

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

PROOF OF CLAIM



s1543

In re
Shared Technologies Allegiance, Inc

Case Number
03-13108

YOUR CLAIM IS SCHEDULED AS
\$431.90 UNSECURED
FILED

U S B C SOUTHERN DISTRICT OF NEW YORK

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. §

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving
- 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.

**ALLIANCE TELECOM, INC
03-13057 (RRD)**

827

The amounts and nature of your claim 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 properly filed a proof of claim with the Bankruptcy Court, you do not need to file again.

Name of Creditor and Address

03805888023526

MNB VENDING
PO BOX 9145
FOXBORO MA 02035

Creditor Telephone Number ()

CREDITOR TAX ID #
042632796

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
SHA07

Check here replace or amend 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 below)

Your social security number _____

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

2 DATE DEBT WAS INCURRED April 10, 2003 to June 1, 2003 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 446.90 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 446.90 (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 or 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.

REC'D OCT 22 2003

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 document 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 5:00 p.m. November 26, 2003, Prevailing Eastern Time.

BY MAIL United States Bankruptcy Court
Southern District of New York
Alliance Claims Docketing Center
Bowling Green Station, P.O. Box 95
New York, NY 10071-0095

BY HAND OR OVERNIGHT DELIVERY TO United States Bankruptcy Court
Southern District of New York
Alliance Claims Docketing Center
One Bowling Green, Room 534
New York, NY 10004-1408

THIS SPACE FOR COURT USE ONLY

DATE SIGNED
10/14/03

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).
Michael Burman, President

RECEIVED
OCT 17 2003

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

See Other Side For Instructions

Allegiance Claim
 00865

MNB

VENDING

SERVICES CO INC

BOX 9145, FOXBORO, MA 02035

PH (508) 698-3300 FAX (508) 698-0533

INVOICE

31920

INVOICE # _____

BILL TO**SHIP TO**SHARED TECH. ALLEGIANCE/ALLEGIANCE C
1950 STEMMONS FREEWAY / PO BOX 463
ATTN: ACCOUNTS PAYABLE
DALLAS, TX 75207SHARED TECHNOLOGIES FAIRCHILD
1400 PROVIDENCE HIGHWAY
ATTN: DIANE CLARK
NORWOOD, MA 02062

ITEM ID	QUANTITY	DESCRIPTION	PRICE	AMOUNT
CUST10	1.00	CUP STYRO 1007/1K	28.50	28.50
			SALES TAX	1.43
TOTAL				29.93

*Unpaid
check bounced*

Received By _____

Diane Clark

Please Pay From This Invoice

1.50

Service Charge of _____ % per month will be made on all past due accounts

MNB VENDING

SERVICES CO INC
 BOX 9145, FOXBORO, MA 02035
 PH (508) 698-3300 FAX (508) 698-0533

INVOICE

INVOICE # 32004

BILL TO

SHIP TO

SHARED TECH. ALLEGIANCE/ALLEGIANCE C
 1950 STEMMONS FREEWAY / PO BOX 463
 ATTN: ACCOUNTS PAYABLE
 DALLAS, TX 75207

SHARED TECHNOLOGIES FAIRCHILD
 1400 PROVIDENCE HIGHWAY
 ATTN: DIANE CLARK
 NORWOOD, MA 02062

CUSTOMER ID	SHA07	PO #	INVOICE DATE	4/25/3	TEL #
TERMS	CASH				
ITEM ID	QUANTITY	DESCRIPTION	PRICE	AMOUNT	
CONEVR	1.00	NE REG CUP 12/2LB	156.00	156.00	
				TOTAL	156.00

Received By

Please Pay From This Invoice
 A Service Charge of 1.50 % per month will be made on all past due accounts

