

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s6558

In re Allegiance Telecom of Illinois, Inc

Case Number 03-13075

YOUR CLAIM IS SCHEDULED AS

\$142,421 UNSECURED CONTINGENT DISPUTED UNLIQUIDATED

U.S.B.C. SOUTHERN DISTRICT OF NEW YORK

ALLEGIANCE TELECOM, INC 03-13057 (RRD)

518

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

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

Check box if you have never received any notices from the bankruptcy court in this case

Check box if this address differs from the address on the envelope sent to you by the court

The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below

If the amounts shown above are listed as Contingent Unliquidated or Disputed, a proof of claim must be filed

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Name of Creditor and Address



03805888087884

THE PIZZA COTTAGE 29 E IRVING PARK RD ROSELLE IL 60172

Creditor Telephone Number 430-529-6080

CREDITOR TAX ID # Fed 36-3620566 Bot 2200-4092

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 002321881377

Check here if this claim replaces or amends a previously filed claim dated

1 BASIS FOR CLAIM

- Goods sold, Services performed, Money loaned, Personal injury/wrongful death, Taxes, Other, Retiree benefits, Wages salaries and compensation

REC'D OCT 17 2003

Your social security number Unpaid compensation for services performed from to (date) (date)

2 DATE DEBT WAS INCURRED July 20 2001

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 142,422 (unsecured) \$ (secured) \$ 142,422 (unsecured priority) \$ (total)

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 above if any \$

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim

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 4/1/01 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 your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4 00 p.m., October 1, 2003, Eastern Daylight Time

BY MAIL TO United States Bankruptcy Court re Allegiance Telecom, Inc et al P O Box 95 Bowling Green Station New York NY 10274

BY HAND OR OVERNIGHT DELIVERY TO

Clerk of the United States Bankruptcy Court re Allegiance Telecom Inc, et al One Bowling Green, 6th Floor New York, NY 10004-11408

THIS SPACE FOR COURT USE ONLY

RECEIVED OCT - 9 2003

DATE SIGNED

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)

Oct 1 2003

[Signature]



Allegiance Claim

00555

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



allegiance telecom, inc

# VOICE SERVICES/ INTEGRATED SERVICES ORDER

CUSTOMER CARE NUMBER 1-800-553-1989

## CUSTOMER PROFILE

COMPANY NAME <i>The People Connection</i>		ORDERED BY <i>T. Grasso</i>	BILLING CONTACT	
BILLING ADDRESS <i>29522 No Park</i>		CITY <i>Roseville</i>	STATE <i>IL</i>	ZIP <i>60017</i>
PHONE <i>708-579-6000</i>	FAX	MULTI LOCATION (IF YES USE MULTI LOCATION FORM) <input type="checkbox"/> NO <input type="checkbox"/> YES # of Locations		ORDER DATE
SERVICE LOCATION ADDRESS <i>777</i>		CITY	STATE	ZIP
SERVICE LOCATION CONTACT <i>SARIC</i>		E MAIL ADDRESS		
PHONE	FAX	MARKET <i>Chicago</i>	COLLOCATION	
SALESPERSON <i>Steve Smart</i>	PHONE NUMBER <i>312-577-5245</i>	PROMOTIONAL NAME/CODE		
CUSTOMER ACCOUNT #	BILLING ACCOUNT #	<b>\$2500 ACCOUNT SET-UP FEE</b>		
TERM (Beginning from date of installation) <input checked="" type="checkbox"/> MONTH TO MONTH <input type="checkbox"/> ONE YEAR <input type="checkbox"/> TWO YEAR	MINIMUM MONTHLY REVENUE COMMITMENT <input type="checkbox"/> \$0 <input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> OTHER			
<input type="checkbox"/> 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 checked="" type="checkbox"/> New <input 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"/> Toll Free	<input type="checkbox"/> Wire Maintenance Plan (1) <input type="checkbox"/> Voice Mail
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(1) Wire Maintenance Plan is a per line charge. Additional terms are set forth in the Wire Maintenance Plan Addendum.

