

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Shuried Technologies</b>		Case Number <b>03-13108</b>
<p><b>NOTE</b> 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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  <b>BOL-AIRE AIR CONDITIONING COMPANY</b> <b>622 Glenoaks Blvd.</b> <b>San Fernando, CA 91340</b>		U.S. BANK DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 399 <b>REC'D SEP 08 2003</b>
Name and address where notices should be sent Telephone number <b>818-365-3161</b>		<input type="checkbox"/> Check box if you are aware of anyone else who 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
Account or other number by which creditor identifies debtor  <b>Account # 2679</b>		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 type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <b>04/01/2003</b>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <b>218.64</b> If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input checked="" 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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 <b>8/22/2003</b>	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) <b>Dan Thompson - President</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 3571





622 Glenoaks Blvd  
 SAN FERNANDO CA 91340  
 LIC NO 608997

(818) 365-3161  
 Fax (818) 365-7125

SHARED TECHNOLOGIES FAIRCHILD  
 & ALLEGIANCE COMPANY  
 1022 NORTH LAKE STREET  
 BURBANK, CA 91502

ACCOUNT NO      DATE  
 02679      07/31/2003

\$ \_\_\_\_\_  
 AMOUNT REMITTED

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

DATE	INVOICE NO	DESCRIPTION	CHARGES	PAYMENTS	BALANCE
		ATTN. TOM MILLER-BRANCH MNGR			
04/01/2003	015867	SERVICE CALLS & REPAIR	209.22		209.22
05/31/2003	LT0503	FINANCE CHARGE	3.14		212.36
06/30/2003	LT0603	FINANCE CHARGE	3.14		215.50
07/31/2003	LT0703	FINANCE CHARGE	3.14		218.64
CURRENT		30 DAYS	60 DAYS	90 DAYS	AMOUNT DUE
3.14		3.14	3.14	209.22	218.64

**PAST DUE**

**SOL-AIRE  
 AIR CONDITIONING COMPANY**

*Thank You*



622 Glenoaks Blvd  
 SAN FERNANDO CA 91340  
 LIC NO 608997

1011

01 015867

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 Fax (818) 365-7125

SHARED TECHNOLOGIES FAIRCHILD  
 & ALLEGIANCE COMPANY  
 1022 NORTH LAKE STREET  
 BURBANK, CA 91502

SALESPERSON 189	DATE OF INVOICE 04/01/2003
SHIP TO ATTN TOM MILLER-BRANCH MNGR 01 SERVICE CALLS & REPAIRS	

QTY	DESCRIPTION	UNIT PRICE	TOTAL
02679	SERVICE CALL NO COOLING ADD FREON TO ALL UNITS CHECK FREON ADD FREON 34002 R-22 FREON P/LB SALES TAX	6 08	72.96 6.02
1.67	DIAGNOSTIC/EVALUATION SERVICE CHARGE	72 00	120.24
1.00	TRUCK CHARGE	10 00	10.00
	TERMS NET DUE UPON RECEIPT, 1 5% INTEREST PER MONTH ON BALANCES OVER 30 DAYS THANK YOU FOR YOUR BUSINESS		
		<b>TOTAL</b>	<b>209.22</b>

*Thank You*



# SERVICE ORDER

622 GLENOAKS BLVD., SAN FERNANDO CA. 91340  
 LICENSE NO 608997  
 (818) 365 3161 FAX (818) 365 7125

No 026790331

CONTRACTORS LICENSE  
 NO 608997

JOB *Shared Technologies F.*  
*1022-N-Lake Street*  
*Burbank CA ZIP 91502*

BILL TO  
 ZIP  
 PHONE ( ) SUITE #  
 PHONE ( ) SUITE #

SERVICE PROCEDURE CODES	SYS #	EQUIP TYPES	REMARKS
<i>419-421</i>	*		<i>Check system and found low charge in all package units.</i>
	*		<i>12 lbs- of R-22 added to the systems-</i>
	*		
	*		
	*		
	*		
	*		<i>Unit working fine at this time.</i>

### RECOMMENDED ADDITIONAL WORK

WORK PERFORMED - CHECK EACH OPERATION		WHERE PROCURED	QUAN	INVENTORY NUMBER	PART # / MATERIAL	PRICE
CONTACT DESIGNATED PERSON	REFRIGERATION SYSTEM #					
INSPECT FILTERS	<input type="checkbox"/> HEAD <input type="checkbox"/> AIR ON COND <input type="checkbox"/> OFF <input type="checkbox"/> SUCTION <input type="checkbox"/> AIR ON EVAP <input type="checkbox"/> OFF		<i>12-LBS-</i>		<i>R-22-</i>	
CONFIRM CONTROL OPERATION						
VERIFY DRIVE ADJUSTMENT	<input type="checkbox"/> SUPER HEAT <input type="checkbox"/> COMP FLA <input type="checkbox"/> MOTOR FLA					
CHECK PILOT	CONFIRM HEATING PERFORMANCE					
VERIFY PROPER COMBUSTION	CONFIRM COOLING PERFORMANCE					

### LABOR WARRANTY 15 DAYS ON SPECIFIED PARTS

DATE	DISPATCH TIME	DISPATCH		MECHANIC NAME	MECH. NO	TRUCK CHARGE	HOURS R.T	HOURS O.T
		ARRIVE	DEPART					
<i>4-1</i>	<i>1:30</i>	<i>2:00</i>		<i>Rene B.</i>	<i>189</i>			

TRUCK CHARGE	
MATERIAL TOTAL	
SALES TAX	
R.T HRS @ PER HR	
O.T HRS @ PER HR	
NON TAXABLE CHARGES	
TOTAL	

CUSTOMER SIGNATURE

*Thomas M. Villa*

TERMS: NET DUE UPON RECEIPT 15% INTEREST PER MONTH ASSESSED ON ALL BALANCES OVER 30 DAYS.