

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York PROOF OF CLAIM

Name of Debtor Allegiance Telecom Inc et al, Hosting, com, Inc Case Number 03-13057 (RDO)

REC'D AUG 14 2003

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) James N. Howard Check box if you are aware that anyone else has filed a proof of claim relating to your claim. If so, attach a copy of statement of particulars 03-13057 (RDO)

Name and address where notices should be sent James N Howard
11616 Star View Trail
Austin TX 78750
Telephone number 512-3799-8050 Check box if you have never received any notices from the bankruptcy court in this case 303 Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor Acct 000020011016171 Check here replaces a previously filed claim, dated _____ amends

1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other credit balance (overpayment) on account Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)

2 Date debt was incurred 05/10/03 3 If court judgment, date obtained: _____

4 Total Amount of Claim at Time Case Filed \$ 5201 If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below 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. Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral Real Estate Motor Vehicle Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6 Unsecured Priority Claim. Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim 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)) Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) 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) Alimony maintenance or support owed to a spouse former spouse or child 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) 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 8-4-03 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) James N Howard

RECEIVED AUG 12 2003 U.S. BANKRUPTCY COURT SDA

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years, or both 1

