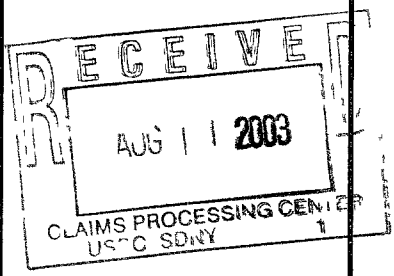


REC'D AUG 14 2003

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

UNITED STATES BANKRUPTCY COURT <i>For the Southern</i> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor <u>ALLEGIANCE TELECOM, INC</u>		Case Number
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>PARKS ENVIRONMENTAL CONSULTING, INC</u>		<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 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
Name and address where notices should be sent <u>800 TRANSFER ROAD, SUITE 7A ST. PAUL, MN 55114</u>		U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) ----- 303 THIS SPACE IS FOR COURT USE ONLY
Telephone number <u>(651) 644-1007</u>		
Account or other number by which creditor identifies debtor <u>002177791498</u>		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>TELEPHONE SERVICE CREDIT</u> <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 _____ (date) to _____ (date)		
<b>2 Date debt was incurred</b> <u>7/25/03</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>119.68</u>		
<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 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
<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 <u>8-8-03</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>Tim Marxhausen PRESIDENT</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 1572		





www.ALGX.COM \ RESTRUCTING )  
Retail customer

**Allegiance Telecom of Minnesota, Inc**  
1950 StemmonsExpressway  
Suite 3026  
Dallas, TX 75207  
(214) 853-7110 Fax  
For Billing Inquiries, please contact  
customer service at (800) 553-1989

00127 02939A 01 0035  
PARK ENVIRONMENTAL CONSULTING  
800 TRANSFER RD  
N/S  
SAINT PAUL MN 55114

**BILLING DATE** 07/25/2003  
**ACCOUNT NUMBER** 002177791498  
**INVOICE NUMBER** 030728002800

**ACCOUNT STATUS**

PREVIOUS BALANCE (119 68)  
PAYMENTS APPLIED THROUGH 07/25/2003 0 00  
ADJUSTMENTS 119 68  

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**PAST DUE** 0 00

**SUMMARY OF CURRENT CHARGES**

**USAGE CHARGES**  
LOCAL 0 00  
LATA TOLL\* 0 00  
1+ OUTBOUND\*\* 0 00  
8XX INBOUND 0 00  
CALLING CARD 0 00  
INTERNATIONAL 0 00  
DIRECTORY ASSISTANCE 0 00  
**MONTHLY RECURRING AND NON-RECURRING CHARGES** 0 00  
**LATE PAYMENT CHARGES** 0 00  
**TAXES, FEES AND OTHER ASSESSMENTS** 0 00  
\*Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for LATA Carrier Information  
\*\*Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for LD Carrier Information  

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**TOTAL CURRENT CHARGES** 0 00 0 00  
**TOTAL AMOUNT DUE** 0 00

If you have any questions concerning this invoice or about available features please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of Minnesota, Inc for the amount due

PARK ENVIRONMENTAL CONSULTING  
800 TRANSFER RD  
N/S  
SAINT PAUL MN 55114

Make Checks Payable to  
**Allegiance Telecom of Minnesota, Inc**  
P O BOX 650226  
DALLAS, TX 75265-0226

**BILLING DATE** 07/25/2003  
**ACCOUNT NUMBER** 002177791498  
**INVOICE NUMBER** 030728002800  
**PAYMENT DUE BY** 08/24/2003  
**TOTAL AMOUNT DUE** 0 00



**PARK ENVIRONMENTAL CONSULTING**

**BILLING DATE** 07/25/2003  
**ACCOUNT NUMBER** 002177791498  
**INVOICE NUMBER** 030728002800

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**PAYMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
<b>TOTAL PAYMENTS</b>		<b>0 00</b>

**ADJUSTMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
07/10/2003	Charge Back-Debit	119 68
<b>TOTAL ADJUSTMENTS</b>		<b>119 68</b>

**TAXES, FEES AND OTHER ASSESSMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
<b>TOTAL TAXES, FEES AND OTHER ASSESSMENTS</b>		<b>0 00</b>

