

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

**PROOF OF CLAIM**



CRDID 19609

In re  
Allegiance Telecom of  
Minnesota, Inc.

Case Number  
03-13080

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.
- 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**  
**U.S. DISTRICT COURT OF NEW YORK**  
**ALLEGIANTE TELECOM, INC**  
**03-13080 (RRD)**  
**2180**

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.  
46000 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  
14477

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

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ 511.11 (unsecured)      \$ \_\_\_\_\_ (secured)      \$ \_\_\_\_\_ (unsecured priority)      \$ 511.11 (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.

**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

**THIS SPACE FOR COURT USE ONLY**

**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



Invoice

REMITTANCE SHEET

46000 Center Oak Plaza  
Sterling Va 20166

Date 10/15/2003

Bill To Address

Allegiance Telecom of Minnesota 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**

14477 Allegiance Telecom of Minnesota Inc

Invoice Date	Collection Amt	Item ID	Reason
2002 12 31	1 34	00885977	SOW28
2002 12 31	36 07	00888285	LNP
2002 12 31	8 97	00889278	SOW15
2002 12 31	1 41	00891061	SOW11
2002 12 31	0 01	00891687	SOW6
2002 12 31	0 01	00892000	SOW13
2003 01 31	385 37	00944999	LNP
2003 01 31	0 14	00945867	SOW6
2003 01 31	0 08	00948817	SOW13
2003 01 31	16 99	00949355	SOW11
2003 01 31	0 19	00951207	SOW19
2003 01 31	16 15	00952919	SOW28
2003 01 31	1 49	00958049	SOW34
2003 01 31	2 44	00961678	SOW34
2003 01 31	1 38	00962718	SOW35
2003 01 31	26 93	00964691	SOW15
2003 02 28	0 36	FC 1685	
2003 03 31	3 61	FC 2157	
2003 04 30	5 56	FC 2743	
2003 05 01	2 61	FC 3377	
<hr/>			
	511 11		
<hr/>			