UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

CRDID 19609

In re
Allegiance Telecom of Michigan, Inc.

Case Number
03-13079

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

Name of Creditor and Address

03805890019609

NEUSTAR, INC
~~MARTIN LOWEN VP & GC~~
~~2000 M ST NW STE 600~~
~~WASHINGTON, DC 20036~~

NeuStar, Inc.
46000 Center Oak Plaza
Sterling, VA 20166

Attn: Alex Konde

Creditor Telephone Number (571) -434-5743

☐ 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. BC SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
2181

If you have already properly filed a proof of claim with th Bankruptcy Court, you do not need to file again

CREDITOR TAX I D # 52-2141938

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 14074

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

1 BASIS FOR CLAIM

☐ Goods sold
☒ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other (describe briefly below)
☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries, and compensation (Fill out below)

Your social security number _____

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

2 DATE DEBT WAS INCURRED Jan.2002-Apr 2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED $ 544.12 (unsecured) $ _____ (secured) $ _____ (unsecured priority) $ 544.12 (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

RECD
DEC 03 2003
BMC

☐ 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

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

Allegiance Claim
02360

NEUSTAR

Invoice

REMITTANCE SHEET

46000 Center Oak Plaza
SterlingVa,20166

Date 10/9/2003

Bill To Address

Allegiance Telecom of Michigan, 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
14074	Allegiance Telecom of Michigan, Inc

Invoice Date	Collection Amt	Item ID	Reason
2002 01-31	186 37	00670631	LNP
2003 03 31	34 17	00981871	SOW15
2003 03-31	160 88	00982680	LNP
2003 03 31	0 04	00983922	SOW6
2003-03-31	5 39	00984105	SOW11
2003 03 31	0 47	00985171	SOW34
2003 03-31	0 61	00986519	SOW34
2003 03 31	5 13	00990054	SOW28
2003 03-31	0 06	00991536	SOW19
2003 03-31	0 02	00992438	SOW13
2003-04-30	5 39	00995698	SOW11
2003 04-30	132 02	00998197	LNP
2003 04 30	0 04	00998873	SOW6
2003 04 30	0 48	00999117	SOW34
2003 04 30	0 61	01000444	SOW34
2003 04 30	5 12	01003700	SOW28
2003 04-30	0 06	01005047	SOW19
2003 04 30	0 02	01005704	SOW13
2003 03 31	7 24	FC 2123	
Total	544 12		