

UNITED STATES BANKRUPTCY COURT \_\_\_\_\_ DISTRICT OF \_\_\_\_\_ PROOF OF CLAIM

Name of Debtor Allegiance Case Number 3-13108 RDD

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.

Name of Creditor (The person or other entity to whom the debtor owes money or property) CableNet Sys Inc  
Name and address where notices should be sent 407 Mosby Lane  
Locust Grove GA 30248  
Telephone number \_\_\_\_\_

- 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.
- 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.

FILED  
U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK  
ALLEGIANTELECOM, INC  
03-13057 (RRD)  
444  
THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor \_\_\_\_\_

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 \_\_\_\_\_

- Retiree benefits as defined in 11 U.S.C. § 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** \_\_\_\_\_

**3 If court judgment, date obtained** \_\_\_\_\_

**4 Total Amount of Claim at Time Case Filed** \$ 300 00  
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 \_\_\_\_\_

Value of Collateral \$ \_\_\_\_\_

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 \$4,650) \* 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)
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
- 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)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- Other. Specify applicable paragraph of 11 U.S.C. § 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.

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Date 9/14/03 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) M. A. Monte Chavathan Pres.

RECEIVED  
SEP 22 2003  
CLAIMS PROCESSING CENTER  
PO BOX 1000



**CABLENET SYSTEMS, INC.**  
**407 MOSBY LANE**  
**LOCUST GROVE, GA 30248**  
**770.929.6211**

**INVOICE**

INVOICE #	2102322
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DATE	1/17/2003
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**BILL TO**

Shared Technology Allegiance  
 1950 Stemmons Freeway  
 P O Box 463  
 Dallas Tx 75207  
 Attn Accounts Payable

P O NO	TERMS	REP	PROJECT	
3030060300004	Net 30	MC	Pool Location	
DESCRIPTION	QTY	RATE	AMOUNT	
Conduit	1	0 00	0 00	
Catagory 3 cable plenum	250	0 00	0 00	
Hours x 2 technicians	4	75 00	300 00	
Intrest accrues at 1 5% Per Month on unpaid balances over 30 days			<b>Total</b>	
			\$300 00	

Pricing applies to regular business hours unless otherwise stated