

**United States Bankruptcy Court District of New York
Manhattan**

Proof of Claim

Name of Debtor
ALLEGIANCE TELECOM OF TEXAS, INC

Case Number
03-13095-RDD

Note: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request of 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)
United Parcel Service

U.S.B.C. SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13095 (RRD)

Name and address where notices should be sent
**United Parcel Service
c/o D&B/RMS Bankruptcy Services
P O Box 4396
Timonium Maryland 21094
Telephone Number (410) 453-6591**

Check box if you are filing that any proof of claim relating to this claim. Attach copy of statement of value.
 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.

FILED
2527

This space is for court use only

Account or other number by which creditor identifies debtor
R8224V

Check here Replaces if this claim Amends a previously filed claim dated _____

1 Basis For Claim
 Goods sold
 Services performed
 Money loaned
 Personal injury / wrongful death
 Taxes
 Other _____

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

2 Date debt was incurred
See Attached

3 If court judgement date obtained

4 Total Amount of Claim at Time Case Filed
\$ **\$4,611.87**

REC'D DEC 16 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.

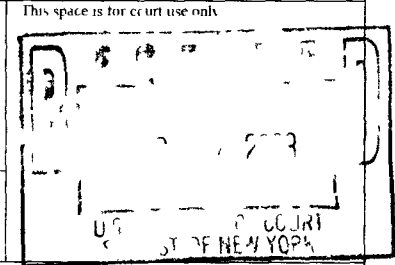
5 Secured Claim
 Check this box if your claim is secured by collateral (including a right of setoff)
Brief Description of Collateral
 Real Estate
 Motor Vehicle
 Other _____
Value of Collateral \$ _____
Amount of arrearage and other charges at time case filed included in secured claim above if any
\$ _____

6 Unsecured Priority Claim
 Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specific the priority of the claim
 Wages salaries or commissions (up to \$4000) *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)
 Contribution to an employee benefit plan - 11 U.S.C. § 507(a)(4)
 Up to \$1,800* 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 of governmental units - 11 U.S.C. § 507(a)(8)
 Other Specify applicable paragraph of 11 U.S.C. § (a)(____)
**Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter will 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 judgements mortgages security agreements and evidence of perfecting of lien

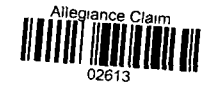
9 Date Stamped Copy To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim



Date
09/26/03

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)
Signed *David J. Lynch*
David J. Lynch D&B/RMS Agent for Creditor

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



MAR1111M ACCOUNTS RECEIVABLE INQUIRY (ACCOUNT HISTORY) 09/26/03 10 37 47

SHIPPER R8224V CONS PLAN 00000612XW BALANCE 1,348 55
 REG/DIS 0612 CBS PLAN AVG INV 1,316 35
 PARENT/SUB 0001649030 STRATA NATL
 FREQ CYCLE PAYMENT (NONE)
 NAME ALLEGIANCE TELECOM MAILING 05 (CONS)
 ADDRESS 4050 CORPORATE DR RM 100 PREPAYMENT (NONE)
 GRAPEVINE TX 76051 PREPAY BAL
 CONTACT KENT ANDERSON COLL LOC CHICAGO - NORTHEAST
 PHONE (817) 329-9792 PHONE (630) 628-7675
 TITLE MANAGER CBS COLL LOC

BANKRUPTCY

INV DATE	M	PAY PLAN	INVOICE AMT	PAYMENTS	ADJUSTMENTS	BALANCE
06/07/03	5	(CONS)	75 47	75 47	00	00
05/31/03			375 64	375 64	00	00
05/24/03			1,535 15	1,535 15	00	00
05/17/03			2,845 81	1,422 90	1,422 91	00
05/10/03			1,722 82	00	1,722 82	00
05/03/03			1,466 14	00	1,466 14	00
04/26/03			3,377 58	3,377 58	00	00

TYPE 'S' AND PRESS ENTER TO SELECT A BILL

(MORE)

PF1=HELP PF3=PREV PF5=CONTACT PF6=ADJ PF7=UP PF8=DOWN PF9=MSG PF12=MENU