UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Debtor EXCEL TELECOMMUNICATIONS
VARTEC

Case Number
04-81694-SAF 11
04-81698-SAF-11

NOTE See Reverse for List of Debtors and Case Numbers

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 and Address

08311131146152

Hunter Lee
3010 N Ashford Ave
Rialto CA 92377-3837

☐ 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 this address differs from the address on the envelope sent to you by the court

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Creditor Telephone Number (626) 922-3984

Creditor Federal Tax ID 377 51 9595

Account Or Other Number By Which Creditor Identifies Debtor 9390226116

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

1 BASIS FOR CLAIM

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other (describe briefly) BROKE CONTRACT AGREEMENT
☐ 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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
$ 2,128.89 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 2,128.89 (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

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 your claim, please enclose a self-addressed, stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm on March 14 2005 for all creditors except Governmental Units For a governmental unit One hundred eighty (180) days after date relief ordered

BY MAIL TO
VarTec Telecom Inc
c/o BMC Group
PO Box 1011
El Segundo CA 90245-1011

BY HAND OR OVERNIGHT DELIVERY TO
VarTec Telecom Inc
c/o BMC Group (Telephone 888/909-0100)
1330 East Franklin Ave
El Segundo CA 90245

THIS SPACE FOR COURT USE ONLY

FILED
DEC 07 2004
BMC

DATE SIGNED 12-30-04

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)

Lee Hunter LEE HUNTER

Penalty for presenting fraudulent claim is a fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

Vartec Telecom Inc
00308

To whom it may concern,
I would like to request refund payments for memberships for myself $744 wife $744 my son $399 and for operational
cost $21 99x11=$241 89 Totals $2128 89
Thank-you!
Lee Hunter
Call (626)922-3984
12-03-04

GSI Global Power Leadership Team

GSI/VarTec Pre-Enrollment Form United States

Your Sponsor:	
United States Social Security Number:	572944819
Area Code:	909
Telephone Number:	4299551
First Name:	Phyllis
Last Name:	Hunter
Date of Birth:	8 16 54
Email Address:	levoice2001@yahoo c(
Male or Female:	Female
Language (English or Spanish):	English
Mailing Address:	3010 N Ashford Ave

City: Rialto

State: CA

Zip Code: 92377

Country: United States

Credit Card Number: 4789472706100021

Credit Card Expiration Date: 09/04

Choose a Credit Card Payment or Bank Payment—Not Both

Bank Account Number:

Bank Routing Number:

Name of Bank:

Mother's Maiden Name. Franklin

Current Local Telephone Provider: SBC

Current Long Distance Provider· SBC

Choose Your Level of Participation:

Training Director $744

Choose 1 option:

My Line Comlete $0 Upfront Cost

BizOpp Alliance ID# Enter if You are a Member of BizOpp Alliance

Please press the submit button only one time.
You will be redirected to the PowerECoaches website once this form is successfully submitted.

Last Name*	Lee
First Name	Hunter
Street Address	3010 N Ashford Ave
City	Rialto
State*	CA
Zip Code	92377
Country	United States
Area Code	310
Phone Number*	597 5656
Email Address*	thatone0001@yahoo c
(Telecom Customers Only) Current Local Provider	SBC oops you need to complete this field
(Telecom Customers Only) Current Long Distance Provider	SBC oops you need to complete this field
United States Social Security Number	552 61 9656
Mothers Maiden Name	Polk
Date of Birth	4 4 80
Gender	MALE
Language (English or Spanish)	English
Credit Card Type	MasterCard
Credit Card Number	4789 4727 0610 0021
Credit Card Expiration Date	09/04
Name on Credit Card	Lee Hunter

Choose a Credit Card Payment or Bank Payment—Not Both

Bank Account Number	Enter if no Credit Card
Bank Routing Number	Enter if no Credit Card
Name of Bank*	Enter if no Credit Card

