UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM** FOR THE SOUTHERN DISTRICT OF NEW YORK In re Case Number YOUR CLAIM IS SCHEDULED AS Allegiance Telecom of New York, Inc 03-13055 \$69 73 UNSECURED CONTINGENT DISPUTED UNLIQUIDATED U.S.B.C. SOUTHERN DISTRICT OF NEW YORK NOTE This form should not be used to make a claim for an administrative Check box if you Ald LEGIANCE TELECOM, INC expense arising after the commencement of the case. A request for aware that anyone else has 03-13057 (RRD) payment of an administrative expense may be filed pursuant to 11 U S C § filed a proof of claim relating Name of Creditor and Address to your claim Attach copy of statement giving The amounts and nature of your claim reflected above 03805888088935 Check box if you have constitute your claim as scheduled by the Debtor If never received any notices R & L HERMAN INC you agree with the amounts set forth herein and have from the bankruptcy court in no other claim against the Debtor you do not need to **148 ROSS ST** this case file this proof of claim EXCEPT as stated help CUSTOMERS PHONE CLOSET 1 If the amounts shown above are listed as Check box if this **BROOKLYN NY 11211** Contingent Unliquidated or Disputed a proof of address differs from the claim must be filed address on the envelope sent If you have already properly filed a proof of claim with Creditor Telephone Number (7仏) to you by the court the Bankruptcy Court, you do not need to file again CREDITOR TAX I D # ACCOUNT OR OTHER NUMBER BY WHICH replace Check here CREDITOR IDENTIFIES DEBTOR a previously filed claim dated _ or amends 11-2010544 if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a ☐/ Goods sold Personal injury/wrongful death L Taxes Services performed Wages salaries and compensation (Fill out below) Other (describe briefly below) Your social security number ☐ Money loaned 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 (secured) (unsecured priority) 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 6 UNSECURED PRIORITY CLAIM Check this box if your claim is secured by collateral (including Check this box if you have an unsecured priority a right of setoff) Specify the priority of the claim Brief description of collateral Wages salaries or commissions (up to \$4 650) earned within 90 days Real Estate before filing of the bankruptcy petition or cessation of the Debtor's business whichever is earlier 11 USC § 507(a)(3) Motor Vehicle Contributions to an employee benefit plan 11 U S C § 507(a)(4) Other _ Up to \$2 100 of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) Alimony maintenance or support owed to a socuse former spouse or Value of collateral child 11 USC § 507(a)(7) Amount of arrearage and other charges at time case filed Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) included in secured claim above if any \$_ Other Specify applicable paragraph of 11 USC § 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 Attach copies of supporting document such as promissory notes purchase orders invoices itemized statements of

8 SUPPORTING DOCUMENTS 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 United States Bankruptcy Court United States Bankruptcy Court BY HAND OR BY MAIL Southern District of New York Southern District of New York OVERNIGHT TO Allegiance Claims Docketing Center **DELIVERY TO** Allegiance Claims Docketing Center

> Bowling Green Station P O Box 95 Vork NV 10274 0005

One Bowling Green Room 534

SIGN and point the name and title if any of the creditor or other person authorized to DATE SIGNED

file this plaim attach copy of power of attorney if any) Me s

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

