

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

**PROOF OF CLAIM**



CRDID 61560

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 in your claim. Attach copy of statement giving particulars.

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**  
**SOUTHERN DISTRICT OF NEW YORK**  
**ALLEGIANCE TELECOM, INC**  
**03-13057 (RRD)**  
**2432**

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

**Name of Creditor and Address**

03805890061560

INTEGRATED REAL ESTATE SERVICES LLC  
IN TRUST FOR EGATE BLDG  
SEATTLE WA 98124

Creditor Telephone Number ( ) \_\_\_\_\_

CREDITOR TAX I D # **91-6028571**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR \_\_\_\_\_

Check here  replaces or  amends 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) PARTIAL UNPAID RENT Your social security number \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** 7/1/03 **3 IF COURT JUDGMENT, DATE OBTAINED** \_\_\_\_\_

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED**

\$ \_\_\_\_\_ (unsecured) \$ \_\_\_\_\_ (secured) \$ 225.62 (unsecured priority) \$ 225.62 (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.*

**RECD**  
**DEC 03 2003**  
**BMC**

**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

**THIS SPACE FOR COURT USE ONLY**  
**CLAIMS PROCESSING CENTER**  
**USPO SDNY**

DATE SIGNED 11/25/03 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) JEFF BENOLIEL  
PROPERTY MANAGER



01880

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**