

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

**PROOF OF CLAIM**

Name of Debtor  
**Adgrate Corp**

Case Number  
**03-13060**

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.

Name of Creditor (The person or other entity to whom the debtor owes money or property)  
**Joe Timothy Naramore**

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement given to you.  
 Check box if you have never received any notices from the bankruptcy court in this case.  
 Check box if the address differs from the address on the envelope sent to you by the court.

**FILED**  
**U.S. B.C. SOUTHERN DISTRICT OF NEW YORK**  
**ALLEGIANCE TELECOM, INC**  
**03-13057 (RRD)**  
**2445**  
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Name and address where notices should be sent.  
**215 Willow Creek Circle  
Allen, TX 75002**

Telephone number **972 727 1476**

Account or other number by which creditor identifies debtor  
**7090**

Check here  
if this claim  replace a previously filed claim, dated \_\_\_\_\_  
 amends

**1 Basis for Claim**  
 Goods sold  
 Services performed  
 Money loaned  
 Personal injury/wrongful death  
 Taxes  
 Other See Attachment A

Retiree benefits as defined in 11 U.S.C. § 1114(a)  
 Wages, salaries, and compensation (fill out below)  
Your SS # \_\_\_\_\_  
Unpaid compensation for services performed  
from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

**2 Date debt was incurred**

**3 If court judgment, date obtained**

**4 Total Amount of Claim at Time Case Filed** **\$ unknown at this time**  
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 if any \$ \_\_\_\_\_

**6 Unsecured Priority Claim**  
 Check this box if you have an unsecured priority claim  
Amount entitled to priority \$ \_\_\_\_\_  
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 4/1/98 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 marking 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date  
**11/25/2003**

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)  
**Joe Timothy Naramore**

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**NOV 26 2003**  
CLAIMS PROCESSING CENTER  
USBC SD



Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both and 35/1

**RECEIVED**  
**DEC 03 2003**  
**BMC**

**ATTACHMENT A**

Name of Claim Holder: JOE TIMOTHY NARAMORE ("Claimant")

- 1 By filing this proof of claim, Claimant does not waive, release or relinquish any rights it has or may have against the Debtor and Claimant reserves the right to amend this proof of claim
- 2 Claimant's proof of claim is for any and all claims, causes of action, liabilities, damages, remedies and amounts that are related to or that may arise under any agreement, articles of incorporation, bylaws, corporate resolution and/or common law, including but not limited to a claim for indemnification, if any, to which claimant is the direct or indirect beneficiary
- 3 The filing of this proof of claim does not take into consideration the assumption and assignment of any such agreement, articles of incorporation, bylaws, and/or corporate resolution, which may be an executory contract under the provisions of 11 U S C § 365, and Claimant specifically reserves the right to amend this proof of claim, if necessary
- 4 Out of an abundance of caution, Claimant is filing a proof of claim against Allegiance Telecom, Inc and its subsidiaries in each of their cases However, Claimant only seeks recovery of its claim from the Debtor eventually determined to be the appropriate party