


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Allegiance Telecom, INC.</b>		Case Number <b>03-13057 (RDD)</b>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Bollinger County</b>		<div style="font-size: 24px; font-weight: bold;">REC'D OCT 06 2003</div> <div style="font-size: 18px; font-weight: bold;">FILED</div> <div style="font-size: 14px; font-weight: bold;">USBC SOUTHERN DISTRICT OF NEW YORK</div> <div style="font-size: 14px; font-weight: bold;">ALLEGIANCE TELECOM, INC</div> <div style="font-size: 14px; font-weight: bold;">03-13057 (RRD)</div> <hr style="border-top: 1px dashed black;"/> <div style="font-size: 24px; font-weight: bold;">475</div>
Name and address where notices should be sent <b>Bollinger County Courthouse P O Box 110 Marble Hill, MO 63764 Telephone number 1-573-238-1900 EXT. 5</b>		
<input type="checkbox"/> 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 <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		
Account or other number by which creditor identifies debtor <b>002464202236</b>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <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 Breach of contract <input checked="" type="checkbox"/> Other <u>Over-charging of rates</u> <input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <del>XXXXXX</del> Fed. ID# <u>43 6000334</u> Unpaid compensation for services performed from <u>4/23/02</u> to <u>4/30/03</u> (date) (date)		
<b>2 Date debt was incurred</b> <u>Beginning 4/23/02</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>7,655.00</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		
<b>5 Secured Claim</b> <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 \$ _____		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>7,655.00</u> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 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 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input checked="" type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting Documents</b> 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 <b>9 Date-Stamped Copy</b> 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 Allegiance Claim  00505 SEP 30 2003 U.S. BANKRUPTCY COURT SO. DIST. OF N.Y.
Date <b>9/22/03</b>	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) <b>Presiding Commissioner</b> <i>Wayne Johnson</i>	

Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 3571

*Note: If more information (supporting documents) is needed contact us at (573) 238-1900 Ext 320 or 321*

(18) my

Note Complaints must be submitted by the customer of record or a party authorized with the utility company to discuss the account

Name on Account or Business Contact	Last Name TRENTHAM	First Name KENNETH	Middle Initial
Name of Business (if applicable)	BOLLINGER COUNTY		
Street Address	Street Address 204 HIGH STREET , P O BOX 110		
City/State/Zip County	City MARBLE HILL	State MO	Zip Code 63764 County BOLLINGER
Home Phone Work Phone (include area code)	Home Phone ( 573 ) 866 - 2235	Work Phone ( 573 ) 238 - 1900 ext 321	
Cell Phone/Pager E-mail Address	Cell Phone/Pager ( ) -	E-mail Address	
Fax# Preferred Method of Contact between 8am - 5pm	Fax# ( 573 ) 238 - 4511	Preferred method of contact between 8am - 5pm	<input type="checkbox"/> Home Phone <input checked="" type="checkbox"/> Work Phone <input type="checkbox"/> Cell/Pager <input type="checkbox"/> E-mail <input type="checkbox"/> Fax
Service you have a problem with	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Telephone	<input type="checkbox"/> Water <input type="checkbox"/> Sewer	
Name of the Utility Co Account#	Name of Utility Allegiance telecom, Inc	Account# 002464202236	
Briefly describe problem (You MUST include a copy of your bill)' In March of 2002 our telephone services were switched to Allegiance Telecom Inc. The contract shows we were to be charged 6.9 cents per minute, our current rate is 23 cents per minute. We asked in April 2002 to be switched back to our previous carrier. Since April we have paid in excess of \$6500.00 and have made numerous calls to allegiance to be released. On 2/20/03 we sent another check for \$873.68 and were told our lines could be released but it could take 90 days. On 2/28/03 we received another bill for \$407.75. There seems to be no end to our bills and we still cannot get released to another phone company. (cont.)			
Kenneth Trentham is no longer Presiding Commissioner. Wayne Johnson is.			
Mail to MO Public Service Commission, P O Box 360, Jefferson City, MO 65102 Fax to 1-573-526-1500 If you need additional space, please include another sheet. Do NOT write on the back of this form'			

