

ORIGINAL

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor <u>ALLEGIANCE TELECOM, INC.</u>	Case Number <u>03-13057 (RRD)</u>	REC'D SEP 15 2003
<small>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.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>SUPPORT POWER, 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.	FILED U.S.B.C. SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 115
Name and address where notices should be sent <u>1593A LOCUST AVENUE</u> <u>BOHEMIA, NEW YORK 11716</u>	<input type="checkbox"/> Check box if you have not received any notices from the bankruptcy court in this case	
Telephone number <u>(631) 218-0876</u>	<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 <u>P O 91398</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends _____	THIS SPACE IS FOR COURT USE ONLY
1 Basis for Claim		
<input checked="" 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 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>SEE ATTACHED</u>	3 If court judgment, date obtained: <u>12, 343 74</u>	
4 Total Amount of Claim at Time Case Filed <u>\$</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		6 Unsecured Priority 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 \$ _____		<input checked="" 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"/> Amount 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)(____) <small>*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.</small>
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>8/22/03</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>X Kenneth A Isabelle</u>	



Pam

(631) 665 1100
FAX (631) 665 1107

LAW OFFICES
OF
DOMINICK D MILONE
COUNSELLOR AT LAW
CERTIFIED PUBLIC ACCOUNTANT

260 MONTAUK HIGHWAY, BAY SHORE, NY 11706

September 3, 2003

United States Trustee
Southern District of New York
33 Whitehall Street, 21st Floor
New York, New York 10004

Re Allegiance Telecom, Inc
Case No 03 13057 (RDD)

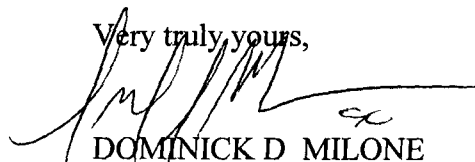
Dear Sir

I am enclosing original Notice of Claim regarding the above captioned matter

Also enclosed is an extra copy to be stamped and returned to this office in the enclosed pre-addressed return envelope

Thank you for your consideration herein

Very truly yours,



DOMINICK D MILONE

DDM/lh
Fnc

RECEIVED
OFFICE OF THE U.S. TRUSTEE
SEP - 8 - 2003 11 35
NEW YORK, NY