POWER TOOLS

PASSWORD COOKIEMAN

Washington Mutual

STATEMENT OF ACCOUNT

THE FEE FOR EACH OVERDRAWN TRANSACTION,
WHETHER PAID OR RETURNED, IS $21 00

TO REACH CUSTOMER SERVICE, PLEASE CALL
TELEPHONE BANKING AT 1-800-788-7000

126,855

12-E-83

LEE V HUNTER
PHYLLIS J HUNTER
3010 N ASHFORD AVE
RIALTO CA 92377-3837

STATEMENT PERIOD:
FROM 01-22-04
THRU 02-19-04

23

YOU MAY BE PROMPTED TO SELECT A TELEPHONE ACCESS CODE TO PROVIDE MORE PROTECTION FOR ACCOUNT INFORMATION THROUGH OUR AUTOMATED PHONE SERVICE TO SELECT YOUR PERSONALIZED TELEPHONE ACCESS CODE, PLEASE CALL (800) 788-7000, OPTION 5-1

FREE CHECKING — WASHINGTON MUTUAL BANK, FA — FDIC INSURED

LEE V HUNTER
PHYLLIS J HUNTER

ACCOUNT NUMBER 871-400293-2

BEGINNING BALANCE	TOTAL WITHDRAWALS	TOTAL DEPOSITS	ENDING BALANCE
3,212.66	9,783.60	9,549.00	2,978.06

YTD INTEREST PAID 00
YTD INTEREST WITHHELD 00

DATE	WITHDRAWALS	DEPOSITS	TRANSACTION DESCRIPTION
01/22		1 137 39	MTA REG SALARY MTA010023
01/22	21 99		VISA-EXCEL *IR HOMESIT972-930-0695 TX
01/22	744 00		VISA-EXCEL *IR HOMESIT972-930-0695 TX
01/22	10 06		VISA-CHEVRON #00207887 SAN DIMAS CA
01/26	131 44		POS COSTCO WHOLE 11800 4TH STREET RANCHO CUCAMO 23 0125
01/26	24 12		POS COSTCO GAS # 11800 4TH STREET RANCHO CUCAMO 81 0125
01/26	300 00		CAPITAL ONE ONLINE PMT 402439960049256
01/27	62 42		PROT LIFE UL INS PREM XXXXX5894
01/28	98 98		POS SAM'S CLUB 6614 WAL-SAMS EL MONTE 38 0128
01/28	38 50		POS TRADER JOE'S 604 WEST HUNTINGTON DRMONROVIA 00 0128
01/29	399 00		VISA-EXCEL *IR HOMESIT972-930-0695 TX
01/29	21 99		VISA-EXCEL *IR HOMESIT972-930-0695 TX
01/29	5 00		ADVANCE FEE
01/29		100 00	AUTO ADVANCE FROM ODLOC
01/30	5 00		ADVANCE FEE
01/30		250 00	AUTO ADVANCE FROM ODLOC
02/02	27 72		POS ARCO PAYPOIN 460 S WORKMAN MILL ROACITY OF INDUS 57 0131
02/02	247 15		VISA-NATURES SUNSHINE U800-223-8225 UT
02/03	61 86		ELEC CHECK# 002764 PIERCEY FONTANA FONT CA
02/03	5 00		ADVANCE FEE
02/03		100 00	AUTO ADVANCE FROM ODLOC
02/04		2,500 00	ING DIRECT PAYMENT XXXXXXXXXXX9217
02/05	2,325 00		CUSTOMER WITHDRAWAL
02/05	450 00		PAYMENT TRANSFER TO ODLOC
02/05		1,780 33	MTA REG SALARY MTA010023
02/09	21 32		POS COSTCO WHOLE 1099 E HOSPITALITY LASAN BERNARDIN 34 0207
02/09	23 29		POS COSTCO GAS # 1099 E HOSPITALITY LASAN BERNARDIN 35 0207
02/09	89 73		POS COSTCO WHOLE 11800 4TH STREET RANCHO CUCAMO 39 0208
02/10	102 37		POS SAM'S CLUB 6614 WAL-SAMS EL MONTE 18 0210
02/11		451 13	ATM-NCHG S1C08336 8905 LAS TUNAS DRIVE TEMPLE CITY 32 0211

 (CONTINUED ON NEXT PAGE)