


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor <u>Allegiance Telecom, Inc</u>		Case Number <u>03-13057</u>
RECD OCT 17 2003 FILED U.S. B.C. SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RRD) 683		
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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Ikon Office Solutions - Southern District</u> <u>c/o IOS Capital</u>		<input type="checkbox"/> 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 <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent BANKRUPTCY ADM. P.O. BOX 13708 MACON, GA 31208-3708		THIS SPACE IS FOR COURT USE ONLY
Telephone number		
Account or other number by which creditor identifies debtor <u>504702</u>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input checked="" type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred <u>See Attached</u>		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>1,827.23</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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 <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages, salaries or commissions (up to \$4,600) * 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* or deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 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		THIS SPACE IS FOR COURT USE ONLY
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.		OCT 14 2003 CLAIMS PROCESSING CENTER USBC SDNY
9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>10/2/03</u>	Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <u>Spencer Bruce Thomas Bankruptcy Specialist</u>	
Allegiance Claim  00716		
Penalty for presenting a fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152, 152.01		

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Customer Number: 504702

KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Invoice: 15436507
 Invoice Date: 04/22/2003
 Terms: Net 10 days
 PO: PETER SALZANO
 Rep Id:

Federal id: 23-0334400 DI

Model	Serial	Id	Cust#	Description	Meter	Date/Prod	Quan	Amount
CC115	NNC06624	4F396	750102	CURRENT READING	82401	04/20/2003		
				CANON CLC1150 CLR COPIER NEW XXX	76770	03/24/2003		
				SHARED TECH ALLEGIANCE				
				1400 PROVIDENCE HWY	5631			
				NORWOOD MA 02062	11000			
				MAINTENANCE OVERAGE		CC2C2	5631	619.41
				SERVICE COPIES		CC2C2	100-	11.00-
							Location Total: 608.41	
Billing Cycle 03/17/2003 To 04/17/2003					Sub Total		:	608.41
MONTHLY MAINTENANCE AGREEMENT					Pnor Late Charge		:	17.94
METERED INC LABOR & PARTS					Freight		:	0.00
					Taxes		:	0.00
					Total Amount Due		:	626.35

REV 11/2001

Important Detach and Return This Portion With Your Payment

To ensure proper credit to your account, please write your customer and invoice number on your cheque

Address correction requested (Please complete reverse side)

Make check payable and remit to

1 24/2 01E1/CC4592/MA/ADA/0 00 /0 00
 KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207
 Inv # 15436507
 Cust # 504702
 IR # CC14592

Total Amount Due:

626.35

Thank you for choosing IKON Office Solutions

 IKON OFFICE SOLUTIONS
 P O BOX 827457
 PHILADELPHIA PA 19182-7457

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Invoice 15489596
 Invoice Date 05/27/2003
 Terms Net 10 days
 PO PETER SALZANO
 Rep Id

Customer Number 504702

KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Federal Id 23-0334400 DI

Model	Serial	Id	Cust#	Description	Meter	Date/Prod	Quan	Amount
CC115	NNG06624	4F396	750102	CURRENT READING	87321	05/23/2003		
CANON CLC1150 CLR COPIER NEW XXX				PREVIOUS READING	82401	04/20/2003		
SHARED TECH ALLEGIANCE				COPIES USED	4920			
1400 PROVIDENCE HWY				PER COPY RATE	11000			
NORWOOD MA 02062				MAINTENANCE Overage		0CC2C2	4920	541.20
							Location Total	541.20
Billing Cycle 04/17/2003 To 05/17/2003 MONTHLY MAINTENANCE AGREEMENT METERED INC LABOR & PARTS					Sub Total		:	541.20
					Prior Late Charge		:	17.94
					Freight		:	0.00
					Taxes		:	0.00
					Total Amount Due		:	559.14

REV 11/3001

Important: Detach and Return This Portion With Your Payment

To ensure proper credit to your account, please
 write your customer and invoice number on your cheque

Address correction requested (Please complete reverse side)

Make check payable and remit to

1 242 01E/1Cm747 IMA/ADA/0 00 /0 00
 KERRICK MOLLICE
 SHARED TECH ALL GIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Inv # 15489596
 Cust # 504702
 IR # COM17475

Total Amount Due:

559.14

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 PHILADELPHIA PA 19182-7457

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Invoice 1549559A
Invoice Date 04/11/2003
Terms Net 10 days
Order Date 04/11/2003
Ship Date 04/11/2003
 PO
Rep Id 01AS09
Federal Id 23-0334400
Ship To ATTN DIANE
DI SHARED TECH ALLEGIANCE
 1400 PROVIDENCE HWY
 NORWOOD MA 02062

