
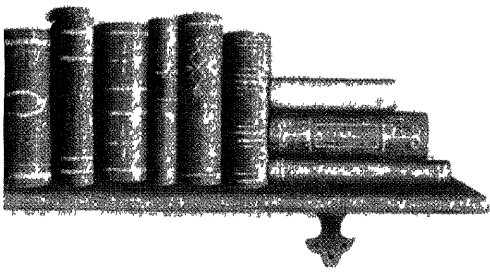


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Allegiance Telecom, Inc</b>		Case Number <b>03-13057(RDD)</b>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Panhandle Public Library Cooperative System</b>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a claim relating to this case. If so, attach a copy of statement 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.	FILED DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RDD) 257 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <b>4487 Lafayette St, Suite 4 Marianna FL 32446</b>	Telephone number <b>350-624-225</b>	
Account or other number by which creditor identifies debtor <b>3203</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 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 <u>See Attached Letter</u>		
<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> <u>6-10-2003</u>		<b>3. If court judgment, date obtained:</b>
<b>4 Total Amount of Claim at Time Case Filed:</b> \$ <u>571.50</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.		
<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 <div style="border: 2px solid black; padding: 10px; text-align: center;">                     RECEIVED                      JUL 22 2003                      CLAIMS PROCESSING CENTER                      USBC SDNY 1                 </div> Allegiance Claim  00271
Date <b>6-17 2003</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>Laura Massie Laura Massie Administrator</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both		



Panhandle Public Library Cooperative Systems  
4487 Lafayette Street Suite #4  
Marianna, FL 32446

Phone (850) 482-9296 Fax (850) 482-9297

*Administrator - Laura Massie ([lemassie@hotmail.com](mailto:lemassie@hotmail.com))*  
*Administrative Assistant - Elsie Swafford ([ejs@digitalexp.com](mailto:ejs@digitalexp.com))*  
*Technical Services Manager - William Pitts ([william\\_pitts@hotmail.com](mailto:william_pitts@hotmail.com))*

July 14, 2003

United States Bankruptcy Court  
Re Allegiance Telecom, Inc , et al  
P O Box 95 Bowling Green Station  
New York, NY 10274

Dear Sir

This claim is for the costs incurred by Panhandle Public Library Cooperative System (PPLCS) while seeking to obtain from Allegiance what was intended to be a "pass-through" of federal funds

Funds were received by Allegiance from Schools & Libraries Division (SLD), Universal Service Administrative Co , FCC, as part of a federal program which reimburses libraries for a portion of their telecommunications and internet access costs It is the practice of SLD to send the reimbursement funds directly to the vendor (Allegiance), the vendor is directed to pass them on to the Billed Entity (PPLCS) within 10 calendar days of receipt (See Billed Entity Applicant Reimbursement Form)

In this case, Allegiance received a check for \$11,430 from SLD shortly after March 6 2003 (See attached Quarterly E-Rate Payment Authorization Report) Allegiance did issue a check to PPLCS on May 2, 2003, and that check was deposited by us However, on June 10, 2003, we were notified by our bank that the check was returned to the bank unpaid (A copy of the returned check is attached ) A telephone call to Allegiance informed us that the company had declared bankruptcy on May 15, 2003

In accordance with Florida Statutes (FS 832 07) and as adopted by the Jackson County Board of County Commissioners on March 25, 1997, the county (our fiscal agent) then charged PPLCS a fee of 5% of the amount of the bounced check, or \$571 50

Today, July 14, a second check was received from Allegiance for the original amount of \$11,430 PPLCS deposited it and we trust it will be "good" However, we still request a payment to cover the \$571 50 charge levied against us because of the "bad" check

Thank you for assistance

*Laura Massie*

Laura Massie, Administrator  
Panhandle Public Library Cooperative System



# BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Panhandle Public Library Cooperative System

471 Billed Entity Applicant Number 154010

Contact Person Name Laura Massie

Contact Telephone Number 850-482-9296

Reimbursement Form Number 472-2001-01

## Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows

- A The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B below
- B The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form

22 Signature of authorized person (fax, copy or original signature)

23 Date (required)

Regina Corn

12-04-02

24 Printed name of authorized person (required)

25 Title or position of authorized person (required)

Regina Corn

BURT

26 Telephone number of authorized person (required)

214-261-7255

27 Address of authorized person (required)

1950 N. Stemmons Freeway Suite 3026 Dallas TX 75207

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to  
SLC-BEAR Form  
P O. Box 7026  
Lawrence, KS 66044-7026

If sent by express delivery services or U S Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to

SLC-BEAR Form  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, KS 66046



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**Quarterly E-Rate Payment Authorization Report  
(1st Quarter 2003)**

March 31, 2003

PANHANDLE PUBLIC LIBRARY COOP SYSTEM  
Laura Massie  
4487 LAFAYETTE, SUITE 4  
MARIANNA, FL 32446

**Re: Billed Entity Number 154010**

In an effort to provide you with timely information to help you track your participation in the Schools and Libraries E-Rate program, enclosed you will find your Quarterly E-Rate Payment Authorization report reflecting payment activity under the program for your billed entity for the period of January 1, 2003 through March 31, 2003

This report is issued each quarter reflecting the invoice payment authorization activity related to all E-Rate fund years for your billed entity. You may expect your next report in early July 2003 for the 2nd quarter 2003 payment authorization activity. The payment authorizations are a direct result of invoices submitted by your service provider(s) (FCC Form 474 - Service Provider Invoice) and/or invoices submitted by your billed entity (FCC Form 472 - Billed Entity Applicant Reimbursement).