CUSTOMER PROFILE			
COMPANY NAME Bollinger County	ORDERED BY Kenneth Trentham	BILLING CONTACT Same	
BILLING ADDRESS 204 High Street (P O Box 110)	CITY Marble Hill	STATE MO	ZIP 63764
PHONE 573-1238-1190	FAX 573-1238-4511	MULTI LOCATION (YES USE MULTI LOCATION FORM) <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES # of Locations	ORDER DATE 4/23/02
SERVICE LOCATION ADDRESS 204 High Street	CITY Marble Hill,	STATE MO	ZIP 63764
SERVICE LOCATION CONTACT Kenneth Trentham	E MAIL ADDRESS	MARKET	COLLOCATION
PHONE 573-1238-4346	PHONE NUMBER	PROMOTIONAL NAME/CODE	
CUSTOMER ACCOUNT #	BILLING ACCOUNT #	<b>\$2500 ACCOUNT SET-UP FEE</b> <i>WASIVED</i>	
RM (Beginning from date of installation) <input type="checkbox"/> ONE YEAR <input type="checkbox"/> TWO YEAR	MINIMUM MONTHLY REVENUE COMMITMENT (MMRC) <input checked="" type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> OTHER <small>A minimum \$100 MMRC required for customers with less than 3 lines</small>		
TAX EXEMPT (TAX EXEMPT CERTIFICATE MUST BE ATTACHED OTHERWISE ORDER WILL BE REJECTED)		TAX ID NUMBER	

VOICE SERVICE DESCRIPTION OF SERVICE									
Local Service (UNE) <input type="checkbox"/> New <input checked="" type="checkbox"/> Conversion	Digital PBX Trunk (Local T-1) <input type="checkbox"/> New <input type="checkbox"/> Conversion								
ISDN PRI <input type="checkbox"/> New <input type="checkbox"/> Conversion	Integrated Services <input type="checkbox"/> IA Channel Package <input type="checkbox"/> Total Communications								
<input type="checkbox"/> Calling Card	<input type="checkbox"/> Wire Maintenance Plan <sup>(1)</sup>								
<input type="checkbox"/> Toll Free	<input type="checkbox"/> Voice Mail								
<p><b>LOCAL CALLING and IntraLATA TOLL</b></p> <p>Allegiance Local Calling Options <input type="checkbox"/> Allegiance Telecom Local Calling Options (where available) *</p> <p>IntraLATA Toll Options <input type="checkbox"/> Allegiance Telecom LATA Toll <input checked="" type="checkbox"/> Allegiance Standard <input type="checkbox"/> Optional Calling Plan (where available) *</p> <p><input type="checkbox"/> Current Carrier _____ Account No _____</p> <p><input type="checkbox"/> Other Carrier _____</p> <p>* If selecting an Allegiance Telecom optional plan, you must complete the applicable addendum and attach it hereto  <input type="checkbox"/> Central Region Addendum <input type="checkbox"/> Western Region Addendum <input type="checkbox"/> Eastern Region Addendum</p> <p><small>(2) Must select an Allegiance InterState plan (3) Must choose Allegiance for the IntraLATA and InterLATA Carrier (4) Minimum 1 year term required</small></p>									
<p><b>LONG DISTANCE TOLL (InterLATA) and TOLL-FREE SERVICES</b></p> <p><input type="checkbox"/> Allegiance Telecom <sup>(2)</sup></p> <ul style="list-style-type: none"> <li>Standard IntraState/InterLATA Toll/Instate Toll Free Service</li> <li>Allegiance Telecom Across America 1+Plans (InterState plans)</li> </ul> <table border="0"> <tr> <td><input type="checkbox"/> Allegiance Telecom 9 9 LD</td> <td>Minimum Monthly Billed Usage</td> </tr> <tr> <td><input type="checkbox"/> Allegiance Telecom Small Business 7 9 LD</td> <td>\$0 00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Allegiance Telecom Business Value 6 9 LD <sup>(4)</sup></td> <td>\$50 00 <sup>(3)</sup></td> </tr> <tr> <td><input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD <sup>(4)</sup></td> <td>\$200 00 <sup>(3)</sup></td> </tr> </table> <p><input type="checkbox"/> Allegiance Optional Plan (where available) *</p> <p><input type="checkbox"/> Current Carrier _____ Account No _____</p> <p><input type="checkbox"/> Other Carrier _____</p>		<input type="checkbox"/> Allegiance Telecom 9 9 LD	Minimum Monthly Billed Usage	<input type="checkbox"/> Allegiance Telecom Small Business 7 9 LD	\$0 00	<input checked="" type="checkbox"/> Allegiance Telecom Business Value 6 9 LD <sup>(4)</sup>	\$50 00 <sup>(3)</sup>	<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD <sup>(4)</sup>	\$200 00 <sup>(3)</sup>
<input type="checkbox"/> Allegiance Telecom 9 9 LD	Minimum Monthly Billed Usage								
<input type="checkbox"/> Allegiance Telecom Small Business 7 9 LD	\$0 00								
<input checked="" type="checkbox"/> Allegiance Telecom Business Value 6 9 LD <sup>(4)</sup>	\$50 00 <sup>(3)</sup>								
<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD <sup>(4)</sup>	\$200 00 <sup>(3)</sup>								

