UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PRO	OF OF CLAIM	OCT 0 9 2000 IIIIIIIIIIIIIIIIIIIIIIIIIIIIII
in re	Case N	lumber RECV	YOUR OLAMAS COUEDINED AS
Allegiance Telecom of California, Inc	03-13		YOUR CLAIM IS SCHEDULED AS
Anogranoe recoons of vaniorina, inc			\$74 02 PNSEDURED CONTINGENT
NOTE This form should not be used to make a claim for an adminis	trative		THERN THIS TRICT OF NEW YORK GIANCE TELECOM, INC
expense arising after the commencement of the case. A request for	r payment	aware that anyone else has	03-13057 (RRD)
of an administrative expense may be filed pursuant to 11 U S C § 50	to your claim Attach copy of	filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address		statement giving particulars	487
038058880888	36	Check box if you have	The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts
THE MASTERS GROUP		never received any notices from the bankruptcy court in	set forth herein and have no other claim against the Debtor you do not need to file this proof of claim
11300 SORRENTO VALLEY RD -SUITE 101101 1 - + 101		this case	EXCEPT as stated below
MIRA MESA CA 92121		Check box if this address	If the amounts shown above are listed as Contingent, Unliquidated or Disputed a proof of claim must be
San Diego	_	differs from the address on the envelope sent to you by the	filed If you have already filed a proof of claim with the
Creditor Telephone Number (858 - 450 -9514		court	Bankruptcy Court or BMC you do not need to file again
CREDITOR TAX I D # ACCOUNT OR OTHER NUM CREDITOR IDENTIFIES DEB		Check here 🔲 Tep	laces
33-0334878		if this claim am	or a previously filed claim datedends
1 BASIS FOR CLAIM			
Goods sold Personal ınjury/wrongful death	_	tiree benefits as defined in 11	
Services performed Taxes	vva	ges salaries and compensa	
Money loaned Other (describe briefly)		Your social security number Unpaid compensation for se	
		onpara componication to	(date) (date)
2 DATE DEBT WAS INCURRED 2002	3 IF C	OURT JUDGMENT, DATE C	BTAINED
4 TOTAL AMOUNT OF CLAIM \$ 74,02 \$		\$	\$
(unsecured)	,	,	secured priority) (total)
If all or part of your claim is secured or entitled to priority, also	-		mized atatement of all interest or additional sharese
Check this box if claim includes interest or other charges in addition to			mized statement of all interest of additional charges
!	\	RED PRIORITY CLAIM	was day and a same
Check this box if your claim is secured by collateral (including a right of setoff)	Check	this box if you have an unsec	cured priority claim
Brief description of collateral	Specify	y the priority of the claim	
<u></u>	Wages salaries or commissions (up to \$4 650*) earned with		
Real Estate		ore filing of the bankruptcy petition iness whichever is earlier 11 U	
☐ Motor Vehicle	Contributions to an employee benefit plan - 11 U S C § 507(a)(4)		
Other			
		to \$2 100* of deposits toward pur	
		to \$2 100* of deposits toward pur personal family or household use	chase lease or rental of property or services
Value of collateral \$	for p	personal family or household use nony maintenance or support owe	chase lease or rental of property or services e 11 U S C § 507(a)(6)
¥	for p	personal family or household use nony maintenance or support owe d 11 U S C § 507(a)(7)	chase lease or rental of property or services 11 U S C § 507(a)(6) d to a spouse former spouse or
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