

**UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK**

PROOF OF CLAIM



In re
Shared Technologies Allegiance, Inc

Case Number
03-13108

YOUR CLAIM IS SCHEDULED AS
\$312.00 UNSECURED
FILED

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(c)(2).

Name of Creditor and Address

03805888077395

O'NEIL RELOCATION
12101 WESTERN AVE
GARDEN GROVE CA 92841 CA 92841

U S B C SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC
03-13057 (RRD)
1075

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving date.

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.

THE AMOUNTS AND NATURE OF YOUR CLAIM 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.

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

Creditor Telephone Number (714) 902-6100

CREDITOR TAX ID #
95-3650685

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
25005-3

Check here replace or amend a previously filed claim dated _____
of this claim replace or amend

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)

REC'D OCT 8 1 2003

2 DATE DEBT WAS INCURRED 1/21/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 312.00 (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 _____

Value of collateral \$ _____

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.

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 United States Bankruptcy Court
TO 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

Allegiance Claim
 01107

DATE SIGNED
10/17/03

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)

Bob Brown Jodi Brown Senior Collector

RECEIVED
OCT 23 2003

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

**CLAIMS PROCESSING CENTER
USBC SDNY 1**



INVOICE

TO SHARED TECHNOLOGIES
 ATTN: ACCOUNTS PAYABLE
 FAIRCHILD TELECOM, INC.
 P.O. BOX 463
 DALLAS, TX 75207

INVOICE # 25005-3
 INVOICE DATE 1/21/03
 P.O. #
 KEN CURTIS
 CUSTOMER #
 SHARED TE
 SALESPERSON

SHIPPER FROM TO
 SHARED TECHNOLOGIES*11AM-12NOO SANTA FE SPRING CA LOS ANGELES CA 145

DESCRIPTION	AMOUNT QUANTITY OR WEIGHT	%	RATE	CHARGES & CREDITS
LOCAL CART 1V/2M 1/9/03	4.00		78.00HR	312.00

VISIT OUR WEBSITE
WWW.ONEILRELOCATION.COM

TOTAL 312.00

REMIT PAYMENT TO
O NEIL RELOCATION
 12101 WESTERN AVE , GARDEN GROVE, CA 92841
 PHONE 714-902-6100 • FAX 714-902-6198
www.oneilrelocation.com

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — NOT NEGOTIABLE

DESIGNATE WITH AN (X)

BY TRUCK FREIGHT

RECEIVED subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading

The property described below in apparent good order except as noted (contents and condition of packages unknown) marked consigned and destined as indicated below which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination. If on its route otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official Southern Western and Illinois Freight Classifications in effect on the date hereof if this is a rail or rail water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.



Cal P U C T 137514

SLS # 145 TYPE 5

() Corp Office 12101 Western Ave Garden Grove CA 92841
714/902 6100 800/776-6345

X
() San Jose CA 890 Service St 95112 Ph 408/487-1700 800/800 6880

PLEASE REFER TO THIS NUMBER
IN ANY CORRESPONDENCE

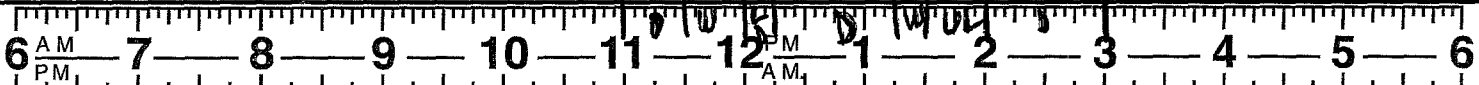
35005-3

TX DOT#00549752C

() Dallas, Texas 3102 Miller Park S , Garland, TX 75042
972/485-0999 800/322-6083

P U DATE 1/09/03 PHONE # _____ DEL DATE 1/09/03 PHONE # _____
FROM: SHARED TECHNOLOGIES*11AM-12NOO
 9041 DICE RD, STE 21
 V&2B-TL W/LGTE, PL JK
 SANTA FE SPRING CA 90670
TO: TENANT HEALTHCARE ***2PM***
 11620 WILSHIRE BLVD/10TH FLR
 FREIGHT ELEVATOR-YES
 LOS ANGELES CA 90025

CONTACT See Below for Contact Name/# CONTACT See Below for Contact Name/#



"These charges include (1) fees to pay for regulation of transportation companies by the California Public Utilities Commission and (2) taxes paid to California cities instead of excise or business license taxes they could otherwise impose"

HUNDREDWEIGHT RATE	AQ	B/P	B/P	B/P	B/P	HOURLY RATE	Min Chg	Hour	ADDITIONAL HELPERS IF REQUESTED
(Between Points Named)		1000 lbs	2000 lbs	5000 lbs	8000 lbs	Van and	Men \$	Per Hr	MINIMUM CHG AT \$ PER MAN PER HR
Min Wgt	Miles					1	2	4 HRS	

