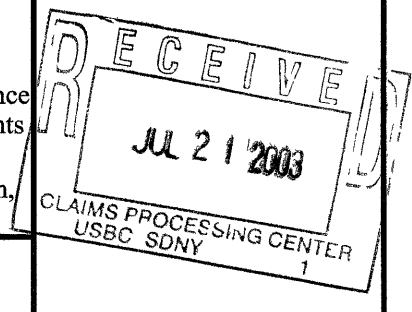


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Allegiance Telecom, Inc		Case Number 03-13057
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. FILED		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Lee Wayne Corporation		U.S. BC SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (FRD) ----- 248
Name and address where notices should be sent Lee Wayne Corporation 1980 Industrial Drive PO Box 657 Sterling, IL 61081 Telephone number (815) 626-0980		
Account or other number by which creditor identifies debtor 160398		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input checked="" type="checkbox"/> Goods sold <input 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>12/17/02</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>273.51</u> 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 \$4,650) * 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 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)(____). *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.
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 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.		THIS SPACE IS FOR COURT USE ONLY
Date 6/30/03	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) <i>Melissa Dye</i> Melissa Dye-Staff Accountant	



Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.





PO Box 657
 1980 Industrial Dr
 Sterling, IL 61081
 Phone (815) 625-0980
 Fax (815) 548-9193

Tax ID 03-0509520

Sales Order No.	
669173	
Order Date	Type
12/02/02	DRP

Invoice

Number	Date	Page
479500	12/17/02	1

Customer No.: 160398

Sold To: ALLEGIANCE TELECOM INC
 ATN. VALERIE LUMIS
 700 BUTTERFIELD ROAD
 SUITE 400
 LOMBARD, IL 60148

Customer No : 160398

Bill To. ALLEGIANCE TELECOM INC
 ATN: VALERIE LUMIS
 700 BUTTERFIELD ROAD
 SUITE 400
 LOMBARD, IL 60148

Ship Via: SPECIAL INST

Ship To: SEE BELOW
 PO #VALERIE LUMIS
 LOMBARD, IL 60148

FOB. ORIGIN

Customer P O Number	Ship Date	Terms	Sales Representative
VALERIE LUMIS	12/12/02	NET 30 DAYS	615 BONDA, MARY

Item Code	Description/Comments	Ordered	Shipped	Back Order	UM	Unit Price	Extended Price
5180	HANES BEEFY TEE, WHITE XL	13	13	0	EA	7 150	92 95
5180	SAME AS ABOVE, XXL	13	13	0	EA	9 430	122 59
SCRW	SCREEN CHARGE	1	1	0	EA	31 250	31 25
IMPW	BLACK IMPRINT	26	26	0	EA	0 000	0 00

Subtotal 246 79
 Freight 11 30
 Tax 15 42
 Total 273 51

Since careful inspection at the factory often results in some imprinted pieces being discarded it is understood and agreed that an under-run or over-run of not more than 10% be billed pro-rata. Purchaser agrees to pay any sales or use tax, and additional freight charges billed us due to audits per ICC regulations. In some cases freight charges may be billed separately. Quoted prices often do not include shipping charges or any applicable taxes. No credit will be issued for returned merchandise without the consent/authorization of HALO. All claims must be made within 10 days of merchandise receipt. Shipping Liability. This merchandise becomes your property at the time it is accepted by the carrier. Purchaser agrees to pay all charges within the payment terms stated on this invoice. Payments not made within such terms are subject to a late payment fee of 1.5% per month until payment is made. Purchaser also agrees to pay all necessary collection and reasonable legal fees in the event of default or failure to pay for goods sold and delivered.

PLEASE CUT THIS PORTION OFF AND REMIT WITH PAYMENT TO.
 Lee Wayne Corporation 135 S LaSalle, Dept 5140, Chicago, IL 60674

- Master Card Visa American Express
 Discover Diners Amex Purchasing Card*

Invoice Number: 479500
 Invoice Date: 12/17/02
 Invoice Total: 273 51
 Sales Order No.: 669173
 Bill To Customer No.: 160398

Name on Credit Card _____
 Credit Card No _____ Exp Date _____
 Amount to Charge _____ *P-Card Ref # _____

Signature required for authorization