

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



CRDID 94424

In re *Sharon Tech. Enriched*

Case Number

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

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

597 REC'D OCT 17 2003 If you have already filed a proof of claim in Bankruptcy Court or BMC you do not need to file again

Name of Creditor and Address IDEAL AIR SYSTEMS INC 200 LOCK RD DEERFIELD BEACH FL 33442

Creditor Telephone Number *894 426-2645* CREDITOR TAX ID # *65-0428033*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

1 BASIS FOR CLAIM Services performed

Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries and compensation (Fill out below) Your social security number Unpaid compensation for services performed from to (date) (date)

2 DATE DEBT WAS INCURRED *1-10-03 / 5-19-03*

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ *177,80* (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

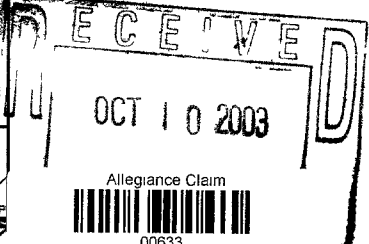
9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim

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) *Sharon Tech Enriched*



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 originally signed & mailed 8-19-03

IDEAL AIR SYSTEMS, INC
 200 LOCK ROAD
 DEERFIELD BCH., FL 33442
 954-426-2645

JOB WORK ORDER

3589

CUSTOMER'S ORDER NO.		PHONE	MECHANIC	HELPER	DATE OF ORDER
234-571-1600		Corey			5/12/03
BILL TO					ORDER TAKEN BY
Shared Technologies					
ADDRESS					<input type="checkbox"/> DAY WORK <input type="checkbox"/> CONTRACT <input type="checkbox"/> EXTRA
1525 NW 3rd Street					
CITY					
Deerfield Bch, Fl. 33442					
JOB NAME AND LOCATION					
Bay 12/B					
					JOB PHONE

DESCRIPTION OF WORK

Maintenance
 Cleaned Drain Lines
 Cleaned Filters
 Freon levels Bay 12 68/215
 Bay 13 72/270
 Wires ok
 Checked Thermostats

	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
DATE COMPLETED	WORK ORDERED BY	TOTAL AMOUNT	\$ 859.00

Signature: *[Signature]*

No one home Total amount due for above work or Total billing to be mailed after completion of work

I hereby acknowledge the satisfactory completion of the above described work

INVOICE

PH02/01/1995

FK

IDEAL AIR SYSTEMS, INC.
200 LOCK ROAD
DEERFIELD BCH, FL 33442
954-426-2645

JOB WORK ORDER
303

DATE OF ORDER
1-8-07

CUSTOMER'S ORDER NO	PHONE 954 571-1600	MECHANIC	HELPER	STARTING DATE 1 / 1 /
BILL TO SHARED TECHNOLOGIES				ORDER TAKEN BY
ADDRESS 1525 NW 3rd Street				<input type="checkbox"/> DAY WORK
CITY Deerfield, FL 33442				<input type="checkbox"/> CONTRACT
JOB NAME AND LOCATION Suites #2 & 13				<input type="checkbox"/> EXTRA
			JOB PHONE	

DESCRIPTION OF WORK

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Unit #11 - All 11 -
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\$42.95/hr

	TOTAL MATERIALS		
	TOTAL LABOR		
	TAX		
DATE COMPLETED	WORK ORDERED BY	TOTAL AMOUNT	\$ 85.95

Signature: *[Handwritten Signature]*

No one home Total amount due for above work or Total billing to be mailed at completion of work

I hereby acknowledge the satisfactory completion of the above described work