

ORIGINAL

United States Bankruptcy Court Southern District of New York	PROOF OF CLAIM
In re Allegiance Telecom, Inc	Case Number 03-13057 (RDD)

THIS SPACE IS FOR COURT USE ONLY

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (The person or entity to whom the debtor owes money or property) Pepper Hamilton LLP	<input type="checkbox"/> 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.
Name and Addresses Where Notices Should be Sent David B. Stratton, Esquire Adam Hiller, Esquire Pepper Hamilton LLP 1201 N Market St, 16th Fl Wilmington Delaware 19801	<input type="checkbox"/> Check box if you have never received any notices from bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on envelope sent to you by the court.

FILED
USBC SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RDD)
2431

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR CM No 125459 2	Check here if this <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____
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1 BASIS FOR CLAIM <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 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensations for services performed from (date) _____ to (date) _____
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RECD
DEC 03 2003
BMC

2 DATE DEBT WAS INCURRED April/May 2003	3 IF COURT JUDGMENT, DATE OBTAINED
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4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM. SECURED CLAIM \$ _____ Attach evidence of perfection of security interest. Brief description of Collateral: Real Estate Motor Vehicle Other (Describe briefly) _____ Amount of arrearage and other charges included in secured claim above if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ <u>1,846.12</u> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.	UNSECURED PRIORITY CLAIM Specify the priority of the claim: <input type="checkbox"/> Wages, Salaries, or commissions (up to \$4,300) earned not more than 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) <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units. 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other. Specify section of 507(a): 507(a)(1)
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5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>1,846.12</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority) \$ <u>1,846.12</u> (Total)
Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attached itemized statement of all additional charges.

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 TIME-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

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Date <u>11/27/2003</u>	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). <u>David Stratton</u> by AH by David B. Stratton, Partner
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RECEIVED
DEC 26 2003
CLAIMS PROCESSING CENTER
USBC SDNY
Allegiance Claim
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