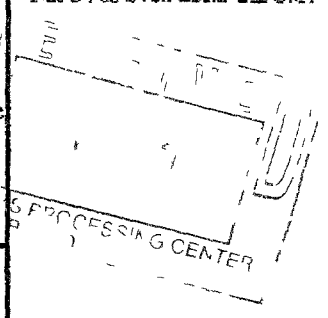


FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF	PROOF OF CLAIM
Name of Debtor Shared Technology / Allegiance Inc		Case Number 03-I 3057 (RDP)	
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. FILED			
Name of Creditor (The person or other entity to whom the debtor owes money or property) Telpro Communications Co 105 Lone Wolf Dr Madison, MS 39110		<input type="checkbox"/> Check box if you are aware that anyone else has filed a claim relating to your claim. Attach a copy of statement giving particulars. <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.	
Name and address where notices should be sent 105 Lone Wolf Dr Madison, MS 39110		451 REC'D SEP 22 2003 <small>THIS SPACE IS FOR COURT USE ONLY</small>	
Telephone number (601) 856-1070		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
Account or other number by which credit or identifies debtor			
1 Basis for Claim <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 U.S.C. § 1114(a) <input checked="" type="checkbox"/> Wages, salaries and compensation (fill out below) Your SS # 587 98 2525 Unpaid compensation for services performed from 04/03/03 to 04/10/03 <small>(date) (date)</small>	
2. Date debt was incurred: 04/03/03		3. If court judgment, date obtained	
4. Total Amount of Claim at Time Case Filed: \$ 428.00			
It 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 prearrange 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 \$ _____ 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 employer benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* in deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Alimony, 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)(_____)	
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 09/15/03	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) John Wick - secretary		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both.



Teipro Communications Co

105 Lone Wolf Drive
Madison, MS 39110
601-856-1070

Invoice

DATE	INVOICE NO
04/16/2003	8936

BILL TO

Shared Technology
1950 N Stemmons Freeway
Box 463
Dallas, Texas 75207
Attn Accts payable

P O NO	TERMS	PROJECT
0401030006	10 days net	

DESCRIPTION	ITEM	QTY	RATE	AMOUNT
WO# 12028				
Telecom 1st Man Labor Hour (includes travel)	L101	3	80 00	240 00T
Sales Tax			7 00%	16 80

Thank you for your business!

Total

\$256.80

Teipro Communications Co

Invoice

105 Lone Wolf Drive
 Madison, MS 39110
 601-856-1070

DATE	INVOICE NO
04/16/2003	8937

BILL TO

Shared Technology
 1950 N Stemmons Freeway
 Box 463
 Dallas, Texas 75207
 Attn Accts payable

P O NO	TERMS	PROJECT
0401030008	10 days net	

DESCRIPTION	ITEM	QTY	RATE	AMOUNT
WO# 12029				
Telecom 1st Man Labor Hour(includes travel)	L101	2	80 00	160 00T
Sales Tax			7 00%	11 20

Thank you for your business!

Total

\$171.20