

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

**PROOF OF CLAIM**



In re  
**Shared Technologies Allegiance, Inc**

Case Number  
**03-13108**

**YOUR CLAIM IS SCHEDULED AS**  
\$185.00 UNSECURED  
**FILED**

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.

**U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK**  
**ALLEGIANTE TELECOM, INC**  
**03-13057 (RRD)**  
**798**  
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 here. **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**  
 03805888023519  
METRO FIRE/SAFETY EQP  
489 WASHINGTON AVE (JOMIKE CT)  
CARLSTADT NJ 07072

Creditor Telephone Number ( )  
CREDITOR TAX ID #  
**223183651**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replace if this claim  or  a previously filed claim dated \_\_\_\_\_

**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** **4/24/03** **3 IF COURT JUDGMENT, DATE OBTAINED**  
**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ **185.00** (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.

**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 to 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**  
**RECEIVED**  
 USE ONLY  
 11/17/2003  
**CLAIMS PROCESSING CENTER**  
 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).  
**M. Angelini - Melissa**