

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

PROOF OF CLAIM



CRDID 19809

In re
Allegiance Telecom of
Virginia, Inc.

Case Number
03-13098

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 any creditor has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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.

FILED
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
2172
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
 03805890019609
NEUSTAR INC NeuStar, Inc.
x x MARTIN L OWEN VP & CO x x 46000 Center Oak
x x 2000 M ST NW STE 600 x x Plaza
x x WASHINGTON DC 20036 x x Sterling, VA 20166
Attn: Alex Konde

Creditor Telephone Number (571) - 434-5743

CREDITOR TAX ID #
52-2141938

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
13707

Check here replaces or amends 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 Jan. 2002 - May 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED
 \$ 645.76 (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ 645.76 (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.

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.

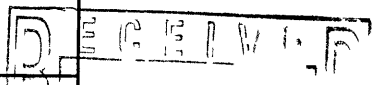
BY MAIL TO	United States Bankruptcy Court Southern District of New York Allegiance Claims Docketing Center Bowling Green Station, P.O. Box 95 New York, NY 10274-0095	BY HAND OR OVERNIGHT DELIVERY TO	United States Bankruptcy Court Southern District of New York Allegiance Claims Docketing Center One Bowling Green, Room 534 New York, NY 10004-1408
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02351

DATE SIGNED
11/24/03

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)
Ahita Vessali, Controller



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



Invoice

REMITTANCE SHEET

46000 Center Oak Plaza
Sterling Va 20166

Date 10/15/2003

Bill To Address

Allegiance Telecom of Virginia Inc
9201 North Central Expressway
5B Accounts Payable
Dallas TX 75231

Remittance Address

NeuStar
Bank Of America
P O Box 403034
Atlanta GA 30384

Customer

Name

13707

Allegiance Telecom of Virginia Inc

Invoice Date

Collection Amt

Item ID

Reason

2002 01 31	389 21	00647470	LNP
2003 03 31	23 43	00980696	SOW15
2003 03 31	0 03	00983165	SOW6
2003 03 31	95 74	00983390	LNP
2003 03 31	3 70	00984964	SOW11
2003 03 31	0 37	00985489	SOW34
2003 03 31	0 4		SOW34
2003 03 31	3 5		SOW28
2003 03 31	0 0		SOW19
2003 03 31	0 1		SOW13
2003 04 30	0		SOW6
2003 04 30	75		LNP
2003 04 30	3		SOW11
2003 04 30	0		SOW34
2003 04 30	0		SOW34
2003 04 30			SOW28
2003 04 30			SOW19
2003 04 30			SOW13
2003 05 01			SOW19
2003 05 01			SOW6
2003 05 01	1 67		SOW11
2003 05 01	0 15	01011062	SOW13
2003 05 01	0 15	01011745	SOW34
2003 05 01	0 19	01013444	SOW34
2003 05 01	41 91	01016309	LNP
2003 05 01	1 59	01018141	SOW28
2003 05 01	0 47	FC 3284	
Total	645 76		

2172