

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		<b>PROOF OF CLAIM</b> <b>REC'D FEB 16 2004</b>
Name of Debtor <b>Allegiance Telecom, Inc., et.al.,</b>		Case Number <b>03-13057 (RDD)</b>
<p><b>NOTE</b> 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.</p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>County of Santa Cruz</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent <b>Santa Cruz Collections Division 701 Ocean Street, Room 150 Santa Cruz, CA 95060 Telephone number (831) 454-2275 Attn: Brenda</b>		DISTRICT OF NEW YORK <b>ALLEGIANCE TELECOM, INC</b> <b>03-13057 (RDD)</b> ----- <b>2683</b>
Account or other number by which creditor identifies debtor <b>74200001</b>		THIS SPACE IS FOR COURT USE ONLY
<b>1 Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)
<b>2 Date debt was incurred</b> <u>1-1-03</u>	<b>3 If court judgment, date obtained</b>	
<b>4 Total Amount of Claim at Time Case Filed</b> <u>\$ 2087.31</u>		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" type="checkbox"/> 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 <u>99.39</u>		
<b>5 Secured Claim</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral <u>\$ 187,364.00</u> Amount of arrearage and other charges at time case filed included in secured claim if any <u>\$ 99.39</u>		<b>6 Unsecured Priority Claim</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> 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 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$1 950* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 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
<b>7 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>8 Supporting Documents</b> 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. <b>9 Date-Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date <b>2-5-04</b>	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) <b>Brenda Fox</b> <b>Brenda Fox, Supervisor</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.



07 45 35 Thu Feb 05, 2004

PARCEL 7420000 03300 C/A 00001 03 RATES 061  
TAX BILL ALLEGIANCE TELECOM OF CALIFORNIA, IN STATUS ACTIVE

NAME AND ADDRESS

00000

LIEN DATE: 01/01/03

SITUS

BILL DATE: 10/16/03

VALUES		FIRST INSTALLMENT	SECOND INSTALLMENT
LAND		40 AMT 993.96	993.96
IMPR		70 AMT	
PERP	187,364	SPECIAL LEVIES	
EXMP		INST AMT 993.96	993.96
NET	187,364	PENALTY 99.39	
L&I		COST	
TOT TAX	2,087.31	TOT INST 1,093.35	993.96
***SANTA CRUZ COUNTY***		DLQ DATE: 12/10/03	04/10/04
****TAX BILL INQUIRY****		PAID DATE	

'HELP' FOR INSTRUCTIONS. PF5 PF6 PF12 BNKR

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**PROOF OF SERVICE BY MAIL**

State of California )  
County of Santa Cruz )

I am a citizen of the United States and a resident of the county aforesaid I am over the age of eighteen and not a party to the above-entitled action My business / residence address is 701 Ocean Street, Room 150, Santa Cruz CA 95060

On February 5, 2004, I served the within Proof of Claim on the parties in said action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States Post Office at Santa Cruz, California, addressed as follows

U S Bankruptcy Court Clerk  
Southern District of New York  
Allegiance Claims Docketing Center  
Bowling Green Station  
P O Box 95  
New York, New York 10274-0095

Kirkland & Ellis LLP  
Citigroup Center  
153 East 53<sup>rd</sup> Street  
New York, New York 10022-4611

Office of the United States Trustee  
Pamela J Lustrin, Esq  
33 Whitehall Street, 21<sup>st</sup> Floor  
New York, New York 10004

I declare under penalty of perjury that the foregoing is true and correct Executed on February 5, 2004, at Santa Cruz, CA

Kary Haney  
Name (Typed)

Kary Haney  
Signature



**COUNTY C. SANTA CRUZ**  
**OFFICE OF THE TREASURER-TAX COLLECTOR**  
RICHARD W. BEDAL - TREASURER-TAX COLLECTOR

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CENTRAL COLLECTIONS DIVISION    TELEPHONE (831) 454-2292    FAX (831) 454-2281  
OFFICE 701 OCEAN STREET, ROOM 150, SANTA CRUZ CA 95060  
MAIL POST OFFICE BOX 801, SANTA CRUZ CA 95061

February 4, 2004

United States Bankruptcy Court  
Southern District of New York  
Allegiance Claims Docketing Center  
Bowling Green Station  
P O Box 95  
New York, New York 10274-0095

Re Allegiance Telecom, Inc Chapter 11 03-13057

Attention Clerk

Enclosed please find an original and two copies of the proof of claim. Please file and return a file stamped copy in the self-addressed stamped envelope that I have provided for your convenience.

If we have previously filed a proof of claim, please indicate and give us a status on this claim, so that we may assist you in processing this claim.

Sincerely yours,

*Kary Haney*  
Kary Haney  
Legal Secretary  
County Treasurer Tax Collector's office