UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re Allegiance	Case Number 3 13108 RDD

CRDID 23886

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

Name of Creditor and Address

03805890023886

CABLENET SYS INC
ATTN GENL COUNSEL
407 MOSEY LN
LOCUST GROVE GA 30248

Creditor Telephone Number ( )

☐ 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

☐ 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

USBC SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
860

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☑ amends a previously filed claim dated 9/14/03 Attached

1 BASIS FOR CLAIM

☐ Goods sold
☑ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly)
☐ 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 _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ 51774	$	$	$
(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

REC'D OCT 22 2003

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

THIS SPACE FOR COURT USE ONLY

RECEIVED
OCT 17 2003

Allegiance Claim
00898

DATE SIGNED 10/10/03

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)

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

ABLENET SYSTEMS, INC.
407 MOSBY LANE
LOCUST GROVE, GA 30248
770.929.6211

INVOICE

INVOICE #	2102322

DATE	1/17/2003

BILL TO

Shared Technology Allegiance
1950 Stemmons Freeway
P O Box 463
Dallas Tx 75207
Attn Accounts Payable

P O NO	TERMS	REP	PROJECT
3030060300004	Net 30	MC	Pool Location

DESCRIPTION	QTY	RATE	AMOUNT
Conduit	1	0 00	0 00
Catagory 3 cable plenum	250	0 00	0 00
Hours x 2 technicians	4	75 00	300 00

Intrest accrues at 1 5% Per Month on unpaid balances over 30 days

Total $300 00

Pricing applies to regular business hours unless otherwise stated

DO NOT ACCEPT THIS CHECK UNLESS YOU CAN SEE A DUAL-TONE TRUE WATERMARK THAT APPEARS AS CONNECTING PENTAGONS WHEN HELD TO THE LIGHT AND "LOGO" APPEARS ON REVERSE.

ALLEGIANCE TELECOM SERVICE CORPORATION
OPERATING ACCOUNT
PH 214-261-7100
9201 North Central Expressway
DALLAS, TX 75231

JPMorgan Chase
Texas Controlled Disbursement For
Inquiries Call 1 800 457 7191

88 88
1113

1110002966

CMA 05/08/03 **********217 74

REFER TO MAKER Void after 180 days

**** TWO HUNDRED SEVENTEEN and 74/100**********

Pay to the order of

CABLENET SYSTEMS, INC
407 MOSBY LANE
LOCUST GROVE, GA 30248

42304[illegible] 3527 3527 19 05-21-03

400023929 5513 5669 07 05-28-03

SAFE

⑈1110002966⑈ ⑆111300880⑆ ⑈0630006412 1⑈ ⑈0000021774⑈

THE FACE OF THIS CHECK HAS A BLUE BACKGROUND – ANY OTHER COLORS MAY BE EVIDENCE OF CHEMICAL ALTERATION OR ERASURE – SEE REVERSE SIDE FOR MORE SAFETY FEATURES.

First Nation Bank
PO Box 1107
Covington GA 30015
Phone (770) 787 5500
Fax (770) 385 3431
FDIC
24 Hour Telephone Banking (770) 385-Bank

411 35 070

MARK W CHEATHAM
ADVANCED COMMUNICATIONS
407 MOSBY LANE
LOCUST GROVE GA 30248

ACCOUNT 10022015

AS OF 05/28/03

PAGE 1

****
* NOTICE OF CHECKS CHARGED BACK *
* TO YOUR ACCOUNT *
****

THE FOLLOWING ITEMS HAVE BEEN CHARGED BACK TO YOUR ACCOUNT
PLEASE REFER CHARGE BACK QUESTIONS TO (770) 787-5500

PAYOR	REASON	AMOUNT
ALLEGIANCE TELECOMLB	REFER TO MAKER	217 74

TOTAL ITEMS CHARGED BACK TO YOUR ACCOUNT	217 74
PLEASE DEDUCT A HANDLING FEE OF	3 00
YOUR ACCOUNT BALANCE AFTER THIS ACTIVITY IS	721 40

CALL (770) 787-5500 WITH CHARGE BACK QUESTIONS

ALGX.com

DISTRICT OF _____ PROOF OF CLAIM

Name of Debtor: Allegiance

Case Number: 3 13108 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

Name of Creditor (The person or other entity to whom the debtor owes money or property)

CableNet Sys Inc

Name and address where notices should be sent

407 Mosby Lane
Locust Grove GA 30248

Telephone number

☐ 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

☐ Check box if you have never received any notices from the bankruptcy court in this case

☐ Check box if the address differs from the address on the envelope sent to you by the court

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Account or other number by which creditor identifies debtor

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

1 Basis for Claim

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries and compensation (fill out below)

Your SS # _____ _____ _____

Unpaid compensation for services performed

from _____ (date) to _____ (date)

2 Date debt was incurred

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ 3000.00

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 if any $ _____

6 Unsecured Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $ _____

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 4/1/04 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 the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

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Date: 9/14/03

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)

Mark Cheathan Pres

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 and 3571