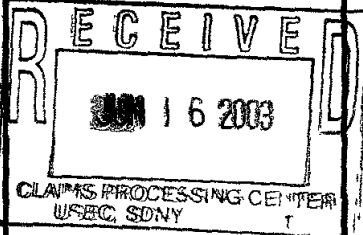


FORM B10 (Official Form 10) (4/01)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u> | | FILED IN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 13057 (RRD) 52 REC'D JUN 30 2003 THIS SPACE IS FOR COURT USE ONLY |
| Name of Debtor <u>ALLEGIANCE TELECOM, INC, et al.</u> | Case Number <u>03-13057 (RRD)</u> | |
| Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>ELITE COFFEE SERVICE INC</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 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>ELITE COFFEE SERVICE INC PO BOX 5378 BUFFALO GROVE, IL 60089</u> | | |
| Telephone number <u>888-600-3060</u> | | |
| Account or other number by which creditor identifies debtor <u>1290</u> | Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends | |
| 1 Basis for Claim <input checked="" 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 type="checkbox"/> Other _____ | | <input type="checkbox"/> Retiree benefits as defined in 11 USC § 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>4/25/03 & 5/12/03</u> | 3 If court judgment, date obtained | |
| 4. Total Amount of Claim at Time Case Filed \$ <u>1209.75</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 | | |
| 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse, former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) *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 |
| 7 Credits The amount of all payments on this claim has 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 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 IS FOR COURT USE ONLY |
| Date <u>6/10/03</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>James Juss LANCE LUCAS - PRESIDENT</u> | |

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years, or both



Elite Coffee Service Inc

P O Box 5378
 Buffalo Grove, IL 60089
 888-600-3060
 Fax 888-465-9770

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 4/25/2003 | 17281 |

| |
|----------------------------------------------------------------------------------|
| Bill To |
| Allegiance Telecom 700 E Butterfield Rd. Suite 400 Lombard, Illinois 60148 |

| |
|----------------------------------------------------------------------------------|
| Ship To |
| Allegiance Telecom 700 E Butterfield Rd. Suite 400 Lombard, Illinois 60148 |

| | | | | | | |
|------------|--------|-----|-----------|-----|-----|---------|
| P O Number | Terms | Rep | Ship | Via | FOB | Project |
| | Net 30 | | 4/25/2003 | | | |

| Quantity | Item Code | Description | Price Each | Amount |
|----------|-----------|---------------------------------------|------------|---------|
| 6 | 15024M | Cafe Royal | 21 95 | 131 70T |
| 1 | 65300 | 12oz Superior Cream | 33 95 | 33 95T |
| 1 | 29115 | Grindstone 20 oz Can Sugar | 39 95 | 39 95T |
| 1 | 47829 | Equal (2000 ct) | 60 00 | 60 00T |
| 3 | 291 | Lipton Tea Bags 100 Count | 4 95 | 14 85T |
| | | | | 280 45 |
| | | Sales Tax | 2 00% | 5 61 |
| 2 | HB1990 | Roll Towels | 34 95 | 69 90T |
| 2 | 12J12 | Styro Cup Foam (1000 - 12oz) | 32 95 | 65 90T |
| 1 | 9PWF | 9 " Plastic Impact Plates (500 count) | 49 95 | 49 95T |
| 1 | 635119 | Spoons (100) | 45 00 | 45 00T |
| 3 | 104 | Ivory | 2 95 | 8 85T |
| | | | | 239 60 |
| | | Sales Tax | 8 50% | 20 37 |

Kristi Hopkins

Total \$546 03

Elite Coffee Service Inc

Invoice

P O Box 5378
 Buffalo Grove, IL 60089
 888-600-3060
 Fax 888-465-9770

| Date | Invoice # |
|-----------|-----------|
| 5/12/2003 | 17374 |

| Bill To |
|---------------------------------------------------------------------------------|
| Allegiance Telecom 700 E Butterfield Rd Suite 400 Lombard, Illinois 60148 |

| Ship To |
|--------------------------------------------------------------------------------|
| Allegiance Telecom 700 E Butterfield Rd Suite 400 Lombard Illinois 60148 |

| P O Number | Terms | Rep | Ship | Via | FOB | Project |
|------------|--------|-----|-----------|-----|-----|---------|
| | Net 30 | | 5/12/2003 | | | |

| Quantity | Item Code | Description | Price Each | Amount |
|----------|-----------|--------------------------------------|--------------|-----------------|
| 10 | 15024M | Cafe Royal | 21 95 | 219 50T |
| 3 | 14449N | Sucaf | 23 95 | 71 85T |
| 1 | 65300 | 12oz. Superior Cream | 33 95 | 33 95T |
| 1 | 29115 | Grindstone 20 oz. Can Sugar | 39 95 | 39 95T |
| | | Sales Tax | 2 00% | 7 31 |
| 2 | HB1990 | Roll Towels | 34 95 | 69 90T |
| 1 | 635019 | Forks (10-100) | 49 50 | 49 50T |
| 1 | 634919 | Knives (10-100) | 49 50 | 49 50T |
| 1 | 635119 | Spoons (10-100) | 49 50 | 49 50T |
| 1 | 9PWF | 9" Plastic Impact Plates (500 count) | 49 95 | 49 95T |
| | | Sales Tax | 8 50% | 22 81 |
| | | Sales Tax | 0 00% | 0 00 |
| | | | Total | \$663 72 |

Joni Shury