


UNITED STATES BANKRUPTCY COURT		DISTRICT OF NEW YORK	<b>PROOF OF CLAIM</b>
Name of Debtor <b>Allegiance Telecom Service Corporation</b>		Case Number <b>03-13103</b>	
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) <b>Gardere Wynne Sewell LLP</b>		FILED <b>U S B C SOUTHERN DISTRICT OF NEW YORK</b> <b>ALLEGIANCE TELECOM, INC</b> <b>03-13057 (RRD)</b> 1112 THIS SPACE IS FOR COURT USE ONLY	
Name and address where notices should be sent <b>3000 Thanksgiving Tower</b> 1601 Elm Street Suite 3000 Dallas Texas 75201-4761 <b>Attn David Snodgrass</b>		<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	
Account or other number by which creditor identifies debtor <b>#123643</b>		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____	
<b>1 Basis for Claim</b> <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"/> 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 ___ March 2003 ___ to ___ June 2003 ___ (date) (date)	
Date debt was incurred <b>March 2003</b>		<b>2</b> If court judgment date obtained	
<b>3 Total amount of claim at time case filed</b> 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		<b>\$1,592 60</b>	
<b>4 Secured Claim</b> <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 \$ _____		<b>5 Unsecured Priority Claim</b> <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)(_____)	
<b>6 Credits</b> 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  01144 O C T 2 7 2 0 0 3 CLAIMS PROCESSING CENTER USBC SDNY	
<b>7 Supporting Documents</b> 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			
<b>8 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
Date <b>10-24-03</b>	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) <b>DAVID D. SNODGRASS</b> <i>David Snodgrass</i>		

REC'D OCT 31 2003

Gardere Wynne Sewell LLP  
#123643-Allegiance Telecom, Inc  
Statement of Account  
At October 22, 2003  
Case #03-13057 (rdd)

**Matter #2-Hehner, Ingo**

Date	Invoice #	Fees	Costs	Total
5/13/2003	634408	\$800 00	\$42 06	\$842 06
6/10/2003	638356	\$647 00	\$57 54	\$704 54
<b>Matter Sub-Total</b>		<b>\$1,447 00</b>	<b>\$99 60</b>	<b>\$1,546 60</b>

**Matter #4-General Immigration**

Date	Invoice #	Fees	Costs	Total
4/30/2003	630148	\$46 00	\$0 00	\$46 00
<b>Matter Sub-Total</b>		<b>\$46 00</b>	<b>\$0 00</b>	<b>\$46 00</b>

**Total**

**\$1,592 60**