

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

PROOF OF CLAIM



CRDID 61257

In re
ALEGIANCE TELECOM, INC et al,

Case Number
03-13057(RDD)

FILED

U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

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.

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.

**ALEGIANCE TELECOM, INC
03-13057 (RRD)**

1328

REC'D NOV 11 2003

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.

Name of Creditor and Address

03805890061257

METROTELEPHONE CONTRACTORS INC
1800 HATFIELD RD
HUNTINGTOWN MD 20639
HUNTINGTOWN

Creditor Telephone Number ()

CREDITOR TAX ID #
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
 - Services performed
 - Money loaned
 - Personal injury/wrongful death
 - Taxes
 - Other (describe briefly)
 - Retiree benefits as defined in 11 U.S.C. § 1114(a)
 - Wages salaries and compensation (Fill out below)
- Your social security number _____
Unpaid compensation for services performed from **03/25/03** to **03/31/03**
(date) (date)

2 DATE DEBT WAS INCURRED **03/31/03**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **1,064.40** (unsecured) \$ _____ (secured) \$ **1,064.40** (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

NOV - 6 2003

CLAIMS PROCESSING CENTER
JUNY
Allegiance Claim

DATE SIGNED **10-10-03**

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



01339

Metropolitan Telephone Contractors,

1800 Hatfield Road
 Huntingtown, MD 20639-9530

Invoice

DATE	INVOICE #
3/31/2003	230042

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	3/31/2003	P Reynolds	240-616-2623
DESCRIPTION		QTY	RATE	AMOUNT
Travel time for Jason on 3/25/03		2	45 00	90 00
Hours labor to help Mario		6	50 00	300 00
Hours of overtime to Help Mario		3	75 00	225 00
Hotel		1	59 40	59 40
Hours labor to Help Mario On 3/26/03		6	50 00	300 00
Hours of travel time back		2	45 00	90 00
Out-of-state sale, exempt from sales tax			0 00%	0 00
			Total	\$1,064.40

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

Payments/Credits	\$0 00
Balance Due	\$1,064 40