

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s1934

In re
Allegiance Telecom of California, Inc

Case Number
03-13069

YOUR CLAIM IS SCHEDULED AS

UNSECURED

U S B C 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.

Name of Creditor and Address
*Bankruptcy c/o Accounting Center
RECALL USA, 2861 G Bankers Industrial Dr
PO BOX 50852, LOS ANGELES, CA 90074-0852
Doraville, Ga 30360*

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.

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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.

Creditor Telephone Number (710) 416-4144
CREDITOR TAX ID # 364410289
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 03-0190001

Check here replaces or amends a previously filed claim dated _____

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 5/24/03 3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 60.00 (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.

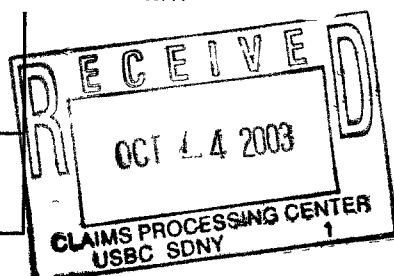
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., October 1, 2003, Eastern Daylight Time.

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

DATE SIGNED 10/9/03

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).
John H Langley, Paralegal



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

ACCOUNTS RECEIVABLE AGED INVOICE REPORT

ALL OPEN INVOICES - AGED AS OF 10/09/03

DIVISION NO 03 BDS LA

CUSTOMER/ INV DATE	INVOICE INVOICE NO	INVOICE DUE DATE	DISCOUNT DUE DATE	DISCOUNT AMOUNT	BALANCE	CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	DAYS DELQ
0190001	ALLEGIANCE TELECO			CONTACT			PHONE 469 259 2261		EXT	CR LMT	00
06/30/03	5115887	IN 07/30/03		00	60 00					60 00	71
07/31/03	5181833	IN 08/30/03		00	60 00			60 00			40
08/31/03	5248405	IN 09/30/03		00	60 00		60 00				9
09/30/03	5315604	IN 10/30/03		00	60 00	60 00					
CUSTOMER 0190001 TOTALS				00	240 00	60 00	60 00	60 00	60 00	00	
DIVISION 03 TOTALS				00	240 00	60 00	60 00	60 00	60 00	00	
NUMBER OF CUSTOMERS				1							
REPORT TOTALS				00	240 00	60 00	60 00	60 00	60 00	00	
NUMBER OF CUSTOMERS				1							