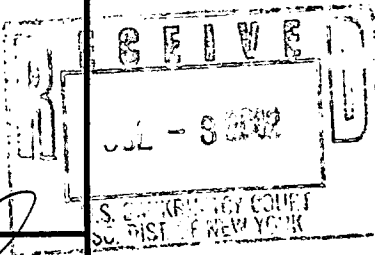


<b>UNITED STATES BANKRUPTCY COURT</b> <u>SOUTHERN</u> District of <u>NEW YORK</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>ADELPHIA</b>		Case Number <b>02-41729 (AEG)</b>
<b>NOTE:</b> This form should not be used to make a claim for an administrative expense arising after the commencement of the case. 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): <b>ACCOUNTemps</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a claim relating to your claim copy of statement giving
Name and address where notices should be sent: <b>DIV. OF ROBERT HALF INTERNATIONAL          5720 STONERIDGE DRIVE, SUITE THREE          PLEASANTON, CA 94588          ATTN: KAREN LIMA          Telephone number: 925-598-7844</b>		<input type="checkbox"/> Check box if you have not received any notices from bankruptcy court in this case <input type="checkbox"/> Check box 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: <b>431-002909-000</b>		Check here <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated: _____
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)		
<b>2. Date debt was incurred:</b> <b>6/17/02 THROUGH 6/26/02</b>		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>273.36</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input 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.		
<b>5. Secured Claim</b> <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: \$ _____		<b>6. Unsecured Priority Claim.</b> <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 \$4300),* 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 \$1,950* 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 of governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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.
<b>7. CREDITS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only  
<b>8. Supporting Documents:</b> 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.		
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <b>7/1/02</b>	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): <b>KAREN LIMA, RECOVERY MANAGER</b>	
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.		

Robert Half International  
Aging Detail by Business Unit  
as of 01-JUL-2002

Page No. 1  
Run Date 07/01/2002  
Run Time 09:00:43

Report ID: AR30003  
Aging Id: MAIN /STD  
Currency Base Currency  
Rate Type:

Item	Line As Of	Ent Typ/Rsn	Terms Document	Cur Amount	Future	1-30	31-60	61-90	91-120	Other
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TATUS 431-002909-0ADELPHIA MEDIA SERVICES VA

07599286	1	06/17/2002	EXDR	REG	IMMED	N	USD	139.36	139.36	
07655348	1	06/26/2002	EXDR	REG	IMMED	N	USD	134.00	134.00	

Total ADELPHIA MEDIA SERVICES 273.36 273.36

Total TATUS

273.36 ✓ 273.36

Robert Half International  
Aging Detail by Business Unit  
as of 01-JUL-2002

Page No. 2  
Run Date 07/01/2002  
Run Time 09:00:44

Report ID: AR30003  
Aging Id: MAIN /STD  
Currency Base Currency  
Rate Type:

Item	Line As Of	Ent Typ/Rsn	Terms Document	Cur Amount	Future	1-30	31-60	61-90	91-120	Other
-----										
GRAND TOTAL				273.36						

273.36 273.36

# IMPORTANT INFORMATION ABOUT COMPLETING AND FAXING YOUR TIME SHEET

1. PRINT NEATLY IN CAPITAL LETTERS USING BLACK OR BLUE INK.
2. ONCE COMPLETED AND APPROVED, REMOVE THIS TOP SHEET AT PERFORATION.
3. PLACE THIS SIDE DOWN WITH ARROWS POINTED INTO FAX MACHINE.
4. FAX ON FRIDAY TO ENSURE PROMPT PAYMENT. FAX ONLY ONE TIME.

01100

## TIME SHEET AND CONVERSION FEE CONTRACT

**accountemps.**

WEEK ENDING DATE (FRIDAY)

6/21/02

Time worked for one week only. Start with Saturday and end on Friday midnight.  
Enter time to nearest quarter hour (.00; .25; .50; .75) only

DAY	DAYS		REGULAR TIME		OVERTIME Time & One-Half		OVERTIME Double Time	
	MONTH	DAY	HOURS	QTR. HR.	HOURS	QTR. HR.	HOURS	QTR. HR.
SAT								
SUN								
MON								
TUE								
WED	6	19	6	25				
THUR								
FRI								
TOTAL TIME			REGULAR		OVERTIME		DOUBLE TIME	

### CLIENT INFORMATION

CLIENT'S NAME (Print)

ADELPHI MEDIA SERVICES

REPORT TO

17 MIDDLEBROOK AVE

ADDRESS

STANZON

VA

24401

CITY

STATE

ZIP CODE

CLIENT TELEPHONE NUMBER

EXT.

### CLIENT APPROVAL

THE HOURS AS SHOWN ON THIS TIME SHEET ARE CORRECT. BY SIGNING THIS CLIENT APPROVAL, WE AGREE TO BE BOUND BY THE TERMS OF THE CONDITIONS OF ASSIGNMENT AS STATED BELOW.

COMPANY

BY

TITLE

RVP

### ACCOUNTEMPS EMPLOYEE

PLEASE FILL IN YOUR SOCIAL SECURITY NO.

