

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



CRDID 94415

In re *ALLEGIANCE TELECOM, INC., et al,*
Services Provided.
Insufficient Ch. return.

Case Number
03-13057 (RDD)

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.

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

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

Name of Creditor and Address



03805890094415

HUBBARD TELEPHONE CONTRACTORS INC
PO Box 659
MURPHY NC 28906

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.

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

1037

REC'D OCT 31 2003

Creditor Telephone Number ()

CREDITOR TAX ID #

56-1246918

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

SR#0407030012

Check here replaces or amends a previously filed claim dated _____

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)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

\$ **510.00** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **510.00** (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 4:00 p.m., October 1, 2003, Eastern Daylight Time.

BY MAIL TO United States Bankruptcy Court
re Allegiance Telecom Inc et al
P O Box 95 Bowling Green Station
New York, NY 10274

BY HAND OR OVERNIGHT DELIVERY TO Clerk of the United States Bankruptcy Court
re Allegiance Telecom, Inc et al
One Bowling Green 6th Floor
New York NY 10004-11408

DATE SIGNED

10-15-03

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)

Hubbard Telephone Contractors Inc

THIS SPACE FOR COURT USE ONLY
OCT 21 2003
CLAIMS PROCESSING CENTER
USDC SDNY



01182

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 3571

See Other Side For Instructions

UNITED COMMUNITY BANK
P O BOX 800
MURPHY NC 28906
PHONE: 828-837-9291

002 04 000



HUBBARD TELEPHONE CONTRACTORS
PO BOX 659
MURPHY NC 28906-0659

ACCOUNT: 111764

AS OF: 05/27/03

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* NOTICE OF CHARGED BACK ITEMS *
*

THE FOLLOWING ITEMS HAVE BEEN RETURNED

PAYOR	REASON	AMOUNT
ALLEGIANCE TELECOM	REFER TO MAKER	510 00

TOTAL ITEMS CHARGED BACK TO YOUR ACCOUNT 510.00
YOUR ACCOUNT BALANCE AFTER THIS ACTIVITY IS: 6,079.86
CONTACT CUSTOMER SERVICE IF YOU HAVE ANY QUESTIONS

