FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS		PROOF OF CLAIM
Name of Debtor: EZ TALK COMMUNICATIONS, INC.	Case Number: 04-00828	Check Bankruptcy Chapter: ___ 7 ___ 12 _X_ 11 ___ 13
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): MISSOURI PUBLIC SERVICE COMMISSION Name and address where notices and/or payments should be sent: Christie A. Kincannon, AAG Attorney General's Office P.O. Box 899 Jefferson City, MO 65102 Telephone number: 573-751-0662 E-mail address: christie.kincannon@ago.mo.gov	___ Check if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ___ Check if you have never received any notices from the bankruptcy court in this case. _X_ Check if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:	Check here if ___ replaces this claim ___ amends a previously filed claim dated _____	

1. Basis for Claim

___ Goods Sold
___ Services Performed
___ Money Loaned
___ Personal injury/wrongful death
___ Taxes
_X_ Other: Fees

___ 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: Various dates

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 3,836.97 (Claim may be general unsecured unless you complete #5 or #6.)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
_____ **Check 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 if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
___ Real Estate ___ Motor Vehicle
___ Other: _____
Value of Collateral: $_____
(Fair market value must be provided or claim may be considered as general unsecured)
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 security it, or if c) non or only part of your claim is entitled to priority.

7. Unsecured Priority Claim

___ Check if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim below:
___ Wages, salaries, or commissions (up to $4295),* 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 4/1/98 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 debt have 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. **Supporting documentation showing public assistance amounts and dates received is available upon request.**
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 FOR COURT USE ONLY

Date	Electronically sign and affix your title, if any, of the creditor or other person authorized to file this claim.
July 21, 2004	Christie Kincannon Christie A. Kincannon, AAG christie.kincannon@ago.mo.gov

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.

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS		PROOF OF CLAIM
Name of Debtor: DELTA PHONES, INC.	Case Number: 04-00823	Check Bankruptcy Chapter: ___ 7 ___ 12 _X_ 11 ___ 13
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): MISSOURI PUBLIC SERVICE COMMISSION Name and address where notices and/or payments should be sent: Christie A. Kincannon, AAG Attorney General's Office P.O. Box 899 Jefferson City, MO 65102 Telephone number: 573-751-0662 E-mail address: christie.kincannon@ago.mo.gov	___ Check if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. ___ Check if you have never received any notices from the bankruptcy court in this case. _X_ Check if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor:	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
_X_ Other: Fees

___ 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: Various dates

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: $ 7,751.33 (Claim may be general unsecured unless you complete #5 or #6.)
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
_____ **Check 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 if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
___ Real Estate ___ Motor Vehicle
___ Other: _____
Value of Collateral: $_____
(Fair market value must be provided or claim may be considered as general unsecured)
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 security it, or if c) non or only part of your claim is entitled to priority.

7. Unsecured Priority Claim

___ Check if you have an unsecured priority claim
Amount entitled to priority $_____
Specify the priority of the claim below:
___ Wages, salaries, or commissions (up to $4295),* 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 4/1/98 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 debt have 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. **Supporting documentation showing public assistance amounts and dates received is available upon request.**
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.

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Date	Electronically sign and affix your title, if any, of the creditor or other person authorized to file this claim.
July 21, 2004	Christie A. Kincannon, AAG christie.kincannon@ago.mo.gov

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