



City of Owensboro
Kentucky

P.O. BOX 10003
OWENSBORO, KENTUCKY 42302-9003

April 15, 2005

United States Bankruptcy Court
For the District of Maine
537 Congress Street
Portland, ME 04101-3318

Re: Pegasus Satellite Television, Inc.
Case No. 04-20878

Gentlemen:

The attached copy of the proof of claim pertaining to the City of Owensboro, Kentucky, tangible property tax bill number 04274954, in the amount of \$1,852.75, originally sent to the Court on September 15, 2004, has been satisfied as indicated by the attached copy of the tax bill marked "total taxes paid on 10/19/04." The City of Owensboro, Kentucky, hereby withdraws its claim in this bankruptcy action.

Sincerely,

David C. Fowler
City Attorney

Lt

Enclosures

cc: Pegasus Satellite Television, Inc.
c/o The Trumbull Group LLC
P. O. Box 721
Windsor, CT 06095-0721

RECEIVED AND FILED
2005 APR 18 PM 4:14
U.S. BANKRUPTCY COURT
PORTLAND, MAINE

C1A108M1
THOMPSONAL
BILLNO [REDACTED]

CITY ADVALOREM TAXES - TAX BILL DISPLAY

4/15/05
08:18:27

OWNER CD	NAME/ADDRESS	LOCATION/DESCRIPTION
4113550	PEGASUS SATELLITE TELEVISION I 225 CITY LINE AVE SUITE 200 BALA CYNWYD PA 19004-	TANGIBLE PROPERTY VARIOUS LOCATIONS TF

TOTAL ASSESSMENT	TOTAL TAX AMOUNT	-----AMOUNT-----
183,241	1,852.75	1,852.75 TAX

TOTAL PAID [REDACTED]

.00 PEN
.00 INT
.00 ADV

TOTAL DUE INCLUDING PENALTIES .00

< _ > F3=EXIT F5=REFRESH F6=PRINT F7=1ST SCREEN F8=NEXT REC. F12=CANCEL
[REDACTED]

**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

Name of Debtor (See Reverse for List of Debtors)

How Scheduled



6118628

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):

CITY OF OWENSBORO TREASURER 07 6118628

- 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:
Not Scheduled

Amount:
Not Scheduled

10004681

This Space is for Court Use Only

Name and address where notices should be sent:

**CITY OF OWENSBORO TREASURER 07 6118628
PO BOX 10003
OWENSBORO, KY 42302
Attn: David C. Fowler, City Atty.**

Telephone number: 270-687-8554

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:

January 1, 2004

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 1,852.75

(unsecured) (secured) \$1,852.75 \$1,852.75
(priority) (Total)

If all or part of 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: \$ _____

6. Unsecured Nonpriority Claim \$ _____

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.

7. Unsecured Priority Claim.

Check this box if you have an unsecured priority claim.

Amount entitled to priority \$ 1,852.75

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.

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

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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

9/15/04

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):

David C. Fowler, City Attorney