

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
In re ALLEGIANCE TELECOM, INC	Case Number 03-13057



CRDID 67800

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.

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

2507

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 03805890067800 HARRIS ENTERPRISES 15009 NATURAL SPRING AUSTIN TX 78728	<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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.
Creditor Telephone Number (512) 251-5252	

CREDITOR TAX ID #	ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 11603	Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____
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1 BASIS FOR CLAIM

<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)
<input checked="" type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (Fill out below)
<input type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly below)	Your social security number _____

Unpaid compensation for services performed from _____ to _____ (date) (date)

2 DATE DEBT WAS INCURRED 03/02 - 05/02	3 IF COURT JUDGMENT, DATE OBTAINED
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4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ <u>1120 00</u> (unsecured)	\$ _____ (secured)	\$ _____ (unsecured priority)	\$ _____ (total)
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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
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THIS SPACE FOR COURT USE ONLY

ALLEGIANTE CLAIMS DOCKETING CENTER

Allegiance Claim

01932

DATE SIGNED 11/20/03	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) <i>Evan Harris</i> EVAN HARRIS
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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

Harris Enterprises
 15009 Natural Spring
 Suite 201
 Austin, TX 78728
 (512) 251-5252

I N V O I C E

Allegiance Telecom/Hosting com
 Allegiance Telecom
 7218 McNeil Drive
 Suite 303
 Austin, TX 78729-7617

Deliver To
 Allegiance Telecom
 7218 McNeil Drive
 Suite 303
 Austin, TX 78729-7617

Date 03/08/2002
 Payment Terms Net 14 Days
 Reference

Number 02031493

Account Number 11603

Product Code	Rate/Quan	Product Description / Comment	Unit Price	T	Subtotal
TC-IT	2 0	Intertel PBX System Consulting	80 00		160 00
			Total		160 00
			Grand Total		160 00
Paid Amount 0 00			Balance Due		160 00

Account Status
 Current 0 00

31-60 0 00

61-90 0 00

Over 90 1,120 00

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7218 McNeil Drive
Suite 303
Austin, TX 78729-7617

Deliver To
Allegiance Telecom
7218 McNeil Drive
Suite 303
Austin, TX 78729-7617

Date 03/29/2002 Number 02031498 Account Number 11603
Payment Terms Net 14 Days
Reference

Product Code	Rate/Quan	Product Description / Comment	Unit Price	T	Subtotal
TC-IT	2 0	Intertel PBX System Consulting	80 00		160 00
Paid Amount 0 00			Totar		160 00
			Grand Total		160 00
			Balance Due		160 00

Account Status
Current 0 00 31-60 0 00 61-90 0 00 Over 90 1,120 00

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INVOICE

Allegiance Telecom/Hosting com
Allegiance Telecom
7218 McNeil Drive
Suite 303
Austin, TX 78729-7617

Deliver To
Allegiance Telecom
7218 McNeil Drive
Suite 303
Austin, TX 78729-7617

Date 04/30/2002
Payment Terms Net 14 Days
Reference

Number 02041507

Account Number 11603

Product Code	Rate/Quan	Product Description / Comment	Unit Price	T	Subtotal
TC-IT	2 0	Intertel PBX System Consulting	80 00		160 00

Paid Amount 0 00

Total 160 00
Grand Total 160 00
Balance Due 160 00

Account Status
Current 0 00

31-60 0 00

61-90 0 00

Over 90 1,120 00

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 15009 Natural Spring
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 Austin, TX 78728
 (512) 251-5252

I N V O I C E

Allegiance Telecom/Hosting com
 Allegiance Telecom
 7218 McNeil Drive
 Suite 303
 Austin, TX 78729-7617

Deliver To
 Allegiance Telecom
 7218 McNeil Drive
 Suite 303
 Austin, TX 78729-7617

Date 05/03/2002
 Payment Terms Net 14 Days
 Reference

Number 02051508

Account Number 11603

Product Code	Rate/Quan	Product Description / Comment	Unit Price	T	Subtotal
TC-IT	4 0	Intertel PBX System Consulting	80 00		320 00
Paid Amount 0 00			Total		320 00
			Grand Total		320 00
			Balance Due		320 00

Account Status
 Current 0 00

31-60 0 00

61-90 0 00

Over 90 1,120 00

