PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Debtor
Excel Telecommunications Inc

Case Number
04-81698

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

☐ 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

Name of Creditor and Address

08311131144591

Casey B Knutson
19 S De Gaulle St
Aurora CO 80018-1547

Creditor Telephone Number ( ) 303-870-2420

Creditor Federal Tax ID
523-53-2226

Account Or Other Number By Which Creditor Identifies Debtor
75-2264299

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 # 2226
Unpaid compensation for services performed from 8/04 (date) to 10/04 (date)

2 DATE DEBT WAS INCURRED 8/2004 - 9/2004

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

$	$	$	$
(unsecured)	(secured)	545.00 (unsecured priority)	545.00 (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 $ 545.00

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 14 2005
BMC

Vartec Telecom Inc
02807

DATE SIGNED
3-11-05

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)

Casey Knutson

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

WELLS FARGO

For 24 Hour Customer Service Call 800 642 4720
TDD for Hearing/Speech Impaired 800 419 2265
Outside the US Call Collect 925 825 7600

WELLS FARGO
VISA

Account Number	[redacted]
Statement Closing Date	10/04/04
Credit Line	$1,000
Available Credit	$1,000

Send Inquiries To
WELLS FARGO CARD SERVICES PO BOX 522 DES MOINES IA 50302 0522
Send Payments To
WELLS FARGO CARD SERVICES PO BOX 30086 LOS ANGELES CA 90030-0086

Account Summary	
Previous Balance	$0 00
- Credits	$0 00
- Payments	$470 96
+ Purchases & Other Charges	$470 96
+ Cash Advances	$0 00
+ **FINANCE CHARGE**	**$0 00**
= New Balance	$0 00

Payment Information	
New Balance	$0 00
Scheduled Minimum Payment	$0 00
Scheduled Payment Due Date	10/29/04

Rate Information

YOUR RATE MAY VARY ACCORDING TO THE TERMS OF YOUR AGREEMENT
NOTICE SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

0-14589 1-2

Type of Balance	Corresponding ANNUAL PERCENTAGE RATE	Daily FINANCE CHARGE Rate	Average Daily Balance
PURCHASE(S)	7 90%	02164%	$0 00
CASH ADVANCE(S)	22 30%	06109%	$0 00

Composite ANNUAL PERCENTAGE RATE 22 30% — **Days in Billing Cycle 32**

Transactions

Trans Post	*Reference Number*	*Description*	*Credits*	*Charges*
09/05 09/05	2445501L976ABGGKM	SUBWAY # 25355 CENTENNIAL CO		15 63
09/10 09/10	2469216LE001DYG6X	EXCEL *IR HOMESITE 972-930 0695 TX		345 00
09/10 09/10	7446539LE0A94J8X6	ONLINE PAYMENT	15 63	
09/11 09/11	2439900LF4491H55F	WALGREEN 00014597 DENVER CO		8 49
09/20 09/20	2427076LR60A5LVGQ	DU BOOKSTORE DENVER CO		101 84
09/28 09/28	7446539M10A8SQQHJ	ONLINE PAYMENT	455 33	

Paid #400.00 Cash 8/2004 + above credit card pymt 9/04

Detach and mail with check payable to Wells Fargo so that your payment is received no later than the "Payment Due" date See reverse for important additional information

9596 0008 VFD 1 7 2 041004 Page 1 of 4 5581 6540 ST41 01DE5596 299201

Have received only $200 of my commission due

Account Number	4465 4000 1968 1040
New Balance	$0 00
Scheduled Minimum Payment	$0 00
Scheduled Payment Due Date	10/29/04

Amount Enclosed $

00000000000000044654000196810409

VFD 57

Print changes below or call 800-642-4720

Home ( )

WELLS FARGO CARD SERVICES
PO BOX 30086
LOS ANGELES, CA 90030 0086

CASEY B KNUTSON
19 S DEGAULLE ST
AURORA CO 80018

299201