

BELLE G. PEAVY  
BUTLER COUNTY TAX COLLECTOR  
700 COURT SQUARE  
GREENVILLE, ALABAMA 36037  
Phone 334-382-6312  
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U.S. BANKRUPTCY COURT  
PORTLAND, MAINE

April 22, 2004

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

Re: Pegasus Satellite Television, Inc.

The attached copy of the proof of claim pertaining to Butler County, Alabama, property account # 17807 in the amount of \$598.33 originally sent on October 1, 2004 has been satisfied. Butler County hereby withdraws the claim.

Belle G. Peavy, *BGP*  
Butler County Tax Collector

Cc: Pegasus Satellite Television, Inc.  
C/o The Trumbull Group, LLC  
PO Box 721  
Windsor, CT 06095-0721

**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



6118807

**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):

**BUTLER CO. TAX COLLECTOR** 07 6118907

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

**COPY**

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Name and address where notices should be sent:

**BUTLER CO. TAX COLLECTOR** 07 6118907  
700 COURT SQUARE  
GREENVILLE, AL 36037

Telephone number:

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:**

10-01-04

**3. If court judgment, date obtained:**

**4. Total Amount of Claim at Time Case Filed: \$ 528.33**

(unsecured) (secured) (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: \$ \_\_\_\_\_

**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 4/1/97 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**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.

**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: 10-01-04  
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):  
Belle H Peavy **BELLE PEAVY TAX COLLECTOR**

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