

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM

H32831 152112
52683

re
Allegiance Telecom Service Corporation
Case Number
03-13103
YOUR CLAIM IS SCHEDULED AS
\$2 UNSECURED

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.

USBC SOUTH
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.

**SOUTHERN DISTRICT OF NEW YORK
ALLEGANCE TELECOM, INC
03-13057 (RRD)**

Name of Creditor and Address
**Mark X. DiSanto
6122 Mingwood Dr
Hkg Pa. 19112**

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

1157
The amounts 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.

Creditor Telephone Number **717 657-3729 x20**

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

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

CREDITOR TAX ID # ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

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) **Stock purchase 12-30-02** Your social security number _____
50,000 hrs at \$34,500 Unpaid compensation for services performed from _____ to _____ (date) (date)

2. DATE DEBT WAS INCURRED **3. IF COURT JUDGMENT, DATE OBTAINED**

4. TOTAL AMOUNT OF CLAIM \$ _____ (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 and additional charges.

5 SECURED CLAIM
 Check this box if your claim is secured by collateral including a right of set-off.
Brief description of collateral:
 Real Estate
 Motor Vehicle
 Other _____
Value of collateral \$ _____
Amount of unsecured 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, 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 600, Bowling Green Station, New York, NY 10004-17408
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 10004-17408

THIS SPACE FOR COURT USE ONLY
RECEIVED
OCT 27 2003
**CLAIMS PROCESSING CENTER
USBC, SDNY**

DATE SIGNED **10-27-03**
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 X. DiSanto