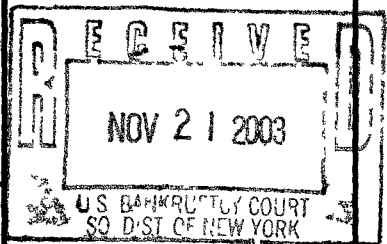


UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor <b>ALLEGIANCE TELECOM INC</b>		Case Number <b>03-13057</b>
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>AJILON FINANCE</b>		<input type="checkbox"/> Use this box if you have never received any notices from the bankruptcy court in this case. Attach copy of statement giving particulars. <b>1714</b> <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <b>AJILON FINANCE PARK 80 WEST, PLAZA 2, 9TH FLR SADDLE BROOK, NJ 07663 ATTN: LINDA SONDEY 201-843-0006</b>		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies debtor <b>CD 3719</b>		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to <b>DEC 03 2003</b> (date)
<b>2. Date debt was incurred.</b> <u>5/11/03</u>		<b>3. If court judgment, date obtained:</b> <b>BMC</b>
<b>4. Total Amount of Claim at Time Case Filed.</b> \$ <u>1,600.00</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input type="checkbox"/> 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.		
<b>5. Secured Claim</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 USC § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 USC § 507(a)(_____)
<b>7. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>8. Supporting Documents:</b> 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. <b>9. Date-Stamped Copy.</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date <b>11-19-03</b>	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). <b>Linda Sondey / CREDIT MANAGER</b>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.		



ARIQ08A  
 ENTER CLIENT NO= CD00003719

CLIENT A/R SUMMARY INQUIRY

ALLEGIANCE TELECOM  
 STEVE SMITH  
 111 E WACKER  
 CHICAGO IL 60601  
 312-228-6300

CLIENT A/R BALANCES  
 TOTAL A/R DUE 3,622 84  
 UNDER 31 DAYS 1,120 00  
 31-60 DAYS 00  
 61-90 DAYS 00  
 91-120 DAYS 00  
 121-150 DAYS 720 00  
 OVER 151 DAYS 1,782 84

LAST AGE DATE 11/11/03  
 LAST PYMT DATE 11/07/03  
 CLIENT STATUS 00  
 STATUS DATE 10/14/03

COA BALANCE 00  
 YEAR-TO-DATE 18,140 00  
 LAST PYMT AMT 800 00

OPTIONS \_\_\_\_\_

ARIQ05A CLIENT OPEN INVOICE INQUIRY

CLIENT NO CD00003719 ALLEGIANCE TELECOM 312-228-6300

INVOICE	DUE DATE	BR	TYPE	DATE	AMOUNT	INVOICED DATE	OPEN AMOUNT	AGE CAT
20502082	051303	CD	00 00	051103	800 00	051103	800 00	06
20502083	051303	CD	00 00	051103	800 00	051103	800 00	06
20505403	052003	CD	00 00	051803	640 00	051803	182 84	06
20529185	070803	CD	00 00	070603	720 00	070603	720 00	05
20576087	101403	CD	00 00	101203	800 00	101203	800 00	01
20579447	102103	CD	00 00	101903	320 00	101903	320 00	01

*\$1600.00*  
*PRE-PETITION*