

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

PROOF OF CLAIM



In re
Allegiance Telecom of New York, Inc

Case Number
03-13055

YOUR CLAIM IS SCHEDULED AS
\$140 61 UNSECURED CONTINGENT
DISPUTED - UNLIQUIDATED
U S B C SOUTHERN DISTRICT OF NEW YORK
ALLEGIANE TELECOM, INC
03-13057 (RRD)
849

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 §

Name of Creditor and Address
 03805888087911
TELESYSTEM PHONE CALL INC
35-55 B 31
GROUND
LONG ISLAND CITY, NY 11106

- 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

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 ()

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replace or amend a previously filed claim dated _____ if this claim

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly below)
- Retiree benefits as defined in 11 U S C § 1114(a)
- Wages salaries and compensation (Fill out below)

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 AT TIME CASE FILED \$ 14061 (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

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
TO Southern District of New York
Allegiance Claims Docketing Center
Bowling Green Station P O Box 95
New York, NY 10271-0095

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

RECEIVED
OCT 17 2003
CLAIMS PROCESSING CENTER
USBC
Allegiance Claim

DATE SIGNED 10/15/03 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)
Camille S. [Signature]

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 37

See Other Side For Instructions



General Power of Attorney

THIS is intended to constitute a NONDUABLE GENERAL POWER OF ATTORNEY pursuant to Article 5, Title 15 of the New York General Obligations Law

I, FRANCISCO BIDR of 35-48 35 St NY LIC 11106-

do hereby appoint

CARMENZA CARDONA of 35-48 35 St LIC 11106-

my attorney-in-fact TO ACT IN MY NAME, PLACE AND STEAD in any way which I myself could do, if I were personally present with respect to the following matters as each of them is defined in Title 15 of Article 5 of the New York General Obligations Law to the extent that I am permitted by law to act through an agent

- (A) real estate transactions
- (B) chattel and goods transactions,
- (C) bond share and commodity transactions,
- (D) banking transactions,
- (E) business operating transactions,
- (F) insurance transactions,
- (G) estate transactions,
- (H) claims and litigation
- (I) personal relationships and affairs,
- (J) benefits from military service,
- (K) records reports and statements,
- (L) retirement benefit transactions,
- (M) making gifts to my spouse children and more remote descendants and parents, not to exceed in the aggregate \$10,000 to each of such persons in any year,
- (N) tax matters,

- (O) all other matters,
- (P) full and unqualified authority to my attorney(s)-in-fact to delegate any or all of the foregoing powers to any person or persons whom my attorney(s)-in-fact shall select,
- (Q) each of the above matters identified by the following letters

THIS NONDURABLE GENERAL POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME

In Witness Whereof I have hereunto signed my name this 18th day of August 2003
(YOU SIGN HERE)-> [Signature]
(Signature of Principal)

(ACKNOWLEDGMENT)"

[Signature]
THOMAS M MCDEVITT
NOTARY PUBLIC State of New York
No 01MC6055770
Qualified in Nassau County
Commission Expires 03/05/2007