FORM B10 (Official Form 10) (04/04)

United States Bankruptcy Court Northern District of Texas

PROOF OF CLAIM

REC'D JUN 0 3 2005

Name of Debtor	Case Number
EXCEL COMMUNICATIONS	04-81694-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)
SUMMIT COUNTY TREASURER

Name and address where notices should be sent
PO BOX 289
BRECKENRIDGE, CO 80424

Telephone number (970) 453-3440

❑ 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

XX 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

RECEIVED
MAY 16 2005
MARSHALL, TEXAS

This space is for Court Use Only

Account or other number by which creditor identifies debtor
9945460

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)

Last four digits of SS# _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2 Date debt was incurred 01-01-04

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 240 17 (unsecured) _____ (secured) _____ (priority) _____ (Total)

If all or part of your claim is secured or entitled to priority also complete Item 5 or 7 below

XX 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)
- ❑ 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 4/1/07 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

This Space Is for Court Use Only

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)
05-12-05	Larry Gilliland SUMMIT COUNTY TREASURER

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
03228

Insert airbill here

FedEx Express — US Airbill

FedEx Tracking Number 847432743719

LAX

90245 -CA-US AL AVXA

1A1863 [redacted]

1B1863

1 From

Date

Sender's Name — Phone

Company

Address

Dept/Floor/Suite/Room

City — State — ZIP

2 Your Internal Billing Reference

1F1863

3 To

Recipient's Name — Phone

Company

Recipient's Address

Will not deliver to PO Box — PO ZIP Code

Dept/Floor/Suite/Room

Address

To request package be held at specific FedEx location, print FedEx address here

City — State — ZIP

8474 3274 3719

155475F50

REV 6/04 RT

4a Express Package Service

FedEx Next Business Day

FedEx Second Business Day

FedEx 3Day Freight

FedEx Envelope rate not available. Minimum charge One pound rate

4b Express Freight Service *Packages over 150 lbs*

FedEx 1Day Freight Next Business Day

FedEx 2Day Freight Second Business Day

FedEx 3Day Freight

Call Confirmation

5 Packaging

Declared Value

FedEx Envelope*

FedEx Pak* Includes FedEx Small Pak and FedEx Large Pak and FedEx Sturdy Pak

FedEx Box

FedEx Tube

Other

6 Special Handling

SATURDAY Delivery Available ONLY for FedEx Priority Overnight, FedEx 2Day, FedEx 1Day Freight and FedEx 2Day Freight to select ZIP codes

HOLD Weekday at FedEx Location Not available for FedEx First Overnight

HOLD Saturday at FedEx Location Available ONLY for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

No

Yes As per attached Shipper's Declaration

Yes Shipper's Declaration not required

Dry Ice Dry Ice, 9, UN 1845 — kg

Dangerous goods (including Dry Ice) cannot be shipped in FedEx packaging

Cargo Aircraft Only

7 Payment *Bill to*

Enter FedEx Acct. No. or Credit Card No. below

Sender Acct. No. in Section 7 will be billed

Recipient

Third Party

Credit Card

Cash/Check

Total Packages	Total Weight	Total Declared Value†	Total Charges
		$ 00	

†Our liability is limited to $100 unless you declare a higher value. See back for details.

Credit Card Auth

8 Sign to Authorize Delivery Without a Signature

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Questions? Visit our Web site at fedex.com

or call 1-800-GoFedEx 1-800-463-3339

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