

REC'D OCT 31 2003

United States Bankruptcy Court Southern District of New York New York		Proof of Claim
Name of Debtor Allegiance Telecom, Inc et al		Case Number 03-13057
Note This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of 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) Praxair Distribution		<input type="checkbox"/> Check box if you have filed a proof of claim relating to your claim. Attach 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 checked="" 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 Praxair Distribution c/o D&B/RMS Bankruptcy Services P O Box 5126 Timonium, Maryland 21094 Telephone Number (410) 453-6588		
Account or other number by which creditor identifies debtor 0G209 cylinder value cylinder value		<input type="checkbox"/> Check here if this claim Replaces a previously filed claim dated _____ <input type="checkbox"/> Amends
1 Basis For Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury / wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Outstanding Cylinder Value see attached</u>		
<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages salaries and compensations (Fill out below) Your SS# _____ Unpaid Compensations for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred See Attached		3 If court judgement, date obtained
4 Total Amount of Claim at Time Case Filed \$ <u>500.00</u> cylinder value		
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 Attach itemized statement of all interest or additional charges		
5 Secured Claim <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 above if any \$ _____		6 Unsecured Priority Claim <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ <u>500.00 cylinder Value</u> Specific the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4000) *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) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507 (a) (4) <input type="checkbox"/> Up to \$1 800* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child - 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § (a) (____) *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter will 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 judgements, mortgages security agreements, and evidence of perfecting of lien 9 Date-Stamped Copy To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		This space is for court use only
Date 10/21/03	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) Signed <u>Wendy Beck</u> Wendy Beck, D&B/RMS Agent for Creditor	

FILED
 U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
 ALLEGIANCE TELECOM, INC
 03-13057 (RRD)
 1179

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.



Praxair Distribution

2301 SE Creekview
Ankeny, Iowa 50021
(515) 963 - 3862 fax (515) 965 - 6629

Invoice No L0U

INVOICE

Customer

Name Shared Tech Fairchild
Address Attn A/P PO Box 463
Address 1950 Stemmons Freeway
City Dallas State TX ZIP 75207
Phone _____

Date 10/16/2003
Account # 0G209
Order No _____
Rep _____
FOB _____

Qty	Description	Unit Price	TOTAL
2	Carbon Dioxide Cylinder - Size 60	\$250 00	\$500 00

Payment Details

- Cash
 Check
 Credit Card

Name _____
CC # _____
Expires _____

SubTotal	\$500 00
Shipping & Handling	\$0 00
Taxes State	
TOTAL	\$500 00

Office Use Only