

ORIGINAL

UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS
(Eastern Division)

In Re:

ESSENTIAL.COM, INC. : Chapter 11
Debtor : Case No. 01-15339-WCH

RESPONSE OF UNIVERSAL SERVICE ADMINISTRATIVE COMPANY TO
PLAN TRUSTEES FIRST OMNIBUS OBJECTION TO PROOFS OF CLAIM

Now comes Universal Service Administrative Company ("USAC") who hereby responds to Plan Trustee's First Omnibus Objection to Proofs of Claim as follows:

1. On or about January 29, 2002 USAC filed an amended proof of claim, which includes an unsecured claim in the sum of \$ 60,720.46. A copy of the date stamped Proof of claim is attached hereto and marked Exhibit "A".
2. USAC requests that its general unsecured claim in the amount of \$60,720.46 be allowed and that the Plan Trustee dismiss his objection to USAC's proof of claim.

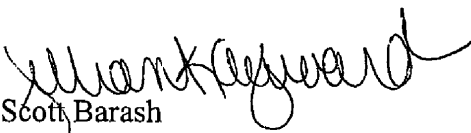
AUS _____
CAF _____
CMP _____
COM _____
CTR _____
ECR _____
GCL _____
OPC _____
MMS _____
SEC _____
OTH How
Nonnye

DOCUMENT NUMBER-DATE
01589 FEB 11 8
FPSC-COMMISSION CLERK

02 FEB 11 AM 8:52
DISTRIBUTION CENTER

WHEREFORE, USAC requests that its general unsecured claim in the amount of \$60,720.46 be allowed and that this court grant such other and further relief as is just and proper.

Respectfully submitted,


D(Scott Barash
VP & General Counsel
Jillian K. Aylward
Associate General Counsel
Universal Service Administrative Company
2120 L Street, NW, Suite 600
Washington, DC 20037
Telephone: 202.776.0200
Facsimile: 202.263.0082

Dated: February 6th 2002

EXHIBIT "A"

PwC Consulting
12902 Federal Systems Park Drive
Fairfax, VA 22033-4412

January 21, 2002

BY: First Class Mail

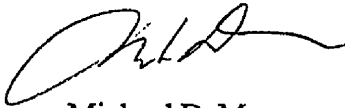
Clerk
United States Bankruptcy Court
Thomas P. O'Neil Federal Building
10 Causeway Street
Boston, MA 02222

RE: Essential.com Inc- Amended Claim Chapter 11 Case No. 01-15339-W

Dear Clerk:

I enclosed for filing a Proof of Claim with regard to the above-referenced matter.
Kindly return the date stamped additional copy in the return envelope provided.
Thank you for your assistance.

Very truly yours,



Michael DeMarco
enclosure/lb

cc: D. Scott Barash, Vice President and General Counsel
Universal Services Administrative Company

FILED
CLERK'S OFFICE
JAN 29 A 10:38
BANKRUPTCY COURT
DISTRICT OF MASS.

UNITED STATES BANKRUPTCY COURT <u>Eastern</u> DISTRICT OF <u>Massachusetts</u>		PROOF OF CLAIM
Name of Debtor <u>Essential.com, Inc</u>		Case Number <u>01-5339-WCH</u>
<small>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.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Universal Service Administrative Company</u>		<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> 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: <u>Jillian K. Aylward-Associate General Counsel</u> <u>USAC</u> <u>2120 Street, NW, Suite 600</u> <u>Washington, D.C. 20037</u> Telephone number: <u>202-776-0200</u>		<small>THIS SPACE IS FOR COURT USE ONLY</small>
Account or other number by which creditor identifies debtor: <u>819905</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: <u>10/10/2001</u> <input checked="" type="checkbox"/> amends
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Universal Service Fund Obligation</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2. Date debt was incurred: <u>Prior to 6/29/2001</u> <u>1st and 2nd Quarter 2001</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>10,720.40</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,650)* 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		<small>THIS SPACE IS FOR COURT USE ONLY</small>
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.		
Date <u>1/25/02</u>	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): <u>[Signature]</u> <u>Michael L. DeMarco</u>	

RECEIVED
 JAN 29 A 10:10
 BANKRUPTCY COURT
 DISTRICT OF MASSACHUSETTS



Universal Service Administrative Company

essential.com, inc.
One Burlington Woods Drive
Burlington, WA 01803
Attention: Peter Mills

Invoice #: UBDI0000003317
Filer 499 ID: 819905
Date: 07/20/2001

Mail Payment To:
Universal Service Administrative Company
135 S. LaSalle, Dept 1259
Chicago, IL 60674-1259

STATEMENT OF ACCOUNT

Date	Detail of Charges:	Amount
	Current Balance	\$60,720.46
7/16/2001	High Cost Support Mechanism Charges	\$12,174.83
7/16/2001	Low Income Support Mechanism Charges	\$2,172.12
7/16/2001	Schools & Libraries Support Mechanism Charges	\$9,422.88
7/16/2001	Rural Health Care Support Mechanism Charges	\$45.86
7/16/2001	Late Payment Fee	\$227.74
	Total Current Charges:	\$24,043.43
Date	Detail of Payments/Credits:	Amount
	Total Payments/Credits:	\$0.00
	Balance Due USAC:	\$84,763.89

