FORM B10 (Official Form 10) (12/03)

UNITED STATES BANKRUPTCY COURT DISTRICT SOUTHERN OF NY

PROOF OF CLAIM

Name of Debtor
HOSTING COM, INC

Case Number
03-13105 NY

NOTE This form should not be used to make a claimfor an administrative expense arising after commencement of the case
A request for payment of an administrative expense may be filed pursuant to 11 U S C §503

FILED
U S.B.C. SOUTHERN DISTRICT OF NEW YORK
ALLEGIANCE TELECOM, INC
03-13057 (RRD)
2874

Name and address of Creditor (This person or other entity to who the debtor owes money or property)

PENNSYLVANIA DEPARTMENT OF REVENUE

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

Name and address where notices should be sent

Pennsylvania Department of Revenue
Commonwealth of Pennsylvania
Bankruptcy Division
Department 280946
Harrisburg PA 17128 0496

Telephone number (717) 783-8989

☐ 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

REC'D AUG 02 2004

THIS SPACE FOR COURT USE ONLY

Account or other number by which identifies debtor

EIN 043194739

SSN

Check here if this claim

☐ Replaces

☑ Amends a previously filed claim dated 01/23/2004

1 Basis for Claim

☐ Goods Sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☑ Taxes
☐ Other

☐ Retiree benefits a defined in 11 U S C §1114(a)
☐ Wages salaries and compensation (fill out below)

Your SS#
Unpaid compensation for services performed
From _____ (date) to _____ (date)

2 Date debt was incurred "See Attached

3 If court judgement, date obtained "See Attached"

4 Total Amount of Claim at Time Case Filed

$20,805 75	$0 00	$97,400 67	$118 206 42
(unsecured)	(secured)	(priority)	(Total)

If all or part of your claim is secured or entitled to priority also complete item 5 or 7 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 $ Unknown

Amount of arrearage and other charges at time case filed included in secred claim if any $0 00

6 Unsecured Nonpriority Claim $ 20,805 75

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

☑ Check this box if you have an unsecured priority claim
Amount entities to priority $97 400 67
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4000) * earned within 90 days before filing of the bankruptcy petition of 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)(8)

☐ Alimony maintenance or support owed to a 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after date of adjustment*

7 **Credits** The amount of all payments on this claim has been credited and deducted for the purpose of making this 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 aggreements 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 acknowledgement of the filing of your claim enclose a stamped, self-addressed envelope and a copy of this proof of claim

THIS SPACE FOR COURT USE ONLY

RECEIVED
JUL 22 2004
CLAIMS PROCESSING CENTER
USBC, SDNY

Date 7-1-04

Sign and print the name and title if any of the creditor or other person authorized to file

Michelle B Jenkins, Chief

Allegiance Claim
02939

Penalty for presenting a fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or bo

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

Michelle Peterson

SUPPORTING DOCUMENTATION FOR TAXES DUE THE COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF REVENUE

☐ Original Claim
☑ Amended Claim

This claim supercedes all Previous claims filed

Date Amended 06/25/2004

HOSTING COM, INC
HARVARDNET
COMSTOR INC

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

Petition Filing Date 05/14/2003
Case Number 0313105 NY
Chapter 11

The undersigned is an employee of the PA Department of Revenue and is authorized to make this proof of claim on the behalf of the Commonwealth At this present time of the filing of this proof of claim the Debtor was indebted to the Commonwealth in the

SUM OF **$118,206 42** for the following

☑ **State Sales, Use and Hotel Occupancy Tax, Article II, Tax Reform Code of 1971, as amended, 72 P S 7210**

☐ **Personal Income tax, Article III, Tax Reform Code of 1971, as amended, 72 P S 7301**

☐ **Employer Withholding Tax, Article IV Tax Reform Code of 1971, as amended 72 P S 7301**

☐ **Corporate Net Income Tax**

☐ **Capital Stock-Franchise Tax**

☐ **Corporate Loans Tax**

☐ **Other**

SECURED CLAIMS (Tax lien(s) filed before petition date)

See attached statement of account detailing the liability

Total secured claim _____

Pursuant to Section 506(b) of the Bankruptcy Code post petition Interest may be payable

ADMINISTRATIVE PRIORITY CLAIMS - Section 507(a)(1) of the Bankruptcy Code

See attached statement of account detailing the liability

Total administrative _____

UNSECURED PRIORITY CLAIMS - Section 507(a)(8) of the Bankruptcy code for unliened priority Liabilities existing before petition date.

