PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Debtor: 75-2264299

Case Number: 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:

08311341010406

Tds Leslie County Telephone Co
Ginny Klein
NW 8702
PO Box 1450
Minneapolis, MN 55485-8702

Creditor 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 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 Federal Tax ID: 61-0258070

Account Or Other Number By Which Creditor Identifies Debtor: 0411

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) _____
☐ 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: 6-4-3

3. IF COURT JUDGMENT, DATE OBTAINED:

4. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: $ 558.53 (unsecured) $ _____ (secured) $ _____ (unsecured 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 arrearage and other charges at time case filed included in secured claim, if any: $ _____

6. UNSECURED NONPRIORITY CLAIM $ 558.53

☑ 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

MAR 11 2005

BMC

Vartec Telecom, Inc.

02530

DATE SIGNED: 3/9/5

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):

Marian B. Jacobson
Administrator - Bill Ops

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

Carrier	Company		CIC	FG	State	Cycle	BAN	Invoice #	Due Date		Bal Due	Month
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	04339	1/4/2005	$	20 77	(C) 60 90
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	04309	12/3/2004	$	112 66	(D) 90 120
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	04278	11/4/2004	$	136 30	(E) 120 150
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	04248	10/4/2004	$	109 03	(F) 150 180
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	04217	9/3/2004	$	120 77	(G) Over 180
EXCEL COMMUNIC	LESLIE COUNTY TELEPHONE COMPANY	KY	0457	D	KY	4	04110457D3	03155	7/3/2003	$	59 00	(G) Over 180

$ 558 53