

UNITED STATES BANKRUPTCY COURT <u>Southern Dist</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Allegiance Telecom Inc.		Case Number 03-13057-rdd
<p><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></p>		REC'D JUL 07 2003
Name of Creditor (The person or other entity to whom the debtor owes money or property) Noffs/Atlantic Relocation Systems 1735 E. Davis, Arlington Heights, IL 60005 Name and address where notices should be sent Noffs/Atlantic Relocation Systems 1735 E. Davis Arlington Heights, IL 60005 Telephone number _____		<input type="checkbox"/> Check box if you are aware that anyone else has filed a claim relating to this case. Attach a copy of statement giving particulars. FILED SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 64 THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor Q07372		Check here <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 _____ to _____ (date) (date)
2. Date debt was incurred. 1-28-03		3 If court judgment, date obtained.
4 Total Amount of Claim at Time Case Filed \$ 7,993.75 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 \$4,600) * 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 \$2,000* 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 5 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.		JUN 30 2003 U.S. BANKRUPTCY COURT
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 6-25-03	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). Timothy B. Patterson - Corp. Credit Collections Mgr.	



INVOICE

Allegiance Telecom
700 E Butterfield Road
Lombard, IL 60148
Attn Ken Walters

Invoice No 030631761
Customer # Q07372
RF # 0203540
June 25, 2003
PO# 71748

RC Job # 0383754 01 Allegiance Telecom, Inc

From Secaucus, NJ	To King of Prussia, PA
Commodity O & I	Packed -
Service	Loaded -
Mode	Delvrd -
Pack Mode	Estimated Net Wgt
	Actual Net Weight

01/28/03		
Material Delivery	1 Man & Van 4 hrs @ \$70 00/per hour	\$280 00
	100 Totes at \$3 00 each	\$300 00
	18 Commercial Bins at \$15 00 each	\$270 00
	9 dish Packs @ \$15 00 each	\$135 00
02/07/03		
	5 Men and 2 Vans @ \$260 00/per hour for 4 5 hours S T	\$1,170 00
	5 Men and 2 Vans at \$300 00/per hour for 7hours O T	\$2,100 00
02/08/03		
	5 Men and 2 Vans at \$300 00/per hour for 10 hours O T	\$3,000 00
Tolls		\$120 00
Fuel Surcharge		\$368 75

INVOICE

Valuation Declared at \$25,000 00	\$250 00

Invoice Total	\$7,993 75

Please return the copy of this invoice with your payment

Please remit payment to: Atlantic Relocation Systems
1735 E Davis St
Arlington Hts, IL 60005
847-870-3200
All Charges Net 30 Days