See attached statement of account detailing the liability

Total unsecured priority **$97,400 67**

UNSECURED NON-PRIORITY CLAIMS - unliened non-priority liabilities existing before the petition filing date.

See attached statement of account detailing the liability

Total unsecured non priority claim **$20,805 75**

All payments of this claim have been credited and deducted for the purpose of making this proof of claim

_____
(Representative Bureau of Compliance)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128-0946

Michelle Peterson

BANKRUPTCY STATEMENT OF ACCOUNT

Pet Date 5/14/2003
Cause Number 0313105 NY
Chapter 11

HOSTING COM, INC
170 TRACER LANE
SUITE 300
WALTHAM MA 02451

Primary Tax Numbers

Emp Identification Number 043194739
Sales Tax License Number 81711337
Social Security Number
Corp Tax Number 2093083
Other Number

Additional Debtors and/or Names	SSN	EIN
HARVARDNET		752924387
COMSTOR INC		

Note

TYPE OF CLAIM UNSECURED NON-PRIORITY **Tax Number:** 81711337

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☒	10M 00	$0 00	$0 00	$0 00	$6 935 25	$6 935 25
ST	☒	11M 00	$0 00	$0 00	$0 00	$6 935 25	$6 935 25
ST	☒	12M 00	$0 00	$0 00	$0 00	$6 935 25	$6 935 25
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$0 00	$0 00	$0 00	$20 805 75	$20 805 75

TYPE OF CLAIM UNSECURED PRIORITY **Tax Number:** 81711337

TAX TYPE	ESTIMATES	PERIOD COVERED	TAX DEFICIENCY	INTEREST	FEES	PENALTY	BALANCE
ST	☒	10M 00	$27 741 00	$4 919 92	$0 00	$0 00	$32 660 92
ST	☒	11M 00	$27 741 00	$4 737 66	$0 00	$0 00	$32 478 66
ST	☒	12M 00	$27 741 00	$4 520 09	$0 00	$0 00	$32 261 09
Lien Filing Date		County Lien Filed			Lien Docket Number		
		TOTAL	$83 223 00	$14 177 67	$0 00	$0 00	$97 400 67

LEGEND

ST = Sales Use and Hotel Ocupancy Tax
CT = Corporation Tax
EMP = Employer Withholding
[illegible]
MT = Mass Transit
MC = Motor Carrier

LF = Liquid Fuels
OF = Oil Franchise
PTA = Public Transportation Assistance Act

Personal Income Tax Estimates Taxable income figures on which tax deficiency is based could be from information obtained from transcripts of filed IRS form 1040 Information can be mailed to debtor or debtor s counsel upon written request without the need for filing a formal objection An amended proof of claim may be filed upon the filing of a properly completed and signed PA-40 tax return

ALL LIENS FILED IN THE PROTHONOTARY OFFICE IN THE COUNTY INDICATED

ALL LIENS FILED IN THE COMMONWEALTH OF PENNSYLVANIA UNLESS INDICATED OTHERWISE

BUREAU OF COMPLIANCE
DEPT 80946
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

June 25, 2004

JONATHAN S HENES
KIRKLAND & ELLIS
CITIGROUP CENTER
153 E 53RD STREET
NEW YORK, NY 10022-4675

Dear JONATHAN S HENES

Re HOSTING COM, INC
Case Number 03-13105

Enclosed is a copy of the proof of claim filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance, Bankruptcy Division This represents a claim in the sum of

$118,206 42

Sincerely,

Michelle Peterson
Bankruptcy Review Section
Bankruptcy Division
(717) 783-1344
Fax (717) 783-4331

Enclosures

BUREAU OF COMPLIANCE
DEPT 280946
HARRISBURG PA 17128 0946

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE

June 25 2004

Bankruptcy Management Corporation
ATTN Allegiance Telecom, Inc Claims Agent
1330 E Franklin Ave
El Segundo, CA 90245

