

Name of Debtor **ALLEGIANCE TELECOM, INC , ET AL** Case Number **031 13073 (RDD) JOINTLY ADMINISTERED UNDER BKY#03-13057(RDD)**

NOTE This form should not be used to make a claim for administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to U.S.C. § 503. **SOUTHERN DISTRICT OF NEW YORK**

Name of Creditor (The person or other entity to whom the debtor owes money or property) **Doug Belden, Hillsborough County Tax Collector** 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. **ALLEGIANCE TELECOM, INC 03-13057 (RRD)**

Name and address where notices should be sent **TAX COLLECTOR, Hillsborough County ATTN Doug Belden 601 E Kennedy Blvd 14th Floor Tampa Florida 33602** Check box if you have never received any notices from the Bankruptcy court in this case. Check box if the address differs from the address on the envelope sent to you by the court. **1225**

Telephone number **(813) 307-6537 FAX (813) 612-6747** This space is for Court Use only. Account or other number by which creditor identifies debtor **42001 1453** Check here Replaces If this claim Amends a previously filed claim dated Date Of First Claim

1 Basis for Claim
 Goods sold Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Services performed Wages salaries and compensation (fill out below)
 Money loaned Your SS # _____
 Personal injury/wrongful death Unpaid compensation for service performed from _____ to _____
X Taxes (Florida Statute 197 122) (date) (date)
 Other

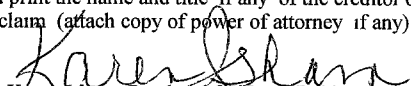
2 Date debt was incurred **January 1, 2003** **3 If court judgement, date obtained**
 Date of Judgement (Delinquent Personal Property)

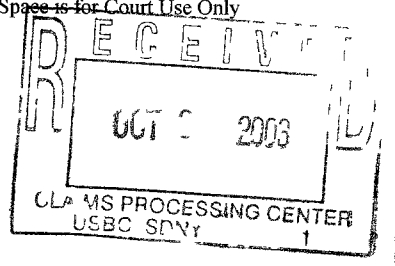
4 Total Amount of Claim at Time Case Filed **\$ 5,003 07**
 If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below
 Check this box if claim includes interest or other charges in addition to the principle amount of the claim
 Attach itemized statement of all interest or additional charges

5 Secured Claim Check this box if your claim is collateral (including a right of setoff)
 Brief Description of Collateral
 Real Estate Motor vehicle
 Other Tangible Personal Property
 Value of Collateral **\$ 200,520**
 Amount of arrearage and other charges at time case filed Included in secured claim if any \$

6 Unsecured Priority Claim
 Check this box if you have an unsecured priority claim
 Amount entitled to priority \$ _____
 Specify the priority of the claim
 Wages salaries or commissions (up to \$4650) *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. **This Space is for Court Use Only**
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 **October 24, 2003** 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)

 Karen Isham Paralegal for Doug Belden Tax Collector



Penalty for presenting fraudulent claim: Fine of up to \$5000 00 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571



HILLSBOROUGH COUNTY NOTICE OF TANGIBLE PERSONAL PROPERTY TAXES

2003

P/M ID 1424273

FOLIO NO. 42001-1453

TAX DISTRICT TAH

TAXING AUTHORITY	ASSESSED VALUE	EXEMPTION	TAXABLE VALUE	MILLAGE RATE (DOLLARS PER \$1000 OF TAXABLE VALUE)	TAX AMOUNT
COUNTY OPERATING	200520	0	200520	7 18770	1 441 28
ENVIRONMENTAL LAND	200520	0	200520	0 10450	20 95
LIBRARY-SERVICE	200520	0	200520	0 64230	128 79
SCHOOL I-SF	200520	0	200520	0 21000	42 11
SCHOOL - LOCAL	200520	0	200520	2 69300	540 00
SCHOOL - STATE	200520	0	200520	5 57700	1 118 30
PORT AUTHORITY	200520	0	200520	0 29000	58 15
HILLS CO TRANSIT AUTHORITY	200520	0	200520	0 50000	100 26
CHILDRENS BOARD	200520	0	200520	0 50000	100 26
WATER MANAGEMENT	200520	0	200520	0 42200	84 62
WATER MANAGEMENT H	200520	0	200520	0 28500	57 15
TAMPA CITY	200520	0	200520	6 53900	1,311 20

TOTAL MILLAGE 24 95050 AD VALOREM TAXES 5,003 07

OWNER NAME(S)
ALLEGIANCE TELECOM OF FLORIDA

Bankruptcy Number
BKY#03-13057

COMBINED TAXES & ASSESSMENTS 5,003 07

LEGAL DESC.
8502 N ASHLEY ST

If paying by mail Please detach and return bottom part with your payment

HILLSBOROUGH COUNTY NOTICE OF TANGIBLE PERSONAL PROPERTY TAXES

Amount - If Paid by

PROP ID 1424273

Tax Year 2003

Payable in US Funds	4,802 95	Nov 30 03
	4,852 98	Dec 31 03
	4,903 01	Jan 31 04
	4,953 04	Feb 29 04
	5,003 07	Mar 31 04
	5,080 12	Delinquent Apr 30 04

ASSESSED VALUES		MILLAGE CODE	FOLIO NO.
TOTAL	200520	TAH	42001-1453

8502 N ASHLEY ST

ALLEGIANCE TELECOM OF FLORIDA INC
9201 N CENTRAL EXPY
DALLAS TX 75231-5916

DOUG BELDEN TAX COLLECTOR
601 E KENNEDY BLVD 14TH FLOOR
TAMPA FL 33602-4931

Bankruptcy Number
BKY#03-13057

0002 04200114538 0005003074