

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: ADS Logistics

Case Number: 09-13099

NOTE: 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property):

DAVIS STAFFING, Inc.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where payment should be sent (if different from above):

2100 Governors Highway Olympia Fields, IL 60461

Court Claim Number: (If known)

708-747-6100

Telephone number:

Filed on:

RECEIVED

Name and address where payment should be sent (if different from above):

Same as above

SEP 14 2009

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

Telephone number:

BMC GROUP

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2,587.20

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 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)().

Amount entitled to priority:

\$

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

2. Basis for Claim: Services Performed - wages (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 0294

3a. Debtor may have scheduled account as: N/A (See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate: %

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 09/03/09

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above, if any.

[Handwritten Signature]

Vice President

FOR COURT USE ONLY

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



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INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.



21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT # INVOICE # INVOICE DATE
 294 150543 07/17/2009

Page 1 of 1

ACCOUNT
 BILLED: **ADS Logistics, LLC.**
 935 West 175th Street, Accounts Payable
 Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
07/12/2009	Reyes, Eric			
	Regular	23.00	13.20	303.60

PLEASE DETACH AND RETURN WITH YOUR PAYMENT.

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
150543	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$303.60	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.

DAOS WE 7-12-09
PAY PERIOD ENDING

NO.

NAME Eric J. Reyes

DAYS	R.T. HOURS	D.T.		
1			N	
2			OUT	
3			N	
4			OUT	
5			N	
6			OUT	
7			N	
TOTAL				
RATE				
AMOUNT				
TOTAL EARNINGS				
TOTAL DEDUCTIONS				
BALANCE DUE				
NO. OF EXEMPTIONS				
F.I.C.A.				
FED. W.T.				
INSURANCE				
CITY/ST. W.T.				
ST. UN. COMP.				
ST. DIS. BEN.				
DUES				
BONDS				

1st DAY

2nd DAY

3rd DAY

4th DAY

5th DAY

6th DAY

7th DAY

JUL 8 AM 8:07 7

JUL 8 PM 3:30

JUL 9 AM 6:58

JUL 9 PM 3:28 8

JUL 10 AM 7:00 8

JUL 10 PM 3:30

23 Regular
Malden

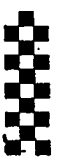
PAYMENT RECEIVED IN FULL

SIGNED Eric J. Reyes

FORM 1257 (10-900762)

MADE IN U.S.A.

Roll & Hold Hammond





21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT # INVOICE # INVOICE DATE
 294 150647 07/24/2009

Page 1 of 1

ACCOUNT
 BILLED: **ADS Logistics, LLC.**
 935 West 175th Street, Accounts Payable
 Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
07/19/2009	Reyes, Eric			
	Regular	25.00	13.20	330.00

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
150647	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$330.00	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.

PAID 1-17-07 PAY PERIOD ENDING

NO.

NAME ERIC J. Reyes

DAYS	RT. HOURS O.T.	1st DAY	2nd DAY	3rd DAY	4th DAY	5th DAY	6th DAY	7th DAY
1		N		N		N		
2		OUT		OUT		OUT		
3		N		N		N		
4		OUT		OUT		OUT		
5		N		N		N		
6		OUT		OUT		OUT		
7		N		N		N		
TOTAL								
RATE								
AMOUNT								
TOTAL EARNINGS								
TOTAL DEDUCTIONS								
BALANCE DUE								
NO. OF EXEMPTIONS								
F.I.C.A.								
FED. W.T.								
INSURANCE								
CITY/ST. W.T.								
ST. UN. COMP.								
ST. DIS. BEN.								
DUES								
BONDS								

Assignment Complete

25 Regular hrs Malcomb

Roll & Hold HAMMOND

PAYMENT RECEIVED IN FULL

SIGNED _____

STOPS FORM 1257 (10-800762)

MADE IN U.S.A.





21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT #	INVOICE #	INVOICE DATE
294	150990	08/14/2009

Page 1 of 1

ACCOUNT BILLED: **ADS Logistics, LLC.**
935 West 175th Street, Accounts Payable
Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
08/09/2009	Reyes, Eric Regular	32.00	13.20	422.40

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
150990	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$422.40	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.



21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT #	INVOICE #	INVOICE DATE
294	151099	08/21/2009

Page 1 of 1

ACCOUNT BILLED: **ADS Logistics, LLC.**
935 West 175th Street, Accounts Payable
Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
08/16/2009	Reyes, Eric			
	Regular	40.00	13.20	528.00
	Over Time	7.50	19.80	148.50

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
151099	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$676.50	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.

DAVIS

PAY PERIOD ENDING

NO.

