

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

**PROOF OF CLAIM**

**YOUR CLAIM IS SCHEDULED AS**  
\$206.08 UNSECURED CONTINGENT  
DISPUTED UNLIQUIDATED  
**FILED**

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(c)(2).

**USBC SOUTHERN DISTRICT OF NEW YORK**  
 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving

**ALLEGIANCE TELECOM, INC**  
**03-13057 (RRD)**  
**2358**

**Name of Creditor and Address**  
SONJIA D SIMPSON DBA INFINITY MTG SERVS  
28050 SOUTHFIELD RD  
LATHRUP VILLAGE MI 48076  
*26300 TELEGRAPH RD  
STE 105  
SOUTHFIELD, MI 48034*

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

The amounts and nature of your claim reflected above constitute your claim as scheduled by the Debtor. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. **If the amounts shown above are listed as Contingent Unliquidated or Disputed a proof of claim must be filed.** If you have already properly filed a proof of claim with the Bankruptcy Court, you do not need to file again.

Creditor Telephone Number *(734) 750-0219*  
CREDITOR TAX ID # *38-3540013*

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here  replace or  amend 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) *Balance on credit to be refunded*  
Your social security number \_\_\_\_\_  
Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** *8/2002?*

**3 IF COURT JUDGMENT, DATE OBTAINED** *RECD*

**4 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ *206.08* (unsecured)

**5 IF COURT JUDGMENT, DATE OBTAINED** *DEC 03 2003*

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 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) *Refund owed*  
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** United States Bankruptcy Court  
**TO** 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  
*11/25/03*

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).  
*Sonja D Simpson - Gardner*

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

In re	X	
<b>ALLEGIANCE TELECOM, INC , et al ,</b>		<b>Chapter 11 Case No 03-13057 (RDD)</b>
<b>Debtors</b>		<b>Jointly Administered</b>
	X	

**NOTICE OF CORRECTED PROOF OF CLAIM FORM**

PLEASE TAKE NOTICE THAT, RECENTLY, YOU SHOULD HAVE RECEIVED A "NOTICE OF BAR DATE," DATED SEPTEMBER 30, 2003, REQUIRING FILING OF PROOFS OF CLAIM ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)** TOGETHER WITH A PROOF OF CLAIM FORM FOR YOUR USE IN FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES THE PROOF OF CLAIM FORM HAD TYPOGRAPHICAL ERRORS INCLUDING THE INCORRECT DATE OF OCTOBER 1, 2003 AS THE DEADLINE TO FILE CLAIMS

**ENCLOSED IS THE CORRECT PROOF OF CLAIM YOU SHOULD USE FOR FILING A CLAIM IN THE ABOVE CAPTIONED CHAPTER 11 CASES IN ACCORDANCE WITH THE NOTICE OF BAR DATE**

**IF YOU HAVE ALREADY FILED A PROOF OF CLAIM FORM USING THE INCORRECT FORM AND THIS PROOF OF CLAIM WAS SENT TO ONE OF THE ADDRESSES LISTED BELOW, YOU DO NOT NEED TO FILE THE SAME PROOF OF CLAIM ON THE CORRECT FORM WHICH IS ENCLOSED HEREWITH IF YOU HAVE NOT, PLEASE USE THE ENCLOSED PROOF OF CLAIM FORM**

THE NOTICE OF BAR DATE YOU RECEIVED WHICH ACCOMPANIED THE INCORRECT PROOF OF CLAIM FORM IS ACCURATE IN REQUIRING THAT PROOFS OF CLAIM MUST BE FILED ON OR BEFORE **NOVEMBER 26, 2003 AT 5 00 P M (PREVAILING EASTERN TIME)**

PROOFS OF CLAIM SHOULD BE SENT BY MAIL OR HAND DELIVERED SO THAT THEY ARE RECEIVED ON OR BEFORE **NOVEMBER 26, 2003, AT 5 00 P M , PREVAILING EASTERN TIME, AS FOLLOWS**

**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

**IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE, THE FILING OF PROOFS OF CLAIM OR REQUIRE A COPY OF THE NOTICE OF BAR DATE, PLEASE CONTACT THE ALLEGIANCE CLAIMS DOCKETING CENTER, BY CALLING BANKRUPTCY MANAGEMENT CORPORATION, THE DEBTORS' CLAIMS AGENT, AT 1-888-909-0100**

