

EXHIBIT B

United States Bankruptcy Court Southern District of New York		PROOF OF CLAIM 04-13638
In re (Name of Debtor) RCN Corporation		Case Number 04-13638

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Filed: USBC - Southern District of New York
RCN Corporation, Et Al.
04-13638 (RDD)

000000007



Name of Creditor
(The person or entity to whom the debtor owes money or property)
Honeywell International

Name and Addresses Where Notices Should be Sent
Debbie Jackson, Receivables Coordinator
Honeywell International Inc.
ACS Cash Services - MN10-2517
1985 Douglas Drive North
Golden Valley, MN 55422
Telephone No. 763-954-4267

- ☐ 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:
Security #1075337, 655808, 1181358, 1188600

Check here if this claim: ☐ replaces a previously filed claim, dated: _____
☐ amends

1. BASIS FOR CLAIM:

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (Describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed
from _____ (date) to _____ (date)

2. DATE DEBT WAS INCURRED:
7/15/03 - 4/8/04

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.

☐ SECURED CLAIM \$ _____
Attach evidence of perfection of security interest
Brief Description of Collateral:
☐ Real Estate ☐ Motor Vehicle ☐ Other (Describe briefly)

Amount of arrearage and other charges included in secured claim above, if any \$ _____

☒ UNSECURED NONPRIORITY CLAIM \$ 835.99
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

☐ UNSECURED PRIORITY CLAIM \$ _____
Specify the priority of the claim.

☐ Wages, salaries, or commissions (up to \$2000), earned not more than 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—U.S.C. § 507(a)(4)
☐ Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. § 507(a)(6)
☐ Taxes or penalties of governmental units—11 U.S.C. § 507(a)(7)
☐ Other—11 U.S.C. §§ 507(a)(2), (a)(5)—(Describe briefly)

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$ 835.99 (Unsecured) \$ (Secured) \$ (Priority) \$ 835.99 (Total)

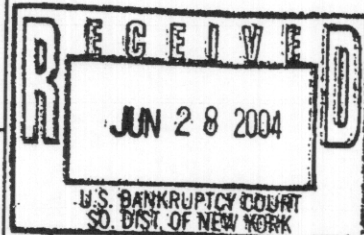
☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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COURT USE ONLY

Date
6/23/04

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)
Michael R. Ambrecht, Revenue Chain Mgr, NAR Service



1985 DOUGLAS DRIVE NORTH – MN10-2517
GOLDEN VALLEY, MN 55422

ACCOUNT NUMBER	Security Account # 1075337	RCN
		118-29 Queens Blvd.
DATE:	June 23, 2004	Forest Hills, NY 11375

DESCRIPTION	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
133-04-08963S	2803355	08-Apr-04	56.36		.00	56.36

1985 DOUGLAS DRIVE NORTH – MN10-2517
GOLDEN VALLEY, MN 55422

ACCOUNT NUMBER	Security Account # 1188600	RCN
		1133 York Ave
DATE:	June 23, 2004	New York, NY 10021

DESCRIPTION	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
133-75-04087S	2685375	08-Jan-04	123.69		.00	123.69
	2805726	08-Apr-08	36.30		.00	<u>36.30</u>
						159.99

1985 DOUGLAS DRIVE NORTH – MN10-2517
GOLDEN VALLEY, MN 55422

ACCOUNT NUMBER	Security Account # 1181358	RCN
		573 W 131 St
DATE:	June 23, 2004	New York, NY 10013

DESCRIPTION	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	PAYMENT DATE	PAYMENT AMOUNT	BALANCE
133-75-04084S	2497028	15-Jul-03	114.00		.00	114.00
	2548270	28-Aug-03	114.00		.00	114.00
	2655698	27-Nov-03	114.00		.00	114.00
	2762294	04-Mar-04	72.03		.00	<u>72.03</u>
						414.03