NAME

Eric J. Reyes

DAYS	P.T. HOURS	O.T.			
1					
2					
3					
4					
5					
6					
7					
TOTAL					
RATE					
AMOUNT					
TOTAL EARNINGS					
TOTAL DEDUCTIONS					
BALANCE DUE					
NO. OF EXEMPTIONS					
F.I.C.A.					
FED. W.T.					
INSURANCE					
CITY/ST. W.T.					
GT. UN. COMP.					
GT. DIS. BEN.					
DUES					
BONDS					

40 hrs
7 1/2 OT

[Signature]

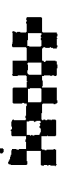
PAYMENT RECEIVED IN FULL

SIGNED

FORM 1257 (10-800762)

MADE IN U.S.A.

Roll
Hold
Hammond





21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT #	INVOICE #	INVOICE DATE
294	151208	08/28/2009

Page 1 of 1

ACCOUNT
 BILLED: **ADS Logistics, LLC.**
935 West 175th Street, Accounts Payable
Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
08/23/2009	Reyes, Eric Regular	33.75	13.20	445.50

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
151208	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$445.50	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.

DAYS W/E 8/23/09

NO.

NAME Eric J. Reyes

DAYS	R.T. HOURS O.T.			
1		N		
2		OUT		
3		N		
4		OUT		
5		N		
6		OUT	8 1/4	7:00
7		N		
TOTAL				AUG 17 PM 3:48
RATE				AUG 18 AM 6:59 9
AMOUNT				AUG 18 PM 4:37
TOTAL EARNINGS				
TOTAL DEDUCTIONS				
BALANCE DUE				AUG 19 AM 7:00
NO. OF EXEMPTIONS				AUG 19 PM 3:25 8
F.I.C.A.				
FED. W.T.				AUG 20 AM 7:07
INSURANCE				AUG 20 PM 3:57 8 1/2
CITY/ST. W.T.				
ST. UNL. COMP.				
ST. DIS. BENL				
DUES				33 1/2
BONDS				Regular
Maldonado				

33.75

Roll & Hold
Hammond

PAYMENT RECEIVED IN FULL

SIGNED

FORM 1257 (10-800762)

MADE IN U.S.A.





21031 Governors Highway
 Olympia Fields, IL 60461
 (708) 747-6100
 (708) 747-6189 Fax

INVOICE

ACCOUNT # INVOICE # INVOICE DATE
 294 151307 09/04/2009

Page 1 of 1

ACCOUNT
 BILLED: **ADS Logistics, LLC.**
 935 West 175th Street, Accounts Payable
 Homewood, IL 60430

Dept: Roll & Hold - Hammond 67 Illiana

DATE	DESCRIPTION	BILL HOURS	BILL RATE	AMOUNT
08/30/2009	Reyes, Eric Regular	31.00	13.20	409.20

PLEASE DETACH AND RETURN WITH YOUR PAYMENT

INVOICE NUMBER	ACCOUNT NUMBER	ACCOUNT NAME	PAYMENT DUE DATE	AMOUNT DUE	PLEASE ENTER AMOUNT PAID
151307	294	ADS Logistics, LLC.	DUE UPON RECEIPT	\$409.20	_____

MAIL PAYMENTS TO:
Davis Staffing, Inc.
 21031 Governors Highway
 Olympia Fields, IL 60461

PLEASE MAKE CHECKS PAYABLE TO:
Davis Staffing, Inc.

WE 8-30-09 PAY PERIOD ENDING
DAVIS

NO.

NAME Eric J. Reyes

DAYS	R.T. HOURS O.T.		IN	OUT	
1		1st DAY			
2					
3					
4					
5		2nd DAY		AUG 24 AM 7:03	8
6				AUG 24 PM 3:27	
7					
TOTAL					
RATE		3rd DAY		AUG 25 AM 7:03	8
AMOUNT				AUG 25 PM 3:31	
TOTAL EARNINGS					
TOTAL DEDUCTIONS					
BALANCE DUE		4th DAY		AUG 26 AM 7:00	5
NO. OF EXEMPTIONS				AUG 26 PM 12:41	
F.I.C.A.					
FED. W.T.					
INSURANCE		5th DAY		AUG 27 AM 6:57	5
CITY/ST. W.T.				AUG 27 PM 12:33	
ST. UN. COMP.					
ST. DIS. BEN.					
DUES		6th DAY		AUG 28 AM 7:03	5
BONDS				AUG 28 PM 12:35	
		7th DAY			31 Regular

J. Maldonado

PAYMENT RECEIVED IN FULL

SIGNED _____

TOPS FORM 1257 (10-800762)

MADE IN U.S.A.

*Rollie Hold
Harriman*