



Jeannine Turner, Finance Director

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MAINE
537 CONGRESS ST
PORTLAND ME 04101-3318

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U.S. BANKRUPTCY COURT
PORTLAND, MAINE

August 9, 2005

RE: Claim #896
Pegasus Satellite Television Inc.

Dear Bankruptcy Court,

City records show all four of the tax items included in our proof of claim dated 10/14/2004 totaling \$1,887.68 have been paid in full. The City of Springfield is hereby withdrawing its claim.

If you should have any questions or need additional information, please contact me at 269-965-8014.

Sincerely,

A handwritten signature in cursive script that reads "Jeannine Turner".

Jeannine Turner
Finance Director

*cc: Pegasus Satellite TV, c/o The Trumbull Group LLC, PO Box 721, Windsor, CT 06095-0721
Brian Hamm, CPA, Herbein+Company Inc, 1610 Medical Dr, Suite 210, Pottstown, PA 19464*

FORM B10 (Official Form 10) (04/04)

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)
GOLDEN SKY SYSTEMS INC

04-20882

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.

How Scheduled



Class:
Not Scheduled

Amount:
Not Scheduled

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U.S. BANKRUPTCY COURT
PORTLAND, MAINE
10005203

Name of Creditor (The person or other entity to whom the debtor owes money or property):
SPRINGFIELD CITY TREASURER 07 6119147

- 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.

Name and address where notices should be sent:

SPRINGFIELD CITY TREASURER 07 6119147
601 AVENUE A
SPRINGFIELD, MI 49015-1499

Telephone number:

Account or other number by which creditor identifies debtor:

43-1749060

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:

2001, 2002, 2003 & 2004

3. If court judgment, date obtained:

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

(unsecured) (secured) **\$1,887.68** **\$1,887.68**
(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 average 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: \$ **1,887.68**

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 in ward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(5).
- 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.

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.

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.

896 DMF
10/18/04

Date

10/14/2004

Sign and print the name and title, if any, of the creditor or other person authorized to file the claim (attach copy of power of attorney, if any):

JEANNINE TINSNER, FINANCE DIRECTOR

Penalty for presenting fraudulent claim: Fine of up to \$300,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.



INCOME TAX DEPARTMENT

October 13, 2004

Summary Sheet for Bankruptcy claim on Pegasus Satellite Television Inc, D.B.A. Golden Sky Systems Inc.

2004 Personal Property Winter tax	6.51	#000-121-00
2001 Corporate Income Tax	686.19	
2002 Corporate Income Tax	641.88	
2003 Corporate Income Tax	<u>553.10</u>	
Total Due	1,887.68	

Penalty and Interest calculated through 06/02/2004

Copy of Income Tax Proposed Assessments are enclosed.