

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

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS
\$3 29 UNSECURED CONTINGENT DISPUTED
UNLIQUIDATED
FILED

In re
Coast to Coast Telecommunications, Inc

Case Number
03-13104

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
new address
Gerald McGrain
9021 Bergin Road
Howell MI 48843
*1859 W CLARENCE RD
HARRISAW MI 48625*

U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
ALLEGANCE TELECOM, INC
03-13057 (RRD)
1133
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 *(488) 539 9188*
CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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

1 BASIS FOR CLAIM
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (describe briefly below)
 Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages, salaries and compensation (Fill out below)
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 AT TIME CASE FILED
\$ _____ (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 10271-0095
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

Allegiance Claim
01217

DATE SIGNED
10-19-03

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).
Gerald McGrain

RECEIVED
OCT 27 2003
CLAIMS PROCESSING CENTER
USBC, SDNY

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 STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re X
ALLEGIANCE TELECOM, INC , et al ,

Debtors X

Chapter 11 Case No
03-13057 (RDD)

Jointly Administered

NOTICE OF CORRECTED PROOF OF CLAIM FORM

PLEASE TAKE NOTICE THAT, RECENTLY, YOU SHOULD HAVE RECEIVED A "NOTICE OF BAR DATE," DATED SEPTEMBER 30, 2003, REQUIRING FILING OF PROOFS OF CLAIM ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)** TOGETHER WITH A PROOF OF CLAIM FORM FOR YOUR USE IN FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES THE PROOF OF CLAIM FORM HAD TYPOGRAPHICAL ERRORS INCLUDING THE INCORRECT DATE OF OCTOBER 1, 2003 AS THE DEADLINE TO FILE CLAIMS

ENCLOSED IS THE CORRECT PROOF OF CLAIM YOU SHOULD USE FOR FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES IN ACCORDANCE WITH THE NOTICE OF BAR DATE

IF YOU HAVE ALREADY FILED A PROOF OF CLAIM FORM USING THE INCORRECT FORM AND THIS PROOF OF CLAIM WAS SENT TO ONE OF THE ADDRESSES LISTED BELOW, YOU DO NOT NEED TO FILE THE SAME PROOF OF CLAIM ON THE CORRECT FORM WHICH IS ENCLOSED HEREWITH IF YOU HAVE NOT, PLEASE USE THE ENCLOSED PROOF OF CLAIM FORM

THE NOTICE OF BAR DATE YOU RECEIVED WHICH ACCOMPANIED THE INCORRECT PROOF OF CLAIM FORM IS ACCURATE IN REQUIRING THAT PROOFS OF CLAIM MUST BE FILED ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)**

PROOFS OF CLAIM SHOULD BE SENT BY MAIL OR HAND DELIVERED SO THAT THEY ARE RECEIVED ON OR BEFORE **NOVEMBER 26, 2003, AT 5 00 P M , PREVAILING EASTERN TIME, AS FOLLOWS**

BY MAIL TO United States Bankruptcy Court 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
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IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE, THE FILING OF PROOFS OF CLAIM OR REQUIRE A COPY OF THE NOTICE OF BAR DATE, PLEASE CONTACT THE ALLEGIANCE CLAIMS DOCKETING CENTER, BY CALLING BANKRUPTCY MANAGEMENT CORPORATION, THE DEBTORS' CLAIMS AGENT, AT 1-888-909-0100

ALLEGIANCE TELECOM, INC , ET AL