UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

THIS SPACE IS FOR COURT USE ONLY

Debtor

Case Number

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

08311360041168

Pratt, Richard
236 Philip Ln
Ephrata, PA 17522-9704

☐ 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 ( )

Creditor Federal Tax ID

Account Or Other Number By Which Creditor Identifies Debtor

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) 650 CONTRACT with Deposit money RETURN - GUARANTEED
☐ 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 $ 50 00 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 50.00 (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 $ 50.00

☑ 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 15 2005
BMC

DATE SIGNED 3-10-05

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)

Richard A Pratt

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
03019

INDEPENDENT REPRESENTATIVE (IR) APPLICATION AND AGREEMENT

10752

YOU MUST PRINT IN BLUE OR BLACK INK!

EXCEL TELECOMMUNICATIONS INC
P O Box 650582 • Dallas, Texas 75265 0582

1. APPLICANT INFORMATION

Circle One Mr Miss Ms Mrs Other _____

LAST NAME | FIRST NAME | M I

HOME TELEPHONE NUMBER

MAILING ADDRESS INCLUDE APT # (This will be your shipping address for all correspondence and kits P O Boxes cannot be used)

COMPANY NAME (Enter company name only if company is to receive commission)

BUSINESS TELEPHONE NUMBER

CITY | STATE | ZIP

2. APPLICANT EXCEL ID

THE FOLLOWING NUMBER WILL SERVE AS YOUR EXCEL IDENTIFICATION NUMBER ON ALL DOCUMENTATION

If you are joining Excel as an **Individual Representative,** fill in your SOCIAL SECURITY NUMBER
If you are joining Excel as a **business,** fill in your FEDERAL EMPLOYER'S IDENTIFICATION NUMBER

3 MANAGEMENT SERVICES PROGRAM

Please enroll me in Excel s optional Management Services Program I understand this program includes the Managing Representative Package the Excel Managing Representative Training Program and Corporate Office Support Services In addition I will receive downline reports and the company newsletter for the entire year The training is available on a local basis as well as at the Corporate Office I understand that it is my responsibility to locate and attend an MR training class and that I may call 214 705 5555 for assistance The training is of 3-4 hours duration regarding Excel customer services and IR procedures and techniques and is conducted by trainers equipped certified and paid by Excel **I UNDERSTAND MY PURCHASE OF MANAGEMENT SERVICES IS NON-REFUNDABLE UNDER ANY CIRCUMSTANCES**

INITIALS **$195- Management Services Package includes all monthly reports, subscription to corporate newsletter and other sales literature**

☐ Personal Check ☐ Cashier's Check ☐ Money Order *Make payable to Excel Telecommunications, Inc*

4. SIGNATURE

I hereby apply to become an Independent Representative for Excel Telecommunications Inc (ETI) I have read carefully and agree to abide by all provisions of the Terms and Conditions which are printed on this application and all published Policies and Procedures of ETI My sponsor has explained to me that the Management Services purchase is non refundable and that becoming an Excel customer is not required I understand that this agreement is valid only if accompanied by a $50 refundable deposit or if I herein enroll in Excel s optional Management Services Program (This refundable deposit is not applicable to residents of Georgia Kentucky Louisiana Minnesota, Nebraska South Dakota West Virginia or where prohibited by law) I understand if I elect not to purchase the optional Management Services Program Excel will supply at no cost a starter kit with necessary literature and sales aids to start my Excel business Upon termination of my distributorship and upon my written request Excel will unconditionally refund this non-commissioned application deposit within 30 days from the date requested

I understand that the $50 00 refundable application deposit is waived if I have enrolled in the optional Management Services Program A participant in this Network Marketing plan has a right to cancel at any time regardless of reason Cancellation must be submitted in writing to the company at its principal business address. P O Box 650582 Dallas TX 75265-0582

X _____ _____
Signature *Date*

5 SPONSOR INFORMATION

OPTION The MR Excelerator Kit may be sent to the Sponsor at the address below The newly sponsored MR must approve by initialing this box INITIALS

SPONSOR S LAST NAME | FIRST NAME | EXCEL ID #

MAILING ADDRESS (NO P O Boxes U P S will not deliver) | APT #

CITY | STATE ZIP | TELEPHONE NUMBER

6 FOR OFFICE USE ONLY

Amount Paid _____

Check Number _____

Received By _____

Batch # _____

TO BE YOUR FIRST CUSTOMER, FILL IN THE FOLLOWING INFORMATION. THE TWO PORTIONS OF THIS FORM WILL BE SEPARATED DURING PROCESSING.

SERVICE REQUEST FORM

ENTER APPLICANT EXCEL ID # FROM 2 ABOVE

1 PHONE NUMBERS FOR SERVICE

The following number(s) at the address below will receive the service requested

MAIN TELEPHONE NUMBER (Required) | SECOND TELEPHONE NUMBER ON SAME BILL | THIRD TELEPHONE NUMBER ON SAME BILL

Please print name and address **exactly** as it appears on your local phone bill

LAST NAME | FIRST NAME | SOCIAL SECURITY #

ADDRESS | APT # | CITY | STATE ZIP

2. SELECT YOUR SERVICE

Initial the service you are requesting

INITS **ExcelPlus II℠** I understand I will be enrolled in the ExcelPlus II calling program which is designed especially for personal residential customers with $100 or less of long distance usage per month I will automatically receive a 30% discount on all domestic long distance calls to non-Excel customers I will also receive a 50% discount on all calls to Excel residential and small business customers I will be charged a $1 monthly service fee

INITS **PremierPlus II℠** I understand I will be enrolled in the PremierPlus II calling program which is designed especially for personal residential or small business customers with $250 or less of long distance usage per month I will automatically receive a 30% discount on all domestic long distance calls to non Excel customers I will also receive a 50% discount on all calls to Excel residential and small business customers All calls will be discount priced flat rate per minute calls and there is a nominal $3 monthly service fee

3. ADDITIONAL SERVICES

Initial the service you are requesting

Must request ExcelPlus II or PremierPlus II service and complete the information above to request additional services on this form

INITS **Excel WorldNet℠** (Available Aug 1 1995) My Excel WorldNet calling program is especially designed for my international calling needs I will automatically receive a 20% discount off Excel's standard WorldNet international rates There is no set-up charge I pay only a $3 monthly service fee

INITS **My 800℠** There is no set up charge I pay only $3 50 a month plus long distance charges This number will ring at and be billed to the Main Telephone Number I have indicated

INITS **Calling Cards** I request _____ calling cards (limit 2)

INITS **Account Codes** Check number of digits desired ☐ 2 ☐ 3 ☐ 4
$10 00 monthly fee (Available only with PremierPlus II)

4 REQUEST FOR SERVICE

This Letter of Agency shall be in effect upon its receipt and acceptance by Excel Telecommunications Inc at its Corporate Office in Dallas Texas I authorize you to inform my local telephone company that I have selected Excel Telecommunications Inc to be my primary long distance service for 1+ equal access dialing I understand that I may designate only one long distance service I understand my local telephone company can access a service charge for each line changed This Letter of Agency shall remain in effect until I revoke the same in writing I certify that I am at least 18 years of age and that I have the proper authority to sign this Letter of Agency I understand that Excel or a provider chosen by Excel will be the network provider for my long distance traffic

Signature X _____ *Date* _____

WHITE EXCEL YELLOW SPONSOR PINK APPLICANT DO NOT COPY OR DUPLICATE Form #1000 7/95