

**EXHIBIT H**

General Administrative Expense Consent Form

<b>PLEASE READ: YOUR RIGHT TO RECEIVE PAYMENT MAY BE AFFECTED</b>
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**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF NEW YORK**

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<b>In re</b>	:	<b>Chapter 11</b>
	:	
<b>TELIGENT, INC., et al.,<sup>1</sup></b>	:	<b>Case No. 01-12974 (SMB)</b>
	:	<b>Jointly Administered</b>
<b>Debtors.</b>	:	
	-----X	

**CONSENT AND AGREEMENT FORM FOR HOLDERS  
OF GENERAL ADMINISTRATIVE EXPENSE CLAIMS**

Dear Administrative Creditor:

As you know, the Bankruptcy Court set February 20, 2002 as the “bar date” for filing certain administrative claims against Teligent. According to the Bankruptcy Court’s records, you filed a proof of claim in an amount in excess of \$3,000. Please review your claim prior to completing this Consent Form.

Generally, in a chapter 11 case, the holders of administrative claims, such as you, do not have to vote or take any other action and are entitled to be paid allowed amounts in full as a condition to the approval of a plan. **In fact, the relevant section of the Bankruptcy Code, section 1129(a)(9), says that administrative claims have to be paid in full for a plan to be approved unless the holder of an administrative claim has *agreed* to a different treatment for such claim.**

In this case, however, as fully explained in the Disclosure Statement approved by the Bankruptcy Court, there are insufficient funds to pay you and the other holders of administrative claims in full. Therefore, unless you and the other holders of administrative claims agree to a “different treatment” than what is normally contemplated by the Bankruptcy Code, Teligent will have to withdraw the Plan and dismiss or convert the cases to a Chapter 7 liquidation. **If the cases are dismissed or converted to Chapter 7, Teligent, the Official Committee of Unsecured Creditors and the Lenders believe you will in all likelihood receive no recovery on your administrative claim.** We therefore urge you to complete the form below and agree to receive less than full payment, which is different than that which is normally provided to a holder of an administrative claim under section 1129 of the Bankruptcy Code.

A total of \$4 million (subject to certain adjustments) is the amount available to pay the holders of certain claims, including administrative claims, under the Plan. The Plan provides for all such holders, including holders of administrative claims, to be paid from the fund and if you agree to the “different treatment” as set forth in the Plan, you will receive your share of this fund to the extent your claim is allowed. At this time, we do not know the exact amount of recovery that you will receive as it will depend on the total amount of all claims entitled to share in the fund. At this time, assuming the Plan is confirmed, we expect that you will likely receive between 5% and 12% of your allowed claim. This recovery is consistent with and may actually exceed the recovery to our lenders, who are owed in excess of \$800,000,000 and have liens on substantially all of Teligent’s assets. The holders of certain very

<sup>1</sup> The Debtors are the following entities: Teligent, Inc.; American Long Lines, Inc.; Association Communications, Inc.; Auctel, Inc.; BackLink, L.L.C.; Easton Telecom Services, Inc.; Executive Conference, Inc.; FirstMark Communications, Inc.; InfiNet Telecommunications, Inc.; JTel, L.L.C.; KatLink, L.L.C.; OMC Communications, Inc.; Quadrangle Investments, Inc.; Telecommunications Concepts, Inc.; Teligent Communications, L.L.C.; Teligent License Co. I, L.L.C.; Teligent License Co. II, L.L.C.; Teligent of Virginia, Inc.; Teligent Professional Services, Inc.; and Teligent Communications, L.L.C.

large administrative claims have already been contacted and agreed to such “different treatment” in order to be sure to receive some recovery on account of their administrative claims. For example, Qwest filed administrative claims totaling approximately \$4.2 million and Qwest has already agreed to accept a payment of \$150,000 in full satisfaction of its claims (a 3.57% recovery). As an alternative, you also have the opportunity below to elect to reduce your administrative claim and be paid in full.

**If you do not complete and return this Consent Form, Teligent will ask the Court to hold that your failure to complete this Consent Form means you have agreed to the “different treatment” under the Plan.**

**IMPORTANT**

**DEADLINE TO SUBMIT CONSENT FORM: 5:00 P.M., PREVAILING EASTERN TIME, ON AUGUST 7, 2002. TELIGENT RECOMMENDS THAT YOU AGREE TO THE TREATMENT UNDER THE PLAN.**

The Holder of the Administrative Expense Claim identified in this Consent Form:

- |                                                                                                                       |                                                                                                                                                                                                                                                                 |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Agrees to the treatment for holders of General Administrative Expense Claims under the Plan. | <input type="checkbox"/> Elects to be treated as an Administrative Convenience Claim under the Plan and receive a one time payment of its allowed claim or \$3,000, whichever is lower, in full satisfaction of its total General Administrative Expense Claim. | <input type="checkbox"/> Does not agree to the treatment for holders of General Administrative Expense Claims under the Plan. |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**PLEASE CHECK ONLY ONE BOX.**

Name: \_\_\_\_\_  
(Print or Type)

Signature: \_\_\_\_\_

By: \_\_\_\_\_  
(If Appropriate)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (    ) \_\_\_\_\_

Date Completed: \_\_\_\_\_

**YOUR CONSENT FORM MUST BE FORWARDED IN AMPLE TIME SO THAT IT IS ACTUALLY RECEIVED BY TELIGENT BY 5:00 P.M., PREVAILING EASTERN TIME, ON AUGUST 7, 2002. PLEASE USE THE SELF-ADDRESSED STAMPED ENVELOPE TO RETURN YOUR CONSENT FORM OR SEND VIA FACSIMILE TOLL-FREE TO: (800) 340-9893. YOU CAN ALSO SUBMIT THE SAME INFORMATION REQUESTED IN THIS CONSENT FORM BY SENDING AN E-MAIL TO AC@TELIGENT.COM.**

**IF YOU HAVE ANY QUESTIONS REGARDING THIS CONSENT FORM, PLEASE CALL TOLL-FREE (888) 860-1666.**