INTEGRATED ACCESS CHANNEL PACKAGE		TOTAL COMMUNICATIONS OPTIONS <sup>(6)</sup>	
Select Channel Package	QTY	Installation Fee	Choose Speed
<input type="checkbox"/> 12 Voice Channels	_____	_____	<input type="checkbox"/> 64K
<input type="checkbox"/> 16 Voice Channels	_____	_____	<input type="checkbox"/> 128K
<input type="checkbox"/> 20 Voice Channels	_____	_____	<input type="checkbox"/> 256K
<input type="checkbox"/> 23 Voice Channels	_____	_____	<input type="checkbox"/> 512K
			<input type="checkbox"/> 768K
Total # of Device Matrices _____		<p><input type="checkbox"/> TC Package _____ X _____</p> <ul style="list-style-type: none"> <li>6 Voice Lines</li> <li>256K Internet Access</li> </ul> <p><input type="checkbox"/> Additional Voice Lines _____</p> <p>Total # of Device Matrices _____</p>	

Certain fees apply for early termination as set forth on the reverse of this form

ADD-ONS			
	Monthly Fee	QTY	
<input type="checkbox"/> Domain Pointer <sup>(6)</sup>	\$10	_____	<input type="checkbox"/> Web Hosting - 50MB <sup>(7) (8)</sup>
<input type="checkbox"/> E-Mail Boxes (5MB per box)	\$2	_____	<input type="checkbox"/> Web Disk Space - 2MB
<input type="checkbox"/> E Mail Disk Space - 25MB	\$10	_____	<input type="checkbox"/> Dial Up <sup>(6)</sup>
			<input type="checkbox"/> UPS - \$250 each

(6) InterNIC fee not included (7) Only available with the purchase of Multi Meg product (8) A \$10 Set up Fee will apply to each purchased

**COMMENTS**

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CUSTOMER ACCEPTANCE	
Customer Signature <i>Kenneth Trentham</i>	DATE 4/23/02
CUSTOMER NAME (PRINTED) Kenneth Trentham	TITLE (PRINTED) Presiding Commissioner
ALLEGIANTELECOM REPRESENTATIVE SIGNATURE	DATE
ALLEGIANTELECOM REPRESENTATIVE NAME (PRINTED)	TITLE (PRINTED)
ENGINEER SIGNATURE	DATE
ENGINEER NAME (PRINTED)	TITLE (PRINTED)



**Allegiance Telecom of Missouri, Inc**  
 1950 Stemmons Expressway  
 Suite 3026  
 DALLAS, TX 75207  
 (214) 353-7110 Fax

For Billing Inquiries, please contact  
 customer service at (800) 553-1989

524 02260C 01 0467  
 OLLINGER COUNTY  
 O BOX 110  
 MARBLE HILL MO 63764

**BILLING DATE** 12/31/2002  
**ACCOUNT NUMBER.** 002464202236  
**INVOICE NUMBER** 030101004679

**ACCOUNT STATUS**

PREVIOUS BALANCE	5,513.97
PAYMENTS APPLIED THROUGH 12/31/2002	0.00
ADJUSTMENTS	0.00
<b>AMOUNT DUE</b>	<u><u>5,513.97</u></u>

**SUMMARY OF CURRENT CHARGES**

<b>USAGE CHARGES</b>	
LOCAL	0.00
LATA TOLL*	213.10
1+ OUTBOUND**	11.85
8XX INBOUND	0.00
CALLING CARD	0.00
INTERNATIONAL	0.00
DIRECTORY ASSISTANCE	0.00
<b>MONTHLY RECURRING AND NON-RECURRING CHARGES</b>	193.93
<b>LATE PAYMENT CHARGES</b>	74.91
<b>TAXES, FEES AND OTHER ASSESSMENTS</b>	15.26
<b>VOLUME DISCOUNTS</b>	(5.00)

