


United States Bankruptcy Court		PROOF OF CLAIM	
SOUTHERN District of NEW YORK			
In re (Name of Debtor) ALLEGIANCE TELECOM, INC , ET AL		Case Number CHAPTER 11 03-13057 (RDD) (JOINTLY ADMINISTERED)	
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) ALAMEDA COUNTY TAX COLLECTOR		<input type="checkbox"/> Check box if you are aware that any one else has filed a proof of claim relating to your claim. Attach 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 ALAMEDA COUNTY TAX COLLECTOR 1221 OAK STREET OAKLAND, CA 94612			
Telephone No (510) 272-6847			
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR. 00-279208-00-000-03-00-00		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly) _____ <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 social security number _____ Unpaid compensation for services performed from _____ to _____ (date)			
2. DATE DEBT WAS INCURRED CALIFORNIA LIEN DATE		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____ <input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ 371.64 Specify the priority of the claim _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000) * earned not more than 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 \$1,800* 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 checked="" type="checkbox"/> Taxes or penalties of governmental units—11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other—Specify applicable paragraph of 11 U.S.C. § 507(a) _____ *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED		(Unsecured) \$ _____ (Secured) \$ 371.64 (Priority) \$ 371.64 (Total)	
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		Allegiance Claim  00510 RECEIVED Oct - 2 2003 U.S. DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 TIME-STAMPED COPY To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date 9/29/03	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) Jack Wong - JACK WONG, DEPUTY		

REC'D OCT 06 2003

FILED
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
480

THIS SPACE IS FOR COURT USE ONLY

2003-04

For Fiscal Year Beginning July 1 2003 and Ending June 30, 2004

ALAMEDA COUNTY

UNSECURED PROPERTY TAX STATEMENT

Donald R White, Treasurer and Tax Collector
1221 Oak Street
Oakland California 94612 4286
(510) 272-6800

DUPLICATE

Table with 3 columns: Assessee Account Number, Parcel number, Tax Rate Area. Values: 00-279208-00-000-03-00-00, 439-58-139, 25-005

Location of Property
20949 CABOT BL HAYWARD CA
Assessed to on January 1 2003
SHARED TECHNOLOGIES ALLEGIANCE INC

SHARED TECHNOLOGIES ALLEGIANCE INC
DBA GREG NORKIEWIEZ
C/O RANDALL OLSON
9201 N CENTRAL EXPRESSWAY
DALLAS TX 75231

Table: Tax Rate Breakdown. Columns: Taxing Agency, Tax Rate, Tax Amount. Rows: COUNTYWIDE TAX, EAST BAY REGIONAL PARK, TOTAL.

Table: Fixed Charges and/or Special Assessments. Columns: Description, Phone, Amount. Row: Total Fixed Charges and Special Assessments

Table: Other Charges. Columns: Description, Amount

Table: Tax Computation Worksheet. Columns: Description, Full Valuation, x Tax Rate, = Tax Amount. Rows: LAND IMPROVEMENTS, FIXTURES, TOTAL REAL PROPERTY, PERSONAL PROPERTY, GROSS ASSESSMENT & TAX, HOMEOWNERS EXEMPTION, OTHER EXEMPTION, NET ASSESSMENT & TAX, SUBTOTAL, TOTAL AMOUNT DUE.

Important Messages
THIS TAX BILL IS FOR PERSONAL PROPERTY AND/OR TRADE FIXTURES USED IN A BUSINESS/PROFESSION AND IS DUE AND PAYABLE NOW
YOU MAY PAY YOUR PROPERTY TAXES USING VISA MASTERCARD DISCOVER BRAVO OR PRIVATE ISSUE CREDIT CARDS OVER THE TELEPHONE 24 HOURS A DAY SEVEN DAYS A WEEK OR ONLINE @ www.acgov.org

General Information
Ownership of property on the January 1 lien date preceding the fiscal year for which the property is taxed determines the obligation to pay taxes the disposal of property after the lien date does not relieve the assessee from the liability for payment of taxes
When submitting payment, detach the UNSECURED ROLL TAX PAYMENT STUB and send it with your payment to assure proper credit. Do not mail cash Your cancelled check is your receipt. A service charge will be imposed on all returned checks

To access the 24-Hour Payment & Information System and to pay by Visa, MasterCard or Discover card call (510) 272-6800

Business Property Valuation (510) 272 3836

Tax Rates (510) 272-6564

Possessory Interest / ILL (510) 272-3787

Boats and Aircraft (510) 272-3838

Homeowner/Other Exemptions (510) 272-6587

Payments (510) 272-6800

UNSECURED ROLL TAX PAYMENT STUB FISCAL YEAR 2003-04

ASSESSEE ACCOUNT NUMBER 00-279208-00-000-03-00-00

PARCEL NUMBER 439-58-139

PAY THIS AMOUNT BY MAY 31, 2003 PAY PLAN

If payment is submitted after this date, telephone the payments number provided to the left for the correct amount due

DUPLICATE

Make checks payable to Donald R White, Tax Collector, Alameda County

30305 32792080000 4000030000 8000000000 4

ALAMEDA COUNTY - UNSECURED PROPERTY SYSTEM (TUIPAP01) 09/29/03 09 44 16
 PARTIAL PAYMENT PLAN MAINTENANCE

NAME	SHARED TECHNOLOGIES ALLEGIANCE INC	BILL	07/03 PEN-START	00/00/00
DBA	GREG NORKIEWIEZ	SETUP	09/22/03	POST-B-PEN W
C/O	RANDALL OLSON	STATUS	09/22/03	A
STREET	9201 N CENTRAL EXPRESSWAY	NOTICE	00/00/00	
CITY	DALLAS TX 75231	PLAN TYPE	B PLAN PYMTS	00
LOC	20949 CABOT BL	HAY	PYMT DATE	00/00/00 COUNT 001

	RECPT	DATE	AMOUNT	BALANCE
BILLED ON		07/01/03	1,019 91	1,019 91
PENALTIES THRU		08/26/03	0 00	1,019 91
PAYMENT RECEIVED	95497	08/26/03	648 27	371 64
PENALTIES THRU		09/29/03	0 00	371 64

ACCT 00 - 279208 - 00 - 000 - 03 - 00 - 00 SEARCH _____ OPT 13