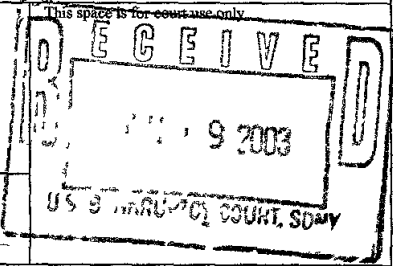


REC'D JUN 30 2003

United States Bankruptcy Court Southern District of New York Manhattan Division		Proof of Claim
Name of Debtor Allegiance Telecom Inc	Case Number 03-13057	FILED U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 76 ----- This space is for court use only
Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of 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) Avaya fka Lucent Technologies	<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 AVAYA c/o D&B/RMS Bankruptcy Services P O Box 5126 Timonium, Maryland 21094 Telephone Number (410) 453-6563	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends a previously filed claim dated _____	
Account or other number by which creditor identifies debtor See Attached		
1 Basis For Claim <input checked="" 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# _____ services performed _____ from _____ to _____ (date) (date)
2 Date debt was incurred See Attached	3 If court judgement, date obtained	
4 Total Amount of Claim at Time Case Filed <p style="text-align: center;"><u>\$690,108.35</u></p> 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 above if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specific the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4000) *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"/> Contribution to an employee benefit plan - 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$1 800* 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. § (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § (a) (____) *Amounts are subject to adjustment on 4/1 98 and every 3 years thereafter will 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 judgements mortgages security agreements and evidence of perfecting of lien 9 Date-Stamped Copy To receive an acknowledgement 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 6/17/03	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) Signed <u>Carolyn Magaha</u> Carolyn Magaha, D&B/RMS Agent for Creditor	
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		



Allegiance Bankruptcy

As of 05/31/03

<u>Invoice #</u>	<u>Date of Invoice</u>	<u>Invoice Period</u>	<u>Total Inv Amount</u>	<u>Pre-Petition Amount</u>	<u>Post-Petition Amount</u>
3346938	4/6/2003	03-01-03 - 03-31-03	274,091 27	274,091 28	-
2716083012	5/1/2003	04-01-03 - 04-28-03	274,383 04	274,383 04	-
2716281851	6/1/2003	04-29-03 - 05-29-03	274,415 93	141,634 03	132,781 90
			<u>\$ 822,890 24</u>	<u>\$ 690,108 35</u>	<u>\$ 132,781 90</u>

4/6/03

communication

Billing Inquiries

Dawn Ogle
Allegiance Telecom, Inc
9201 N Central Expressway
Floor 5-B 5B053
Dallas, TX 75231

Account Executive
Hollye Hayes
(972) 391-4464

Customer No 46189
Invoice No 03346938

INVOICE

Description	Amount
Period Ending 03/31/03	
Port Charges 876 @ \$300 00/port	\$ 262800 00
Mailbox Installations	
Mailbox Administrative Charges	618 00
Database Storage Fee	1703 70
Helpline Minutes	
Kit Fulfillment 2,084 @ \$1 00 each	2084 00
Postage	820 57
Total Expedite Fees	2265 00
Total ECP Fees	3800 00
Total	\$ 274091 27



Account Number 101123790
Statement Number 2716281851
Statement Date 06/01/2003
PO#

Monthly Invoicing Statement

Avaya, Inc
Suite 115
3410 Midcourt Rd
Carrollton, TX 75006

For Billing Inquiries 972-391-4464

Allegiance Telecom
Floor 5-B 5B053 Attn Dawn Ogle
9201 N Central Expwy
Dallas, TX 75231

Charges	VAS Monthly Services	\$265,191 90	
	One-Time MACD	\$8,235 00	
	Other One-Time	\$989 03	
	Total New Charges		\$274,415 93
	VAT Tax	\$0 00	
	Federal Excise	\$0 00	
	State/Local Tax	\$0 00	
	Total Taxes on New Charges		\$0 00
	Total New Charges and Taxes		\$274,415.93

To ensure proper credit please detach this portion and return with remittance



Remittance Document
Allegiance Telecom
Floor 5-B 5B053 Attn Dawn Ogle
9201 N Central Expwy
Dallas, TX 75231

Account Number 101123790
Statement Number 2716281851
Statement Date 06/01/2003

Please make checks payable to
Avaya Inc
P O Box 73061
Chicago, IL 60673-3061

\$274,415 93



Account Number 101123790
Statement Number 2716083012
Statement Date 05/01/2003
PO#

Monthly Invoicing Statement

Avaya, Inc
Suite 115
3410 Midcourt Rd
Carrollton TX 75006

For Billing Inquiries 972-361-7074

Allegiance Telecom
Floor 5-B 5B053 Attn Dawn Ogle
9201 N Central Expwy
Dallas, TX 75231

Charges	VAS Monthly Services	\$265,130 10	
	One-Time MACD	\$8,347 50	
	Other One-Time	\$905 44	
	Total New Charges		\$274,383 04
	VAT Tax	\$0 00	
	Federal Excise	\$0 00	
	State/Local Tax	\$0 00	
	Total Taxes on New Charges		\$0 00
	Total New Charges and Taxes		\$274,383 04

To ensure proper credit please detach this portion and return with remittance



Remittance Document
Allegiance Telecom
Floor 5-B 5B053 Attn Dawn Ogle
9201 N Central Expwy
Dallas, TX 75231

Account Number 101123790
Statement Number 2716083012
Statement Date 05/01/2003

Please make checks payable to
Avaya Inc
P O Box 73061
Chicago, IL 60673-3061

\$274,383 04