\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LATA Carrier Information  
 \*\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LD Carrier Information

<b>TOTAL CURRENT CHARGES</b>	504.05	<u><u>504.05</u></u>
<b>TOTAL AMOUNT DUE</b>		<u><u>6,018.02</u></u>

APPROVED  
 AND PAID  
 FEB 03 2003  
 BOLLINGER COUNTY  
 COMMISSIONER

If you have any questions concerning this invoice or about available features, please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday. Please see section labeled "Monthly Recurring and Non-Recurring Charges" for carrier information.

Detach and mail this section with your check made payable to Allegiance Telecom of Missouri, Inc for the amount due

BOLLINGER COUNTY  
 PO BOX 110  
 MARBLE HILL MO 63764

Make Checks Payable to  
**Allegiance Telecom of Missouri, Inc**  
**P O BOX 844870**  
**DALLAS, TX 75284-4870**

<b>BILLING DATE</b>	12/31/2002
<b>ACCOUNT NUMBER</b>	002464202236
<b>INVOICE NUMBER</b>	030101004679
<b>PAYMENT DUE BY</b>	01/30/2003
<b>TOTAL AMOUNT DUE</b>	<del>6,018.02</del> 4845.15



BOLLINGER COUNTY COURTHOUSE  
P O BOX 110  
MARBLE HILL MO 63764

CHECK NO 16960

To send a payment via Quick Collect  
Para enviar un pago por Quick Collect



www.westernunion.com

Preferred Customer No  
(Numero de Cliente Preferido)

Grid for Preferred Customer No

Do not write in shaded area  
No escriba en el area sombreada oscura

Dollar amount  
in words  
Monto en dolares  
en palabras

Eight hundred seventy-three

Dollar amount  
Not to exceed US\$5 000  
Monto en dolares  
No debe exceder US\$5 000

\$ 873.68

Agency  
Agencia

Operator  
number

Operator  
numero

If sending US\$3 000 or more you must provide valid I D and your social security number  
Si envia mas de US\$3 000 debe suministrar un medio de identificacion valido y su numero de seguro social

Pay to  
Pague a Allegiance Telecom

Company name  
Nombre de la compania

Time  
Hora

Date  
Fecha

Code City  
Codigo de ciudad

Allegiance

State  
Estado

Texas

Sent time  
Hora de envio

Date  
Fecha

Sender s name  
Nombre del remitente

Bollinger County

I D  
Type

Number  
Número

Social Security Number

Sender s account number with company  
Numero de cuenta del remitente con la compania

002464202236

Numero de seguro social

Money Transfer Control Number  
Numero de control de transferencia de fondos

Reference number  
Numero de referencia

Grid for Money Transfer Control Number

Sender s telephone (area code)  
Telefono del remitente (codigo de area)

573

Number  
Numero 238-1900

Amount  
Cantidad

Sender s address  
Direccion del remitente

204 High Street

Charge  
Cargo

Street  
Calle

City  
Ciudad

Marble Hill

State  
Estado

MO

Zip  
Codigo postal

63764

Tax  
Impuestos

Total amount  
received  
Monto total  
recibido

886.13

Attention  
Atencion

Allegiance Telecom

Agent s  
signature  
Firma del  
agente

Customer s signature  
Firma del cliente remitente

Deane K. Hobson

Rate of Exchange\*  
Tipo de cambio\*

Amount to be Paid\*  
Monto por pagar\*

**Stephen P. Gray**  
ATTORNEY AT LAW

303 High Street - P O Box 200  
Marble Hill, MO 63764-0200

Telephone (573) 238-2641  
Fax (573) 238-3516

January 30, 2003

TO County of Bollinger  
Marble Hill, MO 63764

Re Reimbursement of funds advanced

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For Professional Services

Sums advanced by Stephen  
Gray on 1/30/03 from his  
personal credit card to  
reinstall telephone service  
to Prosecuting Attorney  
Office

\$772 28

THANK YOU!

RECEIVED  
JAN 31 2003  
BOLLINGER COUNTY

Any accounts which have not been paid in full within 30 days from the date of services billed, will incur a late payment charge of 1 1/2% per month on the unpaid balance until the account is paid in full

com,inc.

