

Name of Debtor  
ALLEGIANTE TELECOM, INC

Case Number  
03-13057

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.

FILED  
SOUTHERN DISTRICT OF NEW YORK  
ALLEGIANTE TELECOM, INC  
03-13057 (RRD)  
395  
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Name of Creditor (The person or other entity to whom the debtor owes money or property)  
GENERAL ELECTRIC CAPITAL CORPORATION

Check box if anyone else has filed a claim relating to your claim.  
 Check box if you have never received any notices from the bankruptcy court in this case.  
 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  
GE CAPITAL CORPORATION  
P.O. BOX 3083  
LEWISIAH, IA 52406-3083

Telephone number (800) 209-9161  
Account or other number by which creditor identifies debtor 6957626005

Check here if this claim  replaces a previously filed claim dated \_\_\_\_\_  amends

1 Basis for Claim  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other LEASE AGREEMENT

Retiree benefits as defined in 11 USC § 1114(a)  
 Wages, salaries, and compensation (fill out below)  
Your SS # \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

2. Date debt was incurred 11/01

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed. \$ 7,400.53

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 LEASE AGREEMENT - SET ATTACHED  
Value of Collateral \$ 7,400.53  
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 \$4,300) \*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)  
 Contributions to an employee benefit plan 11 USC § 507(a)(4)  
 Up to \$1,950\* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6)  
 Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7)  
 Taxes or penalties owed to government units 11 USC § 507(a)(8)  
 Other Specify applicable paragraphs of 11 USC § 507(a) (\_\_\_\_)  
\*Amounts are subject to adjustment on 4/1/98 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.

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 08/22/03

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)  
K. Suda  
LEASER DEF. MGMT., INC.

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F P P W E  
Allegiance Claim  
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