

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM



In re
Allegiance Telecom of Arizona, Inc

Case Number
03-13067

YOUR CLAIM IS SCHEDULED AS
\$4,243.37 UNSECURED
FILED
U S B C SOUTHERN DISTRICT OF NEW YORK
ALLEGIANTELECOM, INC
03-13057 (RRD)
836

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
 03805888025239
FISHEL TECHNOLOGIES
1810 ARLINGATE LN
COLUMBUS, OH 43228

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.

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.

Creditor Telephone Number (614) 274-8100
CREDITOR TAX I D #
31-4360115

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
#4501

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

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 **4/20/03 - 5/16/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ **4243.37** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **4243.37** (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.

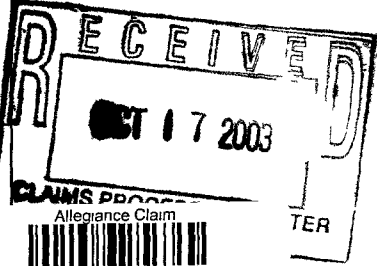
9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

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 5:00 p.m., November 26, 2003, Prevailing Eastern Time.
BY MAIL TO: United States Bankruptcy Court, Southern District of New York, Allegiance Claims Docketing Center, Bowling Green Station, P.O. Box 95, New York, NY 10274-0095.
BY HAND OR OVERNIGHT DELIVERY TO: United States Bankruptcy Court, Southern District of New York, Allegiance 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).
John Johnson, LAIR Manager



Penalty for presenting fraudulent claim: 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



Accounts Receivable
Divisionalized Aging by Customer by Project/W O
Detail Report

Invoice#	Inv Typ	Inv Date	Age	Current Activity	31 - 60 Days	61 - 90 Days	Over 90 Days	Total Balance	Unscheduled Retention
i Division 20 PHOENIX i									
4501 ALLEGIANCE TELECOM				Class TEL TELEPHONE (469)259-2464					
Project 20020322 GW				ALLEGIANCE TELECOM					
2003-10518	INV	03/31/03	197						
2003-10874	INV	04/30/03	167				943 17	943 17	
2003-11472	INV	05/15/03	152				943 17	943 17	
2003-11477	INV	05/15/03	152				941 43	941 43	
2003-11533	INV	05/16/03	151				1,415 60	1,415 60	
							943 17	943 17	
Project 20020322 Totals				0 00	0 00	0 00	5,186 54	5,186 54	0 00
Customer 4501 Totals				0 00	0 00	0 00	5,186 54	5 186 54	0 00
Division 20 Totals				0 00	0 00	0 00	5,186 54	5,186 54	0 00

Accounts Receivable
 Divisionalized Aging by Customer by Project/W O
 Detail Report

Invoice#	Inv Typ	Inv Date	Age	Current Activity	31 - 60 Days	61 - 90 Days	Over 90 Days	Total Balance	Unscheduled Retention
Grand Totals				0 00	0 00	0 00	5 186 54	5,186 54	0 00