### LOCAL CALLING and IntraLATA TOLL

### LONG DISTANCE TOLL (InterLATA) and TOLL-FREE SERVICES

<p>Allegiance Local Calling Options</p> <p><input type="checkbox"/> Allegiance Telecom Local Calling Options (where available)*</p> <p>IntraLATA Toll Options</p> <p><input type="checkbox"/> Allegiance Telecom LATA Toll</p> <p><input type="checkbox"/> Allegiance Standard</p> <p><input type="checkbox"/> Optional Calling Plan (where available)*</p> <p><input type="checkbox"/> Current Carrier _____</p> <p>Account No _____</p> <p><input type="checkbox"/> Other Carrier _____</p>	<p><input checked="" type="checkbox"/> Allegiance Telecom (2)</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 checked="" type="checkbox"/> Allegiance Telecom 9 9 LD</td> <td>Minimum Monthly Billed Usage</td> </tr> <tr> <td><input checked="" type="checkbox"/> Allegiance Telecom Small Business 7 9 LD</td> <td>\$0 00</td> </tr> <tr> <td><input type="checkbox"/> Allegiance Telecom Business Value 6 9 LD (4)</td> <td>\$5 00 (3)</td> </tr> <tr> <td><input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)</td> <td>\$50 00 (3)</td> </tr> <tr> <td><input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)</td> <td>\$200 00 (3)</td> </tr> </table> <p><input type="checkbox"/> Allegiance Optional Plan (where available)*</p> <p><input type="checkbox"/> Current Carrier _____</p> <p>Account No _____</p> <p><input type="checkbox"/> Other Carrier _____</p>	<input checked="" type="checkbox"/> Allegiance Telecom 9 9 LD	Minimum Monthly Billed Usage	<input checked="" type="checkbox"/> Allegiance Telecom Small Business 7 9 LD	\$0 00	<input type="checkbox"/> Allegiance Telecom Business Value 6 9 LD (4)	\$5 00 (3)	<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)	\$50 00 (3)	<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)	\$200 00 (3)
<input checked="" type="checkbox"/> Allegiance Telecom 9 9 LD	Minimum Monthly Billed Usage										
<input checked="" type="checkbox"/> Allegiance Telecom Small Business 7 9 LD	\$0 00										
<input type="checkbox"/> Allegiance Telecom Business Value 6 9 LD (4)	\$5 00 (3)										
<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)	\$50 00 (3)										
<input type="checkbox"/> Allegiance Telecom Business Saver 5 9 LD (4)	\$200 00 (3)										

\* If selecting an Allegiance Telecom optional plan you must select the applicable addendum and attach the addendum with this order

Central Region Addendum  Western Region Addendum  Eastern Region Addendum

(2) Must select an Allegiance InterState plan (3) Must choose Allegiance for the IntraLATA and InterLATA Carrier (4) Minimum 1 year term required

## INTEGRATED SERVICES (6)

### INTEGRATED ACCESS CHANNEL PACKAGE

### TOTAL COMMUNICATIONS OPTIONS (7)

Select Channel Package	QTY	Installation Fee	Choose Speed	QTY	TC Package (7)	QTY	Installation Fee	Choose Speed	QTY
<input type="checkbox"/> 12 Voice Channels	_____	X \$99 00	<input type="checkbox"/> 64K	_____	<input type="checkbox"/> TC Package (7)	_____	X \$99 00	<input type="checkbox"/> 384K	_____
<input type="checkbox"/> 16 Voice Channels	_____	X \$99 00	<input type="checkbox"/> 128K	_____	<input type="checkbox"/> 4 Voice Lines	_____		<input type="checkbox"/> 512K	_____
<input type="checkbox"/> 20 Voice Channels	_____	X \$99 00	<input type="checkbox"/> 256K	_____	<input type="checkbox"/> 4 Incremental Voice Lines (required)	_____		<input type="checkbox"/> 758K	_____
<input type="checkbox"/> 23 Voice Channels	_____	X \$99 00	<input type="checkbox"/> 512K	_____	<input type="checkbox"/> 256K Internet Access	_____		<input type="checkbox"/> 1 024M	_____
			<input type="checkbox"/> 768K	_____	<input type="checkbox"/> Additional Voice Lines	_____			
Total # of Device Matrices _____					Total # of Device Matrices _____				

