allegiancetelecom,inc.
One source for business telecom.™

9201 N. Central Expressway
Tax Department
Dallas, TX 75231
469/259-2196 phone
469/259-9252 fax

RECEIVED
MAR 23 2004
FULTON COUNTY
EMERGENCY SERVICES

March 16, 2004

Fulton County E911
130 Peachtree St.
Atlanta, GA 30303

Re: In re Allegiance Telecom, Inc., et. al. ("Allegiance Telecom"), chapter 11 case no. 03-13057 (RDD), jointly administered, U. S. Bankruptcy Court, Southern District of New York

Dear Creditor:

The proof of claim you filed on 11/25/2003 in the Allegiance Telecom bankruptcy cases has been assigned claim #1539. Upon our review, your claim was filed in the wrong amount.

In order to avoid us from filing an objection to your claim #1539, it needs to be withdrawn or reduced to the amount of $0.00 against Allegiance Telecom of Georgia, Inc. Claim #1539 states that $690.15 was owed for the post-petition period of October 2003. Enclosed are copies of the October 2003 return and check, which were remitted timely. Upon the reduction of your claim #1539 to the amount of $0.00, we will agree that your claim #1539 was timely filed and that it will be an allowed claim as corrected.

Please complete the Statement of Amended Claim provided below to revise the official claims record to reflect the correct treatment of your proof of claim and return it to us by fax or mail. If we do not receive the Statement of Amended Claim within twenty (20) days of this date, we will proceed to file an objection to your claim.

Sincerely,

Timothy R. Kotrla
Senior Manager – State and Local Taxes
Phone 469-259-4407
Fax 469-461-7134

Statement of Amended Claim

I hereby amend Proof of Claim #1539, dated 11/25/2003, to reflect a total priority tax claim of $0.00 against Allegiance Telecom of Georgia, Inc. By signing below, I authorize Bankruptcy Management Corporation, as the court appointed Claims Agent, to update the official claim records to reflect this amendment.

Signature of Creditor/Agent for Creditor — Date 3/23/04

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE	PROOF OF CLAIM
In re ALLEGIANCE TELECOM, INC , et al. Debtors.	Case Number 03-13057 (RDD)

CRDID 61744

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
U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
1492

Name of Creditor and Address

03805890061744

FULTON COUNTY E911
130 PEACHTREE ST
ATLANTA GA 30303

Creditor Telephone Number (404) 730-7900

☐ 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

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

CREDITOR TAX I D #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR	Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated
58-6001729		

1 BASIS FOR CLAIM

Goods sold
Services performed
Money loaned
☐ Personal injury/wrongful death
☒ Taxes
☐ Other (describe briefly)
Retiree benefits as defined in 11 U S C § 1114(a)
Wages salaries and compensation (Fill out below)
Your social security number
Unpaid compensation for services performed from (date) to (date)

2 DATE DEBT WAS INCURRED October 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE

$ (unsecured)	$ (secured)	$ $690.15 (unsecured priority)	$ (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

REC'D NOV 25 2003

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 4 00 p m , October 1, 2003, Eastern Daylight Time

Allegiance Claim
01539

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

DATE SIGNED	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)
11/12/03	Alfred R. Moore

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

FULTON COUNTY

Fulton County, Georgia

CASH RECEIPT

PAGE OF

TRANSACTION CODE	C|R	CASH RECEIPT NUMBER	305829	DATE OF DEPOSIT (M M D D Y Y)		ACCOUNTING PERIOD (M M Y Y)		BUDGET FY (Y Y)	
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		340	333	333			30216							ALLIEGIANCE	781 33		
DESCRIPTION (30 SPACES)		E911 User Fees September 2003 CK No 143110															
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yolanda R Johnson PHONE 730 7918

AGENCY / ORGAN Emergency Services DATE 10/22/03

FORM 210 020 88

TOTAL 781.33

CASHIER USE ONLY	
INITIALS	DATE
MMR	10/22/03

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CASH RECEIPT

TRANSACTION CODE	CR	CASH RECEIPT NUMBER	302362	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	PAGE 1 OF 1 BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3140	3333	3333			3026							ALLEGIANCE	1,616 50		
DESCRIPTION (30 SPACES)		E911 User Fees August 2003												CK # 141989			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

REPARED BY NAME Yulonda R Johnson PHONE 730-7918

GENCY / ORGAN Emergency Services DATE 9/30/03

ORM 210 020 88

TOTAL 1,616.50

CASHIER USE ONLY	
INITIALS	DATE
Jm	10-1-03

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CASH RECEIPT

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TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	302948	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)

ACTION: ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT | OFFSET CASH ACCOUNT | COMMENTS

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3140	3333	3333			36126							ALLEGIANCE	730 41		
DESCRIPTION (30 SPACES)		E911 User Fees					July 2003							CK No. 138695			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

TOTAL 730.41

PREPARED BY NAME Yolanda R Johnson PHONE 730-2918

AGENCY / ORGAN Emergency Services DATE 8/26/03

FORM 210 020 88

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INITIALS	DATE
	8/26/03

FULTON COUNTY

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CASH RECEIPT

TRANSACTION CODE	CR	CASH RECEIPT NUMBER	302912	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	PAGE 1 OF 1 BUDGET FY	Y Y

ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT | OFFSET CASH ACCOUNT | COMMENTS

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		340	333	3333			3026							ALLEGIANCE	1,065.06		
DESCRIPTION (30 SPACES)		E911 User Fees June 2003												CK#136401			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulanda R Johnson PHONE 730-7918