Case No 03-13105 NY
HOSTING COM, INC
HARVARDNET
COMSTOR INC

Dear Clerk of Courts

Enclosed is a Proof of Claim in the proceedings against the above reference bankruptcy filed on behalf of the Commonwealth of Pennsylvania, Department of Revenue, by the Bureau of Compliance This represents a claim in the sum of

$ 118,206 42

Please stamp the acknowledgement, and enter our claim number in the appropriate spaces below Return the copy of this acknowledgement to this bureau in the enclosed pre-addressed envelope

Sincerely,

Pennsylvania Department of Revenue
Bureau of Compliance
(717) 783-1344
TDD# (717) 772-2252 (Hearing Impaired Only)
Fax (717) 783-4331

Enclosures

ACKNOWLEDGEMENT

CLAIM NUMBER

FedEx Express **USA Airbill**

FedEx Tracking Number 8412 0237 0119

Form I.D. No. 0200

1 From

Date [redacted]

Sender's Name LISA RUPPANER Phone 310 321-5545

Company BMC CORP

Address 1330 E FRANKLIN AVE.

Dept./Floor/Suite/Room

City EL SEGUNDO, State CA ZIP 90245

2 Your Internal Billing Reference

3 To

Recipient's Name LISA RUPPANER Phone 310 321-5545

Company BMC Corp

Address 1330 E Franklin Ave

To HOLD at FedEx location print FedEx address

We cannot deliver to P.O. boxes or P.O. ZIP codes

Address

Dept./Floor/Suite/Room

City El Segundo State CA ZIP 90245

8412 0237 0119

4a Express Package Service — *Packages up to 150 lbs*

Delivery commitment may be later in some areas

- ☐ FedEx Priority Overnight — Next business morning
- ☐ FedEx Standard Overnight — Next business afternoon
- ☐ FedEx First Overnight — Earliest next business morning delivery to select locations
- ☐ FedEx 2Day — Second business day
- ☐ FedEx Express Saver — Third business day

FedEx Envelope rate not available. Minimum charge: One pound rate

4b Express Freight Service — *Packages over 150 lbs*

Delivery commitment may be later in some areas

- ☐ FedEx 1Day Freight* — Next business day
- ☐ FedEx 2Day Freight — Second business day
- ☐ FedEx 3Day Freight — Third business day

Call for Confirmation

5 Packaging

Declared Value Limit $500

- ☐ FedEx Envelope*
- ☐ FedEx Pak* — Includes FedEx Small Pak, FedEx Large Pak, and FedEx Sturdy Pak
- ☐ Other

6 Special Handling

In the FedEx address in Section 3

- ☐ SATURDAY Delivery — Available only for FedEx Priority Overnight and FedEx 2Day to select ZIP codes
- ☐ HOLD Weekday at FedEx Location — Not available for FedEx First Overnight
- ☐ HOLD Saturday at FedEx Location — Available only for FedEx Priority Overnight and FedEx 2Day to select locations

Does this shipment contain dangerous goods?

One box must be checked

- ☐ No
- ☐ Yes — As per attached Shipper's Declaration
- ☐ Yes — Shipper's Declaration not required
- ☐ Dry Ice — Dry Ice, 9, UN 1845 x kg
- ☐ Cargo Aircraft Only

Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging

7 Payment *Bill to*

Enter FedEx Acct. No. or Credit Card No. below

- ☐ Sender — Acct. No. in Section 1 will be billed
- ☐ Recipient
- ☐ Third Party
- ☐ Credit Card
- ☐ Cash/Check
- ☐ Origin ID/Acct. No.

[redacted]

Total Packages	Total Weight	Total Declared Value†	Total Charges
		.00	Credit Card Auth

†Our liability is limited to $100 unless you declare a higher value. See back for details

8 Release Signature *Sign to authorize delivery without obtaining signature.*

By signing you authorize us to deliver this shipment without obtaining a signature and agree to indemnify and hold us harmless from any resulting claims.

Questions? Visit our Web site at fedex.com
or call 1.800.Go.FedEx (800.463.3339)

Rev. Date 10/01 Part #152611 ©1994-2001 FedEx PRINTED IN U.S.A. WCSL 03

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