(6) Not available on a month to month basis and certain fees apply for early termination as set forth on the reverse of this form

(7) Requires 8 voice lines per package

## ADD-ONS

	QTY	Installation Fee		QTY	Installation Fee
<input type="checkbox"/> Additional E-mail Boxes w/5MB	_____ X	\$0	<input type="checkbox"/> Web Hosting 50MB	_____ X	\$10
<input type="checkbox"/> Additional E mail Space 25MB	_____ X	\$0	<input type="checkbox"/> Domain Pointer (8)	_____ X	\$0
<input type="checkbox"/> Additional Web Space 2MB	_____ X	\$0	<input type="checkbox"/> Dial Up	_____ X	\$10
			<input type="checkbox"/> UPS \$250 each	_____ X	\$0

(8) InterNIC Fee not included

## COMMENTS



allegiancetelecom, inc

www.allegiancetele.com

APPLICATION FOR OPEN ACCOUNT

CUSTOMER CARE NUMBER 1-800-553-1989

BUSINESS INFORMATION

COMPANY NAME The PIZZA Cottage
BILLING ADDRESS 29 E FULTON PARK BLDG 100
PHONE 510-529-0070 FAX
E MAIL
DUNS #
CORPORATION STATE OF INCORPORATION
DATE INCORP
PARTNERSHIP PROPRIETORSHIP PROPRIETORS SOC SEC #
OWNERS/PARTNERS/OFFICERS
ACCOUNTING CONTACT (NAME) PHONE FAX
TAX ID# YEAR BUSINESS STARTED
TYPE OF BUSINESS
If any other company owns 50% or more of applicant COMPANY NAME
ADDRESS APPLICANT'S RELATIONSHIP
TYPE OF SERVICE REQUESTED LEC LD OTHER
ESTIMATED MONTHLY BILLING \$ \$ \$

CREDIT INFORMATION

PREPARED CREDIT INFO PACKAGE ATTACHED CURRENT FINANCIAL STATEMENTS
Current Telecommunications Carrier
COMPANY ADDRESS CITY STATE
Please attach copy of recent billing statement from carrier
Trade Reference
COMPANY ADDRESS CITY STATE
Bank Reference
COMPANY ADDRESS CITY STATE
PHONE FAX CONTACT ZIP
Attached
PHONE FAX CONTACT ZIP
PHONE FAX CONTACT ZIP

CUSTOMER ACCEPTANCE

In consideration of extending credit to applicant by Allegiance, Applicant agrees to the following terms
1 Allegiance is authorized to contact any party identified in this application to verify credit experience and the information provided and to obtain such credit information about Applicant as is necessary for the extension of credit
2 Applicant agrees to pay all charges subject to Allegiance's federal and state tariffs billed by Allegiance for applicant's usage of services and if applicable minimum monthly usage billings including recurring and non recurring charges taxes and surcharges Allegiance may require a payment deposit from applicant
3 Applicant accepts all credit terms on account as billed by Allegiance including terms now in effect or hereafter established by Allegiance and agrees to make timely payment in compliance with such terms Current terms are payment in full within 30 days of invoice date
4 Applicant will pay Allegiance 1 5% per month (18% per annum) or lower as allowed by law on the unpaid balance of any invoice not paid within billing terms
5 Any claim or dispute arising from charges billed on the account must be asserted by Applicant within the time period provided for in the applicable tariff or the billing records of Allegiance will thereafter be deemed accurate and irrefutable
6 Applicant agrees to pay Allegiance reasonable costs including attorney and collection agency fees to the extent permitted by law incurred in the collection of any balance due on the account
7 Applicant will immediately notify Allegiance in writing of any change in the information on this application including but not limited to changes of company name address ownership and legal status
8 The person whose signature appears below is authorized to submit this application for Applicant, and to bind Applicant to its Terms
APPLICANT COMPANY THE PIZZA COTTAGE
AUTHORIZED SIGNATURE [Signature]
BY (Print Name) TIM GASSO TITLE DATE 7 26 01



allegiancetelecom, inc

www.allegiancetele.com

LETTER OF AGENCY
CUSTOMER CARE NUMBER 1-800-553-1989

CUSTOMER PROFILE

Form with fields for CUSTOMER BILLING NAME (THE PIZZA HUT), CUSTOMER BILLING ADDRESS (29 E MAIN ST), CITY (ROSELIE), STATE (IL), ZIP (60112), CUSTOMER STREET ADDRESS, CTY, STATE, ZIP, NAME OF PERSON AUTHORIZED TO ACT FOR CUSTOMER, and AUTHORIZED PERSON'S TELEPHONE NUMBER.

