

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM



s1414

In re
Shared Technologies Allegiance, Inc

Case Number
03-13108

YOUR CLAIM IS SCHEDULED AS

\$5 578 31 UNSECURED
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. § 503.

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.

U S B C S O U T H E R N D I S T R I C T O F N E W Y O R K
ALLEGIANTELECOM, INC
03-13057 (RRD)

Name of Creditor and Address

03805888023439

DIGITAL DESIGN
4650 KENNY RDCOLUMBUS OH 43220
COLUMBUS OH 43220

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.

1275
The amounts 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 filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (614) 229 4117
CREDITOR TAX ID #
31-1136913

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

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 1/13/03 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ _____ \$ _____ \$ _____ \$ _____
(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 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

THIS SPACE FOR COURT USE ONLY
RECEIVED
NOV - 3 2003
CLAIMS PROCESSING CENTER
USBC SDNY
Allegiance Claim

DATE SIGNED
10/28/03

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).
Matthew Fisher
Attorney



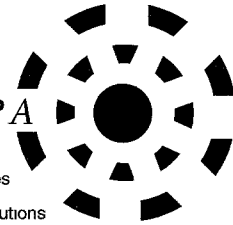
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Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions

Ricketts Co LPA

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Focused on Solutions



J Matthew Fisher, Esq
Direct Dial (614) 229-4117

October 28, 2003

United States Bankruptcy Court
Southern District of New York
Allegiance Claims Docketing Center
Bowling Green Station
PO Box 95
New York, NY 10274-0095

RE *Shared Technologies Allegiance, Inc*
Case No • 03-13108

Dear Sir or Madam

Enclosed please find the original and three copies of the "Proof of Claim" for filing with the Court in the above-referenced case. Please file the original and return a time-stamped copy to me in the enclosed self-addressed postage prepaid envelope.

Very truly yours,

A handwritten signature in black ink, appearing to read 'J Matthew Fisher', with a long horizontal line extending to the right.

J Matthew Fisher, Esq

JMF/lmk
Enclosure
cc Thomas Lewis