

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK **PROOF OF CLAIM**

Name of Debtor: Allegiance Telecom of New Jersey Inc Case Number: 03 13084

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  
 Name and address where notices should be sent: Theresa J Smith, 2036 Hickory Hollow Lane, Rowanoke, Texas 76262  
 Telephone number: 214 769 9268

Check box if you are aware that anyone else has filed a proof of claim regarding this case. If so, attach a copy of statement giving particulars.

Check box if you have never 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.

USDC SOUTHERN DISTRICT OF NEW YORK  
 ALLEGIANCE TELECOM, INC  
 03-13057 (RRD)  
 2298

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor: \_\_\_\_\_  
 Check here if this claim  replaces 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 \_\_\_\_\_ (date) (date)

**2 Date debt was incurred** \_\_\_\_\_ **3 If court judgment, date obtained** \_\_\_\_\_

**4 Total Amount of Claim at Time Case Filed** \$ UNKNOWN RECD  
 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 and describe amount of all interest or additional charges. DEC 03 2003

**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 principal 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 marking this proof of claim. THIS SPACE IS FOR COURT USE ONLY

**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.

Date: 11/25/03  
 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):  
 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