

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

PROOF OF CLAIM



s1884

In re
Shared Technologies Allegiance, Inc

Case Number
03-13108

YOUR CLAIM IS SCHEDULED AS
\$624 93 UNSECURED
RECEIVED

Per. *[Signature]*

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(c)(2).

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving _____.
- 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.

The amounts and nature of your claim reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claims against the Debtor, you do not need to file a Disputed Claim. 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

03805888076277

ZEE MEDICAL INC
PO BOX 4530
CHESTERFIELD MO 63006

Creditor Telephone Number () _____

CREDITOR TAX I.D. #
95-2703273

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
015806 - 203664

Check here replace or amend 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) _____

Your social security number _____

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

2 DATE DEBT WAS INCURRED *1-6-03 to 2-4-03* **3 IF COURT JUDGMENT, DATE OBTAINED** _____

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ *624.93 + 85.94* = \$ _____

(unsecured) (secured) (unsecured priority) (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 or 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 for the 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.

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 document 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 United States Bankruptcy Court **BY HAND OR** United States Bankruptcy Court
TO Southern District of New York **OVERNIGHT** Southern District of New York
Allegiance Claims Docketing Center **DELIVERY TO** Allegiance Claims Docketing Center
Bowling Green Station, P.O. Box 95 One Bowling Green, Room 534
New York, NY 10074-0095 New York, NY 10004-1408



DATE SIGNED *11-21-03* **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)
Mauro Egan Jr. 11/21/03

I N V O I C E

ZEE MEDICAL, INC.
 PO BOX 4530
 CHESTERFIELD MO 63006-4530
 800-491-5024

PAGE 1
 DATE 01.06/2003
 TIME 14:25:32

PETER CHANCE

Alt: 53/031/64 / /

ORDER/INVOICE# 140473014
 P.O.#
 TAX RATE(1) 8.25
 TAX RATE(2) 0.00

BILL TO #
 SHARED TECHNOLOGIES

SHIP TO# 015006
 SHARED TECHNOLOGIES
 ALLEGIANCE TELECOM
 9041 DICE RD
 ANTILOPE SPRING CA 90670-
 62-006-4050
 ROSIE

Invoice

PART #	QTY	DESCRIPTION	\$PRICE	\$EXTENDED	TAX
0166	1	CABINET, METAL, W/DOOR, EMPTY	115.95	115.95	T
2618	1	EYE PADS, PAPER, STRIPS 4"	3.70	3.70	T
2605	1	TRICHLOR FLUOROMETHANE 1/UN	3.40	3.40	T
2614	1	BANDAGE, COMPRESS W/TEFLA 3"	6.35	6.35	T
3078	1	P.A.M. II (PROTECTIVE AIRWAY MASK)	9.90	9.90	T
0305	1	TAPE, 2"X 5 YD 3 CUT SPOOL (ZEE)	4.75	4.75	T
0912	1	BANDAGE, ELASTIC 3" X 5 YARDS	4.10	4.10	T
0996001	1	ZEE FLEX 3" X 5" ROLL	5.10	5.10	T
0944	1	ELASTIC ROLL, GAUZE 1/8 3"	2.60	2.60	T
3045	1	NITRILE GLOVES 5 PER BOX, N/5	6.65	6.65	T
0917	1	GAUZE PADS STERILE 4" X 2"	3.75	3.75	T
0920	1	GAUZE PADS STERILE 3" X 2"	3.75	3.75	T
0923	1	GAUZE PADS STERILE 4" X 2"	4.25	4.25	T
2324	1	ICE PACK, DELUXE, LARGE	3.05	3.05	T
2353	1	ICE PACK, ECONOMY, SMALL (ZEE)	2.00	2.00	T
0203	1	CLEAN WIPES, 50/BOX (ZEE)	4.85	4.85	T
0204	1	ANTISEPTIC SWABS, 50/BOX (ZEE)	4.85	4.85	T
0713	1	BNDG, NON-LTX FINGERTIP XLG, 25/BX	7.15	7.15	T
0714	1	BNDG, NON-LTX FINGERTIP, 40/BX	7.75	7.75	T
0716	1	BNDG, NON-LTX KNUCKLE, 40/BX	7.75	7.75	T
0740	1	BNDG, NON-LTX ELASTIC STRIP, 50/BX	5.60	5.60	T
0743	1	BNDG, NON-LTX LG PATCH, 25/BX	7.15	7.15	T
0744	1	BNDG, NON-LTX SM STRIP 5/8", 50/RX	4.05	4.05	T
0209	1	HYDROGEN PEROXIDE, NON-AEROSOL, 3 OZ	3.95	3.75	T
1804	1	BURN SPRAY, NON-AEROSOL, 3 OZ	7.15	7.15	T
0606	1	EYE WASH, 4 OZ, STERILE (ZEE)	6.05	6.05	T
0608	1	EYE & SKIN PUF. FLUSHING SOL., 8 OZ	8.70	8.70	T
5648	1	WATER-JEL BURN DRESS 2"X6" STER	7.25	7.25	T
0213	1	BLOOD CLOTTING SPRAY 3 OZ AEROSOL	11.85	11.85	T
2325	1	COLD SPRAY 3.5 OZ. AEROSOL	7.15	7.15	T
0601	1	EYE CUPS, PLASTIC 6/VIAL	2.50	2.50	T

