
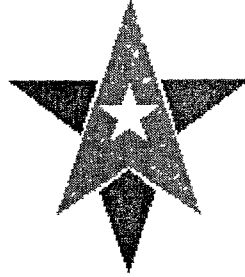


UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor <u>ALLEGIANCE TELECOM</u>		Case Number <u>03-13057-rdd</u>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for 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) <u>DINESH SHENOY (SHENOY INDUSTRIES)</u>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim. Attach a copy of statement of particulars. FILED U.S. B.C. SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 448
Name and address where notices should be sent <u>DINESH SHENOY 14806 VISTA DEL OCEANO DEL MAR, CA 92019</u>		<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.
Telephone number <u>858-755-1943</u>		REC'D SEP 2 2003
Account or other number by which creditor identifies debtor <u>0000200 11010338</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
1 Basis for Claim <ul style="list-style-type: none"> <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>Billed for services not provided (3 mo)</u> <ul style="list-style-type: none"> <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 # <u>572 65 5259</u> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred <u>11/02 - 2/03</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>31227</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 <ul style="list-style-type: none"> <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 <ul style="list-style-type: none"> <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 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"/> Credit money in a checking or savings account 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.		RECEIVED SEP 17 2003 CLAIMS PROCESSING CENTER U.S. B.C. SDNY Allegiance Claim  00476
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>7/31/03</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>DINESH SHENOY</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both.		



allegiance telecom, inc.
Hosting.Com

Christine Betts

1950 Stemmons Freeway Ste# 3026
Dallas, Texas 75207
Phone (888) 454-8483
Fax (214) 261-7185
Email address christinebetts@algx.com

August 1, 2003

Mr Shoney,

This is to confirm that your account with hosting com is actually disconnected. Your account should have been disconnected in November 2002. Your account was not disconnected until February 2003. We have posted a credit to your account in the amount of 312.27. This is for December 2002, January 2003 and February 2003. This credit was applied to your account on February 7, 2003.

If you need any further assistance please call 888-454-8483 option 2

Thank you,

Christine Betts
Hosting com



Invoice Date 3/1/03
 Invoice Period 3/1/03 3/31/03
 Invoice Number 200011647786
 Account Number 20011010338

Shenoy Industries
 Accounts Payable
 14806 Vista Del Oce
 Del Mar CA 92014

Summary of Services

Billing Support

Account History Review

Website www.hosting.com/billing

Pre Paid Amount Due \$0 00

Post Billing Adjustments + Taxes 312 27 CR

Balance Outstanding 312 27 CR 312 27 CR

Summary of Current Charges

If you have any questions about this bill,

Recurring Charges \$0 00

Call 1 858-637-3600

Current Billing	\$0 00	Payment Address Hosting.com P O Box 3619 Boston MA 02241-3619
Total Amount Due (Payable Upon Receipt)	312 27 CR	

Detach the remittance below and return with your payment

Please do not write comments Visit our website for support at www.hosting.com/billing

Account Information

Mailing Payment

Account Number 20011010338

Address Changes

Shenoy Industries
 14896 Vista Del Oceano
 Del Mar CA 92014
 000-000-0000

Check the box and note changes or corrections on the back of this form

To pay by check or money order
 Write your Account Number on your check
 Make Checks payable to and mail to

Amount Due (Payable Upon Receipt) 312 27 CR

Payment Amount Enclosed \$

Hosting.com
 P O Box 3619
 Boston, MA 02241-3619