By signing below, I am authorizing Allegiance Telecom of ELIOTS, Inc ("Allegiance Telecom") to become my new telephone service provider in place of American ("Current Telephone Company") for the provision of the following type(s) of service

SERVICE

Choose from the following

LOCAL EXCHANGE SERVICE

LONG DISTANCE (InterLATA Toll)

Select one

Allegiance

or

Current Carrier

Account No

or

Other

LOCAL TOLL (IntraLATA Toll)

Select one

Allegiance

or

Current Carrier

Account No

or

Other

I authorize Allegiance Telecom to act as my agent to make this change happen, and direct my Current Telephone Company to work with the new provider designated above to effect the change. I understand that for each telephone number, I may designate only one carrier for local toll and only one carrier for long distance. I understand that I may consult with the carrier(s) as to whether a fee applies to the carrier(s) change(s).

I understand that I must pay a charge of (not including any installation or account set up fee) of approximately \$ OR Charge Waived to switch providers. If I later wish to return to my Current Telephone Company, I may be required to pay a reconnection charge to that company. I also understand that Allegiance Telecom may have different rates and charges than my Current Telephone Company, and that by signing below I indicate that I understand those differences (if any) and am willing to be billed accordingly.

I authorize Allegiance Telecom to provide the services selected above to the Billing Telephone Numbers ("BTN") listed below, including any and all other telephone numbers associated with the listed BTN(s), and no others.

Handwritten BTN: 630-529-6080

Empty grid for additional BTN entries.

Please initial here X to indicate your agreement to switch ALL telephone numbers associated with the BTN(s) listed above to Allegiance.

I further understand and agree that in the event I DO NOT want ALL telephone numbers associated with a BTN listed above switched to Allegiance, I must attach a list of EACH telephone number to be switched to Allegiance. Initial here X to indicate that you are attaching a list of EACH telephone number to be switched to Allegiance.

I certify that I have read and understand this Letter of Agency. I further certify that I am at least eighteen (18) years of age, and that I am authorized to change telephone companies for services to the telephone number(s) listed above.

Customer Name (please print): Tim GIASSO

Customer Signature

Title: Owner

Date: 7/20/06

THIS LETTER OF AGENCY SHALL REMAIN IN EFFECT FOR A PERIOD OF 60 DAYS FROM THE DATE OF SIGNATURE



**THE PIZZA COTTAGE**

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698

*CANCELLED Nov 26 - Bill Dispute # 1026408*

**IMPORTANT INFORMATION**

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 to 6 PM (CST) Monday thru Friday

Your monthly recurring charges are billed one month in advance Other charges are billed in arrears Payments received after previous bill's due date may not be reflected on this invoice If we do not receive payment for the charges on this statement by the invoice due date your account will become past due and will be subject to a late payment charge as applicable in your state

You are responsible for the payment of all charges on your bill Failure to pay any portion of your bill may result in collection action In addition to collection action non-payment of certain charges may result in the disconnection of your local service Charges for which failure to pay cannot result in the disconnection of local service include informational services and pay-per-call services

If a check is returned unpaid to Allegiance Telecom, Inc your signature on the check gives permission to electronically debit your checking account for the original amount due plus the maximum check returned service fee permitted by law Payment by check constitutes your acceptance of these terms

**MONTHLY RECURRING AND NON-RECURRING CHARGES**

Telephone Number	Service	From Date	To Date	Unit Rate	Total Price
<b>Services for Billing Telephone Number - Local Call Detail Billing</b>					
	Local Call Detail Billing	12/01/2001	12/31/2001	1 95	1 95
<b>Subtotal</b>					<b>1 95</b>
Local Service provided by Allegiance Telecom of Illinois Inc					

