

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

PROOF OF CLAIM



CRDID 71676

In re *US Bankruptcy Court
Southern District of New York
VS,
Allegiance Telecom, Inc et al*

Case Number
03-13057 (RDD)

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 regarding your claim Attach copy of statement giving particulars

FILED
USBC SOUTHERN DISTRICT OF NEW YORK
ALLEGIANE TELECOM, INC
03-13057 (RRD)
719

Name of Creditor and Address

03805890071676

POLYMER ADHESIVES
1412 GREENWOOD RD
WEATHERFORD TX 76088

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

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

Creditor Telephone Number *(817) 596-8995*

CREDITOR TAX I D # *75-2328137*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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) *OVERPAYMENT & SERVICES BILLED FOR SERVICES NOT DELIVERED*

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ *426.81* (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



00752

DATE SIGNED *10/09/03*

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)

[Signature]

RECEIVED
OCT 14 2003
CLAIMS PROCESSING CENTER
USBC SDNY

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



POLYMER ADHESIVES

SEALANT SYSTEMS, INC

April 15, 2002

VIA CERTIFIED MAIL #7000 1670 0010 8715 2797
Return Receipt Requested

Allegiance Telecom of Texas, Inc
P O Box 844870
Dallas, Texas 75284-4870

Dear Sir or Madam

On or before August 27, 2001, you received Service Order #N398664 along with a Disconnect Order #D734449 with instructions to discontinue service for Polymer Adhesive Sealant Systems, Inc

Your invoice #010730010521 for service from 7/27/01 through 8/27/01 should have been the last statement sent to our office Allegiance Telecom continued to bill our company for services that had been discontinued

Due to an oversight, all subsequent invoices sent to this office were paid The payments made in error total \$4,143 00 Upon review of your records, a refund for the overpayment of \$4,143 00 due Polymer Adhesives is expected Please remit payment in full within 10 days of receipt of this letter

Best regards,

Judith L. Madden
Finance

JLM/rh

u 3716 19
4/15

426 81
difference

1412 Greenwood Dr

Weatherford, TX 76088

1-888/721-7325 • Fax 1-888/921-7325

POLYMER ADHESIVES

BILLING DATE 11/27/2002
ACCOUNT NUMBER 000226936462
INVOICE NUMBER 021128010545

PAYMENTS

RECEIVED 11/27/2002

Date	Description	Amount
TOTAL PAYMENTS		0 00

ADJUSTMENTS

Date	Description	Amount
11/11/2002	Bad Debt Write Off Credit	(4 421 02)
11/22/2002	DO NOT USE **Customer Refunds***	3 716 19
10/29/2002	Bad Debt Write Off Debit	4 421 02
11/08/2002	Bad Debt Write Off-Debit	4 421 02
11/11/2002	Bad Debt Write Off-Credit	(4,421 02)
TOTAL ADJUSTMENTS		3,716 19

TAXES, FEES AND OTHER ASSESSMENTS

Date	Description	Amount
TOTAL TAXES, FEES AND OTHER ASSESSMENTS		0 00

Received Payment
Balance due \$426 81



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0010 8715 2797

Postage	\$ 34
Certificate Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 34

Postmark
Here

Sent To: *Allegiance Telecom of Tx, Inc*
 Street, Apt. No. or PO Box No: *P.O. Box 844870*
 City, State, ZIP+4: *Dallas, Tx 75284-4870*

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2 and 3 Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you
- Attach this card to the back of the mailpiece or on the front if space permits

1 Article Addressed to
Allegiance Telecom of Texas, Inc
P.O. Box 844870
Dallas, Tx 75284-4870

2 Article Number (Copy from service label)
7000 1670 0010 8715 2797

PS Form 3811 July 1999

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A Received by (Please Print Clearly) B Date of Delivery
 C Signature *[Signature]* **APR 17 2002**
 D Is delivery address different from item 1? Yes No
 If YES enter delivery address below

3 Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail COD
 4 Restricted Delivery? (Extra Fee) Yes



POLYMER ADHESIVES

SEALANT SYSTEMS, INC

October 7, 2003

Clerk of the United States Bankruptcy Court
Re: Allegiance Telecom, Inc., et al
One Bowling Green, 6th Floor
New York, NY 1004-11408

Re: Proof of Claim - Case Number 03-13057 (RDD)

Dear Sir or Madam.

Enclosed please find the original of Polymer Adhesives Sealant Systems, Inc. Proof of Claim.

I have included all pertinent information as requested as well as a copy of the envelope used to mail the form to our office. **Please note**, the deadline for filing our proof of claim was on or before 4:00 pm, October 1, 2003. As you can see by the **postmark** on the enclosed copy of the envelope from Allegiance Telecom, this form was not mailed to us until **October 1, 2003**.

We were not timely noticed, therefore, our claim is being sent on the day it was received. **Please contact this office immediately if our claim is not going to be considered.**

Best regards,

Judith L. Madden
Finance

1412 Greenwood Dr

Weatherford, TX 76088

1-888/721-7325 • Fax 1-888/921-7325

Po Box 1033
El Segundo, CA 90245-0909

PAID
B M C
LOS ANGELES CA

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Allegiance Telecom
c/o BMC
Po Box 1033
El Segundo, CA 90245-0909

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