

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



CRDID 66097

In re

Case Number

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

FILED
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)

530

REC'D OCT 17 2003

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

03805890066097

CONYERS CITY BILLINGS & COLLECTIONS
PO DRAWER 1259
CONYERS GA 30012-1259

Creditor Telephone Number (770) - 929 - 4230

CREDITOR TAX I D #
58-6060548

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
2003-300025

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

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death Retiree benefits as defined in 11 U S C § 1114(a)

Services performed Taxes Wages salaries and compensation (Fill out below)

Money loaned Other (describe briefly)

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

2 DATE DEBT WAS INCURRED 1/1/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 278.88 (unsecured) \$ _____ (secured) \$ _____ (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

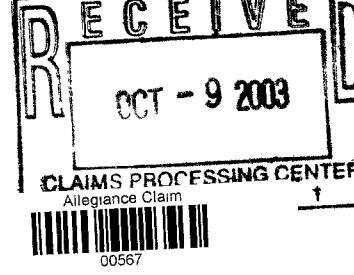
9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

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



DATE SIGNED
10/3/03

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)

Vyonna Glumb Vyonna Glumb Asst Dir. of Admin.

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

2003 Property Tax Statement

City of Conyers
 P O Box 1259
 Conyers, GA 30012
 http://www.conyersga.com

MAKE CHECK OR MONEY ORDER PAYABLE TO
 City of Conyers

ALLEGIANCE TELECOM OF GEORGIA
 ARTHUR ANDERSON LLP
 P O BOX 50748
 DALLAS, TX 752500000

RETURN THIS PORTION WITH PAYMENT
 (1% interest per month will be added if not paid by due date)

| Bill No | Due Date | TOTAL DUE |
|-------------|------------|-----------|
| 2003-300025 | 11/19/2003 | 278 88 |

Map P24527 Payment good through 11/19/2003
 Printed 10/03/2003

Location 1028 N GREEN ST

PAYMENT METHOD

Cash
 Check/Money Order
 Pay online (www.conyersga.com)
 Credit Card (Visa/Mastercard ONLY)
 Number/Exp _____

Signature _____
 (if paying by credit card)

The \$13,000 exemption in your bill is the result of a homestead exemption enacted by your MAYOR and CITY COUNCIL



City of Conyers
 P O Box 1259
 Conyers, GA 30012
 http://www.conyersga.com



Tax Payer ALLEGIANCE TELECOM OF GEORGIA
Map Code P24527 PERSONAL
Description MEFF/
Location 1028 N GREEN ST
Bill No 2003-300025
District 002 CITY OF CONYERS

Phone (770) 483-4411 Fax (770) 860-4186

| Building Value | Land Value | Acres | Fair Market Value | Due Date | Billing Date | Payment Good Through | Exemptions | |
|------------------|--------------|----------------|-------------------|---------------|--------------|----------------------|------------|---------|
| 0 | 0 | 0000 | 94 218 | 11/19/2003 | | 11/19/2003 | | |
| Entry | Adjusted FMV | Net Assessment | Exemptions | Taxable Value | Millage Rate | Gross Tax | Credit | Net Tax |
| Conyers City Tax | 94 218 00 | 37 687 00 | | 37 687 00 | 7 400 | 278 88 | | 278 88 |
| TOTALS | | | | | 7 400 | 278 88 | 00 | 278 88 |

| | | |
|--|-------------------|---------------|
| If payment is to be made by Mortgage Company, please forward a copy of this bill to them promptly If ownership in Real Estate has changed please forward to new owner If payment is not received by due date a 15% penalty will be imposed along with a 1% monthly interest charge, and a fifa will be executed against the property | Current Due | 278 88 |
| | Penalty | 0 00 |
| | Interest | 0 00 |
| | Other Fees | 0 00 |
| | Previous Payments | 0 00 |
| | Back taxes | 0 00 |
| | TOTAL DUE | 278 88 |