**Total for Billing Telephone Number - Local Call Detail Billing** 1 95

**Services for Billing Telephone Number (630) 529-6080**

(630) 529-6080	Anonymous Call Rejection	01/01/2002	01/31/2002	2 70	2 70
	Block 900/976	01/01/2002	01/31/2002	0 00	0 00
	Caller ID Name	01/01/2002	01/31/2002	1 80	1 80
	Caller ID Number	01/01/2002	01/31/2002	6 75	6 75
	FCC Subscriber Line Charge	01/01/2002	01/31/2002	5 24	5 24
	Hunting	01/01/2002	01/31/2002	0 00	0 00
	Measured Business Line	01/01/2002	01/31/2002	10 68	10 68
	Touch Tone	01/01/2002	01/31/2002	0 00	0 00
	Local Number Portability	12/01/2001	12/31/2001	0 33	0 33
<b>Subtotal for (630) 529-6080</b>					<b>27 50</b>
Long Distance Service provided by Allegiance Telecom					
Local Toll Service provided by Allegiance Telecom					
Local Service provided by Allegiance Telecom of Illinois Inc					

**Total for Billing Telephone Number (630) 529-6080** 27 50



**THE PIZZA COTTAGE**

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698

Telephone Number	Service	From Date	To Date	Unit Rate	Total Price
<b>Services for Billing Telephone Number (630) 529-9081</b>					
(630) 529-9081	Block 900/976	01/01/2002	01/31/2002	0 00	0 00
	FCC Subscriber Line Charge	01/01/2002	01/31/2002	5 24	5 24
	Hunting	01/01/2002	01/31/2002	0 00	0 00
	Measured Business Line	01/01/2002	01/31/2002	10 68	10 68
	Touch Tone	01/01/2002	01/31/2002	0 00	0 00
	Local Number Portability	12/01/2001	12/31/2001	0 33	0 33
<b>Subtotal for (630) 529-9081</b>					<b>16 25</b>
Long Distance Service provided by Allegiance Telecom					
Local Toll Service provided by Allegiance Telecom					
Local Service provided by Allegiance Telecom of Illinois Inc					
(630) 529-9814	FCC Subscriber Line Charge	01/01/2002	01/31/2002	5 24	5 24
	Measured Business Line	01/01/2002	01/31/2002	10 68	10 68
	Touch Tone	01/01/2002	01/31/2002	0 00	0 00
	Local Number Portability	12/01/2001	12/31/2001	0 33	0 33
<b>Subtotal for (630) 529-9814</b>					<b>16 25</b>
Long Distance Service provided by Allegiance Telecom					
Local Toll Service provided by Allegiance Telecom					
Local Service provided by Allegiance Telecom of Illinois Inc					
<b>Total for Billing Telephone Number (630) 529-9081</b>					<b>32 50</b>
<b>Grand Total</b>					<b>61 95</b>



**THE PIZZA COTTAGE**

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698

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**PAYMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
12/26/2001	Thank you for your payment	(118 22)
<b>TOTAL PAYMENTS</b>		<b>(118 22)</b>

**ADJUSTMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
<b>TOTAL ADJUSTMENTS</b>		<b>0 00</b>

**TAXES, FEES AND OTHER ASSESSMENTS**

<b>Date</b>	<b>Description</b>	<b>Amount</b>
12/31/2001	Federal - Federal Excise Tax	1 95
12/31/2001	Federal - Federal Universal Service Fund - Local Exchange Service	1 35
12/31/2001	State - Excise Tax	4 34
12/31/2001	State - Illinois Telecomm Access Program Surcharge	0 09
12/31/2001	State - Statutory Gross Receipts	0 24
12/31/2001	State - Universal Service Fund Surcharge	0 09
12/31/2001	State - P U C Tax (Fees)	0 05
12/31/2001	City - Utility Users Tax	3 10
12/31/2001	City - Statutory Gross Receipts	0 46
12/31/2001	City - 911 Tax	1 50
<b>TOTAL TAXES, FEES AND OTHER ASSESSMENTS</b>		<b>13 17</b>



