

REC'D AUG 06 2003

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

UNITED STATES BANKRUPTCY COURT <i>S. Dis of NY</i> DISTRICT OF <i>New York</i>		PROOF OF CLAIM
Name of Debtor ALLEGIANCÉ TEL. CO.	Case Number 0313057 Rld	DISTRICT OF NEW YORK ALLEGIANCÉ TELECOM, INC 03-13057 (RRD) 275
Name of Creditor (The person or other entity to whom the debtor owes money or property)	<input type="checkbox"/> Check box if you are aware that anyone 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		
Telephone number	THIS SPACE IS FOR COURT USE ONLY	
Account or other number by which creditor identifies debtor	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 _____		<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 # 65-0556748 Unpaid compensation for services performed from _____ to _____ (date)
2 Date debt was incurred.	3 If court judgment, date obtained.	
4. Total Amount of Claim at Time Case Filed \$ _____ 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 \$ _____ <i>Check BANK FEE</i> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 45 + 15 = 60		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)(____) <small>*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.</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 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 8/1/03	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) Bill Wheeler	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571



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



ALLEGIANCE TELECOM SERVICE CORPORATION
OPERATING ACCOUNT

Bank of America N.A. 611

130890

901 North Central Expressway
 DALLAS, TX 75231

1896 05/02/03

*****45.00

FOR FIVE AND 00/100

Franky Coconut Grove Locksmith, Inc.
 2829 Bird Ave. Unit 6
 Coconut Grove FL 33133

Handwritten signature

FRANKEY
 Coconut Grove Locksmith
 2829 Bird Avenue Unit #6
 COCONUT GROVE, FLORIDA 33133
 (305) 448-8999 FAX (305) 448 5397

553-1989

CUSTOMER'S ORDER NO <i>Caroline</i>		PHONE <i>(786) 815-1600</i>		DATE <i>2-7-03</i>	
NAME <i>MCC GRANCE</i>					
ADDRESS <i>7205 Coconut Center Drive Unit #200 Coconut Grove, FL 33133</i>					
SOLD BY <i>[Signature]</i>	CASH	C.O.D.	CHARGE <input checked="" type="checkbox"/>	ON ACCT	PAID OUT
QTY	DESCRIPTION			PRICE	AMOUNT
<i>1</i>	<i>pick open door exterior</i>			<i>45.00</i>	
	<i>Site: Empty office interior - pad</i>				
RECEIVED BY <i>[Signature]</i>					TOTAL <i>45.00</i>

32757

NEBS To Reorder
 800-225-6380 or nebs.com

Thank You

BONCED



allegiance telecom, inc.

Fax Sheet

Chris Kornegay
Vice President of Finance & Controller
9201 North Central Expressway
5th Floor
Dallas, Texas 75231
Phone (469) 259-2145
Fax (469) 259-9130

Date: 7-15-03

To: Sharon

Company: Franky Locksmith

Fax Number: 305 - 408 - 4299

Subject: Chapter 11 information - Proof of Claim Form

Number of Pages (including Cover): 5

Message: Please mail Proof of Claim Form to:

United States Bankruptcy Court
Re: Allegiance Telecom, Inc , et al.
PO Box 95 Bowling Green Station
New York, New York 10274