BILL TO SHARED TECHNOLOGIES **1PO #KEN CURTIS** **2**

NO PACKAGES	DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	* WEIGHT (SUBJ TO CORR.)	CLASS OR RATE	CHECK COLUMN	Subject to Section 7 of conditions of applicable bill of lading if this shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges Per _____ (Signature of Consignor) If charges are to be prepaid write or stamp here To be Prepaid Received \$ _____ to apply in prepayment of the charges on the property described hereon Agent or Cashier Per _____ (The signature here acknowledges only the amount prepaid) Charges Advanced \$ _____
	Freight all kinds as described in item 150				
	V&2STRAIGHT TRK W/LFTGATE, PALLET JK, BIG RED, 4-WHLR**MUST DEL 2PM**FREIGHT ELEVATOR RESERVED (3)PALLET*MUST INVENTORY, PAD WRAP, SECURE IN VAN. ALL PAPWRK MUST BE SIGNED..				
	#1: RENO CURTIS Contact/Phone # <u>562-906-4650</u>				
	#2: STR TK, LIFTGATE **V&2**				
	Destination Contact/Phone #				
	#1: BERNIE 818-510-1881				
	#2: ANDY 310-342-3359				
TOTAL PIECES	<u>562</u>				

THE AGREED OR DECLARED VALUE OF THE PROPERTY IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING \$5 00 PER POUND PER ARTICLE

O'NEIL RELOCATION

RECEIVER - PLEASE CHECK CONDITION AND PIECE COUNT BEFORE SIGNING

SHIPPER'S SIGNATURE [Signature] DRIVER [Signature] DRIVER [Signature]
 PERMANENT POSTOFFICE ADDRESS OF SHIPPER _____
 VAN NO 743-6B VAN NO 562-2

RECEIVED BY [Signature]
 DATE 1-9-03

* If the shipment moves between two ports by a carrier by water the law requires that the bill of lading shall state whether it is carrier's or shipper's weight
 NOTE — Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property

ELECTRONIC DESCRIPTIVE INVENTORY

CONTRACTOR OR CARRIER: U/VL
 TAG COLOR: O'NEIL
 NOS: RELEX
 THRU:
 PAGE NO: 1
 NO OF PAGES: 1
 CARRIER'S REFERENCE NO:
 CONTRACT OR GBL NO: 25005-3
 GOVT SERVICE ORDER NO:
 ORIGIN LOADING ADDRESS: 9041 DICE ROAD STE 21
 CITY: SFS
 STATE: CA 90670
 DESTINATION: 11670 WILSHIRE BLVD
 CITY: LA
 STATE: CA 90025
 VAN NUMBER: 562-2
 LOCATION SYMBOLS:
 1 ARM 7 REAR
 2 BOTTOM 8 RIGHT
 3 CORNER 9 SIDE
 4 FRONT 10 TOP
 5 LEFT 11 VENEER
 6 LEGS 12 EDGE

- EXCEPTION SYMBOLS
- BE BENT
 - BR BROKEN
 - BU BURNED
 - CH CHIPPED
 - CU CONTENTS & CONDITION UNKNOWN
 - D DENTED
 - F FADED
 - G GOUGED
 - L LOOSE
 - M MARRED
 - MI MIL DEW
 - MO MOTHEATEN
 - R RUBBED
 - RU RUSTED
 - SC SCRATCHED
 - SH SHORT
 - SO SOILED
 - T TORN
 - W BADLY WORN
 - Z CRACKED

NOTE THE OMISSION OF THESE SYMBOLS INDICATES GOOD CONDITION EXCEPT FOR NORMAL WEAR

ITEM NO	CR REF	ARTICLES	CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
		1 SM PALLET	MANUF. CRATE, CU,	
		1 SM PALLET	MANUF CRATE, CU	
		1 SM PALLET	MANUF CRATE CU	

DRIVER ID	VAN NO	P/U DATE	FROM	TO	AGENT W/HSE	SET-OFF/SIT	AUTHORIZED BY

WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED 1 TO _____ INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE GOODS TENDERED AND OF THE STATE OF THE GOODS RECEIVED

WARNING

BEFORE SIGNING - CHECK SHIPMENT COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE

AT ORIGIN: CONTRACTOR/CARRIER OR REPRESENTATIVE (DRIVER) [Signature] 743-68 DATE 1/19/03
 OWNER OR AUTHORIZED AGENT [Signature] DATE 1/19/03

AT DESTINATION: CONTRACTOR/CARRIER OR REPRESENTATIVE (DRIVER) [Signature] 743-68 DATE 1/19/03
 OWNER OR AUTHORIZED AGENT [Signature] DATE 1/19/03