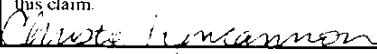


UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS		PROOF OF CLAIM
Name of Debtor: DELTA PHONES, INC.	Case Number: 04-00823	Check Bankruptcy Chapter: 7 12 X 11 13
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" 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. ☒ 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 ☒ 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 _____ to _____ (date) (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.) <i>If all or part of your claim is secured or entitled to priority, also complete item 5 or 7 below.</i> ☐ 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: \$ _____	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)(____). <i>*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.</i>	
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. 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. <u>Supporting documentation showing public assistance amounts and dates received is available upon request.</u> 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 July 21, 2004	Electronically sign and affix your title, if any, of the creditor or other person authorized to file this claim.  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.		