

**UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

**PROOF OF CLAIM**



In re: **Allegiance Telecom, Inc., et al**

Case Number  
**03-13057 (RRD)**

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.

I am not aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

**FILED**  
**U.S. DISTRICT COURT OF NEW YORK**  
**ALLEGIANTE TELECOM, INC**  
**03-13057 (RRD)**

**Name of Creditor and Address**

03805890069436

AMERICAN VENDING GROUP INC  
6701 DEMOCRACY BLVD STE 555  
BETHESDA MD 20817

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.

1375

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

Creditor Telephone Number **(301) 564-4445**

CREDITOR TAX ID #  
**52-2091304**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces if this claim  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 below)

Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED**

**3 IF COURT JUDGMENT, DATE OBTAINED**

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ 629.11 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 629.11 (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 5:00 p.m., November 26, 2003, Prevailing Eastern Time.

**BY MAIL TO** United States Bankruptcy Court  
Southern District of New York  
Allegiance Claims Docketing Center  
Bowling Green Station P.O. Box 95  
New York, NY 10274-0095

**BY HAND OR OVERNIGHT DELIVERY TO** United States Bankruptcy Court  
Southern District of New York  
Allegiance Claims Docketing Center  
One Bowling Green, Room 534  
New York, NY 10004-1408

**THIS SPACE FOR COURT USE ONLY**

DATE SIGNED  
**11/5/03**

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  
**John Black, President**

**RECEIVED**  
NOV 17 2003  
Allegiance Claim  
 01394

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 357

**See Other Side For Instructions**

# AMERICAN

Vending Group, Inc.

5 1L VENDING 1 F PV LTERED WATER COU P

## INVOICE

Customer Allegiance Telecom  
Attention Accounts Payable  
P O Box 630905  
Baltimore MD 21263-2905

Date 5-May-03  
Billing Period Apr-03  
Invoice Number ALLEG050503

Item	# Cases	#/Case	# Items	Price	Total
La Tourette Coffee					
S & D Columbian 2 lb	0	1	0	\$ 192 00	\$
S & D Columbian 2.5 oz	4	1	4	\$ 125 00	\$ 500 00
Decaf 2.5 oz	0	1	0	\$ 142 60	\$
Carnation Hot Chocolate (300)	0	1	0	\$ 51 00	\$
Perfect Cup Teabags(10/100)	0	10	0	\$ 3 58	\$
Creamer Packets (1000)	0	1	0	\$ 16 00	\$
Sugar Packets (2000)	0	1	0	\$ 9 00	\$
Sweet & Low (2/1250)	0	2	0	\$ 12 15	\$ -
Equal (1/2000)	0	1	0	\$ 36 96	\$
Stir Sticks (10/1000)	0	10	0	\$ 0 93	\$ -
Popcorn	0	1	0	\$ 11 00	\$
Styrofoam 12 oz Cups (1/1000)	8	1	8	\$ 15 37	\$ 122 96
Cup Lids 12 oz Cups (1/1000)	0	1	0	\$ 12 25	\$
Filter Paper Rolls (12)	0	1	0	\$ 192 00	\$ -
Ivory Liquid	0	1	0	\$ 39 75	\$
Paper Plates (1000)	0	1	0	\$ 75 00	\$
Paper Towels (30)	0	1	0	\$ 30 00	\$
Napkins (6000)	0	1	0	\$ 42 25	\$
Spoons Forks Knives (1000)	0	1	0	\$ 10 78	\$ -
Sponges (24)	0	1	0	\$ 15 00	\$ -
Total Product Purchase				\$	622 96
Total				\$	622 96
5% Maryland State Tax				\$	6 15
Total Amount Due for This Invoice				\$	629 11

Please call John Blick at 301-564-4445 if you have any questions  
Please let us know if there is anything we can do to better serve you

### Corporate Office

10000 Corporate Center Drive, Suite 225, Bethesda, Maryland 20817 (301) 564-4445 FAX (301) 564-4446

### Distribution Center

12000 Corporate Center Drive, Suite 225, Bethesda, Maryland 20817 (301) 564-4445 FAX (301) 564-4446

# DELIVERY - ALLEGIANCE TELECOM

## Coffee Selections

Item	Price/ Case	Del / BO	Total
S & D Decaf (115/2 5 oz)	142 60	/	
S & D 100% Columbian (100/2 5 oz)	125 00	41	<u>502 60</u>

## Creamers

Item	Price/ Case	Del / BO	Total
Creamer Packets (1000)	16 00	/	
Land O Lakes Mini Moo's(360)	12 43	/	
Creamer Canister (24 /16 oz )	24 00	/	
Flavored Creamers			
Irish Cream(180)	10 00	/	
Hazelnut(180)	10 00	/	
French Vanilla (180)	10 00	/	
Amaretto (180)	10 00	/	

