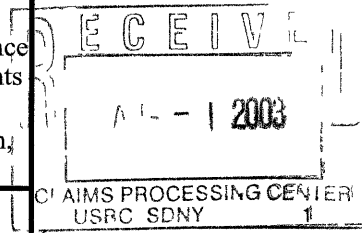


REC'D AUG 06 2003

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

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
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>550 CALIFORNIA CO-TENANCY GROUP</b>	<input type="checkbox"/> Check box if you are sure that no one else has filed a claim relating to your claim. Attach a 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.	FILED U.S.B.C. SOUTHERN DISTRICT OF NEW YORK <b>ALLEGIANCE TELECOM, INC</b> <b>03-13057 (RRD)</b> <b>281</b>
Name and address where notices should be sent <b>C/O WILSON MEANY SULLIVAN, LLC 550 CALIFORNIA ST., STE. 725 SAN FRANCISCO, CA 94104</b>	Telephone number <b>(415) 391-9105</b>	THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor <b>2615496</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 type="checkbox"/> Other _____		
<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>1/23/2003</u>	<b>3 If court judgment, date obtained</b>	
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>925.00</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
Date <b>7/28/03</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>Alexandra Narro, Alexandra Narro</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 1 <i>property assis...</i>		





July 28, 2003

To Whom It May Concern

I've been working with Allegiance costumer service to credit my account 2615496 I terminated my account with Allegiance due to poor service since day 1 Since then I've been trying to collect On May 1, 2003 Carla Giles supervisor Nirako approved my request for the outstanding amount of \$925 00 If you have any questions please call me at (415) 391-9105

Sincerely,

A handwritten signature in black ink that reads "Alexandra Narruhn". The signature is fluid and cursive, with a long horizontal stroke at the end.

Alexandra Narruhn  
Property Assistant

Wilson Meany Sullivan, LLC  
as Managing Agent for  
550 California Street Co-Tenancy Group

W I L S O N M E A N Y S U L L I V A N