

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Shared Technologies Allegiance, Inc.		Case Number 03-13057 (RDD)
<p><small>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.</small></p>		<p>REC'D SEP 26 2003</p> <p>FILED</p> <p>SOUTHERN DISTRICT OF NEW YORK</p> <p>ALLEGIANTE TELECOM, INC</p> <p>03-13057 (RRD)</p> <p>455</p> <p><small>THIS SPACE IS FOR COURT USE ONLY</small></p>
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shared Technologies Allegiance, Inc	<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 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 22118 19th Ave SE Suite G-140367 Bothell, WA 98021	Telephone number	
Account or other number by which creditor identifies debtor Account #389500	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
<p>1 Basis for Claim</p> <p><input checked="" 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 _____</p> <p><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 # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</p>		
2 Date debt was incurred <u>March - April 2003</u>	3 If court judgment, date obtained	
<p>4 Total Amount of Claim at Time Case Filed \$ <u>6,385.00</u></p> <p>If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below</p> <p><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.</p>		
<p>5 Secured Claim</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ _____</p> <p>Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____</p>		<p>6 Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured priority claim</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><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"/> 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)(____)</p> <p><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></p>
<p>7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.</p> <p>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.</p> <p>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.</p>		<p><small>THIS SPACE IS FOR COURT USE ONLY</small></p>
Date 9/3/2003	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) <p>Patricia D. Oneha, Finance Administrative Assistant</p>	
<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 1342 and 5011</p>		





1000 Bishop Street
 Second Floor
 Honolulu Hawaii 96813
PHONE 808 547-2500
FAX 808 547-2577

INVOICE			
75792			
COMP	ACCOUNT #	INVOICE DATE	AMOUNT
	389500	04/29/03	\$6,385 00
TERMS			REMIT AMOUNT
UPON RECEIPT			\$6,385 00
Service Call		0000093222	

BILL TO

SHARED TECHNOLOGIES FAIRCHILD
 22118 20TH AVE SE
 SUITE G-140367
 BOTHELL, WA 98021

MAKE CHECK PAYABLE AND REMIT TO

EXPANETS OF HAWAII
 1000 BISHOP STREET
 2ND FLOOR
 HONOLULU, HI 96813

DETACH AND REMIT WITH PAYMENT

LOCATION						PAGE
NCOFINANCIAL/BISHOPST		1001 BISHOP ST		HONOLULU		
ACCOUNT #	INVOICE #	DATE	PURCHASE ORDER #	TERMS	SLS	
389500	75792	04/29/03	S/MAC203000146	UPON RECEIPT		SVC DATE 03/20/03

QTY	DESCRIPTION	EXTENDED
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REMOVE EXISTING TOSHIBA STRATE DK96 INSTALL PROGRAM AS NECESSARY,
 TRAIN ON NORTHERN OPTION 11C (CPE) WITH ONE (1) T1, 12 ANALOG CO TRUNKS
 AND APPROX 40 PHONES START WORK WEEK OF MARCH 31, 2003 AT&T TO BRING
 IN T1 WEDNESDAY, APRIL 2, 2003 CUTOVER SCHEDULED FOR SATURDAY, APRIL 5, 2003
 AT 12 00 PM (NOON) ON SITE CONTACT RICK GONZALES 524-5575

SUBTOTAL MTLs	\$350 00
SUBTOTAL LABOR	\$6,000 00
SUBTOTAL OTHERS	\$35 00
TOTAL TAX	\$0 00
FREIGHT	\$0 00
AMOUNT DUE	\$6,385 00

MCS-FINANCIAL 02/03

Exp@nets[®] of Hawaii

1000 Bishop Street
2nd Floor
Honolulu, HI 96813

SERVICE WORKORDER

ACCOUNT # 389500
CLIENT SHARED TECH FAIRCHILD-WA
ADDRESS

WORK ORDER # 0000093222
DATE/TIME REC'D 3/20/2003 10 35 01 AM
SCHEDULED DATE 3/20/2003
PURCHASE ORDER S/MAC2030001

CONTACT GREG BRADY (808) 585-0448 Ext 0000

SERVICE REP OAHU

SVC LOCATION SEE BELOW
ADDRESS

CALL STATUS DISPATCHED
TYPE OF CALL Move Add Change

PRIORITY: 2

SVC DIVISION MAC
SYSTEM TYPE

SVC CONTACT GREG BRADY (808) 585-0448 Ext 0000

WORK INSTRUCTIONS PROBLEM M Install

AT 1001 BISHOP STREET, PAUHI TOWER, SUITE 320, HONOLULU, HI 96813, REMOVE EXISTING TOSHIBA STRATE DK96 INSTALL, PROG AS NECESSARY TRAIN ON NORTHERN OPTION 11C (CPE) WITH ONE (1) T1 12 ANALOG CO TRUNKS AND APPROX 40 PHONES START WORK WEEK OF MARCH 31, 2003 AT&T TO BRING IN T1 WEDNESDAY, APRIL 2, 2003 CUTOVER OVER SCHEDULED FOR SATURDAY, APRIL 5, 2003 AT 12 00PM (NOON) ON SITE CONTACT RICK GONZALES 524-5575

PARTS/EQUIPMENT

QTY	ITEM #	DESCRIPTION	UM	PRICE	EXTENDED
0	00				
1	00	SERVICE CHARGE SERVICE CHARGE			
1	M183A4	- See quote covered under misc hardware			
4	SL6M150				
7	R25C15LL			Mac	350.00
				WOSC	35.00

WORK PERFORMED
Installed OPT 11C and program system AES for

LABOR	6000.00
TAX	-
FREIGHT	
TOTAL	6385.00

Enter-island calls. Trained end user on telephone features

FAX Invoice to Diem Tran FAX # 1-425-2518⁴²⁴ 4/2-1/03

TECH NAME	TECH ID	DATE	HOURS
CHUT	74	3/31	7.5
		4/1	2.5
		4/2	7.5
		4/3	7.5
		4/4	7.5

ACCEPTED BY _____

DATE _____

Rick 92 4/2 20

POSTED
4/29 04:21