**THE PIZZA COTTAGE**

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698

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**MISCELLANEOUS CHARGES**

<u>Description</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Quantity</u>	<u>Total Price</u>
Allegiance of Illinois Local Call Detail Billing	12/01/2001	12/31/2001	1	1 95
<b>TOTAL MISCELLANEOUS CHARGES</b>			<b>1</b>	<b>1 95</b>





**Allegiance Telecom of Illinois, Inc**

1950 StemmonsExpressway

Suite 3026

Dallas, TX 75207

(214) 853-7110 Fax

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

THE PIZZA COTTAGE  
29 E IRVING PARK RD  
ROSELLE, IL 60172

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698

**ACCOUNT STATUS**

PREVIOUS BALANCE 118 22  
PAYMENTS APPLIED THROUGH 12/31/2001 (118 22)  
ADJUSTMENTS 0 00  

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**PAST DUE** 0 00

**SUMMARY OF CURRENT CHARGES**

**USAGE CHARGES**

LOCAL 0 00  
LATA TOLL\* 0 00  
1+ OUTBOUND\*\* 0 00  
8XX INBOUND 0 00  
CALLING CARD 0 00  
INTERNATIONAL 0 00  
DIRECTORY ASSISTANCE 0 00

**MONTHLY RECURRING AND NON-RECURRING CHARGES** 61 95

**LATE PAYMENT CHARGES** 0 00

**TAXES, FEES AND OTHER ASSESSMENTS** 13 17

\*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

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**TOTAL CURRENT CHARGES** 75 12 

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**75 12**

**TOTAL AMOUNT DUE** 75 12

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 Illinois, Inc for the amount due

THE PIZZA COTTAGE  
29 E IRVING PARK RD  
ROSELLE, IL 60172

Make Checks Payable to  
**Allegiance Telecom of Illinois, Inc**  
P O Box 844870  
Dallas, TX 75284-4870

**BILLING DATE** 12/31/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 020101006698  
**PAYMENT DUE BY** 01/30/2002  
**TOTAL AMOUNT DUE** 75 12



**THE PIZZA COTTAGE**

**BILLING DATE** 09/30/2001  
**ACCOUNT NUMBER** 002321881377  
**INVOICE NUMBER** 011003044888

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**MISCELLANEOUS CHARGES**

<u>Description</u>	<u>Begin Date</u>	<u>End Date</u>	<u>Quantity</u>	<u>Total Price</u>
Allegiance of Illinois Account Set Up Fee	07/26/2001	07/26/2001	1	25 00
Allegiance of Illinois Local Call Detail Billing	08/30/2001	08/31/2001	1	0 13
Allegiance of Illinois Local Call Detail Billing	09/01/2001	09/30/2001	1	1 95
<b>TOTAL MISCELLANEOUS CHARGES</b>			<b>3</b>	<b>27 08</b>



THE PIZZA COTTAGE

BILLING DATE 09/30/2001  
ACCOUNT NUMBER 00232188  
INVOICE NUMBER 0110030 3388

### PAYMENTS

Date	Description	Amount
<b>TOTAL PAYMENTS</b>		<b>0 00</b>

### ADJUSTMENTS

Date	Description	Amount
<b>TOTAL ADJUSTMENTS</b>		<b>0 00</b>

### TAXES, FEES AND OTHER ASSESSMENTS

Date	Description	Amount
09/30/2001	Federal - Federal Excise Tax	3 03
09/30/2001	Federal - Federal USF-Interexchange Service	0 17
09/30/2001	State - Excise Tax	8 70
09/30/2001	State - IL Infrastructure Maintenance Fee	0 16
09/30/2001	State - Illinois Telecomm Access Program Surcharge	0 09
09/30/2001	State - P U C Tax (Fees)	0 11
09/30/2001	State - Statutory Gross Receipts	0 39
09/30/2001	City - 911 Tax	1 50
09/30/2001	City - Statutory Gross Receipts	1 09
09/30/2001	City - Utility Users Tax	6 23
<b>TOTAL TAXES, FEES AND OTHER ASSESSMENTS</b>		<b>21 47</b>