

ORIGINAL

REC'D AUG 19 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 <u>Allegiance Telecom, Inc et al</u>		Case Number <u>03-13057 (RRD)</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>American Security Programs Inc</u>	<input type="checkbox"/> Check box if you or anyone else has filed a 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.	FILED U.S. DISTRICT COURT OF NEW YORK ALLEGIANCE TELECOM, INC <u>03-13057 (RRD)</u> 311 THIS SPACE IS FOR CREDITOR USE ONLY
Name and address where notices should be sent <u>American Security Programs, Inc</u> <u>2200 Shaw Rd # 101-4</u> <u>Dulles, VA 20146</u> Telephone number <u>703 334 8...</u>	Account or other number by which creditor identifies debtor <u>03-1600</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 checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes - SALES TAX <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>1/19/03-2/15/03 + 3/16/03-5/13/03</u>	3 If court judgment, date obtained _____	
4 Total Amount of Claim at Time Case Filed <u>\$ 23,721.81</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 checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>1,29.61</u> 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 rent 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 checked="" 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)(_____)	
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>8/7/03</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>Clara G. Bellan, CFO</u>	

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



American Security Programs, Inc

22900 Shaw Road, #101-4  
Dulles, VA 20166  
VA LIC ID #11-2050

# INVOICE

DATE INVOICE NO  
6/13/2003 03-1600 7

**BILL TO**

ALGX Business Internet Inc  
AP - Dominga Savceco  
9201 North Central Expressway  
Dallas TX 75231

P O NO TERMS PROJECT  
Net 30

DESCRIPTION	QTY	RATE	AMOUNT
Security Services - Guard 05/11/03-05/13/03	56	14 20	795 20T
Sales Tax		5 00%	39 76

Please remit to above address If you have any question call 703-834 8900

**Total**

\$834 96

American Security Programs, Inc

22900 Shaw Road, #101-4

Dulles, VA 20166

VA LIC ID #11-2050

# INVOICE

DATE	INVOICE NO
5/23/2003	03-1600-6

**BILL TO**

ALGX Business Internet Inc  
AP Dominga Savceco  
9201 North Central Expressway  
Dallas TX 75231

P O NO	TERMS	PROJECT
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Net 30

DESCRIPTION	QTY	RATE	AMOUNT
Security Services Guard 04/13/03 05/10/03	512	14 20	7 270 40T
Sales Tax		5 00%	363 52

Please remit to above address If you have any question call 703-834-8900

**Total**

\$7 633 92

American Security Programs, Inc

22900 Shaw Road, #101-4  
Dulles, VA 20166  
VA LIC ID #11-2050

# INVOICE

DATE INVOICE NO  
4/25/2003 3 1600-5

**BILL TO**

ALGX Business Internet Inc  
AP Dominga Savceco  
9201 North Central Expressway  
Dallas TX 75231

DESCRIPTION	P O NO	TERMS	PROJECT
		Net 30	
DESCRIPTION	QTY	RATE	AMOUNT
Security Services - Guard 03/16/03-04/12/03 (One hour less due to Daylight Savings Time)	511	14 20	7 256 20T
Sales Tax		5 00%	362 81

Please remit to above address If you have any question call 703-834-8900

**Total**

\$7 619 01

American Security Programs, Inc

22900 Shaw Road, #101-4

Dulles, VA 20166

VA LIC ID #11-2050

# INVOICE

DATE            INVOICE NO  
2/28/2003        03-1600-3

**BILL TO**

ALGX Business Internet Inc  
AP Dominga Savceco  
9201 North Central Expressway  
Dallas TX 75231

	P O NO	TERMS	PROJECT
		Net 30	
DESCRIPTION	QTY	RATE	AMOUNT
Security Services - Guard- 01/19/03-02/15/03	512	14 20	7 270 40T
Sales Tax		5 00%	363 52

Please remit to above address. If you have any question call 703-834-8900

**Total**

\$7 633 92