**ALLEGIANCE TELECOM, INC , ET AL**



*Don  
Account Paid  
in full*

**Allegiance Telecom of Michigan, Inc**  
1950 StemmonsExpressway  
Suite 3026  
Dallas, TX 75207  
(214) 853-7110 Fax  
For Billing Inquiries please contact  
customer service at (800) 553-1989

SONJIA D SIMPSON DBA INFINITY  
28050 SOUTHFIELD RD  
LATHRUP VILLAGE MI 48076

**BILLING DATE** 10/31/2002  
**ACCOUNT NUMBER** 002418879629  
**INVOICE NUMBER** 021103073270

**ACCOUNT STATUS**

PREVIOUS BALANCE 1 068 92  
PAYMENTS APPLIED THROUGH 10/31/2002 0 00  
ADJUSTMENTS (1 275 00)  

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**PAST DUE (206 08)**

**SUMMARY OF CURRENT CHARGES**

**USAGE CHARGES**

LOCAL 0 00  
LATA TOLL\* 0 00  
1+ OUTBOUND\*\* 0 00  
8XX INBOUND 0 00  
CALLING CARD 0 00  
INTERNATIONAL 0 00  
DIRECTORY ASSISTANCE 0 00

**MONTHLY RECURRING AND NON-RECURRING CHARGES** 0 00

**LATE PAYMENT CHARGES** 0 00

**TAXES, FEES AND OTHER ASSESSMENTS** 0 00

\*Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for LATA Carrier Information  
\*\*Please see section labeled 'Monthly Recurring and Non Recurring Charges' for LD Carrier Information

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**TOTAL CURRENT CHARGES** 0 00 0 00  
**TOTAL AMOUNT DUE** (206 08)

If you have any questions concerning this invoice or about available features please call customer service at (800) 553-1989 during the hours of 7 AM and 6 PM (CST) Monday thru Friday Please see section labeled 'Monthly Recurring and Non-Recurring Charges' for carrier information

Detach and mail this section with your check made payable to Allegiance Telecom of Michigan Inc for the amount due

SONJIA D SIMPSON DBA INFINITY  
28050 SOUTHFIELD RD  
LATHRUP VILLAGE MI 48076

Make Checks Payable to  
**Allegiance Telecom of Michigan, Inc**  
**P O BOX 844870**  
**DALLAS, TX 75284-4870**

**BILLING DATE** 10/31/2002  
**ACCOUNT NUMBER** 002418879629  
**INVOICE NUMBER** 021103073270  
**PAYMENT DUE BY** 11/30/2002  
**TOTAL AMOUNT DUE** (206 08)



SONJIA D SIMPSON DBA INFINITY

BILLING DATE 10/31/2002  
ACCOUNT NUMBER 002418879629  
INVOICE NUMBER 021103073270

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**PAYMENTS**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
<b>TOTAL PAYMENTS</b>		<b>0 00</b>

**ADJUSTMENTS**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
10/18/2002	Line Charges	(1 275 00)
<b>TOTAL ADJUSTMENTS</b>		<b>(1,275 00)</b>

**TAXES, FEES AND OTHER ASSESSMENTS**

<u>Date</u>	<u>Description</u>	<u>Amount</u>
<b>TOTAL TAXES, FEES AND OTHER ASSESSMENTS</b>		<b>0 00</b>



SONJIA D SIMPSON DBA INFINITY

BILLING DATE 10/31/2002  
ACCOUNT NUMBER 002418879629  
INVOICE NUMBER 021103073270

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## IMPORTANT INFORMATION

If you have any questions concerning this invoice or about available features please call customer service at (800) 553 1989 during the hours of 7 AM to 6 PM (CST) Monday thru Friday

Your monthly recurring charges are billed one month in advance Other charges are billed in arrears Payments received after previous bill's due date may not be reflected on this invoice If we do not receive payment for the charges on this statement by the invoice due date your account will become past due and will be subject to a late payment charge as applicable in your state

You are responsible for the payment of all charges on your bill Failure to pay any portion of your bill may result in collection action In addition to collection action non payment of certain charges may result in the disconnection of your local service Examples of residential charges for which failure to pay cannot result in the disconnection of local service - include those for your operator service provider (OSP) resale toll services pay-per-call services or any service not regulated by the Michigan Telecommunications Commission Examples of business charges for which failure to pay cannot result in the disconnection of local service include those for your operator service provider (OSP)

For additional information about Allegiance Telecom and our products or to send us an email please go to [www.algx.com](http://www.algx.com)