

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

PROOF OF CLAIM



s5018

In re
Allegiance Telecom of New Jersey, Inc

Case Number
03-13084

YOUR CLAIM IS SCHEDULED AS

\$621 33 UNSECURED CONTINGENT
DISPUTED UNLIQUIDATED

FILED

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. §

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

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

**U.S. B.C. SOUTHERN DISTRICT OF NEW YORK
ALLEGIANTELECOM, INC
03-13057 (RRD)**

1255

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.

Name of Creditor and Address

03805888086344

MODULAR DEVICES
22 PARK PL
BUTLER NJ 07405

Creditor Telephone Number ()

CREDITOR TAX I D #

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 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 below)

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 12/01 - 4/02

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 676.27 (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.

REC'D NOV 11 2003

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
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
01295

RECEIVED

NOV 3 2003

CLAIMS PROCESSING CENTER
USBC SONY 1

DATE SIGNED 10/24/03

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):
Marcia Abo - President

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

INSTRUCTIONS FOR FILING PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances such as bankruptcy cases that are not filed voluntarily by a debtor there may be exceptions to the general rules.

DEFINITIONS

DEBTOR

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court appointed Claims Agent, Bankruptcy Management Corporation at the address listed on the reverse side of this page.

SECURED CLAIM

A claim is a secured claim to the extent that the creditor has a lien on the property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before a bankruptcy case began, in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also Unsecured Claim.)

UNSECURED CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number

Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, Bankruptcy Management Corporation, all of this information is near the top of the notice. A complete list of Debtors with corresponding case numbers was attached to the Notice of Bar Date dated September 30, 2003. If you have a claim, you must file a proof of claim against the specific Debtor against whom your claim is asserted. If you assert claims against more than one Debtor, you must file a separate proof of claim for each Debtor.

Information about Creditor

If not already accurately pre-printed, complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If (a) anyone else has already filed a proof of claim relating to this debt, (b) if you never received notices from the Claims Agent, Bankruptcy Management Corporation, about this case, (c) if your address differs from that to which the Claims Agent sent this notice, or (d) if this proof of claim replaces or amends a proof of claim that was already filed, check the appropriate boxes on the form.

1 Basis for Claim

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in your social security number and the dates of work for which you were not paid.

2 Date Debt Incurred

Fill in the date when the debt first was owed by the debtor.

3 Court Judgments

If you have a court judgment for this debt, state the date the court entered the judgment.

4 Total Amount of Claim at Time Case Filed

FILL IN THE TOTAL AMOUNT OF THE ENTIRE CLAIM. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

5 Secured Claim

If your claim is a secured claim, check the appropriate boxes in this section. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above.)

6 Unsecured Priority Claim

If your claim is an unsecured priority claim (See DEFINITIONS, above), check the appropriate boxes in this section and state the amount entitled to priority. A claim may be partly priority and partly nonpriority. If, for example, the claim is for more than the amount given priority by the law, check the appropriate place to specify the type of priority claim.

7 Credits

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

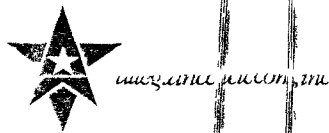
8 Supporting Documents

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

Please read – important information upon completion of this claim form, you are certifying that the statements herein are true.

Be sure to date the claim and place original signature of claimant or person making the claim for creditor where indicated at the bottom of the claim form. Please type or print name of individual under the signature. Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

Return claim form and attachments, if any, and a second copy with any attachments to the Allegiance Claims Docketing Center at the address on the front of this form.



04498 286804 04 0384
 MODULAR DEVICES
 22 PARK PL
 N/A
 BUTLER NJ 07405

P A I D
 CK. NO. 17463
 DATE 4/15/02

Allegiance Telecom of New Jersey, Inc
 1950 Stemmons Expressway
 Suite 3026
 Dallas TX 75207
 (214) 853-7110 Fax
 For Billing Inquiries, please contact
 customer service at (800) 553-1989

BILLING DATE 03/31/2002
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020403010387

