

UNITED STATES BANKRUPTCY COURT <u>NY</u> DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor <u>SHARED TECHNOLOGIES BE ALLEGIANCE TELECOM</u>		Case Number <u>03-13057</u>
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 (The person or other entity to whom the debtor owes money or property) <u>Mustang Expediting, Inc</u>		U.S. DISTRICT COURT OF SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 299 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>35 STANLEY DR. ASTON PA 19014</u> Telephone number <u>610-497-6360</u>		
Account or other number by which creditor identifies debtor <u>Acct # SMA482</u>		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 # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
2 Date debt was incurred <u>1-22-03</u>		3 If court judgment, date obtained:
4 Total Amount of Claim at Time Case Filed \$ <u>34196</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.		THIS SPACE IS FOR COURT USE ONLY
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.		
Date <u>6/30/03</u>	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) <u>S. Miller Susan Miller</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.		

RECEIVED
AUG 14 2003
CLAIMS PROCESSING CENTER
U.S. DISTRICT COURT
ALLEGIANCE CLAIM
00314

MUSTANG EXPEDITING, INC.

35 STANLEY DRIVE
ASTON, PA 19014

INVOICE NO.	BILLING DATE	PAGE
IN01-04158	01/22/03	
LOAD #	MARK	METHOD OF PAY
		PREPAID

ORIGIN TERMINAL	SHIPPER'S B/L	P/U DATE	DRIVER	POWER UNIT	TRAILER
ASTON		01/22/03			
DESTINATION TERMINAL	PURCHASE ORDER #	DELIVERY DATE	DRIVER	POWER UNIT	TRAILER
		01/22/03	LUTS	054	54

SHIPPER: SHA482
 SHARED TECH
 2550 EISENHOWER AVENUE
 P. O. BOX 746
 VALLEY FORGE, PA 19482

CONSIGNEE: BALL73
 BALLARD SPAHRS ANDREWS
 1735 MARKET ST 51ST FL
 CLIF ROOT
 PHILA, PA

BILL TO: SHA482
 SHARED TECH
 2550 EISENHOWER AVENUE
 P O BOX 746
 VALLEY FORGE, PA 19482

Tariff: R/B: Inp/Bill: TRM/TRM T/L: N Rev: 1 Zone:

H/M	PIECES	DESCRIPTION OF ARTICLES	WEIGHT	RATE	PREPAID	COLLECT
	3	ELECTRONIC EQUIPMENT	1000			
	4	HOURS - S/TRK W/ DRIVER & HELPER		83.00	332.00	
	332	FUEL SURCHARGE		03	9.96	

Handwritten:
 HARRICK
 467-257-2658
 574
 Chapter 11 -

339	TOTALS		1000		341.96	
CONSIGNEE (PRINT NAME)		DATE DELIVERED	TIME DELIVERED	CONSIGNEE SIGNATURE		

NOTE: CHARGES MUST BE PAID WITHIN 15 DAYS AS PER I.C.C. REGULATIONS
 UNLESS OTHERWISE NOTED. MUST BE REPORTED WITHIN 48 HOURS.

TEL (610) 497-6360 FAX (610) 497-6370

Handwritten:
 Check returned from bank
 - non-sufficient funds
 see Attached



First Financial Bank

A SUBSIDIARY OF CHESTER VALLEY BANCORP INC

June 6, 2003

Mustang Expediting Inc
35 Stanley Dr
Aston PA 19014-2245

Dear First Financial Customer,

Enclosed is the check that was debited from your checking account on June 3, 2003 due to Non-Sufficient Funds

If you have any questions regarding this matter, please call me at 610-269-9700

Sincerely,

Susan Duca
ATM Coordinator

www.FFOnline.com

100 East Lancaster Avenue • Downingtown PA 19335 • 610-269-9700 • Fax 610-269-4619