

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

**PROOF OF CLAIM**



CRDID 23074

In re

Case Number

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.

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.

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

**Name of Creditor and Address**

03805890023074

AG EDWARDS AND SONS INC  
2801 CLARK ST  
ST LOUIS MO 63103

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.

1544

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 ID #

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) *COMMON STOCK*

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**

\$ 1,095.00 (unsecured)      \$ \_\_\_\_\_ (secured)      \$ \_\_\_\_\_ (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.

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) *Common Stock*

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



01591

DATE SIGNED

*10/27/03*

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)

*Donna Shinnick by Marsha Shinnick POA*

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

**UNIFORM STATUTORY FORM**  
**POWER OF ATTORNEY**  
(California Probate Code §4400)

**NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465, INCLUSIVE.) IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.**

I, DONALD DEE SHINNICK, residing at 2697 Morrene Drive, Placerville, California 95667, appoint MARSHA JEAN SHINNICK, residing at 2697 Morrene Drive, Placerville, California 95667, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects. If MARSHA JEAN SHINNICK is unable to so serve, I appoint JOSH MATTHEW SHINNICK, residing at 2606 Sanderling Way, Pleasanton, California 94566, as my agent (attorney-in-fact) to act for me in any lawful way with respect to the following initialed subjects:

**TO GRANT ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF (N) AND IGNORE THE LINES IN FRONT OF THE OTHER POWERS.**

**TO GRANT ONE OR MORE, BUT FEWER THAN ALL OF THE FOLLOWING POWERS, INITIAL THE LINE IN FRONT OF EACH POWER YOU ARE GRANTING.**

**TO WITHHOLD A POWER, DO NOT INITIAL THE LINE IN FRONT OF IT. YOU MAY, BUT NEED NOT, CROSS-OUT EACH POWER WITHHELD.**

- \_\_\_\_\_ (A) Real property transactions
- \_\_\_\_\_ (B) Tangible personal property transaction.
- \_\_\_\_\_ (C) Stock and bonds transactions.
- \_\_\_\_\_ (D) Commodity and option transactions.
- \_\_\_\_\_ (E) Banking and other financial institution transactions.
- \_\_\_\_\_ (F) Business operating transactions.
- \_\_\_\_\_ (G) Insurance and annuity transactions.
- \_\_\_\_\_ (H) Estate, trust and other beneficiary transactions.
- \_\_\_\_\_ (I) Claims and litigation.
- \_\_\_\_\_ (J) Personal and family maintenance.
- \_\_\_\_\_ (K) Benefits from social security, medicare medicaid, or other governmental programs, or civil or military service

- (L) Retirement plan transactions.
- (M) Tax matters.
- (N) ALL OF THE POWERS LISTED ABOVE.

YOU NEED NOT INITIAL ANY OTHER LINES IF YOU INITIAL LINE (N).

**SPECIAL INSTRUCTIONS**

ON THE FOLLOWING LINES YOU MAY GIVE SPECIAL INSTRUCTIONS LIMITING OR EXTENDING THE POWERS GRANTED TO YOUR AGENT.

No Special Instructions

---

UNLESS YOU DIRECT OTHERWISE ABOVE, THIS POWER OF ATTORNEY IS IN EFFECT IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

This power of attorney will continue to be effective even though I become incapacitated.

STRIKE THE PRECEDING SENTENCE IF YOU DO NOT WANT THIS POWER OF ATTORNEY TO CONTINUE IF YOU BECOME INCAPACITATED.

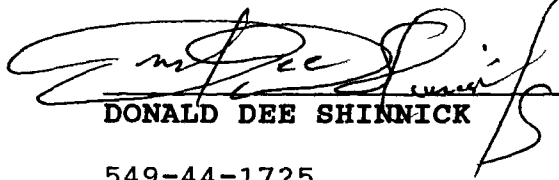
**EXERCISE OF POWER OF ATTORNEY  
WHERE MORE THAN ONE AGENT  
DESIGNATED**

If I have designated more than one agent, the agents are to act separately.

(IF YOU APPOINTED MORE THAN ONE AGENT AND YOU WANT EACH AGENT TO BE ABLE TO ACT ALONE WITHOUT THE OTHER AGENT JOINING, WRITE THE WORD "SEPARATELY" IN THE BLANK SPACE ABOVE. IF YOU DO NOT INSERT ANY WORD ON THE BLANK SPACE, OR IF YOU INSERT THE WORD "JOINTLY", THEN ALL OF YOUR AGENTS MUST ACT OR SIGN TOGETHER.)

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

Signed this 16th day of January, 1998.

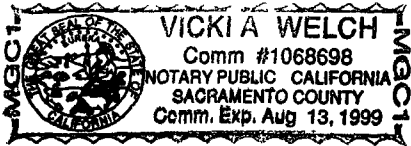
  
DONALD DEE SHINNICK

549-44-1725  
SOCIAL SECURITY NUMBER

State of California )  
  ) ss.  
County of Sacramento )

On January 16, 1998, before me, the undersigned Notary Public, personally appeared DONALD DEE SHINNICK, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.



Vicki A. Welch  
Notary Public

BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

YIELD BOUGHT	QUANTITY	PRICE
	36.0	3 65000
ALLIANCE TELECOM INC SOLICITED		PRINCIPAL COMMISSION HANDLING FEE NET AMOUNT

PROCESS DATE	TRADE DATE	SETTLEMENT DATE	SYMBOL	CUSIP NUMBER	SECURITY NUMBER
03/14/02	03/14/02	03/19/02	ALGX	01747T102000	A

ACCOUNT CARRIED BY: Banc of America Securities LLC  
 ACCOUNT NO: [blank]  
 IR: [blank]  
 TAX ID NUMBER: [blank]  
 FOR THE ACCOUNT OF: [blank]

Service provided by:  
 Banc of America Broker/Dealer Services  
 a division of  
 Banc of America Securities LLC

IF CHECK OR SECURITIES DUE US PLEASE FORWARD TO AND MAKE PAY  
 Banc of America Securities LLC

03/14/02 03/14/02  
 03/19/02  
 01747T102000

RETAIN ORIGINAL FOR INCOME TAX PURPOSES KINDLY RETURN  
 THE ATTACHED COPY WITH YOUR REMITTANCE OR SECURITIES

WE HEREBY CONFIRM THE FOLLOWING TRANSACTION SUBJECT TO THE CONDITIONS  
 ON THE REVERSE SIDE OF THIS CONFIRMATION THESE CONDITIONS  
 DEEMED CORRECT IN ALL RESPECTS UNLESS WRITTEN NOTICE IS SENT TO US  
 WITH

SEE EXPLANATIONS OF CODED SYMBOLS AND OTHER INFORMATION ON  
 (SEE REVERSE SIDE)

094 1-025361 025336

|