I N V O I C E

ZEC MEDICAL, INC.
 PO BOX 4530
 CHESTERFIELD MO 63000-4530
 800-491-5024

PAGE 2
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PETER CHANCE

53/031/64
 All: / /

ORDER/INVOICE# 140473014
 P.O.#
 TAX RATE(1) 8.25
 TAX RATE(2) 0.00

PART #	QTY DESCRIPTION	\$PRICE	\$EXTENDED	TAX
0501	1 CTN TIP APPLICATOR 3", NS, 100/VIAL	2.50	2.50	T
0219	1 ANTISEPTIC SPRAY, NON-ALKALINE 1 OZ	0.45	0.45	T
0607	1 REFRESH PLUS EYE DROPS 100 GT	19.95	19.95	T
2612	1 FOILLE OINT., 0.12-OZ PACKET, 6/UM	12.95	12.95	T
1801	1 3-ANTIBIOTIC OINT., 0.9 GM, 25/BX	8.15	8.15	T
2641	1 POVIDONE IODINE, 10 UNIT	6.95	6.95	T
0537	1 S... ..	3.55	3.55	T
1817	1 HYDRO... ..	9.25	9.25	T
2219	1 DE... ..	6.15	6.15	T
3521	1	2.35	2.35	T
2651	1 WATER-JEL BURN JEL 6 UNIT	7.65	7.65	T
1417	1 ZEE PAIN-AID 100/BOX	10.85	10.85	T
1440	1 ANTACID, TRIAL 100/BOX (ZEE)	10.25	10.25	T
1481	1 DILOTAB, NEW FORMULA, 100/BX	4.40	4.40	T
1435	1 EXTRA STRENGTH	11.30	11.30	T
1453	1 CHERRY COUGH DROPS	6.15	6.15	T
1465	1 HISTENOL FORTE TABLETS 100/...	17.45	17.45	T
0625	1 INFECTION CONTROL KIT	51.45	51.45	T

CABINET # 1	CABINET DESCRIPTION - SHOP			
0023	1 STATION, PERSONAL EYE/SKIN IRRIG.	86.50	86.50	T
CABINET # 2	CABINET DESCRIPTION - EYE WASH			

