

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM

In re **ALLEGIANCE TELECOM, INC, et al** Case Number **03-13057(RRD)**



CRDID 77544

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 you have previously filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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.

FILED
U.S. DISTRICT COURT OF SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
1327
REC'D NOV 11 2003

Name of Creditor and Address

03805890077544

METROPOLITAN TELEPHONE CONTRACTORS INC
1800 HATFIELD RD
HUNTINGTOWN MD 20639

Creditor Telephone Number ()

CREDITOR TAX I.D. #
52-1151469

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replaces or amends 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)

Your social security number _____

Unpaid compensation for services performed from **04/07/03** to **04/11/03**
(date) (date)

2 DATE DEBT WAS INCURRED **04/07/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **3,628.24** (unsecured) \$ _____ (secured) \$ **3,628.24** (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 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

U.S. DISTRICT COURT OF SOUTHERN DISTRICT OF NEW YORK

CLERK'S OFFICE

1000 BOWLING GREEN, NEW YORK, NY 10004-11408

DATE SIGNED
11/05/03

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).
Deborah L. Miller, Sec. DEBORAH L. MILLER, SEC

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



01338

Metropolitan Telephone Contractors,
 1800 Hatfield Road
 Huntingtown, MD 20639-9530

Invoice

DATE	INVOICE #
4/13/2003	230049

BILL TO
Shared Technologies-Allegiance Telcom Attention Accounts Payable 1950 Stemmons Freeway PO Box 463 Dallas, Texas 75207

WORK LOCATION
BeeBe Medical Deleware

P O NO	TERMS	DATE COMPLETED	CONTACT	PHONE
N/A	Net 30	4/11/2003	P Reynolds	240-616-2623

DESCRIPTION	QTY	RATE	AMOUNT
Travel time for 2-men on 4/07/03	4	45 00	180 00
Hours worked on 4 07/03 2-men	12	50 00	600 00
Hours worked on 4/08/03 2-men	16	50 00	800 00
Hours worked on 4/09/03 2-men	16	50 00	800 00
Hours worked on 4/10/03 2-men	16	50 00	800 00
Hours travel time for 2-men (overtime)	4	67 50	270 00
Hotel bill for 2-men	1	178 24	178 24
Out-of-state sale, exempt from sales tax		0 00%	0 00

Total		\$3,628.24
Payments/Credits		\$0 00
Balance Due		\$3 628 24

Office 301 494-3122
 Accounting 301-855-1046
 Fax 410-535-6341