

United States Bankruptcy Court
District of Delaware

ADMINISTRATIVE CLAIM REQUEST

In re Allegiance Telecom of Indiana, Inc
Case Number 03-13076

FILED

~~U.S. DISTRICT COURT~~
~~SOUTHERN DISTRICT OF~~
~~NEW YORK~~
~~ALLEGIANTE TELECOM, INC~~
~~03-13067 (RRD)~~

NEW YORK
NC

NOTE This is not a proof of claim form This form should be used to make a claim for the commencement of the case pursuant to 11 U.S.C. § 503

Name of Creditor (The person or entity to whom the debtor owes money or property)
Ameritech Services, Inc (composed of Illinois Bell Telephone Company, Indiana Bell Telephone Company, Incorporated, Michigan Bell Telephone Company, The Ohio Bell Telephone Company and Wisconsin Bell, Inc

Check box if you are aware that anyone else has filed a request for payment relating to your administrative claim Attach copy of statement giving particulars

Name and Addresses Where Notices Should be Sent
SBC Communications Inc
c/o Cheryl Becker-Bankruptcy Wholesale Dept
722 N Broadway, 11 Floor
Milwaukee, WI 53202

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

Telephone number 414-273-8175

THIS SPACE IS FOR COURT USE ONLY

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
See Attached

Check here if this replaces amends a previously filed request, dated _____

1 BASIS FOR REQUEST

- Goods sold postpetition
- Services performed postpetition
- Money loaned postpetition
- Personal injury/wrongful death postpetition
- Postpetition taxes
- Other administrative obligations (Describe briefly)

Postpetition retiree benefits as defined in 11 U.S.C. § 1114(a)
 Postpetition wages salaries and compensation (Fill out below)
 Your social security number _____
 Unpaid compensations for services performed
 from _____ to _____
 (date) (date)

Telecommunications Services*

* See attached Addendum

2 DATE DEBT WAS INCURRED

From 5-14-03 through 6-30-04 (and possibly thereafter)

3 IF COURT JUDGMENT, DATE OBTAINED

3,093⁰⁵

4 TOTAL AMOUNT OF ADMINISTRATIVE CLAIM \$

Check this box if claim includes interest or charges in addition to the principal amount of the claim and attach itemized statement of all interest or additional charges

6 CREDITS AND SETOFFS In filing this administrative claim request, the claimant has deducted all amounts that the claimant owes to the debtor

THIS SPACE IS FOR COURT USE ONLY

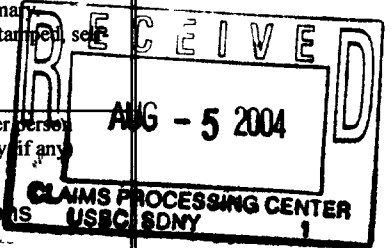
7 SUPPORTING DOCUMENTS Attach copies of all supporting documents, such as promissory notes purchase orders invoices, itemized statements of running accounts contracts court judgments evidence of liens and evidence of perfection DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary

8 TIME-STAMPED COPY To receive an acknowledgment of the filing of this request, enclose an additional copy and a stamped self-addressed envelope

Date 8-4-04

Sign and print the name and title, if any of the creditor or other person authorized to file this request (attach copy of power of attorney if any)

Cheryl Becker
Cheryl Becker- Manager-Credit and Collections



Penalty for presenting fraudulent claim Fine of up to \$500 000 00 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 and 3571

PA&C508194

REC'D AUG 09 2004



**ALLEGIANCE
POST-PETITION
ADMINISTRATIVE CLAIM**

| | POST ADMIN AMOUNTS | |
|-------------------------------|------------------------------------|-----------------|
| ALLEGIANCE TELCOM INC | INDIANA | |
| ACNA AFY | | |
| Bankruptcy date filed 5-14-03 | | |
| Admin Claim sent | | |
| AIT LOCAL | \$ | 3 093 05 |
| TOTAL AIT | \$ | 3 093 05 |
| | | |
| | | |
| STATE | FILED NAME | |
| IN | ALLEGIANCE TELECOM OF INDIANA, INC | |

ALLEGIANCE
POST PETITION
ADMINISTRATIVE CLAIM

| System | State | Seg | Account Nbr | Status | Current Balance Amt | 30 Days Amt | 60 Days Amt | 90 Days Amt | 120 Days Amt | Past Due Amt | IN | |
|--------|-------|-----|-----------------------|--------|---------------------|-------------|-------------|-------------|--------------|---------------|-------------|-------------|
| | | | ALLEGIANCE TELCOM INC | | | | | | | ADMIN AMOUNTS | | |
| | | | POST-PETITION | | | | | | | | | |
| AIT | CABS | IN | LSC | UNB | 219G671601601 | LIVE | \$ 134 85 | \$ 25 67 | \$ 24 84 | \$ 25 95 | \$ 1 740 88 | \$ 1 817 34 |
| AIT | CABS | IN | LSC | UNB | 219S676811811 | LIVE | \$ 330 54 | \$ 322 47 | \$ | \$ | \$ 953 24 | \$ 1 275 71 |
| | | | | | | | \$ 348 14 | \$ 24 84 | \$ 25 95 | \$ 2,694 12 | \$ 3,093 05 | \$ 3,093 05 |

FedEx USA Airbill
Express

FedEx
Tracking
Number

841202370082

1 From
Date _____
Sender's Name **LISA RUPPNER** Phone **310 321-5545**
Company **BMC CORP**
Address **1330 E FRANKLIN AVE**
City **EL SEGUNDO,** State **CA** ZIP **90245** x
Dept./Floor/Suite/Room _____

2 Your Internal Billing Reference

3 To
Recipient's Name **LISA RUPPNER** Phone **310 321-5691**
Company **BMC Corp**
Address **1330 E Franklin Ave**
City **El Segundo** State **CA** ZIP **90245**
Dept./Floor/Suite/Room _____



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 *include 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?
On box(es) checked

No Yes *As per attached Shipper's Declaration* Yes *Shipper's Declaration not required* Dry Ice *Dry Ice 9, UN 1845* x _____ kg

Dangerous Goods (including Dry Ice) cannot be shipped in FedEx packaging. Cargo Aircraft Only

7 Payment Bill to *Enter FedEx Acct. No. or Credit Card No. below* Obtain Recip Acct. No.

Sender *Acct. No. in Section 1 will be billed.* Recipient Third Party Credit Card Cash/Check

Total Packages _____ Total Weight _____ Total Declared Value* \$ _____ 00

Total Charges _____
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
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