

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor <u>Allegiance Telecom of Massachusetts, Inc.</u>		Case Number <u>03-13078</u>
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 USC § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <u>Andrew S. Albrecht</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim. If so, specify the name of the creditor and the date of filing. <u>FILED SOUTHERN DISTRICT OF NEW YORK ALLEGIANCE TELECOM, INC 03-13057 (FRD)</u>	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent <u>2290 Traywick Chase Alpharetta GA 30004</u>	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <u>1644</u> <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone number <u>770-754-4553</u>	Account or other number by which creditor identifies debtor <u>5156</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim dated _____ <input type="checkbox"/> amends _____
1 Basis for Claim		
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>see attachment A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to <u>REC'D</u> (date)
2 Date debt was incurred	3 If court judgment, date obtained <u>DEC 03 2003</u>	
4 Total Amount of Claim at Time Case Filed		\$ <u>unknown at this time</u> BMC
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> 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		6 Unsecured Priority Claim
<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 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.		THIS SPACE IS FOR COURT USE ONLY
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 the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>11-18-03</u>	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) <u>Andrew S Albrecht</u>	



ATTACHMENT A

Name of Claim Holder: Andrew S. Albrecht ("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
- 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 if its claim from the Debtor eventually determined to be the appropriate party