

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

PROOF OF CLAIM



In re
Allegiance Telecom of Texas, Inc

Case Number
03-13095

YOUR CLAIM IS SCHEDULED AS
\$140.58 UNSECURED CONTINGENT
DISPUTED UNLIQUIDATED

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(c)(2).

Name of Creditor and Address

03805888087912

MAKE-A-WISH FOUNDATION OF CENTRAL & SOUT
2224 WALSH TARTLTON LN
STE 200
AUSTIN TX 78746

U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13095 (RRD)
1841

Check box if you are aware that you have filed a proof of claim relating to your claim. Attach copy of statement giving

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

FILED

The amounts and nature of your claim 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 properly filed a proof of claim with the Bankruptcy Court, you do not need to file again.

Creditor Telephone Number (512) **329-9474**

CREDITOR TAX ID #
74-2357788

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
002450252268

Check here replace or amend a previously filed claim dated _____ if this claim

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) REFUND DUE ON ACCOUNT

Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 02/27/03

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 140.58 (unsecured) \$ 0 (secured) \$ 0 (unsecured priority) \$ 140.58 (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 to 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.

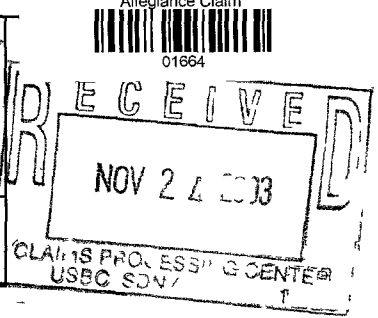
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 5:00 p.m. November 26, 2003, Prevailing Eastern Time.

BY MAIL 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

DATE SIGNED 11/20/03

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)
Tammy Shaklee (TAMMY SHAKLEE) Exec Dir.



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



Allegiance Telecom of Texas, Inc.

1950 Stemmons Expressway
Suite 3026
Dallas, TX 75207
(214) 853-7110 Fax

For Billing Inquiries, please contact
customer service at (800) 553-1989

03824 00978A 02 0958

MAKE-A-WISH FOUNDATION OF CENT
2224 WALSH TARTLTON
STE 200
AUSTIN TX 78746

BILLING DATE 02/27/2003
ACCOUNT NUMBER 002450252268
INVOICE NUMBER 030301020741

ACCOUNT STATUS

PREVIOUS BALANCE 161 15
PAYMENTS APPLIED THROUGH 02/27/2003 0 00
ADJUSTMENTS 0 00

PAST DUE

~~161 15~~

SUMMARY OF CURRENT CHARGES

USAGE CHARGES

LOCAL 0 00
LATA TOLI * 0 00
1+ OUTBOUND** 0 00
8XX INBOUND 0 00
CALLING CARD 0 00
INTERNATIONAL 0 00
DIRECTORY ASSISTANCE 0 00

MONTHLY RECURRING AND NON-RECURRING CHARGES (121 02)

LATE PAYMENT CHARGES 0 00

TAXES, FEES AND OTHER ASSESSMENTS (19 56)

*Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for LATA Carrier Information

**Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for LD Carrier Information

TOTAL CURRENT CHARGES (140 58) (140 58)

TOTAL AMOUNT DUE 20 57

for San Antonio office
8918 TESORO DR, SUITE 114
SAN ANTONIO, TX 78217

Credit due w

If you have any questions concerning this invoice or about available features, please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of Texas, Inc for the amount due

MAKE-A-WISH FOUNDATION OF CENT
2224 WALSH TARTLTON
STE 200
AUSTIN TX 78746

Make Checks Payable to
Allegiance Telecom of Texas, Inc
P O Box 844870
Dallas, TX 75284-4870

BILLING DATE 02/27/2003
ACCOUNT NUMBER 002450252268
INVOICE NUMBER 030301020741
PAYMENT DUE BY 03/29/2003
TOTAL AMOUNT DUE ~~20 57~~



58100

020024502522680303010207410303290000000020570

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