

REC'D JUN 30 2003

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

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor (<u>A T INFORMATION PRODUCTS</u>) <u>ALLEGANCE TELECOM, INC</u>		Case Number <u>U.S.B.C. SOUTHERN DISTRICT OF NEW YORK</u> FILED <u>03-13057 (PRD)</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>METRO FIRE & SAFETY EQUIP CO 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.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>METRO FIRE & SAFETY EQUIP CO INC</u> <u>489 WASHINGTON AVENUE</u> <u>CARLSTADT NJ 07072</u> Telephone number <u>(201) 635-0400</u>	<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	
Account or other number by which creditor identifies debtor <u>01-ATINFO</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 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred. <u>3/28/03</u>	3. If court judgment, date obtained.	
4. Total Amount of Claim at Time Case Filed. \$ <u>302.81</u> <small>It all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below</small> <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 \$4,690)* 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		THIS SPACE IS FOR COURT USE ONLY
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>6/17/03</u>	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Melissa Inghiller</u> Melissa Inghiller	
<small>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</small>		



METRO

EQUIPMENT CO., INC

FIRE & SAFETY

INVOICE

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489 WASHINGTON AVE (JOMIKE CT)
CARLSTADT NJ 07072

TEL 201-635-0400
FAX 201-635-0410

INVOICE NUMBER 0133948-IN
INVOICE DATE 03/28/2003
WORK ORDER NUMBER 176915
SALESMAN MIGUEL
CUSTOMER NO 01-ATINFO

SOLD TO	SHIP TO
A T INFORMATION PRODUCTS 575 CORPORATE DRIVE MAHWAH, NJ 07430 5/13/13 ATTN MICHELLE F(201)529-5003	A T INFORMATION PRODUCTS 575 CORPORATE DRIVE MAHWAH, NJ 07430

CUSTOMER P O NO		TERMS
		NET 10 DAYS

QUANTITY	DESCRIPTION	PRICE	AMOUNT
2 00	5# ABC Recharge & Hvdro-Test	32 50	65 00
1 00	5# ABC Recharge & 6 Yr Maint	22 75	22 75
1 00	10# ABC Recharge & Hvdro-Test	37 50	37 50
1 00	9# HALON Recharge & 6 Yr Maint	66 15	66 15
1 00	20# ABC Recharge & 6 Yr Maint	40 25	40 25
0 00	SERVICE 2 FIRE EXTINGUISHERS	0 00	44 50
6 00	CYL NECK 'O' RING Furn & Inst	2 95	17 70
6 00	VERIFICATION COLLAR	1 50	9 00
3 00	GAUGE 'O' RING Furn & Inst	2 95	8 85
2 00	SAFETY PIN Furn & Inst	1 50	3 00
1 00	HALON VALVE STEM Furn & Inst	7 95	7 95
3 00	ABC VALVE STEM Furn & Inst	7 95	23 85
1 00	GAUGE Furn & Inst	9 50	9 50
	DOT HAZ MAT TRANS SURCHARGE		5 20

DID YOU KNOW WE CAN ALSO SERVICE, RENOVATE OR REPAIR YOUR SPRINKLER AND ALARM SYSTEM?

SUBTOTAL	361 20
FREIGHT	0 00
SALES TAX	21 67
PAY THIS AMOUNT	382.87