

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor  
 Allegiance Telecom of California Inc

Case Number  
 03 13069

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 relating to this case. Attach a copy of statement giving particulars.

**FILED**  
**U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK**  
**ALLEGIANCE TELECOM, INC**  
**03-13069 (RRD)**  
**2311**  
 THIS SPACE IS FOR COURT USE ONLY

Name and address where notices should be sent  
 Theresa J Smith  
 2036 Hickory Hollow Lane  
 Rockwall Texas 76262

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.

Account or other number by which creditor identifies debtor

Check here if this claim  replaces a previously filed claim dated \_\_\_\_\_ or  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)

**RECD**

**2 Date debt was incurred**

**3 If court judgment, date obtained**

**DEC 03 2003**

**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.

**BMC**

**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 advance 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.

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**7 Credits** The amount of all payments on this claim has been credited and deducted for the purpose of marking 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 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 of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  
Theresa J Smith  
 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