2 2 5 2 3 1 8 5 6

EMPLOYEE'S NAME (Print)

Donald W. Bobbitt

I CERTIFY THAT THE DAYS SHOWN ON THIS TIME SHEET ARE CORRECT AND WERE WORKED BY ME:

EMPLOYEE'S SIGNATURE

DO NOT USE THIS BOX

IS THIS ASSIGNMENT COMPLETED?

YES ☐ NO ☐

JOB ORDER NUMBER

BILL RATE

PAY RATE

REFERENCE #

CHECK #

INVOICE #

### CONDITIONS OF ASSIGNMENT

Thank you for your confidence in accountemps. For the services of our employee, whose name appears on the front of this copy under "accountemps employee," we will invoice your firm as verbally agreed. Legally required overtime will be billed at the same multiple as is required to be paid to the employee (e.g., one and one-half times the billing rate for overtime that must be paid at time and a half.)

The billing rate charged is determined on a basis of the amount of experience necessary to do the assignment and not the amount of experience of our employee. Should you wish to use our employee for other assignments, please feel free to do so. The hourly billing rate may then change to reflect the experience necessary to complete the assignment. Call your local accountemps office for any adjustment in the hourly billing rate. Our employee is assigned to you under the following Conditions of Assignment.

- 1) The person assigned is an employee of accountemps and shall not be deemed to be your employee. accountemps warrants that its employee is adequately covered by workers' compensation insurance and that it assumes total responsibility to pay all applicable federal, state and local withholding taxes and unemployment taxes, as well as social security, state disability insurance and all other payroll charges.
- 2) accountemps guarantees you satisfaction with our employee's services by extending to you a one-day (8 hours) guarantee period. If, for any reason, you are dissatisfied with the employee assigned to you, accountemps will not charge for the first 8 hours worked, provided that accountemps replaces the individual assigned. Unless you contact us before the end of the first eight hours, you agree that our employee assigned is satisfactory and further agree to these Conditions of Assignment.
- 3) Our employee will present a time sheet to you or your representative for verification and signature at the end of each week. Your signature thereon indicates your acknowledgment of all of the Conditions of Assignment. Our compensation to our assigned employee is on a weekly basis, and you will be billed weekly for the total hours worked. Because accountemps invoices reflect payroll we have already paid, our invoices are due upon receipt.
- 4) After you evaluate the performance and potential of our employee on the job, you may wish to employ this person directly. Our employees represent our inventory of skilled professionals and in the event you wish them converted to your employ or another employer to whom you refer them, you agree to pay a conversion fee. The conversion fee calculation is one percent (1%) for each thousand dollars of the annual salary (e.g., 20% for a \$20,000 salary) multiplied by the annual salary, to a maximum of thirty-five percent (35%). In no event will a conversion fee be less than \$1,000. The same calculation will be used if you convert our employee on a part-time basis using the full-time equivalent salary; however, the conversion fee will not be less than \$1,000.
- 5) The conversion fee is payable if you hire our employee assigned to you, regardless of the employment classification, on either a permanent, temporary (including temporary assignments through another agency) or consulting basis within six months after the last day of the assignment. You also agree to pay a conversion fee if our employee assigned

to you is hired by a subsidiary or other related company or business as a result of your referral of our employee to that company.

- 6) We usually check employee references by asking specific questions to selected previous employers with regard to qualifications and work history. This reference check is generally done prior to the first time we place that individual on a temporary assignment. While we are willing to provide you with the results of any reference checks that we have performed, if you choose to directly employ one of our temporary employees, you should conduct such additional or more recent reference inquiries of previous employers or verify such other items (such as degrees, professional certifications or criminal background) as you deem appropriate for the position. Because of substantial legal restrictions on the use and communication of various types of information, we have not screened for drug use, administered a medical exam, conducted a criminal background check or engaged in any verification process other than the reference checks described above.
- 7) Supervision of an accountemps employee's work on your premises (or wherever you assign the employee) is your responsibility. Since accountemps is not a professional accounting firm, it is expressly understood that an accountemps employee is not authorized to render an opinion on behalf of accountemps or on your behalf on financial statements, nor is the employee authorized to sign the name of accountemps or sign the employee's own name on financial statements or tax returns while on an accountemps assignment.
- 8) It is understood that we will not authorize an accountemps employee to operate machinery (other than office machines) or automotive equipment. The insurance furnished by accountemps does not cover physical loss, damage or liability caused by the operation of the client's automotive equipment. It is agreed the client accepts full responsibility for bodily injury, property damage, fire, theft, collision or public liability damage claims, any of which may be caused as a result of an accident while an accountemps employee is driving the client's vehicle, whether owned or rented.
- 9) An accountemps employee may not handle cash, negotiables or other valuables without the written consent of accountemps and then only under your direct supervision. An accountemps employee may not, under any circumstances, transport or convey monies, securities or any negotiable instruments (including, but not limited to, delivering bank deposits to a bank or other institution).
- 10) It is understood that under no circumstances will accountemps be responsible for claims for work performed unless such claims are reported in writing to accountemps within ninety (90) days after termination of the temporary assignment.
- 11) Each invoice will evidence a separate and distinct contract. Unless otherwise prohibited by the law of the state where this placement occurred, in the event that you fail to pay the charges of accountemps when due, then you agree to pay all costs of collection of accountemps, including reasonable attorneys' fees, whether or not suit is initiated.