

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

PROOF OF CLAIM



In re
Allegiance Telecom of California, Inc

Case Number
03-13069

YOUR CLAIM IS SCHEDULED AS
UNDETERMINED UNSECURED CONTINGENT
~~FILED~~ UNLIQUIDATED

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. §

U.S.B.C. SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)

858
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
 03805888076951
TRIPLEX DISTRIBUTION INC
C/O ROBERT RICONDO
9312 DEERING AVE
CHATSWORTH CA 91311

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

Creditor Telephone Number **(818) 885-2880**
CREDITOR TAX ID #
95-4668826

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
002537648531

Check here replace or amend 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) Billing Dispute
Your social security number _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 4/9/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 2723.59 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 2723.59 (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 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 United States Bankruptcy Court
TO 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
RECEIVED
OCT 17 2003
Allegiance Claim

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)
[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 3

See Other Side For Instructions





Allegiance Telecom of California, Inc
 1950 StemmonsExpressway
 Suite 3026
 Dallas, TX 75207
 (214) 853-7110 Fax
 For Billing Inquiries, please contact
 customer service at (800) 553-1989

00261 01749A 05 0078

TRIPLEX DISTRIBUTION INC
 9312 DEERING AVENUE
 CHATSWORTH CA 91311

BILLING DATE 04/09/2003
ACCOUNT NUMBER 002537648531
INVOICE NUMBER 030413017601

ACCOUNT STATUS

PREVIOUS BALANCE	2,676 10
PAYMENTS APPLIED THROUGH 04/09/2003	0 00
ADJUSTMENTS	0 00

PAST DUE 2,676 10

SUMMARY OF CURRENT CHARGES

USAGE CHARGES

LOCAL	0 00
LATA TOLL†	0 00
1+ OUTBOUND**	0 00
8XX INBOUND	0 00
CALLING CARD	0 00
INTERNATIONAL	0 00
DIRECTORY ASSISTANCE	0 00

MONTHLY RECURRING AND NON-RECURRING CHARGES 7 95

LATE PAYMENT CHARGES 38 20

TAXES, FEES AND OTHER ASSESSMENTS 1 34

*Please see section labeled Monthly Recurring and Non Recurring Charges for LATA Carrier Information

**Please see section labeled Monthly Recurring and Non-Recurring Charges for LD Carrier Information

TOTAL CURRENT CHARGES 47 49 47 49

TOTAL AMOUNT DUE 2,723 59

If you have any questions concerning this invoice or about available features please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled Monthly Recurring and Non Recurring Charges' for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of California, Inc for the amount due

TRIPLEX DISTRIBUTION INC
 9312 DEERING AVENUE
 CHATSWORTH CA 91311

Make Checks Payable to
Allegiance Telecom of California, Inc
PO Box 844870
Dallas, TX 75284-4870

BILLING DATE 04/09/2003
ACCOUNT NUMBER 002537648531
INVOICE NUMBER 030413017601
PAYMENT DUE BY 05/09/2003
TOTAL AMOUNT DUE 2,723 59



*78100

050025376485310304130176010305090000002723591

00 1 017 9A 05 0078

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re X

ALLEGIANCE TELECOM, INC , *et al* ,

Debtors

Chapter 11 Case No. 03-13057 (RLD)

Jointly Administered

X

NOTICE OF CORRECTED PROOF OF CLAIM FORM

PLEASE TAKE NOTICE THAT, RECENTLY, YOU SHOULD HAVE RECEIVED A "NOTICE OF BAR DATE," DATED SEPTEMBER 30, 2003, REQUIRING FILING OF PROOFS OF CLAIM ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)** TOGETHER WITH A PROOF OF CLAIM FORM FOR YOUR USE IN FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES. THE PROOF OF CLAIM FORM HAD TYPOGRAPHICAL ERRORS INCLUDING THE INCORRECT DATE OF OCTOBER 1, 2003 AS THE DEADLINE TO FILE CLAIMS.

ENCLOSED IS THE CORRECT PROOF OF CLAIM YOU SHOULD USE FOR FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES IN ACCORDANCE WITH THE NOTICE OF BAR DATE.

IF YOU HAVE ALREADY FILED A PROOF OF CLAIM FORM USING THE INCORRECT FORM AND THIS PROOF OF CLAIM WAS SENT TO ONE OF THE ADDRESSES LISTED BELOW, YOU DO NOT NEED TO FILE THE SAME PROOF OF CLAIM ON THE CORRECT FORM WHICH IS ENCLOSED HEREWITH. IF YOU HAVE NOT, PLEASE USE THE ENCLOSED PROOF OF CLAIM FORM.

THE NOTICE OF BAR DATE YOU RECEIVED WHICH ACCOMPANIED THE INCORRECT PROOF OF CLAIM FORM IS ACCURATE IN REQUIRING THAT PROOFS OF CLAIM MUST BE FILED ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)**.

PROOFS OF CLAIM SHOULD BE SENT BY MAIL OR HAND DELIVERED SO THAT THEY ARE RECEIVED ~~ON OR BEFORE NOVEMBER 26, 2003, AT 5 00 P M , PREVAILING EASTERN TIME,~~ AS FOLLOWS:

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

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE, THE FILING OF PROOFS OF CLAIM OR REQUIRE A COPY OF THE NOTICE OF BAR DATE, PLEASE CONTACT THE ALLEGIANCE CLAIMS DOCKETING CENTER, BY CALLING BANKRUPTCY MANAGEMENT CORPORATION, THE DEBTORS' CLAIMS AGENT, AT 1-888-909-0100.

ALLEGIANCE TELECOM, INC , ET AL