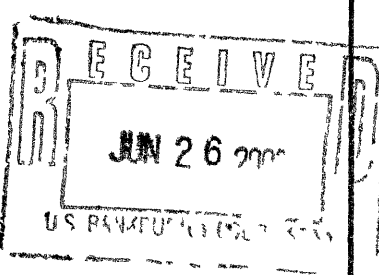


REC'D JUL 07 2003

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

UNITED STATES BANKRUPTCY COURT <i>Southern District</i> DISTRICT OF <i>New York, NY</i>		PROOF OF CLAIM
Name of Debtor <b>ALLEGIANCE Telecom of Florida Inc</b>	Case Number <b>03-13073</b>	FILED <b>U.S.B.C. SOUTHERN DISTRICT OF NEW YORK</b> <b>ALLEGIANCE TELECOM, INC</b> <b>03-13073 (RRD)</b> <b>123</b> 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 for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 507.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>SPARKLING BUILDING MAINTENANCE INC</b>	<input type="checkbox"/> Check box if anyone else has filed a claim relating to your claim 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 <b>SPARKLING Bldg Maint PO Box 2078 MIAMI, FLORIDA 33144</b> Telephone number <b>(305) 266 1103</b>	Account or other number by which creditor identifies debtor <b>ALLEGIANCE Telecom</b>	Check here if this claim <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 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)
<b>2</b> Date debt was incurred <b>13 of 4/30/2003</b>	<b>3</b> If court judgment, date obtained	
<b>4</b> Total Amount of Claim at Time Case Filed. <b>\$ 1357.50</b>		
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.		
<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 checked="" type="checkbox"/> Check this box if you have an unsecured priority claim <b>(822.50)</b> Amount entitled to priority <b>\$ 822.50</b> 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 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 deposit 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 checked="" type="checkbox"/> Taxes or part thereof on real property 11 U.S.C. § 507(a)(8) <input checked="" type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) <b>Prior to file</b> <small>*An amount is 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>	
<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>6/23/2003</b>	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) <b>Meredith Inghy, General Manager &amp; Business Owner</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.		