SUBTOTAL: 490.80
 SUBTOTAL: 86.50

* SAFETY: 00.50
 FIRST AID: 490.80
 SUBTOTAL: 577.30
 TAXABLE: 577.30
 TAXABLE: .00
 TAX 1: 47.63
 TAX 2: .00

TOTAL 624.93

I N V O I C E

ZEE MEDICAL, INC
PO BOX 4530
CHESTERFIELD MO 63006-4530
800-491-5024

PAGE 3
DATE 01/06/2003
TIME 14:25:32

PETER CHANCE

53/031/64
Att: / /

ORDER/INVOICE# 140473014
P.O.#
TAX RATE(1) 8.25
TAX RATE(2) 0.00

SIGNATURE

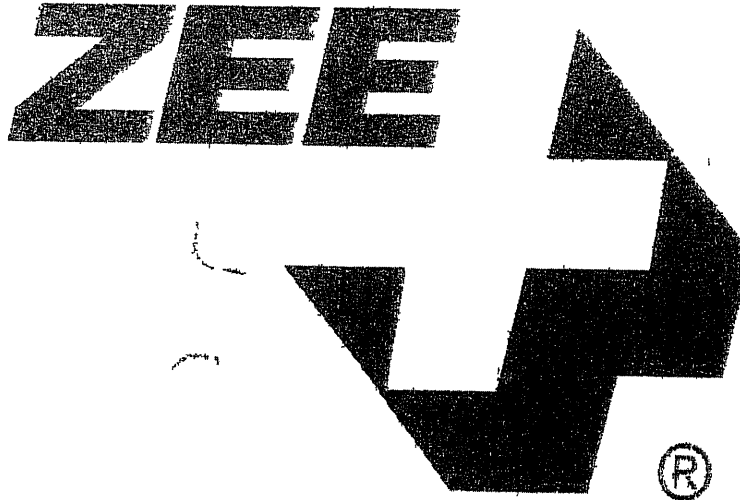


DATE: / /

PRINT NAME:

WARDEN KEVIN
WEST DO WARDEN

THANK YOU FOR YOUR BUSINESS. TERMS: NET 30 DAYS*



Page 3 of 3

OFFICE COPY

PLEASE PAY FROM THIS INVOICE

I N V O I C E

ZEE MEDICAL, INC.
 PO BOX 4530
 CHESTERFIELD MO 63006-4530
 800-491-5024

PAGE 1
 DATE 02/04/2003
 TIME 15:40:07

PAUL SMITH

56,058/53

ORDER, INVOICE# 140431747

Alt: /

P.O.#

TAX RATE1(T) 7.75

TAX RATE2(E) 0.00

BILL TO # 014934
 ALLEGIANCE TELECOM INC
 9201 NO CENTRAL EXPRESSWAY
 DALLAS TX 75231-
 469-259-2950

SHIP TO# S03684
 ALLEGIANCE TELECOM INC

6155 GREENWICH DRIVE
 SAN DIEGO CA 92122-

858-404-6000

TIANA BAINES

PART #	QTY	DESCRIPTION	\$PRICE	\$EXTENDED	TAX
0203	1	CLEAN WIRES, 50/BOX (ZEE)	4.85	4.85	T
0204	1	ANTISEPTIC SWABS, 50/BOX (ZEE)	4.85	4.85	T
0370	1	TAPE, ELASTIC 1" X 5 YD SPOOL	6.50	6.50	T
0714	1	BNDG, NON-LTX FINGERTIP, 40/BX	7.75	7.75	T
0740	1	BNDG, NON-LTX ELASTIC STRIP, 50/BX	5.60	5.60	T
0744	1	BNDG, NON-LTX SM STRIP 5/8", 50/BX	4.05	4.05	T
1417	1	ZEE PAIN-AID 100/BOX	10.85	10.85	T
1420	1	ZEE IBUTAB 100/BOX	13.35	13.35	T
1801	1	3-ANTIBIOTIC OINT, 0.9 GM, 25/BX	8.15	8.15	T
2651	1	WATER-JEL BURN JEL 6 UNIT	7.65	7.65	T
2219	1	DERMAFLEUP PACKETS, 25/BOX	6.15	6.15	T

CABINET # 1 CABINET DESCRIPTION - KITCHEN SUBTOTAL: 79.75

* SAFETY: .00

FIRST AID: 79.75

SUBTOTAL: 79.75

TAXABLE: 79.75 TAX 1: 6.19

TAXABLE: .00 TAX 2: .00

TOTAL 85.94

P. 92

I N V O I C E

ZEE MEDICAL, INC.
PO BOX 4530
CHESTERFIELD MO 63006-4530
800-491-5024

PAGE 2
DATE 02/04/2003
TIME 15:40:07

PAUL SMITH

56/056/53
Alt: / /

ORDER/INVOICE# 140421747
P.O.#
TAX RATE1(T) 7.75
TAX RATE2(E) 0.00

SIGNATURE : Kimberly A Katra

DATE: 02/04/03

PRINT NAME: Kimberly A Katra

* * * * ASK ME ABOUT ZEE'S VALUE ADDED SERVICES * * * *



Pg 232