MNB
VENDING SERVICES CO INC
 BOX 9145, FOXBORO, MA 02035
 PH (508) 698-3300 FAX (508) 698-0533

INVOICE

INVOICE # _____

BILL TO

SHIP TO

32024

SHARFD TECH. ALLEGIANCE/ALLEGIANCE C SHARED TECHNOLOGIES FAIRCHILD
 1950 STEMMONS FREEWAY / PO BOX 463 1400 PROVIDENCE HIGHWAY
 ATTN: ACCOUNTS PAYABLE ATTN: DIANE CLARK
 DALLAS, TX 75207 NORWOOD, MA 02062

CUSTOMER ID	SHA07	PO #	INVOICE DATE	04/30/03	TEL #
TERMS		CASH			
ITEM ID.	QUANTITY	DESCRIPTION	PRICE	AMOUNT	
MISC	1.00	COFFEE SERVICE-APRIL	50.00	50.00	
				TOTAL	50.00

Received By _____

Please Pay From This Invoice
 A Service Charge of 1.50 % per month will be made on all past due accounts

MNB
VENDING SERVICES CO INC
 BOX 9145, FOXBORO, MA 02035
 PH (508) 698-3300 FAX (508) 698-0533

INVOICE

INVOICE # 32066

BILL TO

SHIP TO

SHARED TECH. ALLEGIANCE/ALLEGIANCE C SHARED TECHNOLOGIES FAIRCHILD
 1950 STEMMONS FREEWAY / PO BOX 463 1400 PROVIDENCE HIGHWAY
 ATTN: ACCOUNTS PAYABLE ATTN. DIANE CLARK
 DALLAS, TX 75207 NORWOOD, MA 02062

CUSTOMER ID	SHA07	PO #	INVOICE DATE	5/8/3	TEL #
TERMS	CASH				

ITEM ID	QUANTITY	DESCRIPTION	PRICE	AMOUNT
CONEVD	1 00	NE DEC CUP 12/2LB	174 00	174.00

TOTAL 174.00

Received By *Diane Clark*

Please Pay From This Invoice
 A Service Charge of 1.50 % per month will be made on all past due accounts

MNB VENDING SERVICES CO INC

BOX 9145, FOXBORO, MA 02035
 PH (508) 698-3300 FAX (508) 698-0533

INVOICE

32207

INVOICE # _____

BILL TO

SHIP TO

SHARED TECH. ALLEGIANCE/ALLEGIANCE C 1950 STEMMONS FREEWAY / PO BOX 463 ATTN: ACCOUNTS PAYABLE DALLAS, TX 75207	SHARED TECHNOLOGIES FAIRCHILD 1400 PROVIDENCE HIGHWAY ATTN. DIANE CLARK NORWOOD, MA 02062
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CUSTOMER ID SHA07	PO #	INVOICE DATE 6/2/73	TEL #	
TERMS		CASH		
ITEM ID	QUANTITY	DESCRIPTION	PRICE	AMOUNT
MISC	1.00	COFFEE SERVICE-MAY	50.00	50.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> Will owe \$21.97 </div>				
				Paid \$30.53 on this
			SALES TAX	2.50
			TOTAL	52.50

Received By _____

Please Pay From This Invoice

A Service Charge of 1.50 % per month will be made on all past due accounts

BENJAMIN FRANKLIN SAVINGS BANK
58 MAIN ST. PO BOX 309
FRANKLIN, MA 02038

CONFIRMATION OF
TRANSACTION
NOTICE

FOR PERSONAL ASSISTANCE CALL
1-508-528-7000

PAGE: 1

DATE OF TRANSACTIONS 05-22-03

MNB VENDING SERVICES CO INC
MICHAEL B BURMAN OR
NANCI B BURMAN
18 JEFFERSON AVE
SHARON MA 02067

ACCOUNT NUMBER

THE FOLLOWING TRANSACTIONS WERE POSTED TO YOUR ACCOUNT
ON 05-22-03 FOR THE AMOUNT SHOWN.

DEPOSIT RETURNED ITEM	\$15.00 Fee	29.93
CK DEP RET/ ALLEGIANCE TELECOM		