

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor
Alliance 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.

Name of Creditor (The person or other entity to whom the debtor owes money or property)
Theresa J Smith

Check box if you are aware that anyone else has filed a proof of claim regarding your claim. Attach copy of statement of assets and liabilities.

Name and address where notices should be sent
Theresa J Smith
7036 Hickory Hollow Lane
Rockvale Texas 76262

Check box if you have not received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope sent to you by the court.

FILED
U.S. B.C. SOUTHERN DISTRICT OF NEW YORK
ALLIANCE TELECOM, INC
03-13057 (RRD)
2298

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

Check here
 replace
if this claim a previously filed claim dated ____
 amends

1 Basis for Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other Indemnification, if any
See Attachment A

Retiree benefits as defined in 11 U.S.C. § 1114(a)
 Wages salaries and compensation (fill out below)
Your SS # _____
Unpaid compensation for services performed
from _____ to RECD
(date) (date)

DEC 03 2003

2 Date debt was incurred

3 If court judgment, date obtained
BMC

4 Total Amount of Claim at Time Case Filed \$ UNKNOWN
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 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 if any \$ _____

6 Unsecured Priority Claim
 Check this box if you have an unsecured priority claim
Amount entitled to priority \$ _____
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 4/1/98 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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date
11/25/03

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)
Theresa J Smith Vice President Revenue Mgmt

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571



ATTACHMENT A

Name of Claim Holder Theresa J Smith (“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, to which claimant is the direct or indirect beneficiary
- 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 of its claim from the Debtor eventually determined to be the appropriate party