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UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK PROOF OF CLAIM

Name of Debtor: ALLEGIANCE TELECOM, INC. Case Number: 02-12057 (RRD)

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. § 505.

Name of Creditor: SUPPORT POWER, INC. Name and address: 1593A LOCUST AVENUE, BOHEMIA, NEW YORK 11716. Telephone number: (631) 218-0876. 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.

2003 SEP -5 P 12 17 RECEIVED FILED DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 02-12057 (RRD)

Account or other number by which creditor identifies debtor: P O 91398. Check here if this claim replaces a previously filed claim, dated _____ or amends _____.

1 Basis for Claim: [X] Goods sold, [X] 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: SEE ATTACHED. 3 If court judgment, date of award: 12,343 74. REC'D SEP 22 2003

4 Total Amount of Claim at Time Case Filed: \$ 12,343 74. 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. [X] 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.

THIS SPACE IS FOR COURT USE ONLY. 2003 SEP 12 A 8. Allegiance Claim 00481

Date: 8/22/03. 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): X Kenneth A Isabelle Counsel to Isabelle