

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



s2728

In re
Allegiance Telecom Service Corporation

Case Number
03-13103

YOUR CLAIM IS SCHEDULED AS

~~\$666.60 UNSECURED~~
\$1,102.10
FILED

**SOUTHERN DISTRICT OF NEW YORK
ALLEGIANTELECOM, INC
03-13057 (RRD)**

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 relating to your claim. Attach copy of statement giving particulars.

Name of Creditor and Address

03805888024922

J2 GLOBAL COMMUNICATIONS
6922 HOLLYWOOD BLVD 8 TH FL
HOLLYWOOD CA 90028

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 reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

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

Creditor Telephone Number **823 860-9200**

CREDITOR TAX ID #

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
ALLE 0001

Check here replaces or amends a previously filed claim dated _____

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)

Your social security number _____

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

2 DATE DEBT WAS INCURRED **NOV + JUNE 2003**

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ **1,102.10** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **1,102.10** (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.

**REC'D
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 4:00 p.m., October 1, 2003, Eastern Daylight Time.

BY MAIL TO: United States Bankruptcy Court
re Allegiance Telecom Inc et al
P O Box 95 Bowling Green Station
New York NY 10274

BY HAND OR OVERNIGHT DELIVERY TO: Clerk of the United States Bankruptcy Court
re Allegiance Telecom Inc et al
One Bowling Green 6th Floor
New York NY 10004-11408

THIS SPACE FOR COURT USE ONLY

CLAIMS RECEIVING CENTER
USBC - NY 1

DATE SIGNED
11/18/03

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)

Jeffrey D. Adelstein, IP & General Counsel

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

Allegiance Claim
101949

See Other Side For Instructions



6922 Hollywood Blvd Suite 500
 Hollywood, CA 90028
 Tel (323)860-9200 Fax (323)860-9403

INVOICE

Invoice Date	Invoice #	Page
5/31/03	INV0007138	1

Bill to
 Allegiance Telecom, Inc

Floor 5-B Accounts Payable
 9201 N Central Expressway
 Dallas TX 75231

Ship to
 Allegiance Telecom, Inc

Floor 5-B Accounts Payable
 9201 N Central Expressway
 Dallas TX 75231

Purchase Order #	Customer ID	Salesperson ID	Invoice #	Payment Terms
	ALLE0001	PFARLEY	INV0007138	Net 30

QTY	Serv Type	Description	U Of M	Disc	Unit Price	Ext Price
50	MONTHLY	jConnect Monthly Fee-May 2003	Each	\$0 00	\$9 95	\$497 50
499	INBOUND	Usage	Each	\$0 00	\$0 10	\$49 90

Subtotal	\$547 40
Tax	\$0 00
Trade Discount	\$0 00
Other	\$0 00
TOTAL	\$547 40

**PLEASE INDICATE YOUR INVOICE #
 AND CUSTOMER ID WITH YOUR PAYMENT
 TO ENSURE PROPER CREDIT TO YOUR ACCOUNT**



**Global
Communications**

6922 Hollywood Blvd , Suite 500
Hollywood CA 90028
Tel (323)860-9200 Fax (323)860-9403

INVOICE

Invoice Date	Invoice #	Page
6/30/2003	INV0007349	1

Bill to
Allegiance Telecom, Inc

Floor 5-B Accounts Payable
9201 N Central Expressway
Dallas TX 75231

Ship to
Allegiance Telecom, Inc

Floor 5-B Accounts Payable
9201 N Central Expressway
Dallas TX 75231

Purchase Order #	Customer ID	Salesperson iD	Invoice #	Payment Terms
	ALLE0001	PFARLEY	INV0007349	Net 30

QTY	Serv Type	Description	U Of M	Disc	Unit Price	Ext Price
50	MONTHLY	jConnect Monthly Fee-June 2003	Each	\$0 00	\$9 95	\$497 50
632	INBOUND	Usage	Each	\$0 00	\$0 10	\$63 20

Subtotal	\$560 70
Tax	\$0 00
Trade Discount	\$0 00
Other	\$0 00
TOTAL	\$560 70

**PLEASE INDICATE YOUR INVOICE #
AND CUSTOMER ID WITH YOUR PAYMENT
TO ENSURE PROPER CREDIT TO YOUR ACCOUNT**



Global Communications

November 18, 2003

U S Bankruptcy Court
Re Allegiance Telecom, Inc et al
P O Box 95 Bowling Green Station
New York, NY 10274

Re Allegiance Telecom, Inc

To Whom It May Concern

With regard to the above-referenced case, enclosed please find an original Proof of Claim with supporting documentation and a date-stamp copy. Please return the date-stamped copy to me in the envelope provided.

Should you have any questions, feel free to contact me directly at (323) 860-9250
Thank you

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynda Morales', written in a cursive style.

Lynda M Morales
Paralegal

Enclosure