United States Bankruptcy Court	DISTRICT OF PROOF OF CLAIM
Name of Debtor of Indiang allegiance Telecom	Case Number
allegiance Telecom	03-13076
around on (d) it is like on he would be broken a closed for an administrative	c expense arising after the commencement
of the case A "request" for payment of an administrative expense may be	tiled pursuant to It USC \$ 503 FILED
Name of Creditor (The person or other entity to whom the debtor owes	Check hox if you are ayarding TELECOM, INC anyone else has filed a proof of
money or proptry)	claim relating to your claim. Adder RRD)
Bardach awards	copy of statemental 1295
Name and address where notices should be sent	Check box if you have never
	received any notices from the bankruptcy court in this case
Bund Pippi Wephy Center	Check box if the address differs REC'D NOV 1 1 2003
910 Brankippe aile, Indianapalis	from the address on the envelope
Bardach (Wards) Broad Ripper Gruphy Center Broad Ripper auc. Indianafolis Telephone number (311) 257-7444	Sent to you by the court. This Space is for Court Use Only
Account or other number by which creditor identifies debior	Check here
Account of other names by which decides resolution assets	if this claim replaces a previously filed claim dated
	amends
,	
1 Basis for Claim	☐ Retiree benefits as defined in 11 USC § 1114(a)
⊠ Goods sold	☐ Wages, salaries, and compensation (fill out below)
☐ Services performed	Your SS #
 ☐ Money loaned ☐ Personal injury/wrongful death 	Unpaid compensation for services performed
☐ Taxes	
Other	from to(date)
2. Date debt was incurred: 1/21/03	3 If court judgment, date obtained
2. Date debt was incurred: 1/3//03	, July
4. Total Amount of Claim at Time Case Filed:	s
If all or part of your claim is secured or entitled to priority al	so complete Item 5 or 6 below itinon to the principal amount of the claim. Attach itemized statement
If all or part of your claim is secured or entitled to priority all Check this box if claim includes interest or other charges in additional interest or additional charges. 5. Secured Claim	iso complete Item 5 or 6 below dition to the principal amount of the claim. Attach itemized statement 6. Unsecured Priority Claim.
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Invoice 76713

Customer HALLEG

BROAD RIPPLE TROPHY CENTER 910 BROAD RIFPLE AVENUE INDIANAPOLIS, IN 46220 USA

Telephone 317/257-7444

Bill To

ALLEGIANCE TELECOM 9229 DELEGATES ROW, STE 270 INDIANAPOLIS IN 46240 317/574-7742

Ship To:

ALLEGIANCE TELECOM 9229 DELEGATES ROW, STE 270 BUYER LORI FLYNN INDIANAPOLIS, IN 46240 317/574-7742

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