Payment must be recieved by 08/15/2001 to avoid late payment charges

Please remit pink copy with payment to ensure proper credit

Transactions occurring after 07/16/2001 are not reflected on this statement

Direct questions to the Billing and Disbursement Contact Center at 703-322-5100



**UNIVERSAL SERVICE
ADMINISTRATIVE CO.**

Date: 06/26/2001
Invoice #: UINV0040046284
Filer 499 ID: 819905

Mail Payment To:

Universal Service Administrative Company
PO Box 371719
Pittsburgh, PA 15251-7719

essential.com, inc.
One Burlington Woods Drive
Burlington, WA 01803
Attention: Peter Mills

STATEMENT OF ACCOUNT

Detail of Charges:

Date		Amount	Total
	Previous Balance		\$ 119,906.96
06/14/2001	High Cost Program Charges	14,690.12	
06/14/2001	Low Income Program Charges	3,683.57	
06/14/2001	Schools & Libraries Program Charge:	11,812.22	
06/14/2001	Rural Health Care Program Charges	56.86	
	Total Current Charges:		\$ 30,242.77

Detail of Payments/Credits:

Date		Amount	
	Total Payments/Credits:		\$ 0.00
	Balance Due USAC:		\$ 150,149.73

Payment must be received by 07/13/2001 to avoid late payment charges
Please include your Filer 499 ID# with your payment to ensure proper credit
Transactions occurring after 06/14/2001 are not reflected on this statement
Direct questions to the Fund Administrator - (973) 884-8598



**UNIVERSAL SERVICE
ADMINISTRATIVE CO.**

Date: 05/30/2001
 Invoice #: UINV0040039847
 Filer 499 ID: 819905

Mail Payment To:

Universal Service Administrative Company
 PO Box 371719
 Pittsburgh, PA 15251-7719

essential.com, inc.
 One Burlington Woods Drive
 Burlington, WA 01803
 Attention: Peter Mills

STATEMENT OF ACCOUNT

Detail of Charges:

Date		Amount	Total
	Previous Balance		\$ 89,209.01
05/15/2001	High Cost Program Charges	14,690.12	
05/15/2001	Low Income Program Charges	3,683.57	
05/15/2001	Schools & Libraries Program Charge:	11,812.22	
05/15/2001	Rural Health Care Program Charges	56.86	
05/15/2001	Late Payment Penalty	455.18	
	Total Current Charges:		\$ 30,697.95

Detail of Payments/Credits:

Date		Amount	
	Total Payments/Credits:		\$ 0.00
	Balance Due USAC:		\$ 119,906.96

Payment must be received by 06/14/2001 to avoid late payment charges
 Please include your Filer 499 ID# with your payment to ensure proper credit
 Transactions occurring after 05/15/2001 are not reflected on this statement
 Direct questions to the Fund Administrator - (973) 884-8598

USAC
UNIVERSAL SERVICE
ADMINISTRATIVE CO.

Date: 05/22/2001
Invoice #: UNV0040041598
Filer 499 ID: 819905

Mail Payment To:

Universal Service Administrative Company
PO Box 371719
Pittsburgh, PA 15251-7719

essential.com, inc.
One Burlington Woods Drive
Burlington, WA 01803
Attention: Peter Mills

STATEMENT OF ACCOUNT

Detail of Charges:

Date		Amount	Total
	Previous Balance		\$ 58,731.32
05/15/2001	High Cost Program Charges	14,690.12	
05/15/2001	Low Income Program Charges	3,683.57	
05/15/2001	Schools & Libraries Program Charge:	11,812.22	
05/15/2001	Rural Health Care Program Charges	56.86	
05/15/2001	Late Payment Penalty	455.18	
	Total Current Charges:		\$ 30,697.95

Detail of Payments/Credits:

Date	Amount
-------------	---------------

Total Payments/Credits: **\$ 0.00**

Balance Due USAC: **\$ 89,429.27**

Payment must be received by 06/14/2001 to avoid late payment charges
Please remit pink copy with payment to ensure proper credit
Transactions occurring after 05/15/2001 are not reflected on this statement
Direct questions to the Fund Administrator - (973) 884-8598



**UNIVERSAL SERVICE
ADMINISTRATIVE CO.**

essential.com, inc.

One Burlington Woods Drive
Burlington, WA 01803
Attention: Peter Mills

Date: 04/23/2001
Invoice #: UINV0040037680
Filer 499 ID: 819905

Mail Payment To:

Universal Service Administrative Company
PO Box 371719
Pittsburgh, PA 15251-7719

STATEMENT OF ACCOUNT

Detail of Charges:

Date		Amount	Total
	Previous Balance		\$ 58,731.32
04/16/01	High Cost Program Charges	14,690.12	
04/16/01	Low Income Program Charges	3,683.57	
04/16/01	Schools & Libraries Program Charge:	11,812.22	
04/16/01	Rural Health Care Program Charges	56.86	
04/16/01	Late Payment Penalty	234.92	
	Total Current Charges:		\$ 30,477.69