**Allegiance Telecom of Missouri, Inc**

1950 StemmonsExpressway

Suite 3026

DALLAS, TX 75207

(214) 353-7110 Fax

For Billing Inquiries, please contact  
customer service at (800) 553-1989

190 02262C 01 0473

BOLLINGER COUNTY

PO BOX 110

MARBLE HILL MO 63764

<b>BILLING DATE</b>	<b>02/28/2003</b>
<b>ACCOUNT NUMBER</b>	<b>002464202236</b>
<b>INVOICE NUMBER</b>	<b>030302032948</b>

**ACCOUNT STATUS**

PREVIOUS BALANCE	5,718 83
PAYMENTS APPLIED THROUGH 02/28/2003	(5,718 83)
ADJUSTMENTS	0 00
<b>AMOUNT DUE</b>	<b>0 00</b>

**SUMMARY OF CURRENT CHARGES**

<b>MESSAGE CHARGES</b>	
LOCAL	0 00
LATA TOLL*	194 98
1+ OUTBOUND**	8 66
8XX INBOUND	0 00
CALLING CARD	0 00
INTERNATIONAL	0 00
DIRECTORY ASSISTANCE	1 20
<b>MONTHLY RECURRING AND NON-RECURRING CHARGES</b>	<b>193 34</b>
<b>LATE PAYMENT CHARGES</b>	<b>0 00</b>
<b>TAXES, FEES AND OTHER ASSESSMENTS</b>	<b>14 57</b>
<b>VOLUME DISCOUNTS</b>	<b>(5 00)</b>

\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LATA Carrier Information

\*\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LD Carrier Information

<b>TOTAL CURRENT CHARGES</b>	<b>407 75</b>	<b>407 75</b>
<b>TOTAL AMOUNT DUE</b>		<b>407 75</b>

APPROVED  
AND PAID  
MAR 17 2003  
BOLLINGER COUNTY  
COMMISSIONER

If you have any questions concerning this invoice or about available features, please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled "Monthly Recurring and Non-Recurring Charges" for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of Missouri, Inc for the amount due

BOLLINGER COUNTY  
PO BOX 110  
MARBLE HILL MO 63764

Make Checks Payable to  
**Allegiance Telecom of Missouri, Inc**  
**P O BOX 844870**  
**DALLAS, TX 75284-4870**

<b>BILLING DATE</b>	<b>02/28/2003</b>
<b>ACCOUNT NUMBER</b>	<b>002464202236</b>
<b>INVOICE NUMBER</b>	<b>030302032948</b>
<b>PAYMENT DUE BY</b>	<b>03/30/2003</b>
<b>TOTAL AMOUNT DUE</b>	<b>407 75</b>



\*73200\*

080024642022360303020329480303300000000407754

04590 02262C 01 0473

385 02263C 01 0444

OLLINGER COUNTY

O BOX 110

ARBLE HILL MO 63764

BILLING DATE 03/31/2003  
ACCOUNT NUMBER 002464202236  
INVOICE NUMBER 030401004068

ACCOUNT STATUS

PREVIOUS BALANCE	407 75
PAYMENTS APPLIED THROUGH 03/31/2003	(407 75)
ADJUSTMENTS	0 00
<b>AMOUNT DUE</b>	<b>0 00</b>

SUMMARY OF CURRENT CHARGES

<b>USAGE CHARGES</b>	
LOCAL	0 00
LATA TOLL*	46 54
1+ OUTBOUND**	4 56
8XX INBOUND	0 00
CALLING CARD	0 00
INTERNATIONAL	0 00
DIRECTORY ASSISTANCE	0 00
<b>MONTHLY RECURRING AND NON-RECURRING CHARGES</b>	<b>192 02</b>
<b>LATE PAYMENT CHARGES</b>	<b>0 00</b>
<b>TAXES, FEES AND OTHER ASSESSMENTS</b>	<b>8 18</b>
<b>VOLUME DISCOUNTS</b>	<b>(4 29)</b>
<b>TOTAL CURRENT CHARGES</b>	<b>247 01</b>
<b>TOTAL AMOUNT DUE</b>	<b>247 01</b>

APPROVED AND PAID  
APR 18 2003  
BOLLINGER COUNTY COMMISSIONER

\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LATA Carrier Information  
\*\*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LD Carrier Information

