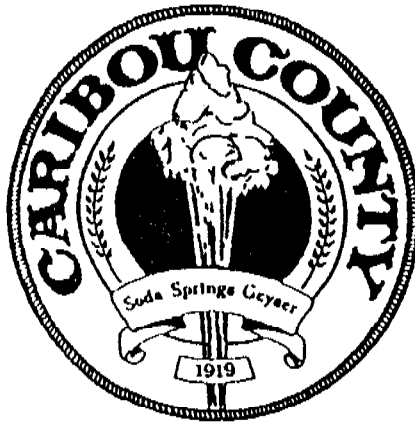


Agriculture - Industry - Recreation

PHOSPHATE CAPITAL OF THE WORLD

OFFICE OF THE
TREASURER
159 South Main
P.O. Box 507
Soda Springs, ID 83276
(208) 547-3726
Fax (208) 547-2140



DIANE CRAWFORD
Treasurer
Ex-Officio Tax Collector
Public Administrator

SHANON ASHLEY
Chief Deputy

1864 - HOME OF IDAHO'S OLDEST AND YOUNGEST COUNTY SEAT - 1919

April 27, 2005

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

RECEIVED AND FILED
2005 APR 32 PM 1:05
U.S. BANKRUPTCY COURT
PORTLAND, MAINE

Re: Pegasus Satellite Television, Inc (04-20878)

The attached copy of the proof of claim pertaining to Caribou County, Idaho, parcel #PB75440-7544A; B; C; D; E in the amount of \$320.92 originally sent on September 17, 2004, has been satisfied. Caribou County hereby withdraws the claim.

Diane Crawford

Diane Crawford,
Treasurer & Tax Collector

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

RECEIVED & FILED

MAY 02 2005

U.S. BANKRUPTCY COURT
PORTLAND, ME

**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 | <p align="center">How Scheduled</p> <p align="center">6118780</p> <p>Class: Not Scheduled</p> <p>Amount: Not Scheduled</p> <p align="right">10004834</p> <p align="center">This Space is for Court Use Only</p> |
| Name of Debtor (See Reverse for List of Debtors) Pegasus Satellite | | | |
| 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): CARIBOU CO. TAX COLLECTOR 07 6118780 | <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 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. | | |
| Name and address where notices should be sent: CARIBOU CO. TAX COLLECTOR 07 6118780 P.O. BOX 507 SODA SPRINGS, ID 83276 | | | |
| Telephone number: 1-208-547-3726 | | | |
| Account or other number by which creditor identifies debtor: Parcel # 75440-7544 A; B; C; D; E | | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____ | |
| 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 checked="" type="checkbox"/> Taxes / Property 2004 <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> 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: Jan. 1, 2004 | | 3. If court judgment, date obtained: | |
| 4. Total Amount of Claim at Time Case Filed: \$ <u>320.92</u> (unsecured) (secured) (priority) (Total) Based on 2003 taxes. 2004 Notices are mailed in mid-November. If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> 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. <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>Leased Satellite Equip.</u> Value of Collateral: \$ <u>21,820.</u> Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____ | | 7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4). <input type="checkbox"/> 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). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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. | |
| 6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> 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. | | This Space is for Court Use Only | |
| 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 9-17-04 | 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): <u>Diane Crawford, Treas.</u> <u>Diane Crawford, Treasurer</u> | | |
| 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. | | | |