Please take the time to review this report and ensure the payment authorization activity is accurate. We want to be sure that you are receiving services and discounts for which payments have been authorized. If you have not received reimbursement from your Service Provider on an approved BEAR payment (indicated as an Applicant invoice) and more than 30 days has passed since the Service Provider was paid, please contact your Service Provider. In addition, you may report it to [serviceprovider@universalservice.org](mailto:serviceprovider@universalservice.org). Please provide the following information:

Applicant Name  
Form 471 Application Number  
Service Provider Name  
Service Provider Identification Number (SPIN)  
Funding Request Number (FRN)  
Amount of payment  
Your name and contact information

Thank you for your continuing interest in the Schools and Libraries E-Rate program.

Schools and Libraries Division  
Universal Service Administrative Company

Enclosure

USAC SCHOOLS and Libraries  
 E-Rate Quarterly Disbursements  
 Authorization Report  
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Period 01/01/2003 - 03/31/2003

Billed Entity Number 154010 Billed Entity Name PANHANDLE PUBLIC LIBRARY COOP SYSTEM

Funding Year	APPL #	FRN #	FRN Committed Amount	FRN Authorized Disbursements To Date	Service Provider Number (SPIN)	Service Provider Name	Disbursement Authorization Date	Authorized Disbursements			
								SPI	BEAR	Total	
11/2001-06/30/2002	254360	632101	\$11,430 00	\$11,430 00	143025540	Allegiance Business Int	03/06/2003		\$11,430 00	\$11,430 00	
									SPIN Total	\$11,430 00	\$11,430 00
									Application Total	\$11,430 00	\$11,430 00
									Total Fund Year Applications	\$11,430 00	\$11,430 00
									Total Applications All Fund Years	\$11,430 00	\$11,430 00

Disbursement Authorization Date Date SLD authorized disbursement unit to disburse funds  
 Service Provider Invoice, payments authorized based on this form  
 Billed Entity Applicant Reimbursement Form, payments authorized based on this form



SUNTRUST

SUNTRUST BANK  
P O BOX 620547  
ORLANDO, FL 32862-0547

Returned Deposited Check Notification

PAGE 1 OF 1

IF YOU HAVE QUESTIONS ANYTIME DAY OR NIGHT CALL US AT  
1-800-SUNTRUST (1-800-786-8787)

THE FOLLOWING CHECK(S) YOU RECENTLY DEPOSITED TO YOUR ACCOUNT WERE RETURNED TO SUNTRUST UNPAID THE AMOUNT OF  
THE CHECK(S) HAS BEEN DEDUCTED FROM YOUR ACCOUNT IF YOUR CHECKS ARE NOT ENCLOSED, PLEASE CALL US

ACCOUNT NUMBER 465101463818  
DATE OF DEDUCTION 05-22-2003

AMOUNT SEQ NUM AMOUNT SEQ NUM  
11,430 00 41330034

JACKSON COUNTY BOARD OF COMM  
PPLCS-STATE GRANT  
HOLD MAIL STB NORTHWEST FLORIDA  
FL MARIANNA 1011

*Received  
from  
Shiril  
6-10-03*

REGION 039 CENTER 6095340  
ITEMS ENCLOSED YES

NUMBER ITEMS-SUBTOTAL 1  
NUMBER ITEMS-TOTAL 1

AMOUNT-SUBTOTAL \$ 11,430 00  
AMOUNT-TOTAL \$ 11,430 00  
SERVICE CHARGE-SUBTOTAL ANALYSIS  
SERVICE CHARGE-TOTAL ANALYSIS

DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A DUAL-TONE TRUE WATERMARK THAT APPEARS AS CONNECTING PENTAGONS WHEN HELD TO THE LIGHT AND "LOGO" APPEARS ON REVERSE

ALLEGIANCE TELECOM SERVICE CORPORATION  
OPERATING ACCOUNT  
PH 214-261-7100  
9201 North Central Expressway  
DALLAS, TX 75231

Bank of America, N.A. 64,1278  
611 130997

188757 05/02/03 \$\*\*\*\*11,430.00  
VOID AFTER 180 Days

ELEVEN THOUSAND FOUR HUNDRED THIRTY AND 00/100

Pay To the Order of Panhandle Public Library  
4487 Lafayette St STE 4  
Marianna FL 32446

130997 1061 2788 0062 9981 253

THE FACE OF THIS CHECK HAS A BLUE BACKGROUND - ANY OTHER COLORS MAY BE EVIDENCE OF CHEMICAL ALTERATION OR ERASURE - SEE REVERSE SIDE FOR MORE SAFETY FEATURES

590



Universal Service Administrative Company  
Schools & Libraries Division

Form 472 (BEAR Form) Notification Letter

March 07, 2003

Allegiance Business Internet, Inc  
Andrea Harris  
2101 Webster  
Suite 1580  
Oakland, CA 94612

Re Form 472 Invoice Number 357083  
Service Provider Identification Number 143025540  
Applicant Form 472 Identifier 472-2001-01  
Billed Entity Number 154010

PANHANDLE PUBLIC LIBRARY COOP SYSTEM  
LAURA MASSIE  
4487 LAFAYETTE, SUITE4  
MARIANNA, FL 32446

Preferred Mode of Contact E-mail at LEMASSIE@HOTMAIL COM  
Total Amount of Reimbursement Approved for Payment \$11430 00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472, a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided

**Funding Request Number (FRN)** A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

**471 Application Number** A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

**Funding Year** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Contract Number** The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

**Funding Commitment Decision** This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

**Reimbursement Amount for this FRN** This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

**Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT)** This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division  
Universal Service Administrative Company  
CC PANHANDLE PUBLIC LIBRARY COOP SYSTEM



FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number 632101  
471 Application Number 254360  
Funding Year 07/01/2001 - 06/30/2002  
Contract Number 2814  
Funding Commitment Decision \$11430 00  
Reimbursement Amount for this FRN \$11430 00

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