

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Allegiance Telecom, Inc., et al.</b>		Case Number <b>03-13057 (RDD)</b>
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 <b>FILED</b>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Hilton Los Cabos Resort, Mexico</b>		<input type="checkbox"/> Check box if you are filing this claim relating to your 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
Name and address where notices should be sent <b>David J. Harris Burch, Porter &amp; Johnson, PLLC 130 N. Court Ave., Memphis, TN 38103</b>		<b>420</b>
Telephone number <b>901/524-5000</b>		<b>REC'D SEP 15 2008</b>
Account or other number by which creditor identifies debtor		THIS SPACE IS FOR COURT USE ONLY
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>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>*51,147.53*</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		
<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		THIS SPACE IS FOR COURT USE ONLY
<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		
Date <b>9-5-08</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>David J. Harris, Attorney at Law</b>	





# Hilton

## Los Cabos Beach & Golf Resort

### GROUP AUDITOR DEPARTMENT

COMPANY NAME ALLEGIANCE TELECOM GROUP	GROUP NAME ALLEGIANCE	OUT	8-Mar-03
ADDRESS:	IN 5-Mar-03		
PHONE & FAX:	CONTACT GREG BOSWORTH		11

	PESOS	EXPENSES	DOLLARS
11 00	513,315 00	TOTAL ROOMS MASTER ACCOUNT NUM 1	46,685 00
11 00	235,778 96	TOTAL BANQUETS MASTER ACCOUNT NUM 2	21,434 45
11 00	159,663 16	TOTAL MISCELANEOUS MASTER ACCOUNT NUM 3	14,514 83
11 00	45,410 74	TOTAL INCIDENTALS MASTER ACCOUNT NUM 4	4 128 25
11 00	954,167 86	<b>TOTAL EXPENSES</b>	<b>86,742 53</b>
		<b>LESS</b>	
		ADVANCED DEPOSITS	
10 20	38,398 70	CREDIT CARD	3 568 50
		EX RATE VARIATION	
10 90	70,013 97	CREDIT CARD	6,423 30
		EX RATE VARIATION	
10 90	84,016 76	CREDIT CARD	7,707 98
		EX RATE VARIATION	
10 90	195,058 12	CREDIT CARD	17,895 24
	16,530 98	EX RATE VARIATION	
	402,018 53	<b>TOTAL DEPOSITS</b>	<b>35,595 00</b>
10 80	<b>552,149.33</b>	<b>BALANCE DUE</b>	<b>51,147.53</b>

EXCHANGE RATE 10 80

GREG BOSWORTH

GROUP COORD SIGNATURE ACCEPTANCE

KARLA LOPEZ

CREDIT & COLLECTION DEPT

RAMIRO GUALITO

Credit Manager VoBo