ACCOUNT STATUS

PREVIOUS BALANCE	676 27
PAYMENTS APPLIED THROUGH 03/31/2002	(474 99)
ADJUSTMENTS	0 00
PAST DUE	201 28

SUMMARY OF CURRENT CHARGES

USAGE CHARGES		
LOCAL		35 54
LATA TOLL*		0 00
1+ OUTBOUND**		0 00
8XX INBOUND		0 00
CALLING CARD		0 00
INTERNATIONAL		0 00
DIRECTORY ASSISTANCE		0 00
MONTHLY RECURRING AND NON-RECURRING CHARGES		114 38
LATE PAYMENT CHARGES		0 00
TAXES, FEES AND OTHER ASSESSMENTS		17 43
VOLUME DISCOUNTS		(1 78)
TOTAL CURRENT CHARGES	165 57	165 57
TOTAL AMOUNT DUE		366 85

If you have any questions concerning this invoice or about available features please call customer service at (800) 553 1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled Monthly Recurring and Non-Recurring Charges for carrier informat on

Detach and mail this section with your check made payable to Allegiance Telecom of New Jersey, Inc for the amount due

MODULAR DEVICES
 22 PARK PL
 N/A
 BUTLER NJ 07405

Make Checks Payable to
Allegiance Telecom of New Jersey, Inc
P O Box 844870
Dallas, TX 75284-4870

BILLING DATE 03/31/2002
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020403010387
PAYMENT DUE BY 04/30/2002
TOTAL AMOUNT DUE 366 85





Allegiance Telecom of New Jersey, Inc

1950 Stemmons Expressway

Suite 3026

Dallas, TX 75207

(214) 853-7110 Fax

For Billing Inquiries, please contact
customer service at (800) 553-1989

04919 281726 04 0425
MODULAR DEVICES
22 PARK PL
N/A
BUTLER NJ 07405

Handwritten: NY 37
3/26/02
DA _____

BILLING DATE 02/28/2002
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020303083534

ACCOUNT STATUS

PREVIOUS BALANCE
PAYMENTS APPLIED THROUGH 02/28/2002
ADJUSTMENTS

Handwritten: Paid twice
352 16
0 00
0 00

352 16

PAST DUE

SUMMARY OF CURRENT CHARGES

USAGE CHARGES

LOCAL 14 49
LATA TOLL* 0 00
1+ OUTBOUND** 12 05
8XX INBOUND 62 73
CALLING CARD 0 00
INTERNATIONAL 0 79
DIRECTORY ASSISTANCE 0 00

MONTHLY RECURRING AND NON-RECURRING CHARGES 202 56

LATE PAYMENT CHARGES 0 00

TAXES, FEES AND OTHER ASSESSMENTS 32 21

VOLUME DISCOUNTS (0 72)

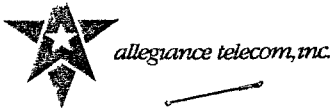
*Please see section labeled 'Monthly Recurring and Non-Recurring Charges for LATA Carrier Information

**Please see section labeled 'Monthly Recurring and Non-Recurring Charges for LD Carrier Information

TOTAL CURRENT CHARGES 324 11 324 11

TOTAL AMOUNT DUE 676 27

Local Service provided by Allegiance Telecom of New Jersey, Inc
(973) 492-2724
Local Number Portability 02/01/2002 02/28/2002 0 33
Pic Change Charge - Interlata 02/07/2002 02/07/2002 5 00
Pic Change Charge - Intralata 02/07/2002 02/07/2002 5 00
Business Line 03/01/2002 03/31/2002 6 46
FCC Subscriber Charge 03/01/2002 03/31/2002 5 99



Allegiance Telecom of New Jersey, Inc
 1950 Stemmons Expressway
 Suite 3020
 Dallas, TX 75207
 (214) 853-7110 Fax
 For Billing Inquiries, please contact
 customer service at (800) 553-1989

6 155 7 5 34 003
 MODULAR DEVICES
 22 PARK PL
 N/A
 BUTLER NJ 07405

BILLING DATE 01/31/2002
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020202058862

ACCOUNT STATUS

PREVIOUS BALANCE	458.44
PAYMENTS APPLIED THROUGH 01/31/2002	(458.44)
ADJUSTMENTS	0.00
PAST DUE	<u>0.00</u>

SUMMARY OF CURRENT CHARGES

USAGE CHARGES	
LOCAL	0.00
LATA TOLL*	0.00
1+ OUTBOUND**	42.39
8XX INBOUND	76.60
CALLING CARD	0.00
INTERNATIONAL	68.19
DIRECTORY ASSISTANCE	0.60
MONTHLY RECURRING AND NON-RECURRING CHARGES	121.06
LATE PAYMENT CHARGES	0.00
TAXES, FEES AND OTHER ASSESSMENTS	43.32

