

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE

PROOF OF CLAIM

s11673


In re  
**Coast to Coast Telecommunications, Inc**

Case Number  
**03-13104**

**YOUR CLAIM IS SCHEDULED AS**

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

FILED 00 UNSECURED CONTINGENT  
DISPUTED UNLIQUIDATED  
U S B C SOUTHERN DISTRICT OF NEW YORK  
**ALLEGIANCE TELECOM, INC**  
**03-13104 (RRD)**

Name of Creditor and Address  
  
03805888092999  
Clara B Alfonsi  
35530 Beacon Hill  
Harrison Twp MI 48045

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

**1475**  
The amounts reflected above constitute your claim as scheduled by the Debtor If you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below  
If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed  
If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

Creditor Telephone Number ( )

CREDITOR TAX I D #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replaces 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)  
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 AS OF PETITION DATE** \$ 14700 (unsecured) \$ \_\_\_\_\_ (secured) \$ \_\_\_\_\_ (unsecured priority) \$ 14700 (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*

REC'D NOV 25 2003

**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

DATE SIGNED 9-1-03  
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)  
Clara B Alfonsi CLARA B ALFONSI