

Lori Seals
Obion County Trustee
Phone : 731-885-0951

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2005 APR 32 PM 1:07
U.S. BANKRUPTCY COURT
PORTLAND, MAINE

P O Box 147
Union City, TN. 38281
Fax : 731-885-7515

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

April 27, 2005

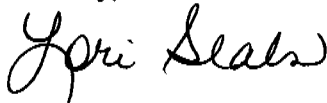
Re: Golden Sky Systems Inc (04-20878)

The attached copy of the proof of claim pertaining to Obion County, TN property taxes in the amount of \$291.00 has been satisfied. This claim was issued to the Court on 1-11-05 and payment was made to this office on 2-07-05. Enclosed is a copy of paid tax receipt.

Please consider this letter as a request from Obion County to hereby withdraw the claim.

If anymore information is needed, please contact me @ 731-885-0951.

Sincerely,



Lori Seals, Obion County Trustee

RECEIVED & FILED

MAY 02 2005

U.S. BANKRUPTCY COURT
PORTLAND, ME

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

2004
#6751

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



6119236

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):

OBION COUNTY TRUSTEE 07 6119236

- 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

Name and address where notices should be sent:

OBION COUNTY TRUSTEE 07 6119236
P.O. BOX 187
UNION CITY, TN 38281

10005292

Telephone number: 731-885-0951

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Account or other number by which creditor identifies debtor:

48NB-B-8.00P220

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:

10-1-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 291.00

(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: \$ _____

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 \$ _____

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 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):

1-11-05

Loni Seal, Obion Co. Justice

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.