


UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>ALLEGIANCE TELECOM OF MISSOURI INC</b>		Case Number <b>03-1301</b>
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 USC § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>ST CHARLES COUNTY COLLECTOR BARBARA J WALKER</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim and a copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court
Name and address where notices should be sent <b>COLLECTOR OF REVENUE BARBARA J WALKER 201 N SECOND ST RM 134 ST CHARLES MO 63301</b>		DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 93-13057 (RRD) 917 THIS SPACE IS FOR COURT USE ONLY
Telephone number <b>636-949-7470</b>		
Account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
<b>2 Date debt was incurred</b> <u>ANNUALLY ON JANUARY 1</u>		<b>3 If court judgment, date obtained</b>
<b>4 Total Amount of Claim at Time Case Filed</b> \$ <u>963.57</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim		RECD OCT 28 2003 THIS SPACE IS FOR COURT USE ONLY
<b>5 Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6 Unsecured Priority Claim</b> <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>963.57</u> Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse, or child 11 USC § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental unit 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY
<b>8 Supporting Documents</b> 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		Allegiance Claim  00954 RECEIVED OCT 20 2003 CLAIMS PROCESSING CENTER USBC, SDNY
<b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		
Date <b>10/14/03</b>	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) <i>Saw Barbara J Walker</i> <b>ST CHARLES COUNTY COLLECTOR BY BARBARA J WALKER</b>	
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 251		

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ST CHARLES COUNTY, MISSOURI

DELINQUENT AFTER DEC. 31

ST CHARLES COUNTY, MISSOURI  
IN FULL OF STATE COUNTY ROAD AND BRIDGE SCHOOL  
LIBRARY FIRE DEVELOPMENTAL DISABILITY AND AMBULANCE  
ON PROPERTY FOR THE YEAR SHOWN

17011001

SCHOOL	ACCOUNT NUMBER	CITY	FIRE	VALUATION
000	10000000	00	00	11,000

An original copy of this statement becomes your receipt when officially numbered canceled paid

MAKE CHECK PAYABLE TO  
**COUNTY COLLECTOR**  
BARBARA J WALKER  
201 N SECOND ST  
ST CHARLES MO 63301 2889

STATE	1.30
COUNTY	1.30
MO. ROAD	1.30
SCHOOL	1.30
LIBRARY	1.30
FIRE	1.30
DISABILITY	1.30
AMBULANCE	1.30
TOTAL	10.80

NON-CLEARANCE  
OF CHECKS  
VOIDS RECEIPT

**DUE BY  
DECEMBER 31**

<b>TOTAL TAX</b>	10.80
INTEREST	1.00
OTHER FEES COST	1.00
<b>GRAND TOTAL</b>	12.80

DELINQUENT TELEPHONE MOBILE  
PROPERTY ACCOUNTS LISTED  
2000 DELINQUENT PROPERTY TAX  
DOLLARS 12.80

GOOD THRU 06-30-01

CNTL# 346285

Tax statements are mailed as a convenience to taxpayer but failure to receive a tax statement does not constitute a waiver of liability.