AGENCY / ORGAN Emergency Services DATE 7/29/03

FORM 210 020 88

TOTAL $1,065.06

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INITIALS	DATE
[illegible]	7/30/03

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CASH RECEIPT

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TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	299738	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT	COMMENTS	

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		340	3333	3333			3026							Allegiance	653.29		
DESCRIPTION (30 SPACES)		E911 User Fees May 2003												CK#133913			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yolanda R Johnson PHONE 730-7913

AGENCY / ORGAN Emergency Services DATE 6-23-03

FORM 210 020 88

TOTAL $653.29

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	6/24/03

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CASH RECEIPT

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TRANSACTION CODE	CASH RECEIPT NUMBER	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
C R	299718			

ACTION: ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT | OFFSET CASH ACCOUNT | COMMENTS

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		340	333	3333			30216							ALLEGIANCE	365 20		
DESCRIPTION (30 SPACES)		E911 User Fees April 2003 CK# 132149															
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulanda R Johnson PHONE 730-7913

AGENCY / ORGAN Emergency Services DATE 5-27-03

TOTAL $365.20

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	5-28-03

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CASH RECEIPT

PAGE 1 OF 1

TRANSACTION CODE	CASH RECEIPT NUMBER	DATE OF DEPOSIT (M M D D Y Y)	ACCOUNTING PERIOD (M M Y Y)	BUDGET FY (Y Y)
C R	295249			

ACTION: ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)

BANK ACCOUNT | OFFSET CASH ACCOUNT | COMMENTS

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3	4	0	3	3	3	3	3					ALLEGIANCE	688.21		

DESCRIPTION (30 SPACES): E911 User Fees March 2003 CK # 129748

DESCRIPTION (30 SPACES):

DESCRIPTION (30 SPACES):

DESCRIPTION (30 SPACES):

DESCRIPTION (30 SPACES):

PREPARED BY NAME: Yulanda R Johnson PHONE: 404/730-7913

AGENCY / ORGAN: Emergency Services DATE: 4/29/03

TOTAL: 688.21

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INITIALS	DATE
	4/30/03

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CASH RECEIPT

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TRANSACTION CODE	C R	CASH RECEIPT NUMBER	295234	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3140	3333	3333			3026							ALLEGIANCE	838 08		
DESCRIPTION (30 SPACES)		E911 User Fees February 2003												CK #127853			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulanda R Johnson PHONE 730-7913

AGENCY / ORGAN Emergency Services DATE 4/4/03

FORM 210 020 88

TOTAL $838.08

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INITIALS	DATE
[illegible]	4/4/03

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FULTON COUNTY

Fulton County, Georgia

CASH RECEIPT

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TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	293986	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		340	3333	3333			3026							ALLEGIANCE	894.82		
DESCRIPTION (30 SPACES)		E911 User Fees January 2003 CK# 125215															
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulanda R Johnson PHONE 730-7913

AGENCY ORGAN Emergency Services DATE 3/5/03

FORM 210 020 88

TOTAL $894.82 ✓

CASHIER USE ONLY	
INITIALS	DATE
	3-5-03

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FULTON COUNTY

Fulton County, Georgia

CASH RECEIPT

TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	293936	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	PAGE OF BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3410	3333	33333			310216							ALLEGIANCE	154 23		
DESCRIPTION (30 SPACES)		E911 User Fees Dec 2002												CK # 121807			
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yolanda R Johnson PHONE 730-7913

AGENCY ORGAN Emergency Services DATE 1/30/03

FORM 210 020 88

TOTAL $154 23 ✓

CASHIER USE ONLY	
INITIALS	DATE
	1-30-03

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ORIGINATING AGENCY

FULTON COUNTY

Fulton County, Georgia

CASH RECEIPT

TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	294090	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	PAGE OF BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS			

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3410	3313	33133			30216							ALLEGIANCE	72 175		
DESCRIPTION (30 SPACES)		E911 User Fees November 2002 CK # 118813															
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulonda R Johnson PHONE 730-7913

TOTAL $72 75 ✓

AGENCY ORGAN Emergency Services DATE 12/27/02

FORM 10 020 88

CASHIER USE ONLY	
INITIALS	DATE
	12-27-02

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ORIGINATING AGENCY

FULTON COUNTY

Fulton County, Georgia

CASH RECEIPT

TRANSACTION CODE	C/R	CASH RECEIPT NUMBER	294046	DATE OF DEPOSIT	M M D D Y Y	ACCOUNTING PERIOD	M M Y Y	PAGE OF BUDGET FY	Y Y
ACTION ☐ ORIGINAL ENTRY (E) ☐ ADJUSTMENT (M)		BANK ACCOUNT		OFFSET CASH ACCOUNT		COMMENTS	CK 116272		

REFERENCE INVOICE NUMBER	LINE	FUND	AGENCY	ORGANIZATION	SUB ORG	ACTIVITY	REVENUE SOURCE	SUB REV	JOB NUMBER	REPT CAT	BAL SHEET ACCT	OBJECT	SUB OBJ	VENDOR / PROVIDER	AMOUNT	INC / DEC IND	P/F IND
		3440	3333	3333			310246							ALLEGIANCE	421195		
DESCRIPTION (30 SPACES)		E911 User Fees October 2002															
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	
DESCRIPTION (30 SPACES)																	

PREPARED BY NAME Yulanda R Johnson PHONE 730 7913

AGENCY / ORGAN Emergency Services DATE 12/02/03

ORM 10 020 88

TOTAL 421.95 ✓

CASHIER USE ONLY	
INITIALS	DATE
	12-3-02

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