FORM B10 (Official Form 10) (4/04)

United States Bankruptcy Court for the NORTHERN District of TEXAS | **PROOF OF CLAIM**

Name of Debtor: **EXCEL TELECOMMUNICATIONS, INC**

Case Number: **04-81698-HDH-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 of 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)
Sylena Sanders

Name and Addresses Where Notices Should be Sent
Sylena Sanders
186 Jackson Street
Barnwell, SC 29812

Telephone Number (803) 259-3462

☐ 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

This space is for Court use

Account or other number by which creditor identifies debtor
Money Order #0711907 4327

Check here ☐ replaces a previously filed claim dated _____
if this claim ☐ amends

1 BASIS FOR CLAIM
☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☒ Other Independent Representative agreement & Training Director agreement

☐ Retiree benefits as defined in 11 U S C 1114(a)
☐ Wages salaries and compensations (Fill out below)

Last four digits of SS #

Unpaid compensations for services performed
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
October 26, 2004

3 IF COURT JUDGMENT DATE OBTAINED

4 Total Amount of Claim at Time Case Filed $ 648.00 (unsecured) $ — (secured) $ — (priority) $ 648.00 (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 $ 648.00
☒ Check this box if a) there is no collateral or lien securing your claim or b) you claim exceeds the value of the property securing it or 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 for 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 liens 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 the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

THIS SPACE FOR COURT USE ONLY

FILED
FEB 17 2006
BMC

DATE SIGNED: 2/15/06

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)
Sylena Sanders

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
03347

February 15, 2006

Sylena Sanders
186 Jackson Street
Barnwell SC 29812
(803) 259-3462

Vartec Telecom, Inc
c/o BMC Group
1330 E Franklin Avenue
El Segundo, California 90245

Dear BMC Group

I Sylena Sanders, sent a United States Postal Service money order (#07119074327) along with my applications for Training Director and Independent Representative to Excel Telecommunications, Inc on October 26 2004 to become an Independent Representative and Training Director I also sent a cancellation letter to Excel's Cancellation Refund Group on October 28, 2004 requesting immediate full refund for my payment into their Training Director and Managing Representative Position Unfortunately within 5 business days Excel Telecommunication, Inc filed bankruptcy and I never received my refund nor was the money order returned to me

I have enclosed as much information that I could find, unfortunately, during my moved since this bankruptcy case began, many of my documents were destroyed with water including my copy of the Independent Representative Application and Training Director agreements I sent to you You should be able to verify my claim through the money order listed above and my Sponsor s Excel Global ID# 3288626111 I would appreciate if you would refund my total amount of $648 00 I would like to resolve this matter as soon as possible Please feel free to contact me at the above address

Sincerely

Sylena Sanders

USE THIS RECEIPT FOR RECORDS

PAY TO: EYCEL Communication

ADDRESS: P.O. Box 650582

C.O.D. OR USED FOR: Dallas, Tx 75265-0582

SEE BACK OF THIS RECEIPT FOR IMPORTANT CLAIM INFORMATION

NOT NEGOTIABLE

SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	AMOUNT	CLERK
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Time Accepted ☐ AM ☐ PM	Scheduled Time of Delivery ☐ Noo ☐ 3 PM	COD Fee $ / Insurance Fee $
Flat Rate ☐ or Weight lbs ozs	Military ☐ 2nd Day ☐ 3 d Day	Total Postage & Fees $
	Int l Alpha Country Code	Acceptance Emp Initials

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Delivery Attempt Mo Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Attempt Mo Day	Time ☐ AM ☐ PM	Employee Signature
Delivery Date Mo Day	Time ☐ AM ☐ PM	Employee Signature

CUSTOMER USE ONLY

☐ **WAIVER OF SIGNATURE** *(Domestic Mail Only)*
Additional merchandise insurance is void if customer requests waiver of signature
I wish delivery to be made without obtaining signature of addressee or addressee s agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee s signature constitutes valid proof of delivery

☐ **NO DELIVERY** ☐ Weekend Holiday ☐ Mailer Signature

FROM (PLEASE PRINT) PHONE ( )

Chuck J
626 Water St

TO (PLEASE PRINT) PHONE ( )