

REC'D OCT 31 2003

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor <u>Shared Technologies Allegiance, Inc.</u>	Case Number <u>03-13108</u>	FILED SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC <u>03-13108-57 (RRD)</u> 1106 THIS SPACE IS FOR COURT USE ONLY
- 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.		
Name of Creditor (The person or other entity to whom the debtor owes money or property). <u>TelePro Unlimited</u>	<input type="checkbox"/> 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. <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 <u>Claudia Woodruff</u> <u>8730 E. Weldon Ave.</u> <u>Scottsdale, AZ 85251</u> Telephone number _____	Account or other number by which creditor identifies debtor <u>Shared Technologies</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated <u>8/20/03</u> <input checked="" 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>Travel Expenses</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from <u>April 28 2003</u> to <u>May 15 2003</u> (date) (date)		
2. Date debt was incurred: <u>May 12</u> <u>May 26</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>6834.52</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, 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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 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 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. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 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.
7. Credits: 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 Allegiance Claim 01138 RECEIVED OCT 24 2003 CLAIMS PROCESSING CENTER USBC SDNY
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>10/13/03</u>	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) <u>Claudia Woodruff-Owner</u>	
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 and 3571		

May 12 2003

George Moore
Shared Technologies
2850 S 36th St, Suite 1
Phoenix, AZ 85034

Re Invoice 03-05-01

The following invoice information is for Database work at Southern Illinois University

<u>DATE</u>	<u>JOB</u>	<u>HOURS</u>	<u>RATE</u>		<u>AMOUNT</u>
4/28 thru	SIU	92 00	\$45 00	\$	4,140 00
5/9/03				\$	-
				\$	-
EXPENSES					
		Hotel		\$	732 49
		Rental Car		\$	302 80
		Air		\$	318 00
		Food/Gas		\$	175 00
		TOTAL AMOUNT DUE		\$	5,668.29

Payment Due Upon Receipt



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Account: 134190

Date 05/09/03

Page 2 of 2

Room 126 S3A

Arrival Date 04/28/03 17 37

Departure Date 05/09/03 06 33

Frequent Traveler ID

You were checked out by AG

You were checked in by NP

WOODRUFF CLAUDIA

SCOTTSDALE AZ 85251

Post Date	Description	Comment	Amount
05/07/03	ROOM CHARGE	#126 WOODRUFF, CLAUDIA	59 99
05/07/03	STATE TAX	STATE TAX	3 60
05/07/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3 00
05/08/03	ROOM CHARGE	#126 WOODRUFF CLAUDIA	59 99
05/08/03	STATE TAX	STATE TAX	3 60
05/08/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3 00
05/09/03	VISA PAYMENT	VISA PAYMENT Acct XXXXXXXXXXXXX7251 Exp 08/05	-732 49
Balance Due			0 00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Room 126

Arrival Date 04/28/03

Departure Date 05/09/03

Account 134190

Frequent Traveler ID

Merchant Number 123456789

Approval Number

Card Type VI

Date 5/9/03

Card Number XXXXXXXXXXXXX7251

Credit Card Expiration 08/05

Total 732 49

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement

CLAUDIA WOODRUFF

SCOTTSDALE, AZ 85251

x _____



TRANSACTION RECORD

RENTAL NUMBER	CAR NUMBER	CAR GROUP
776371584	2635080	B

WOODRUFF, CLAUDIA
WIZ = VT103N
CV - CAXXXXXXXXXXXXX1006
FTN AD/LEB5378 23

* OUT STL 28APR03/1505 MI = 7229	* Please check your car for personal effects
IN STL 09MAY03/1455 MI = 7771	
542 MI@ 00 =	
HR@ 11 67 =	
4 DY@ 25 14 = 100 56	
1 WK@ 175 99 = 175 99	
DISCOUNT 19 5 = 54 01	
*\$ 90/DAY FEE = 9 90	
ONE WAY FEE/MISC =	
**11 11% FEE = 24 72	
TAXABLE SUBTOT = 257 16	
TAX 7 325% = 18 84	
FUEL SERVICE = 26 80	
LDW =	

TOTAL CHARGES = 302 80
**CONCESSION RECOVERY FEE
*REIMB PROP TAX/TITLE/REG
FF MLS/PNTS EARNED 550

Thank you for renting from Avis
We value your business Have a safe trip

From: web master@americawest com <web master@americawest com>
To: CLAUDIAW@azboss net <CLAUDIAW@azboss net>
Date: Thursday, April 17, 2003 8 51 AM
Subject: Confirmation Receipt

RESERVATION CONFIRMATION

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CURRENT RESERVATION

Your E-Ticket was issued
This is a copy of your current reservation and has no cash value
Assigned seats are subject to change

Confirmation Number TZOGTM
Issued 17 APR 03
Form of Payment American Express XXXX XXXXXXXXX1006

Name(s) of people traveling
Passenger # 1 CLAUDIA WOODRUFF
Ticket Number 40121500371654
FlightFund Number 00125679126
Seat Assigned 17E15A

Base Fare \$277 22 USD
Tax \$20 78
PFC \$20 00
Total Fare \$318 00 USD

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ITINERARY

4/17/03

Page 2 of 3

Flight 158
Date Monday, Apr 28
Depart Phoenix, AZ(PHX)
Time 918A
Arrive St Louis, MO(STL)
Time 216P
Cabin Coach

Flight 663
Date Friday, May 09
Depart St Louis, MO(STL)
Time 440P
Arrive Phoenix, AZ(PHX)
Time 601P



