

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Area Transportation Company

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):

Blue Beacon International, Inc.

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

Name and address where notices should be sent:

P.O. Box 856
Salina, KS 67402-0856

RECEIVED

SEP 21 2009

Court Claim Number: _____
(If known)

Telephone number: 785-826-8270

BMC GROUP

Filed on: _____

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

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:

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

1. Amount of Claim as of Date Case Filed: \$ 620.95

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.

2. Basis for Claim: Services performed
(See instruction #2 on reverse side.)

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

3. Last four digits of any number by which creditor identifies debtor: 20724

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).

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

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

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: \$ 620.95

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).

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

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

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.)

Amount entitled to priority:

\$ _____

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

*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.

If the documents are not available, please explain:

FOR COURT USE ONLY

Date: 9-17-2009

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. Attach copy of power of attorney, if any.

ADS Logistics



00014

Morrie Soderberg CFO. Morrie Soderberg



Blue Beacon International, Inc

P.O. Box 856

Salina, Kansas 67402-0856

Direct Line to Accounting Department (785) 825-0904

0020724
 AREA TRANSPORTATION COMPANY
 116 EAST 1100 NORTH
 ATTN: ACCOUNTS PAYABLE
 CHESTERTON, IN 46304

INVOICE SUMMARY	
Invoice Number	745749
Invoice Date	08-31-2009
Due Date	09-30-2009
Ticket Count	1
Original Ticket Total	\$67.00
Ticket Adjustments	\$.00
Invoice Discount (See Page 2)	\$.00
Late Payment Fee	\$.00
Credits	\$.00
Current Charges	\$67.00
Past Due as of: 09-08-2009 (See Page 2)	\$553.95
Total Due	\$620.95



Blue Beacon Truck Washes

Please detach here and return with remittance

Account No: 0020724

Name: AREA TRANSPORTATION COMPANY

Enter Any Adjustments To Tickets

Ticket #	Amount	Reason

Reconciling This Invoice #745749

Amount Due This Invoice **\$620.95**
Payment Due Date **09-30-2009**
Your Adjustments _____
Amount Being Paid _____
Check Number _____
 (Or Reference# if paying by Electronic Transfer)

Please pay the amount due shown above, or provide detail by ticket explaining why you are paying a different amount. (See Table at Left.)

ACCOUNT STATUS PRIOR TO THIS INVOICE: PAST DUE (AS OF 09-08-2009)

Invoice Number	Invoice Date	Due Date	Invoice Amount	Last Payment	Amount Paid	Balance Due	Status
719379	06-30-2009	07-31-2009	\$1,548.80	08-21-2009	\$1,548.80	\$0.00	Paid
732530	07-31-2009	08-31-2009	\$553.95	08-06-2009	\$0.00	\$553.95	Not Paid - Due on 08-31-2009

INVOICE DISCOUNT DETAIL

Discount Type	Expiration Date	Percent	Amount	Comment
Volume Discount			\$0.00	No Discount - minimal sales volume not reached
Total Invoice Discount			\$0.00	

TICKET DETAIL

TICKET NUMBER 082337774
 DATE 08-31-2009
 CITY Indianapolis
 ST IN
 IN 3369

FROM: 08-01-2009 THRU 08-31-2009

TRACTOR NUMBER 5265
 TRAILER NUMBER 5265
 DRIVERS NAME CHARLES WILSON
 AUTHORS BY NONE

SERVICE DESCRIPTION Conventional With Br Flat w/Sides
 QTY 1
 SRV AMT 36.00
 TOT DUE 67.00



BLUE BEACON
INTERNATIONAL INCORPORATED

POST OFFICE BOX 856 • SALINA, KANSAS 67402-0856
TELEPHONE (913) 825-2221

CUSTOMER CHARGE APPLICATION
All items must be completed for prompt processing.

20724 ✓

TRUCK WASH

Company Name AREA INTERSTATE TRUCKWASH Phone: A/C 219, 586-0300

Address 201 MISSISSIPPI ST OKLAHOMA 46402
Street or Box City State Zip

Billing Address 935 WEST 175TH ST INDIANAPOLIS IN 46130
Street or Box City State Zip

Corporation Partnership Owner/Operator Yrs. in Business _____ No. of Units 40

Wa Customer to be Charged: Tractor Only _____ Trailer Only _____ Tractor/Trailer

Spt P.O. REQUIRED - Not Req! P.O. # Req. yes

Wh 800 332-0920 (INDIANA LOCATIONS CALL 800 458-3772) FOR P.O. NUMBER. 85 NAT

1 references. Please list business at which
a credit reference.

1. _____
Name Telephone Number
_____ Address
2. _____
Name Telephone Number
_____ Address
3. _____
Name Telephone Number
_____ Address
4. _____
Name Telephone Number
_____ Address
5. Other Truckwashes _____
Name Telephone Number
_____ Address
6. Other Truckwashes _____
Name Telephone Number
_____ Address

Credit Agreement and Disclosure. Customer agrees that: payment is due on the 10th day of the month following purchase; on past due balances, FINANCE CHARGES are computed at periodic rates of 1.5% per month (ANNUAL PERCENTAGE RATE OF 18%). To avoid additional FINANCE CHARGES, pay the new balance before the 10th day of the month following purchase.

All credit sales are made subject to the Kansas Uniform Consumer Credit Code. Customer consents and agrees that any or all of the terms of this agreement may be changed after notice given in writing in two billing cycles prior to the effective date of the change. NOTICE TO CONSUMER: 1. DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT. 2. YOU ARE ENTITLED TO A COPY OF THIS AGREEMENT. 3. YOU MAY PREPAY THE UNPAID BALANCE AT ANY TIME WITHOUT PENALTY.

NOTICE: When you are notified that your account has been approved, you will be sent information regarding your rights to dispute billing errors.

Everything that I have stated in this Application is correct to the best of my knowledge. I understand that you will retain this Application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me.

Authorized By William O Ritter Title OPERATIONS MANAGER
(Please Print)

Authorized Signature William O Ritter

Date 12-1-88

Office Use Only Date Initials
Process _____
Opened _____

Thank You For Your Business