Customer Number 504702

KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Ordered	Shipped	Item	Description	Unit Price	Total
1	1	MCC1J	CANON CLC 1100 CYAN TONER Vendor # 1429A003AA	69.9900	69.99
1	1	MCC1K	CANON CLC 1100 MAGENTA TONER **F42-3121-700** Vendor # 1435A003AA	69.9900	69.99
1	0	NCC32	CANON CLC 1100 BLACK STARTER *F42-3103-700* Vendor # 1455A002AA	69.9900	0.00
1	1	NCC33	CANON CLC 1100 CYAN STARTER **F42-3113-700** Vendor # 1461A002AA	69.9900	69.99
1	1	NCC34	CANON CLC 1100 MAGENTA STARTER **F42-3123-700**	69.9900	69.99
SEE FOLLOWING PAGES FOR ADDITIONAL LINE ITEMS					
PARTIAL SHIPMENT				Sub Total	349.95
				Prior Late Charge	17.94
				Freight	0.00
				Taxes	17.50
				Total Amount Due	385.39

REV 11/2001

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To ensure proper credit to your account please write your customer and invoice number on your cheque

Address correction requested (Please complete reverse side)

Make check payable and remit to

I 242.01E/CZ982 /SU/0 00 /17 50
 KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Inv # 1549559A
 Cust # 504702
 IR # C0209823

Total Amount Due:

385.39

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 PHILADELPHIA PA 19182-7457

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Customer Number, 504702
 KERRICK MOLLICE

Invoice: . 1549559A
Invoice Date: 04/11/2003 04/11/2003
Order Date: 04/11/2003
Ship Date: 04/11/2003
 PO

Ordered	Shipped	Item	Description	Unit Price	Total
1	1	NCC35	Vendor # 1467A002AA CANON CLC 1100 YELLOW STARTER **F42-3133-700** Vendor # 1473A002AA	69.9900	69.99
ATTN DIANE 400502/781 830 2932 DR					
<i>Please see page 1 of this invoice for terms and total amounts</i>					

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Customer Number 504702

KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Invoice# 1552109A
Invoice Date 04/15/2003
Terms Net 10 days
Order Date 04/15/2003
Ship Date 04/15/2003
PO
Rep Id 01AS09
Federa Id 23-0334400
Ship To ATTN DIANE/STE 3100
DI SHARED TECH ALLEGIANCE
 1400 PROVIDENCE HWY
 NORWOOD MA 02062

Ordered	Shipped	Item	Description	Unit Price	Total
CC115 NNC06624					
1	1	MCC1M	CANON CLC 1100 BLACK TONR Vendor# 1423A003AA	69.9900	69.99
1	1	MCC1L	CANON CLC 1100 YELLOW TONER **F42-3131-700** Vendor# 1441A003AA	69.9900	69.99
DIANE/STE 3100 781-830-2932 4F396/CPG					
				Sub Total	139.98
				Prior Late Charge	17.94
				Freight	0.00
				Taxes	7.00
				Total Amount Due	164.92

REV 11/2001

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To ensure proper credit to your account, please write your customer and invoice number on your cheque

Address correction requested (Please complete reverse side)

Make check payable and remit to

1 24/2 01E/1/CA065 YSL/0 00 77 00
 KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Inv # 1552109A
 Cust # 504702
 IR # C0A16652

Total Amount Due:

164.92

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PHILADELPHIA PA 19182-7457

15 00001552109A9 00005047022 00000164921 C0A166528 0000000001

INVOICE



IKON Office Solutions
 Customer Service Center
 855 Winding Brook Drive
 Glastonbury, CT 06033
 (888) 645-6005

Customer Number: 504702

KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Invoice: 1549559B
 Invoice Date: 04/14/2003
 Terms: Net 10 days
 Order Date: 04/11/2003
 Ship Date: 04/14/2003
 PO:
 Rep Id: 01AS09
 Federal Id: 23-0334400
 Ship To: ATTN DIANE
 DI: SHARED TECH ALLEGIANCE
 1400 PROVIDENCE HWY
 NORWOOD MA 02062

Ordered	Shipped	Item	Description	Unit Price	Total
1	1	NCC32	CANON CLC 1100 BLACK STARTER*F42 3103-700* Vendor # 1455A002AA	69.9900	69.99
ATTN DIANE 400502/781 830 2932 DR					
				Sub Total	69.99
				Prior Late Charge	17.94
				Freight	0.00
				Taxes	3.50
				Total Amount Due	91.43

REV 11/001

Important: Detach and Return This Portion With Your Payment

To ensure proper credit to your account, please write your customer and invoice number on your cheque

Address correction requested (Please complete reverse side)

Make check payable and remit to

1 242 01E1/Ga27E3/SU/0 00 13.50
 KERRICK MOLLICE
 SHARED TECH ALLEGIANCE
 BOX 463
 1950 N STEMMONS FRWY
 DALLAS TX 75207

Inv # 1549559B
 Cust # 504702
 IR # C0A12789

Total Amount Due:

91.43

Thank you for choosing IKON Office Solutions

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 P O BOX 827457
 PHILADELPHIA PA 19182 7457