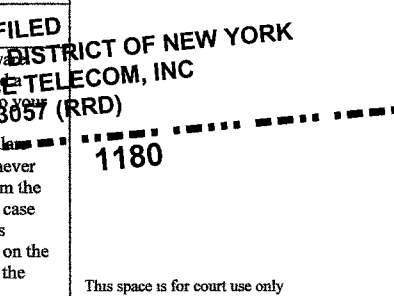
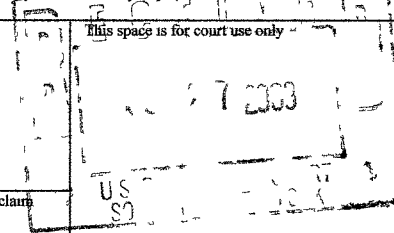



REC'D OCT 31 2003

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 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		Check here <input type="checkbox"/> Replaces if this claim <input type="checkbox"/> Amends a previously filed claim dated _____
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 type="checkbox"/> Other _____		<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>35.52</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. 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 type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify 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   Allegiance Claim  01057
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	
Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 15		

Credit limit 1,000 Blanket P/O
 Available credit 964 48 Terr 231
 COD Y

Doc-#	Type	Doc-Date	Brn	Total-Amt	Total-Cr	Balance	Applto-Cmp	Age
48056	INV	12/27/02	237	17 35	35 20	17 85-	048056-000	293
311811	INV	04/25/03	237	17 87	0 00	17 87	311811-000	174
585575	INV	02/28/03	237	17 87	0 00	17 87	585575-000	230
591406	INV	05/30/03	237	18 35	0 00	18 35	591406-000	139
996	PAY	02/10/03	237	0 00	17 03	17 03-	798314-000	248
841298	INV	03/28/03	237	16 31	0 00	16 31	841298-000	202

Total 87 75 52 23 35 52

Age 00 /Cur 00 /60+
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