

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF _____		PROOF OF CLAIM
Name of Debtor <i>of Indiana</i> <i>Allegiance Telecom</i>	Case Number <i>03-13076</i>	DISTRICT OF NEW YORK ALLEGIANTE TELECOM, INC RRD) 1295 REC'D NOV 11 2003 THIS SPACE IS FOR COURT USE ONLY
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) <i>Bardach Awards</i>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement in full particulars.	1295 REC'D NOV 11 2003 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <i>Bardach Awards / Broad Ripple Trophy Center / 410 Broad Ripple Ave, Indianapolis IN 46240</i> Telephone number <i>(317) 257-7444</i>	<input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends	
1 Basis for Claim <input checked="" 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 type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <i>11/31/03</i>		3. If court judgment, date obtained
4. Total Amount of Claim at Time Case Filed: \$ <i>423.56</i> 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		THIS SPACE IS FOR COURT USE ONLY RECEIVED NOV - 3 2003 U.S. BANKRUPTCY COURT SO DIST CT OF NEW YORK
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		
Date <i>10/31/03</i>	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) <i>Melody Bardach, assistant office manager</i>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. § 1573		





Invoice 76713

Customer HALLEG

BROAD RIPPLE TROPHY CENTER
 910 BROAD RIPPLE 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

Please Return this Portion with Payment!

Date		Ship Via		F O D		Terms	
01/31/03		FEDEX		Origin		Due Upon Receipt	
Purchase Order Number			Order Date	Salesperson		Our Order Number	
			01/30/03	TB		65802	
Req	Quantity	B O	Item Number	Description	Tax	Unit Price	Amount
	Ship						
4	4		0 ENGR	ENGRAVE CUSTOMER TROPHY PLATES	N	5.00	20.00
1	1		0 TRO	CUSTOM BASEBALL TROPHY	Y	100.00	100.00
1	1		0 EN	ENGRAVING ON TROPHY ABOVE	Y	15.00	15.00
1	1		0 WANLSC810	BLACK BRASS ON BX10 WALNUT	Y	40.00	40.00
1	1		0 ARTFORSCAN	ART SETUP FOR SCAN (1 PIECE)	N	17.50	17.50
2	2		0 HPBASE52115	CHERRY FOIL BASE 4" TALL W/CUSTOMER ITEM MOUNTED	Y	38.00	76.00
2	2		0 SUBLPLATE	SATIN GOLD ALUMINUM SUBLIMATED PLATE ON BASE ABOVE	Y	15.00	30.00
1	1		0 ARTFORSUB	ART FOR SUBLIMATION (2 PIECES)	N	0.00	0.00
1	1		0 SHIPFEDEX	FEDERAL EXPRESS CHARGE	N	109.40	109.40
					NonTaxable Subtotal		146.90
					Taxable Subtotal		261.00
					Tax (6.000%)		15.66
					Total Invoice		423.56

Customer Original (Reprinted)

Page