

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

PROOF OF CLAIM



CRDID 20268

In re **ALLEGIANCE TELECOM, Inc, et al.,
Debtors**

Case Number
**CHAPTER 11 Case No.
03-13057 (RRD)
Jointly Administered**

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 has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

**FILED
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)**

Name of Creditor and Address

03805890020268

**BOLTON ARTHUR V
TECHNICIAN BROADBAND
1015 ALLSTON WAY
BERKELEY CA 94710**

Check box if you have never received any notices from the bankruptcy court in this case.

1842

Check box if this address differs from the address on the envelope sent to you by the court.

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

Creditor Telephone Number (e-mail, **artbol@hotmail.com**)

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
N/A

Check here replaces or amends a previously filed claim dated **N/A**

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)

Your social security number **564-31-9252**

Unpaid compensation for services performed from **JUN 4, 2001** to **FEB 22, 2002**

(date) (date)

2 DATE DEBT WAS INCURRED **JUNE 4, 2001**

3 IF COURT JUDGMENT, DATE OBTAINED **MAY 2003 (SEE ATTACH)**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured)

\$ **10,310.16** (unsecured priority) \$ **10,310.16** (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) **Not Applicable**

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

**RECEIVED
DEC 03 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 5:00 p.m., November 26, 2003, Prevailing Eastern Time.

BY MAIL TO 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
Nov 18, 2003

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).
Arthur V Bolton

Allegiance Claim
 01665

RECEIVED
NOV 20 2003
CLAIMS PROCESSING CENTER
USBC SDNY

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

LABOR COMMISSIONER, STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF LABOR STANDARDS ENFORCEMENT

DATE FILED
10/10/2002
DISTRICT OFFICE
12
TAKEN BY

PLAINTIFF

ARTHUR V BOLTON

DEFENDANT

ALLEGIANCE TELECOM OF CALIFORNIA, INC ,
a Foreign corporation

DOES I
THROUGH V,
Defendant(s)

CASE NO

12-51345 JM

COMPLAINT

PLAINTIFF ALLEGES

- 1 He was employed by the defendant named above to perform personal services as Engineer/Technician
- 2 for the period April 2001 March 6, 2002
- 3 in the County of Santa Clara, California, under the terms of an oral agreement, at the promised rate of compensation of \$25.33 per hour
- 4 that there is due, owing and payable from the defendant to the plaintiff an amount as and for wages, penalties and/or other demands for compensation

- a as shown in attached Exhibit A, incorporated herein,
 b as set out below

REC'D MAY 06 2003

Issue 1 Overtime wages for hours in excess of 8 per day pursuant to Industrial Welfare Commission Order 4 for the period February 11, 2002 through February 22, 2002 being 35.5 hours at \$38.00 per hour (1 1/2 times) claiming \$1,394.00

Issue 2 If an employer fails to provide a meal period in accordance with the applicable provision of the order, the employer shall pay, one hour at the employees regular rate of compensation, for each day the meal period was not provided. There are 112 meal period violations being claimed for the period of June 4, 2001 through June 28, 2001, at \$25.33 per violation, total potential liability is \$2,836.96

- c And also alleging additional wages accrued pursuant to Labor Code Sec 203 as a penalty of \$202.64 per day for an indeterminate number of days not to exceed thirty days
- d And also alleging additional wages accrued pursuant to Labor Code Section 203.1, as a penalty of per day for issuance of an insufficient payroll check for an indeterminate number of days not to exceed thirty days

Interest pursuant to Labor Code Section 98.1 and/or 2802

PLAINTIFF CERTIFIES THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF

Executed at San Jose County of Santa Clara, California

Dated 5/06/03
DATE OF SIGNATURE

Arthur V Bolton
Signature of Plaintiff