FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT Northern DISTRICT OF Texas - Dallas **PROOF OF CLAIM**

Name of Debtor	Case Number
Excel Telecommunications Inc	04-81698-SAF-11

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)
Oregon Public Utility Commission

Name and address where notices should be sent
Oregon Public Utility Commission
PO Box 2148
Salem OR 97308-2148
Telephone number 503-373-7949

☐ 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
7232

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

1 Basis for Claim
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
XX Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Your SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred October 2004

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 192.79
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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 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 $4 650) * 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 $2 100* 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)
XX 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

8 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

9 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

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FILED
FEB 16 2005
BMC

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)
2/8/05	Victoria L McLean, Administrator, Central Services

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

Vartec Telecom Inc
01425

OREGON PUBLIC UTILITY COMMISSION REPORT
RESIDENTIAL SERVICES PROTECTION FUND

Telecommunications Company Name and Business Office Address	Report Month/Year
Carrier Excel Telecommunications, Inc.	☒ Quarterly ☐ Monthly
Address 2440 Marsh Lane	
City/State Carrollton, TX 75006	Report due by last day of month/quarter following report period
Zip 75006	
Company Email Address	**COMPANY ID#** R7232

PUC JAN-11 05 9:51

Company Reporting as a(n)

- ☐ ILEC
- ☒ CLEC
- ☐ Radio Common Carrier (wireless)

1	Number of telephone exchanges in use in Oregon	1 0
2	Number of access lines/instruments billed during report period	2 4040
3	Adjustments	
	a Unpaid access line/instrument billings	3a
	b Number of lines paid by others due to interconnection agreements with _____	3b
	c Exempt lines	
	i No dial out capacity	3c i
	ii Pagers (without dial out capability)	3c ii
	iii Coin operated instruments	3c iii
	iv Security system lines	3c.iv
	Other (explain below)	
	v	3v
	vi	3c vi
	d Total Adjustments (lines 3a through 3c)	3d 0
4	Number of lines/instruments subject to surcharge (lines 2 + 3d)	4 4040
5	Current surcharge per line/instrument	5 $0 13
6	Surcharge amount due (line 4 x line 5)	525.20 *
7	If this is a final report, please check this box ☐	

Signature Required	I certify this report is true and correct and complies with ORS 759 690(7)	Date	Telephone
	Mary Pero	1/20/05	972-478-3606

For assistance or information, please call Damara Paris at 1-800-735-1232, extension 503-373-1413, E-mail address damara paris@state or us

Make checks payable to Public Utility Commission

*(Pls. see attached letter)

Mail report and payment to
Public Utility Commission
Residential Service Protection Fund
PO Box 2153
Salem OR 97308-2153

PUC Form 751 (31000) (Revised 11/27/2001)

Oregon
Public Utility Commission
550 Capitol Street NE Suite 215
PO Box 2148
Salem, OR 97308 2148

REC'D FEB 16 2005

VARTEC C/O BMC GROUP
PO BOX 1011
EL SEGUNDO CA 90245-1011