box if your claim is secured or entitled to priority, also complete Item 5 or 7 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: \$ _____

7. 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 \$4,925)* 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 \$2,225* 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

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THE TRUMBULL GROUP

BD

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. 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.

10. 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.

Date

10/8/04

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):
Jonathan M. Shiff, Managing Member

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.

EXHIBIT A

United States Bankruptcy Court
Case No.: 04-20878
In Re: Pegasus Satellite Television, Inc.

ATTACHMENT TO PROOF OF CLAIM FORM

Professional Satellite & Communications contracted with Pegasus Satellite Television, Inc. to sell satellite television to the public. The amount claimed (\$1,029,280.00) represents commissions owed for the sale of satellite television services to 2,575 customers.

PROFESSIONAL SATELLITE & COMMUNICATIONS

Dated: October 8, 2004


By: Jonathan M. Shiff,
Managing Member