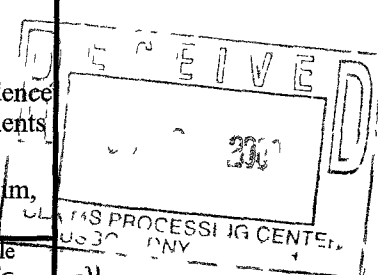


UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Allegiance Telecom, Inc		Case Number 03-13057 (RDD)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Cede & Co. Part # 793 Lorraine Cromwell & Candy Moody		FILED U.S. DISTRICT COURT OF NEW YORK SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (RDD) 1260 REC'D NOV 11 2003 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent Lorraine Cromwell 1201 Hazel Drive Alton, IL 62002 Telephone number 618/465-1144		
Account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>owner of 400 shs Allegiance Telecom Inc</u>		
2 Date debt was incurred <u>3/6/00, 8/10/00 & 7/24/01 attached see 3</u>		
3 If court judgment, date obtained		
4 Total Amount of Claim at Time Case Filed \$ <u>13,863.13</u> 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		
5 Secured Claim <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 \$ _____		6 Unsecured Priority Claim <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)(____) *Amounts are subject to adjustment on 4/1/04 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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY 
Date <u>10/27/2003</u>	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) <u>Lorraine Cromwell</u> <u>Candy Moody</u>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18



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 One Financial Plaza
 501 North Broadway
 St Louis, MO 63102

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 & Company, Incorporated
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Over a Century of Knowledge and Service

Confirmation
 UPON THE TERMS AND CONDITIONS OF THE
 AGREEMENT PRINTED ON THE BACK HEREOF
 AND NONE OTHER

B YOU BOUGHT S YOU SOLD		DESCRIPTION	PRICE	AMOUNT	INTEREST OR STATE TAX	S E C FEE AND/OR HANDLING	COMMISSION OR CHARGE	NET AMOUNT
B	50	ALLEGIANCE TELECOM INC	989375	494688		350	10500	505538

MEMBER SIPC

ACCOUNT NUMBER	TYPE OF ACCT	TYPE OF TRANS	TRADE DATE	SETTLEMENT DATE
D AT0224763266	1	06	03/06/00	03/09/00

UNSOLICITED

LORRAINE CROMWELL &
 CANDY MOODY JT WROS
 1201 HAZEL DRIVE
 ALTON IL 62002-2769

OFFICE COPY

SYMBOL ALGX

CUSIP NO 01747T-10-2

STIFEL, NICOLAUS**TRADE CONFIRMATION****& Company, Incorporated**

ACCOUNT NUMBER AT02-24763266

ACCOUNT TYPE CASH

INVESTMENT EXECUTIVE DOROTHY JOHNSON
OFFICE 322 STATE STREET
SUITE 100
ALTON IL 62002LORRAINE CROMWELL &
CANDY MOODY JT WROS
1201 HAZEL DRIVE
ALTON IL 62002-2769

TRADE DATE	SECURITY DESCRIPTION	SYMBOL	QUANTITY	PRICE	PRINCIPAL
8/10/00	ALLEGIANCE TELECOM INC	ALGX	150 00000	44 375000	6656 25

CUSIP/SECURITY NUMBER 01747T102
TRANSACTION TYPE 06 (SEE REVERSE SIDE)REMARKS FOR THIS TRANSACTION
UNSOLICITED

COMMISSION	\$151 50
HANDLING FEE	\$3 50
	\$0 00
NET AMOUNT	\$6,811 25

SETTLEMENT DATE 8/15/00

STIFEL, NICOLAUS**& Company, Incorporated**

AMOUNT ENCLOSED \$

- * IF SUFFICIENT FUNDS ARE ALREADY IN YOUR ACCOUNT, NO ACTION IS NECESSARY
- * DETACH AND RETURN THIS DEPOSIT SLIP WITH YOUR CHECK
- * PLEASE NOTE ADDRESS CORRECTIONS ON REVERSE SIDE
- * PLEASE MAKE CHECKS PAYABLE TO STIFEL, NICOLAUS & CO , INC
- * PLEASE RETAIN THIS CONFIRMATION FOR INCOME TAX PURPOSES

STIFEL, NICOLAUS & CO , INC
322 STATE STREET
SUITE 100
ALTON, IL 62002AT02-24763266-1
LORRAINE CROMWELL &
CANDY MOODY JT WROS
1201 HAZEL DRIVE
ALTON IL 62002-2769

STIFEL, NICOLAUS**TRADE CONFIRMATION****& Company, Incorporated**

ACCOUNT NUMBER AT02-24763266

ACCOUNT TYPE CASH

618-463-4697

INVESTMENT EXECUTIVE DOROTHY JOHNSON

OFFICE 322 STATE STREET

SUITE 100

ALTON, IL

62002

LORRAINE CROMWELL &
 CANDY MOODY JT WROS
 1201 HAZEL DRIVE
 ALTON IL 62002-2769

TRADE DATE	SECURITY DESCRIPTION	SYMBOL	QUANTITY PURCHASED	PRICE	PRINCIPAL
7/24/01	ALLEGIANCE TELECOM INC	ALGX	200 00000	11 300000	2260 00

CUSIP/SECURITY NUMBER 01747T102
 TRANSACTION TYPE 06 (SEE REVERSE SIDE)

REMARKS FOR THIS TRANSACTION.

COMMISSION	\$92 55
	\$0 00
	\$0 00
NET AMOUNT	\$2,352 55

SETTLEMENT DATE 7/27/01

STIFEL, NICOLAUS**& Company, Incorporated**

AMOUNT ENCLOSED \$

IF SUFFICIENT FUNDS ARE ALREADY IN YOUR ACCOUNT, NO ACTION IS NECESSARY
 DETACH AND RETURN THIS DEPOSIT SLIP WITH YOUR CHECK
 PLEASE NOTE ADDRESS CORRECTIONS ON REVERSE SIDE
 PLEASE MAKE CHECKS PAYABLE TO STIFEL, NICOLAUS & CO , INC
 PLEASE RETAIN THIS CONFIRMATION FOR INCOME TAX PURPOSES

STIFEL, NICOLAUS & CO , INC
 322 STATE STREET
 SUITE 100
 ALTON, IL 62002

AT02-24763266-1
 LORRAINE CROMWELL &
 CANDY MOODY JT WROS
 1201 HAZEL DRIVE
 ALTON IL 62002-2769