## Sugars & Sweeteners

Item	Price/ Case	Del / BO	Total
Sugar Packets (2000)	9 00	/	
Sugar Canister (24-20 oz )	26 00	/	
Sweet & Low Packets (2/1250)	24 30	/	
Equal Packets (2000)	36 96	/	

## Tea & Other Beverages

Item	Price/ Case	Del / BO	Total
Tea Bags (10/100)	35 80	/	
Bigelow Flavored Teas (28)	2 89	/	
Carnation Hot Chocolate (12/21b)	40 20	/	
Carnation Hot Chocolate (300)	51 00	/	

## Utensils

Item	Price/ Case	Del / BO	Total
Forks (1000)	10 78	/	
Spoons (1000)	10 78	/	
Knives (1000)	10 78	/	
Paper Plates (1000)	75 00	/	

## Other

Item	Price/ Case	Del / BO	Total
Popcorn	11 00	/	
OCS Coffee Filters (12 oz /1000)	N/C	/	
Band-Aids	6 09	/	
Tylenol (300 Tab /500 mg )	12 25	/	
Paper Towels (30)	30 00	/	
Trash Bags (500)	N/C	/	
Ivory Liquid (20 - 19 oz )	39 75	/	
Sponges (24)	15 00	/	
Lunch Napkins (6000)	42 25	/	
Airpot	40 00	/	

## Cups , Lids & Stirrers

Item	Price/ Case	Del / BO	Total
Styrofoam Cups, 12 oz (1000)	15 37	81	<u>122 46</u>
Lids for 12oz Styro Cups(1000)	12 25	/	
Stir Sticks, Plastic(10-1000)	9 25	/	

Order Sub-Total

\$ 622 46

(12 cartons)

State Sales Tax

\$ 6 15

Total Order

\$ 629 11

Order Received By:

Name Alex Leber

Date 04/14/03

Order Submittal Date 4/10/03

American Vending Group, Inc  
Coffee Service Division  
301-595-8363

Del = Delivered / BO=Backorder

**AMERICAN**  
Vending Group, Inc.

# COFFEE SUPPLY ORDER FORM

## for INTERMEDIA

Coffee Selections

Item	# per case	Quantity
La Touraine Decaf (16 oz)	24	_____
La Touraine 100% Columbian (14oz)	24	_____
La Touraine Decaf (11 1/2 5 oz)	115	_____
La Touraine 100% (11 1/2 5 oz)	115	<u>4</u>
La Touraine Hotel & Rest (14oz)	24	_____
La Touraine Private Stock (14oz)	24	_____
Maxwell House (3 lbs)	8	_____
Sanka Decaf (2 lbs)	6	_____

Creamers

Item	# per case	Quantity
Creamer Packets (1000)	1	_____
Land O Lakes Mini Moo's (360)	1	_____
Creamer Canister (12 oz)	24	_____
Flavored Creamers		
Irish Cream (180)	1	_____
Hazelnut (180)	1	_____
French Vanilla (180)	1	_____
Amaretto (180)	1	_____

Sugars & Sweeteners

Item	# per case	Quantity
Sugar Packets (2000)	1	_____
Sugar Canister (20oz)	24	_____
Sweet & Low Packets (1250)	2	_____
Equal Packets (2000)	1	_____

Tea & Other Beverages

Item	# per case	Quantity
Tea Bags (100)	10	_____
Bigelow Flavored Teas (28)	6	_____

Cups, Lids & Stirrers

Item	# per case	Quantity
Styrofoam Cups, 12 oz (1000)	1	<u>8</u> ✓
Lids for 12oz Styro Cups (1000)	1	_____
Stir Sticks Plastic (1000)	10	_____

Hot Chocolate

Item	# per case	Quantity
Carnation Vend Whip Cocoa (2lb)	12	_____
Carnation Individuals	300 Env	_____

Cafe System 7 Supplies

Item	# per case	Quantity
Filter Paper Rolls	24	_____
Waste Bags (500)	1	_____

Utensils

Item	# per case	Quantity
Forks (1000)	1	_____
Spoons (1000)	1	_____
Knives (1000)	1	_____
Paper Plates (1000)	1	_____

Other

Item	Price	Quantity
Popcorn (36)	1	_____
Coffee Filters (12 oz /1000)	1	_____
Band-Aids	1	_____
Tylenol (300 tabs /500 mg)	1	_____
Paper Towels (12)	1	_____
Trash Bags (500)	1	_____
Ivory Liquid (20 - 19 oz)	1	_____
Sponges (24)	1	_____
Lunch Napkins (12 - 500)	1	_____

Please complete this order form and fax to  
American Vending Group at (301) 493-0396

Orders will be delivered within four business days of receipt

Please call 301-613-1280 if an emergency  
delivery is required

*(12cent)*

Order Submitted By

Name JOSE CHAVES

Title Facilities

Direct Dial (240) 616-2167

Date 4/10/03