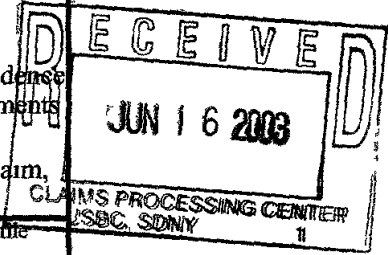


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor <u>Allegiance Telecom</u>		Case Number <u>03-13057 (RDD)</u>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>AP Systems Group, Inc</u>		<input type="checkbox"/> Check box if you are aware of any other filed claim relating to this copy of statement giving particulars <input checked="" 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>AP Systems Group, Inc 11624 Chamer Drive Dallas TX 75243 Telephone number <u>341-1200 (214)</u></u>		DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (FRD) REC'D JUN 30 2003 THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor <u>Account # 009515</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1. Basis for Claim <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 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>Jan - June 2003</u>		3. If court judgment, date obtained.
4. Total Amount of Claim at Time Case Filed: \$ <u>194,816</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>6-11-03</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>Danny Leger Branch Manager</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500 000 or imprisonment for up to 5 years or both.		





API SYSTEMS GROUP
 11624 CHAIRMAN DRIVE
 DALLAS, TEXAS 75243
 (214) 341-1200 FAX (214) 553-5970

I N V O I C E

9515
 ALLEGIANCE TELECOM
 9201 N CENTRAL EXPRESSWAY
 DALLAS TX 75231

SYSTEM #02209-M
 ALLEGIANCE TELECOM #100
 11400 BURNET RD - BLDG 5
 AUSTIN, TX 78758

ATTN: INVOICE # 005562
 DATE 1/21/03 PO # SIGNED AGREEMNT OUR PROJECT # 220561
 PROJECT NAME ALLEGIANCE TELECOM TERMS NET 10

QUARTERLY MONITORING OF THE
 FIRE PROTECTION SYSTEM FOR
 JANUARY - MARCH 2003 90.00

SUB TOTAL	90 00
TEXAS 6 25%	5.63
AUSTIN MTA 1%	90
AUSTIN 1%	.90
TOTAL INVOICE	\$97.43

TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING.
 CHECK ONE VISA ___ MASTERCARD ___ AMEX ___ EXP DATE ___
 NAME ON CARD: _____
 ACCOUNT #: _____
 SIGNATURE: _____
 WHEN COMPLETED, PLEASE RETURN TO THE ABOVE ADDRESS - THANKS!



API SYSTEMS GROUP
11624 CHAIRMAN DRIVE
DALLAS, TEXAS 75243
(214) 341-1200 FAX (214) 553-5970

I N V O I C E

9515
ALLEGIANCE TELECOM
9201 N CENTRAL EXPRESSWAY
DALLAS TX 75231

SYSTEM #02209-M
ALLEGIANCE TELECOM #100
11400 BURNET RD - BLDG 5
AUSTIN, TX

ATTN:
DATE 3/31/03 PO # N/A
PROJECT NAME ALLEGIANCE TELECOM

INVOICE # 006664
OUR PROJECT # 650080
TERMS NET 10

QUARTERLY MONITORING OF THE
FIRE PROTECTION SYSTEM FOR
APRIL 2003 - JUNE 2003

90.00

SUB TOTAL	90 00
TEXAS 6.25%	5.63
AUSTIN MTA 1%	.90
AUSTIN 1%	.90
TOTAL INVOICE	\$97.43

TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING.
CHECK ONE: VISA _____ MASTERCARD _____ AMEX _____ EXP DATE _____
NAME ON CARD: _____
ACCOUNT #: _____
SIGNATURE: _____
WHEN COMPLETED, PLEASE RETURN TO THE ABOVE ADDRESS - THANKS!