

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York (Southern)</u>		PROOF OF CLAIM
Name of Debtor <u>Alliance Telecom Inc.</u>		Case Number <u>03-13057</u>
NOTE: This form should not be used to make a claim for an administrative expense claim, or a claim for payment of an administrative expense claim, of the estate. A request for payment of an administrative expense claim should be filed on Form B10A.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>EJ Krause + Associates, Inc</u>		FILED DISTRICT OF NEW YORK ALLIANCE TELECOM, INC <u>03-13057 (RRD)</u> ----- 402 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>6550 Rock Spring Drive, Suite 500</u> <u>Bethesda, MD 20817</u>		
Telephone number <u>301-493-5500</u>		
Account or other number by which creditor identifies debtor <u>C040005 (Customer ID)</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <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>Overpayment - details attached</u> from _____ (date) to _____ (date)		
<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		
2 Date debt was incurred <u>8/13/02 + 9/4/02</u>		3 If court judgment, date obtained _____
4 Total Amount of Claim at Time Case Filed \$ <u>1960.00</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 type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>1960.00</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 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
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		THIS SPACE IS FOR COURT USE ONLY 2003 CLAIMS PROCESSING CENTER
Date <u>27 Aug 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>Tracey L Lancaster / Secy Mgr - Tracey L Lancaster</u>	

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



Month	Invoice Date	Invoice Amt	Invoice #	Check Date	Check Amt	Check #
January	1/1/02	980 00	0030669-IN			
February	2/1/02	980 00	0031502-IN			
March	3/1/02	980 00	0032895-IN	03/08/02	828 20/2111 80	21447/2107
April	4/1/02	980 00	0033636-IN			
May	5/1/02	980 00	0034362-IN	06/27/02	552 13/1407 97	22138/2232
April	4/1/02	980 00	0033636-IN			
May	5/1/02	980 00	0034362-IN			
June	6/1/02	980 00	0035042-IN	8/6/02	828.20/2111 80	22314/2284
July	7/1/02	980 00	0035664-IN	8/13/02	228 37/751 63	21744/2296
August	8/1/02	980 00	0036293-IN	9/4/02	216 25/763 75	21848/2333

Bold Type (Invoices from Allegiance) total \$7,840 00
 Check Totals from Check Amt Column is \$9 800 10

Net Due to E J Krause & Associates, Inc \$1,960 10

E J KRAUSE & ASSOCIATES, INC 09/94
6550 ROCK SPRING DRIVE SUITE 500
BETHESDA MD 20817 1126

21848

DATE 9/4/02

7 163/520

PAY TO THE ORDER OF

Allegiance Telecom, Inc

847-24

\$ 216.25

two hundred sixteen and 25/100

DOLLARS

Contains Security Features Details on Back.

BANK OF AMERICA, N A
MARYLAND

FOR Inv# 0036293-IN

Christine Hubbard

⑈021848⑈ ⑆052001633⑆ 00007305464⑈

⑈000021625⑈

EXPOCOMM EVENTS, LLC 09/99
301-493-5500
6550 ROCK SPRING DRIVE
SUITE 600
BETHESDA, MD 20817

2333

DATE 9/4/02

7 163/520

PAY TO THE ORDER OF

Allegiance Telecom, Inc

847-24

\$ 763.75

Seven hundred sixty three and 75/100

DOLLARS

BANK OF AMERICA, N A
ACH ⑈1115⑈

FOR Inv# 0036293-IN

Christine Hubbard

⑈002333⑈ ⑆052001633⑆ 003928147767⑈

⑈0000076375⑈



21744

E J KRAUSE & ASSOCIATES, INC 09/94
6550 ROCK SPRING DRIVE SUITE 500
BETHESDA MD 20817 1126

DATE 8/13/02

7 163/520

PAY TO THE ORDER OF

Allegiance Telecom, Inc

\$ 228.37

two hundred twenty-eight and 31/100

DOLLARS



BANK OF AMERICA, N A
MARYLAND

FOR ~~Inv#~~ DD35664-IN 7024

City Hill Hubbard

⑈021744⑈ ⑆052001633⑆ 00007305464⑈ ⑆000022837⑈

EXPOCOMM EVENTS, LLC 09/99
301-493-5500
6550 ROCK SPRING DRIVE
SUITE 500
BETHESDA, MD 20817

DATE 8/13/02

2286

PAY TO THE ORDER OF

Allegiance Telecom, Inc

\$751.63

seven hundred fifty-one and 63/100

DOLLARS

BANK OF AMERICA, N A
ACH # 11200003

FOR ~~Inv#~~ DD35664-IN 7024

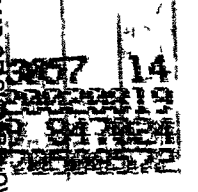
City Hill Hubbard

⑈002296⑈ ⑆052001633⑆ 000928147767⑈ ⑆0000075163⑈

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *



DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE *



FEDERAL RESERVE BANK REGULATIONS

A THE SECURITY FEATURES LISTED BELOW ARE REQUIRED FOR ALL CHECKS EXCEPT INDUSTRY GUIDELINES

- SECURITY FEATURES
- MicroPrint For Line
- Security Screen

® Padlock design is a certification mark of Check Payment System Association

C1 FEDERAL RESERVE BANK REGULATIONS

B The security features listed below as well as those listed in the preceding FSA guidelines

- SECURITY FEATURES
- MicroPrint For Line
- Security Screen

® Padlock design is a certification mark of Check Payment System Association