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Account: 134191
Date 05/23/03
Page 1 of 2
Room 116 RACK
Arrival Date 05/12/03 17 06
Departure Date 05/23/03 06 32
Frequent Traveler ID

You were checked out by AG
You were checked in by AG

WOODRUFF, CLAUDIA

SCOTTSDALE, AZ 85251

Post Date	Description	Comment	Amount
05/12/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/12/03	STATE TAX	STATE TAX	3.60
05/12/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/13/03	ROOM CHARGE	#116 WOODRUFF CLAUDIA	59.99
05/13/03	STATE TAX	STATE TAX	3.60
05/13/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/14/03	ROOM CHARGE	#116 WOODRUFF CLAUDIA	59.99
05/14/03	STATE TAX	STATE TAX	3.60
05/14/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/15/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/15/03	STATE TAX	STATE TAX	3.60
05/15/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/16/03	ROOM CHARGE	#116 WOODRUFF CLAUDIA	59.99
05/16/03	STATE TAX	STATE TAX	3.60
05/16/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/17/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/17/03	STATE TAX	STATE TAX	3.60
05/17/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/18/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/18/03	STATE TAX	STATE TAX	3.60
05/18/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/19/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/19/03	STATE TAX	STATE TAX	3.60
05/19/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00
05/20/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59.99
05/20/03	STATE TAX	STATE TAX	3.60
05/20/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3.00



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Room: 116
Arrival Date 05/12/03
Departure Date 05/23/03
Account: 134191
Frequent Traveler ID

Merchant Number 123456789
Approval Number
Card Type AX
Date 5/23/03
Card Number XXXXXXXXXXXX1006
Credit Card Expiration 03/06
Total 732.49

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement

CLAUDIA WOODRUFF

SCOTTSDALE, AZ 85251

x _____



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Account: 134191

Date 05/23/03

Page 2 of 2

Room 116 RACK

Arrival Date 05/12/03 17 06

Departure Date 05/23/03 06 32

Frequent Traveler ID

You were checked out by AG

You were checked in by AG

WOODRUFF, CLAUDIA

SCOTTSDALE, AZ 85251

Post Date	Description	Comment	Amount
05/21/03	ROOM CHARGE	#116 WOODRUFF CLAUDIA	59 99
05/21/03	STATE TAX	STATE TAX	3 60
05/21/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3 00
05/22/03	ROOM CHARGE	#116 WOODRUFF, CLAUDIA	59 99
05/22/03	STATE TAX	STATE TAX	3 60
05/22/03	CITY/COUNTY TAX	CITY/COUNTY TAX	3 00
05/23/03	AMERICAN EXPRESS	AMERICAN EXPRESS Acct. XXXXXXXXXXXX1006 Exp 03/06	-732 49
Balance Due			0 00

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement

x _____



COMFORT INN CARBONDALE

1415 EAST MAIN ST
CARBONDALE, IL 62901
(618) 549-4244

Room 116

Arrival Date 05/12/03

Departure Date 05/23/03

Account: 134191

Frequent Traveler ID

Merchant Number 123456789

Approval Number

Card Type AX

Date 5/23/03

Card Number XXXXXXXXXXXX1006

Credit Card Expiration 03/06

Total 732 49

If payment by credit card, I agree to pay the above total charge amount according to the card issuer agreement.

CLAUDIA WOODRUFF

SCOTTSDALE, AZ 85251

x _____



TRANSACTION RECORD

RENTAL NUMBER CAR NUMBER CAR GROUP
776434363 5887140 E

WOODRUFF, CLAUDIA
WIZ = VT103N
CV - CAXXXXXXXXXXXXX1006
FTN AD/LEB5378 2K

* Please check your car for personal effects * * Please check your car for personal effects *

OUT STL 12MAY03/1439 MI =	15688
IN STL 23MAY03/1406 MI =	16008
320 MIE 00 =	
HRE 15 67 =	
4 DYE 39 16 =	156 64
1 WKE 234 99 =	234 99
DISCOUNT 10 0 =	39 16
*\$ 90/DAY FEE =	9 90
ONE WAY FEE/MISC =	
**11 11% FEE =	39 16
TAXABLE SUBTOT =	401 53
TAX 7 325% =	29 41
FUEL SERVICE =	
LDW =	

TOTAL CHARGES = 430 94
**CONCESSION RECOVERY FEE
*REIMB PROP TAX/TITLE/REG
FF MLS/PNTS EARNED 550

Thank you for renting from Avis
We value your business Have a safe trip

From: web master@americawest.com <web master@americawest.com>
To: CLAUDIAW@azboss.net <CLAUDIAW@azboss.net>
Date: Saturday, April 26, 2003 10 01 AM
Subject: Confirmation Receipt

RESERVATION CONFIRMATION

CURRENT RESERVATION

Your E-Ticket was issued
This is a copy of your current reservation and has no cash value
Assigned seats are subject to change

Confirmation Number UVALZU
Issued 26 APR 03
Form of Payment: American Express XXXX XXXXXXXX1006

Name(s) of people traveling:
Passenger # 1 CLAUDIA WOODRUFF
Ticket Number 40121501790823
FlightFund Number 00125679126
Seat Assigned 22A11D

Base Fare \$221 40 USD
Tax \$16 60
PFC \$20 00
Total Fare \$258 00 USD

ITINERARY

Flight 158
Date: Monday, May 12
Depart: Phoenix, AZ(PHX)
Time: 918A
Arrive St Louis, MO(STL)
Time 216P
Cabin Coach

Flight: 663
Date: Friday, May 23
Depart: St Louis, MO(STL)
Time 440P
Arrive Phoenix, AZ(PHX)
Time: 601P
Cabin Coach