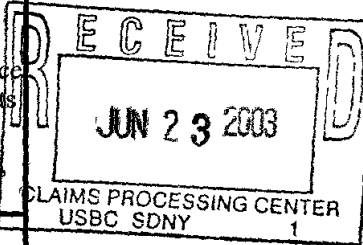


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Shared Technologies Allegiance, Inc</b>		Case Number <b>03-13108 rdd</b>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503 <b>FILED</b>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Clawson Communications, Inc</b>		<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 <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 <b>PO Box 319 Franklin, IN 46151</b>		U.S. DISTRICT COURT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13108 (RRD) 101 <b>REC'D JUN 30 2003</b> THIS SPACE IS FOR COURT USE ONLY
Telephone number <b>(317) 738-9986</b>		
Account or other number by which creditor identifies debtor <b>STF</b>		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<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 checked="" type="checkbox"/> Other <b>+ NSF check return fee</b>		
<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)		
<b>2 Date debt was incurred</b> <b>4/16/03</b>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <b>137.00</b>		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" 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 \$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
<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 <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.		THIS SPACE IS FOR COURT USE ONLY
Date <b>6/6/03</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>Kathy A Hardley, CONTROLLER</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.		



**NATIONAL CITY BANK OF INDIANA**  
**601673461**  
**P.O. BOX 5770**  
**INDIANAPOLIS, IN 46255-5770**



**CUSTOMER DETAIL ANALYSIS STATEMENT**  
**FOR CLAWSON COMM**  
**MAY 2003**

**CAS0000227**  
**CLAWSON COMMUNICATIONS INC**  
**P O BOX 219**  
**FRANKLIN IN 46131-0219**

**CUSTOMER KEY CLAWCOMIN000**

**BALANCE ANALYSIS**

AVERAGE LEDGER BALANCE		109,173
LESS AVERAGE DEPOSIT FLOAT	88,180	
LESS AVERAGE OTHER FLOAT	0	
TOTAL AVERAGE FLOAT		88,180
AVERAGE AVAILABLE BALANCE		20,993
AVERAGE POSITIVE AVAILABLE BALANCE		22,840
LESS RESERVE REQUIREMENT		2,284
AVERAGE INVESTABLE BALANCE		20,556
EARNINGS @ 860/	14 53	
AVERAGE NEGATIVE AVAILABLE BALANCE		( 1,847)
CHARGES	( 13 12)	
NET EARNINGS/(CHARGES)	1 41	

**ANALYSIS ACTIVITY**

**VOLUME**

**UNIT PRICE**

**TOTAL PRICE**

**EQUIVALENT AVAILABLE BALANCE**

ACCOUNT MAINTENANCE	1	18 0000	18 00	
DEPOSIT TICKETS	17	0 4000	6 80	
RET ITEM REGULAR	1	7 0000	7 00	
ACH DEPOSITS	18	0 1200	2 16	
ACH ITEMS PAID	30	0 1200	3 60	
ACH NOTIF OF CHANGE	4	5 0000	20 00	
WEB ACH INIT	531	0 1200	63 72	
WEB ACH MAINTENANCE	1	20 0000	20 00	
CDA CHECKS PAID	267	0 1850	49 40	
CDA MONTHLY SERVICE	1	100 0000	100 00	
CDA STOP PAYMENTS	1	26 0000	26 00	
COMCARD NET FEE	1	75 0000	75 00	
DEP CKS-ON US	17	0 1000	1 70	
DEP CKS-LOCAL RCPC	12	0 1200	1 44	
DEP CKS-LOCAL CITY	11	0 1000	1 10	
DEP CKS-CLEARHS	45	0 1000	4 50	
DEP CKS-OTHER FED	67	0 1600	10 72	
WEB MAINTENANCE	1	25 0000	25 00	
WEB CURR DAY MAINT	1	10 0000	10 00	
WEB PREV DAY ITEMS	1,204	0 0900	108 36	
WEB CURR DAY ITEMS	133	0 1500	19 95	
WEB INFO REPORT ACCT	7	1 0000	7 00	
ADMINISTRATIVE FEE	1	9 0000	9 00	



# Clawson Communications, Inc.

(317) 738 9986  
PO BOX 219  
FRANKLIN IN 46131

059405

INVOICE NUMBER 059405

INVOICE DATE 04/16/03

PAGE 1

SOLD TO

SHARED TECHNOLOGIES  
FAIRCHILD  
2 UNIVERSITY PLAZA  
HACKENSACK, NJ  
07601

Job TJ MAXX  
Site 160 N GATES DRIVE  
BLOOMINGTON IN

TERMS

ON RECEIPT

CUST ID  
PO NUMBER  
PO DATE  
OUR ORDER NO

STF  
04/16/03  
540003

DESCRIPTION	ORDERED		PRICE	NET	TAX
WO17503 BILLING TO TEST PHONE X303 PROGRAMMING, ALL WAS FINE, MOVED A DIFFERENT PHONE TO X 303 AND IT WORKED, PHONE IS BAD AND NEEDS REPLACED					
TM TIME AND MATERIAL LABOR	1 00	HOUR	80 0000	80 00	E
TRIP TRIP CHARGE	1 00	EACH	50 0000	50 00	E

For questions regarding this invoice  
please call  
(800) 634-4091 x329  
www clawsons com

SUBTOTAL	130 00
TAX	0 00
TOTAL	130 00