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REC'D JUN 30 2005

FORM B10 (Official Form 10) (04 04)

United States Bankruptcy Court **Northern District of Texas**

PROOF OF CLAIM

Name of Debtor: EXCEL TELECOMMUNICATIONS

Case Number: 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

U S BANKRUPTCY COURT
NORTHERN DISTRICT OF TEXAS
FILED
JUN 14 2005
TAWANA C MARSHALL CLERK
By _____ Deputy

This space is for Court Use Only

Name of Creditor (The person or other entity to whom the debtor owes money or property): MINERAL COUNTY

☐ 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

Name and address where notices should be sent:

MINERAL COUNTY TREASURER
PO BOX 70
CREEDE, CO 81130

Telephone number (719)658-2325

Account or other number by which creditor identifies debtor: 88030 S

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
- ☒ 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 Jan 1, 2005 (date) to _____ (date)

2 Date debt was incurred January 1, 2005

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 27.78 (unsecured) _____ (secured) _____ (priority) $28.06 as of 5/31/05 (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 $
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.*

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

Vartec Telecom Inc
03236

Date: May 25, 2005

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): Patti Payne Mineral 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

STATE ASSESSED PROPERTY
LATTE FAYNE
MINERAL COUNTY TREASURER
1201 NORTH MAIN ST
PO BOX 70
CREEDE COLORADO 81130
(719) 658-2325

JANUARY 2005
TAX NOTICE FOR 2004

PRINTED 05/02/2005
DUPLICATE

TAX DIST	TAX ENTITY	DOLLAR PER THOUSAND	TAX
11	MULTIPLE JURISDICTION	69.413	27.78

PLEASE MAKE CHECKS PAYABLE TO THE ABOVE COUNTY TREASURER

MINERAL COUNTY TREASURER
88030-S

EXCEL TELECOMMUNICATIONS INC
PROPERTY TAX DEPT
1600 VILLAGE DRIVE
DALLAS TX 75235

PROPERTY LOCATION

LAND VALUE	PERS OR IMP VALUE	TOTAL VALUE	TOTAL $/THOUSAND	TOTAL TAX
				27.78

LEGAL DESCRIPTION

DST VALUE

ADDRESS CHANGE REQUESTED
STATE ASSESSED 15844

11B 400

SCHOOL DISTRICT GENERAL FUND IS DOLLARS PER THOUSAND WITHOUT STATE AID IT WOULD HAVE BEEN

PLEASE RETAIN THE TOP PORTION AND RETURN THE APPROPRIATE STUB WITH YOUR PAYMENT TO TREASURER'S OFFICE

MINERAL COUNTY
FULL PAYMENT
DUE LAST DAY OF APRIL
PAGE 2 TAX YR 2004

SCHEDULE NO TAX DIST
88030 S
OWNER
EXCEL TELECOMMUNICATIONS

DUPLICATE
TAX $27.78
PENALTY
INTEREST
TOTAL $27.78

☐ CHECK HERE IF RETURN RECEIPT REQUESTED

MINERAL COUNTY
SECOND HALF PAYMENT
DUE BY JUNE 15TH
PAGE 2 TAX YR 2004

SCHEDULE NO TAX DIST
88030 S
OWNER
EXCEL TELECOMMUNICATIONS

DUPLICATE
TAX $13.89
PENALTY
INTEREST
TOTAL $13.89

☐ CHECK HERE IF RETURN RECEIPT REQUESTED

MINERAL COUNTY
FIRST HALF PAYMENT
DUE LAST DAY OF FEBRUARY
PAGE 2 TAX YR 2004

SCHEDULE NO TAX DIST
88030 S
OWNER
EXCEL TELECOMMUNICATIONS

DUPLICATE
TAX $13.89
PENALTY
INTEREST
TOTAL $13.89

☐ CHECK HERE IF RETURN RECEIPT REQUESTED

FedEx

FedEx Tracking Number 847432743708

[redacted]

Name BMC Phone 310 321 5601

Company VARTEC USBC NDTX

Address 1 [illegible] E FRANKLIN AVE

Dept./Floor/Suite/Room

City EL SEGUNDO State ZIP CA 90245

2 Your Internal Billing Reference

3 To

Recipient's Name ALISON KEENY Phone [illegible]

Company BMC CORP / VARTEC

Recipient's Address [illegible] FRANKLIN AVE

We are not deliv PO boxes or PO ZIP co

Dept./Floor/Suite/Room

Address

To request a package be held at specific FedEx location print FedEx address

City EL SEGUNDO State ZIP CA

8474 3274 3708

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ADM030105

0200

4a Express Package Service

FedEx Priority Overnight Next business morning

FedEx Standard Next business day

FedEx 2Day Second business day

FedEx Express Third business day

FedEx Envelope rate not available. Minimum charge One pound

4b Express Freight Service

FedEx 1Day Freight* Next business day**

FedEx 2Day Second business day

Call for Confirmation

5 Packaging

FedEx Envelope*

FedEx Pak* Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sh

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 Weekend at FedEx Location Not available for FedEx First Overnight

Does this shipment contain dangerous goods? One of the boxes must be checked

No

Yes As per attached Shipper's Declaration

Yes Shipper's Declaration not required

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

7 Payment Bill to

Enter FedEx Acct No or Credit Card

Sender Acct No in section 1 will be billed

Recipient

Third Party

[redacted]

Total Packages

[redacted]

Total Weight

*Our liability is limited to $1 unless you declare a higher

8 Sign to Authorize Delivery Without a Sig

FedEx PRIORITY OVERNIGHT

emp 218904 29JUN05

TRK# 8474 3274 3708 FORM 0200

LA

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