

United States Bankruptcy Court SOUTHERN District of NEW YORK **PROOF OF CLAIM**

Name of Debtor **ALLEGIANCE TELECOM, INC** Case Number **03-13057** **REC'D FEB 16 2004**

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 **SBC CORPORATION MIDWEST** **FILED**
SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (FRD)
2682

Check box if you are **overriding** any claim already filed a proof of claim relating to your claim. Attach 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

This space is for Court Use Only

Name and Addresses Where Notices Should be Sent
SBC MIDWEST BANKRUPTCY GROUP
P O BOX 981268
WEST SACRAMENTO, CA 95798
 Telephone No 888 704 2265

Account of other number by which creditor identifies debtor
(SEE ATTACHED)

Check here if this claim
 replaces
 * amends a previously filed claim dated 12/23/03

1 Basis for Claim

Goods sold
 Services performed
 Money loaned
 Personal injury/wrongful death
 Taxes
 Other (Describe briefly)

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 **PRIOR TO 5/14/03** **3 If court judgment, date obtained**

4 Total Amount of Claim at Time Case Filed **\$871 60 UNSECURED NON-PRIORITY**

(Additionally, SBC AMERICA reserves all of its rights to setoff and contribution or otherwise as set forth in Section 553 of the United States Bankruptcy Code and as permitted under applicable state law)

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 (Describe briefly)

Value of Collateral \$ _____

Amount of arrearage 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 \$4 300) *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 U.S.C. § 507(a)(4)

Up to \$1 950 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 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 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 **2/2/04**

SBC CORPORATION MIDWEST
 BY *M. H. Castillo*
MARGARET H CASTILLO, BANKRUPTCY REPRESENTATIVE

THIS SPACE FOR COURT USE ONLY

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ALLEGIANE CLAIM
02770

"Do to the number of accounts made the basis of this proof of claim, SBC MIDWEST has summarized the account information in the attached spreadsheet to support its proof of claim. If copies of the records are needed please contact, MARGARET CASTILLO at (888) 704-2265 and copies will be provided "

FB Date	Primary TN	FB Amount
	2165667267353	<u>\$871 60</u>
		\$871 60