

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

PROOF OF CLAIM



CRDID 19809

In re
Allegiance Telecom of
Oregon, Inc.

Case Number
03-13092

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 and that your statement of assets and liabilities
- Check box if you have never received any notice 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
U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
2175
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
x x x x x
MARTIN LOWEN P&CO x x x x x
2000 M ST NW STE 600
WASHINGTON DC 20036

NeuStar, Inc.
4600 Center Oak Plaza
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
14535

Check here replaces or amends a previously filed claim dated _____ if this claim replaces or amends

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 Nov 2002-May 2003 **3 IF COURT JUDGMENT, DATE OBTAINED**

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 96.57 (unsecured) \$ (secured) \$ (unsecured priority) \$ 96.57 (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 and other 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.

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

RECEIVED FOR COURT USE ONLY

NOV 26 2003

CLAIMS PROCESSING CENTER
USBC SY

DATE SIGNED: 11/24/03

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)

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



02354



Invoice

REMITTANCE SHEET

46000 Center Oak Plaza
Sterling Va 20166

Date 10/15/2003

Bill To Address

Allegiance Telecom of Oregon 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

14535

Allegiance Telecom of Oregon Inc

Invoice Date

Collection Amt

Item ID

Reason

2002 11 30

0 11

FC 676

2002 12 31

18 47

00893891

LNP

2003 01 31

11 85

00939184

SOW15

2003 01 31

0 31

00939275

SOW9

2003 01 31

0 48

00939401

SOW11

2003 01 31

3 68

00939656

SOW11

2003 01 31

3 52

00939848

SOW28

2003 01 31

0 03

00940604

SOW6

2003 01 31

56 39

00945012

LNP

2003 01 31

0 02

00951217

SOW19

2003 01 31

0 23

00958062

SOW34

2003 01 31

0 35

00961691

SOW34

2003 05 01

1 13

FC 3399

Total

96 57