*Please see section labeled Monthly Recurring and Non-Recurring Charges for LATA Carrier Information
 **Please see section labeled Monthly Recurring and Non-Recurring Charges for LD Carrier Information

TOTAL CURRENT CHARGES	352.16	<u>352.16</u>
TOTAL AMOUNT DUE		352.16

PAID
 CK. NO. 17407
 DATE 3/5/02

If you have any questions concerning this invoice or about available features please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled Monthly Recurring and Non-Recurring Charges for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of New Jersey, Inc for the amount due

MODULAR DEVICES
 22 PARK PL
 N/A
 BUTLER NJ 07405

Make Checks Payable to
Allegiance Telecom of New Jersey, Inc
P O Box 844870
Dallas, TX 75284-4870

BILLING DATE 01/31/2002
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020202058862
PAYMENT DUE BY 03/02/2002
TOTAL AMOUNT DUE 352.16





Allegiance Telecom of New Jersey, Inc

1950 StemmonsExpress way

Suite 2025

Dallas, TX 75207

(214) 853-7110 Fax

For Billing Inquiries, please contact
customer service at (800) 553-1989

PAID

CK. NO 17362
DATE 11/21/02

MODULAR DEVICES
22 PARK PL
N/A
BUTLER NJ 07405

BILLING DATE 12/31/2001
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 020103046321

ACCOUNT STATUS

PREVIOUS BALANCE 280 17
PAYMENTS APPLIED THROUGH 12/31/2001 0 00
ADJUSTMENTS 0 00

PAST DUE

280 17

SUMMARY OF CURRENT CHARGES

USAGE CHARGES

LOCAL 0 00
LATA TOLL* 0 00
1+ OUTBOUND** 25 04
8XX INBOUND 5 01
CALLING CARD 0 00
INTERNATIONAL 5 22
DIRECTORY ASSISTANCE 0 00

MONTHLY RECURRING AND NON-RECURRING CHARGES 122 83

LATE PAYMENT CHARGES 0 00

TAXES, FEES AND OTHER ASSESSMENTS 20 17

*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LATA Carrier Information

**Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LD Carrier Information

TOTAL CURRENT CHARGES 178 27 178.27

TOTAL AMOUNT DUE 458 44

*pd 11/21/02
ck #17337*



Allegiance Telecom of New Jersey Inc

1950 Stemmons Expressway

Suite 3026

Dallas, TX 75207

(214) 852-7110

For Billing Inquiries please contact
customer service at (800) 553-1989

MODULAR DEVICES
22 PARK PL
N/A
BUTLER, NJ 07405

BILLING DATE 11/30/2001
ACCOUNT NUMBER 002380584448
INVOICE NUMBER 011202037417

ACCOUNT STATUS

PREVIOUS BALANCE 0 00
PAYMENTS APPLIED THROUGH 11/30/2001 0 00
ADJUSTMENTS 0 00

PAST DUE 0 00

SUMMARY OF CURRENT CHARGES

USAGE CHARGES

LOCAL 0 00
LATA TOLL* 0 00
1+ OUTBOUND** 21 71
8XX INBOUND 0 00
CALLING CARD 0 00
INTERNATIONAL 4 65
DIRECTORY ASSISTANCE 0 00

PAID
CK. NO. 17337
DATE 1/2/02

MONTHLY RECURRING AND NON-RECURRING CHARGES 229 69

LATE PAYMENT CHARGES 0 00

TAXES, FEES AND OTHER ASSESSMENTS 24 12

*Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LATA Carrier Information

**Please see section labeled "Monthly Recurring and Non-Recurring Charges" for LD Carrier Information

TOTAL CURRENT CHARGES 280 17 280 17

TOTAL AMOUNT DUE 280 17

We Paid phone bills totaling
197655
and the total of bills included
130028

197655
130028
67627 refund due us

If you need further information,
please contact me

Thank you
Carol Freund
Modular Devices

800-292-2201