



P.O. BOX 9
LEESBURG, GEORGIA 31763

OFFICE OF
MARTHA C. (BETTY) JOHNSON
TAX COMMISSIONER--LEE COUNTY

TELEPHONE: (229) 759-6015
FAX: (229) 759-6041

April 28, 2004

RECEIVED & FILED

MAY 02 2005

U.S. BANKRUPTCY COURT
PORTLAND, ME

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

RE: Pegasus Satellite Television

The attached copy of the proof of claim to Lee County, Georgia, account #2004-7855 in the amount of \$784.64 originally sent on October 19, 2004, has been satisfied. Lee County Tax Commissioner withdraws the claim.

Sincerely,

Martha C. Johnson
Tax Commissioner

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

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2005 APR 30 PM 11:08
U.S. BANKRUPTCY COURT
PORTLAND, MAINE



041385604061914532904643

Claim #

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor
Pegasus Satelliet TelevisionCase Number
04-20878**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):

Lee County Tax Collector

Name and address where notices should be sent:

Lee County Tax Collector
PO Box 9
Leesburg GA 31763

Telephone number:

- 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.

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor:
2004-7855Check 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:
1-1-04

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) _____ (secured) 784.64 (priority) 784.64 (Total) see a tache

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 claimAmount entitled to priority \$ 784.64

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)(____).

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.

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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

10-19-04

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):

Martha C. Johnson, Tax Commissioner