Detail of Payments/Credits:

Date		Amount	
	Total Payments/Credits:		\$ 0.00
	Balance Due USAC:		\$ 89,209.01

Payment must be received by 05/15/2001 to avoid late payment charges
Please remit pink copy with payment to ensure proper credit
Transactions occurring after 04/16/2001 are not reflected on this statement
Direct questions to the Fund Administrator - (973) 884-8598

06-15-01 0371719 1719141 2 023 33

ellon
ank

THIS DOCUMENT CONTAINS ULTRAVIOLET FIBERS AND A CHEMICAL STAIN FEATURE



1 Burlington Woods Drive, 2nd Floor
Burlington, MA 01803

SILICON VALLEY BANK
3003 TASMAN DRIVE
SANTA CLARA, CA 95064

90-4039
1211

012328

6/6/01

DATE

AMOUNT
\$89,429.27

PAY
TO THE
ORDER
OF

Eighty Nine Thousand Four Hundred Twenty Nine Dollars And 27 Cents

Universal Service Adm. Co.
P.O. Box 371719
Pittsburgh PA 15251-7719

C. J. Hallahan
[Signature]

TWO SIGNATURES REQUIRED ON AMOUNTS OVER \$25 000 00

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT AN ANGLE TO VIEW.



VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE				
UN1060	Universal Service Adm. Co.	PAY105427	6/6/01	12328			
YOUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
052201	5/22/01	\$89,429.27	\$89,429.27	\$0.00			\$89,429.27
COMMENT		\$89,429.27	\$89,429.27	\$0.00			\$89,429.27

012328

Account History by Filer ID

FILER 499 ID	DATE	LINE ITEM DESCRIPTION	AMOUNT
819905	5/15/2001	Low Income Support Mechanism Charges	\$3,656.74
	5/15/2001	Rural Health Care Support Mechanism Charges	\$56.45
	5/15/2001	Schools & Libraries Support Mechanism Charges	\$11,726.19
	5/15/2001	Late Payment Fee	\$455.18
	5/15/2001	High Cost Support Mechanism Charges	\$14,583.13
	6/14/2001	High Cost Support Mechanism Charges	\$14,690.12
	6/14/2001	Low Income Support Mechanism Charges	\$3,683.57
	6/14/2001	Rural Health Care Support Mechanism Charges	\$56.86
	6/14/2001	Schools & Libraries Support Mechanism Charges	\$11,812.22
	7/16/2001	Rural Health Care Support Mechanism Charges	\$45.86
	7/16/2001	High Cost Support Mechanism Charges	\$12,174.83
	7/16/2001	Schools & Libraries Support Mechanism Charges	\$9,422.88
	7/16/2001	Late Payment Fee	\$227.74
	7/16/2001	Low Income Support Mechanism Charges	\$2,172.12
	8/15/2001	Late Payment Fee	\$485.76
	8/15/2001	High Cost Support Mechanism Credit	(\$12,174.83)
	8/15/2001	Low Income Support Mechanism Credit	(\$2,172.12)
	8/15/2001	Schools & Libraries Support Mechanism Credit	(\$9,422.88)
	8/15/2001	Rural Health Care Support Mechanism Credit	(\$45.86)
	9/14/2001	Late Payment Fee	\$487.59
	10/19/2001	Late Payment Fee	\$491.47
	11/15/2001	Late Payment Fee	\$495.37
	12/14/2001	Late Payment Fee	\$499.30

AR Balance Report

FILER 499 ID	DATE	LINE ITEM DESCRIPTION	AMOUNT
819905	5/15/2001	Late Payment Fee	\$455.18
	5/15/2001	High Cost Support Mechanism Charges	\$2,408.30
	5/15/2001	Low Income Support Mechanism Charges	\$1,484.62
	5/15/2001	Rural Health Care Support Mechanism Charges	\$10.59
	5/15/2001	Schools & Libraries Support Mechanism Charges	\$2,303.31
	6/14/2001	High Cost Support Mechanism Charges	\$14,690.12
	6/14/2001	Low Income Support Mechanism Charges	\$3,683.57
	6/14/2001	Rural Health Care Support Mechanism Charges	\$56.86
	6/14/2001	Schools & Libraries Support Mechanism Charges	\$11,812.22
	7/16/2001	Low Income Support Mechanism Charges	\$2,172.12
	7/16/2001	Schools & Libraries Support Mechanism Charges	\$9,422.88
	7/16/2001	Rural Health Care Support Mechanism Charges	\$45.86
	7/16/2001	Late Payment Fee	\$227.74
	7/16/2001	High Cost Support Mechanism Charges	\$12,174.83
	8/15/2001	Late Payment Fee	\$485.76
	9/14/2001	Late Payment Fee	\$487.59
	10/19/2001	Late Payment Fee	\$491.47
	11/15/2001	Late Payment Fee	\$495.37
	12/14/2001	Late Payment Fee	\$499.30
	12/17/2001	Remaining Balance	\$0.00
		Remaining Balance:	\$63,407.69

FILER 499 ID	DATE	LINE ITEM DESCRIPTION	AMOUNT
		Grand Total	\$63,407.69