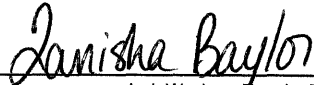


United States Bankruptcy Court		PROOF OF CLAIM	
SOUTHERN District of NEW YORK			
In RE (Name of Debtor) Allegiance Telecom, Inc , et al		Case Number (Required) 03-13057 (RDD)	
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A Request for payment of an administrative expense may be filed pursuant to 11 U S C § 503			
Name of Creditor <i>(The person or other entity to whom the debtor owes money or property)</i> Arch Wireless		<input type="checkbox"/> Check box if you are aware that any one 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 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 Arch Wireless 3100 Premier Dr , Suite 204 Irving, TX 75063		U.S.B.C. SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) <hr style="border-top: 1px dashed black;"/> 228 THIS SPACE IS FOR COURT USE ONLY	
Telephone No			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 6333198		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 (Describe Briefly)		<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 social security number _____ Unpaid compensation for services performed from _____ to _____ Date Date	
2 DATE DEBT WAS INCURRED 04/29/2003		3 IF COURT JUDGEMENT DATE OBTAINED N/A	
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attached evidence of perfection of security interest _____ Brief description of collateral _____ <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above if any _____		<input type="checkbox"/> Wages salaries or commissions (up to \$4000) earned not more than 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 \$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 § 507(a)(7) <input type="checkbox"/> Taxes or penalties of governmental units 11 U S C § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U S C § 507(a) _____ Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ \$196.60 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim			
<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____ Specify the priority of the claim _____			
5 TOTAL AMOUNT OF CLAIM AT THE TIME \$196.60		\$196.60 (Total)	
		(Secured) (Priority)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim Attach itemized statement of all additional charges			
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor			
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary			
8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed enveloped and copy of this proof of claim			
Date 07/09/2003	Signature  Arch Wireless Tanisha Baylor/Bankruptcy Coordinator		


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This Space for Court use only

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JUL 14 2003

U.S. BANKRUPTCY COURT OF THE SOUTHERN DISTRICT OF NEW YORK
Allegiance Claim



00237