

UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM



In re
ALLEGIANCE Telecom of Oregon

Case Number
03-13057

FILED
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
911

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.

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.

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
 03805890025507
TAX COLLECTOR MULTNOMAH COUNTY
PO BOX 2716
PORTLAND OR 97208-2716

Creditor Telephone Number ()
CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
U529052

Check here if this claim replaces or amends a previously filed claim dated **9/16/03**

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 **2003/04** 3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ \$ **10,273.75** \$ _____ \$ **10,273.75**
(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 **personal Property**
Value of collateral \$ **625,000.00**
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 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
RECEIVED
OCT 20 2003
CLAIMS PROCESSING CENTER
Allegiance Claim

DATE SIGNED **10-13-2003** 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)
Angelika Loomis Auth. Agent

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 357

See Other Side For Instructions



Owner Address

ALLEGIANCE TELECOM OF OREGON (797 Property U529052 001
 9201 N CENTRAL EXPY B11 - BANKRUPTCY CHAPTER 11
 DALLAS, TX 75231

INTEREST AND DISCOUNTS BASED ON A PAYMENT DATE ON OR BEFORE 10/15/2003

*** Fees, Bills & Refunds ***

ID#	Bill ID	Levied Tax	Tax Paid	Interest	Amount Paid	Date Paid
1	2002 359 0	18,977 81	18,977 81	84 34	19,062 15	12/16/02
2	Third Date Due	Levied Tax	Tax Due	Interest	Third Due	Balance Due
	Current Taxes for bill	2003 53, Levied tax of	10,591 50			
	1/3 due Nov 17	3,530 50	3,530 50		3,530 50	3,530 50
	2/3	3,530 50	3,530 50	<141 22>	3,389 28	6,919 78
	3/3	3,530 50	3,530 50	<176 53>	3,353 97	10,273 75
	Total Due		10,591 50	<317 75>	10,273 75	