

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

PROOF OF CLAIM



In re
ALGX Business Internet, Inc

Case Number
03-13061

YOUR CLAIM IS SCHEDULED AS
\$349 57 UNSECURED CONTINGENT
DISPUTED UNLIQUIDATED
FILED

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).

Check box if you are aware that anyone has filed a proof of claim relating to your claim. Attach copy of statement giving

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

Name of Creditor and Address
 03805888086128
Liberty Corner Computing
PO Box 157
Liberty Corner NJ 07938-0157

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

2523
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 **908 580-0087**
CREDITOR TAX I.D. # **223-444-700**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR

Check here replace or amends a previously filed claim dated _____

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) **overpayment of bill** Your social security number _____
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 \$ **349 57** (unsecured) \$ _____ (secured) \$ _____ (unsecured priority) \$ **349 57** (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 **REC'D DEC 16 2003**
 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 United States Bankruptcy Court
TO Southern District of New York
Allegiance Claims Docketing Center
Bowling Green Station, P.O. Box 95
New York, NY 10004-1408
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
03-13061-107
NOV 26 2003

DATE SIGNED **11/04/03** SIGN and print the name and title of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).
Catherine Cheo-Israacs Catherine Cheo-Israacs
Owner



allegianceinternet



Your Account Invoice

Billing Inquiries
Corporate Accounts 866-696-2794 or abi-corp-bill@algx.net
Dial Up/America 1-888 328-2345 or billing@iamerica.net
Mail Correspondence To 7601 Ora Glen Drive Greenbelt MD 20770
Mail Payments To P O Box 630905 Baltimore MD 21263-2905
Federal Tax ID Number 75-2778908

000072 016-001 00022-00537-001
Attn -Cathy -Choe-Isaacs
LIBERTY CORNER COMPUTING
PO BOX 157
LIBERTY CORNER NJ 07938-0157
USA

Date 10/01/03
Invoice Number
Account Number 1048
P O Number
Page 1 of 1



Summary of Your Account

Payment Term Due Upon Receipt

Account Summary	
Past Due Balance	\$ 349 57
Total Payments	\$0 00
Total Adjustments	\$349 57
Current Invoice	\$0 00
Final Balance	\$0 00

Account Statement

Date	Transaction	Amount
09/24/03	Debit Memo 1415561	\$49 57
09/22/03	Debit Memo 1414845	\$300 00



allegianceinternet

Please detach and return with your payment

Account Number 1048

Invoice Number

Amount Due \$0 00

Amount Enclosed

Payment Coupon

Account Name LIBERTY CORNER COMPUTING

Please make checks payable to Allegiance Internet

ALLEGIANCE INTERNET
P O BOX 630905
BALTIMORE MD 21263-2905

