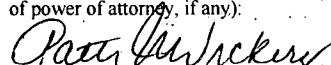


UNITED STATES BANKRUPTCY COURT <u>FOR THE</u> DISTRICT OF <u>DELAWARE</u>		PROOF OF CLAIM
Name of Debtor Alternative Distribution Systems Inc	Case Number 09-13099	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement 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): AmerenUE	<input type="checkbox"/> 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. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: Ameren UE P. O. Box 66881 - Mail Code 310 Saint Louis, MO. 63166 Telephone number:		
Last four digits of account or other number by which creditor identifies debtor: 12700-02621 & 03531-18020	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
1. Basis for Claim RECEIVED <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Services performed SEP 25 2009 <input type="checkbox"/> Taxes Last four digits of your SS #: _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) Unpaid compensation for services performed <input type="checkbox"/> Money loaned BMC GROUP <input checked="" type="checkbox"/> Other <u>Utility Service</u> From _____ to _____ (date) (date)		
2. Date debt was incurred:	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ <u>1793.16</u> <input type="checkbox"/> 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 c) none or only part of your claim is entitled to priority.	Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	<input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). *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.	
5. Total Amount of Claim at Time Case Filed: \$ <u>1793.16</u> (unsecured) <u>1793.16</u> (total) (secured) (priority)		
<input type="checkbox"/> 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.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, 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.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 09/09/2009	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Patti M. Vickery -Credit Advisor	

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.



BMC



Please Return This Portion With Your Payment.

AMOUNT DUE	DUE DATE
\$1,752.00	Sep 21, 2009
AMOUNT PAYABLE AFTER DUE DATE	ACCOUNT NUMBER
\$1,752.00	12700-02621

Amount Enclosed \$ _____

ROLL & HOLD DBA ADS
 LOGISTICS, LLC
 ACCOUNTS PAYABLE
 116 E 1100 N
 CHESTERTON, IN 46304

AMERENUE
 P.O. Box 66301
 St. Louis, MO 63166-6301



80600000 0012700026201 000001752000 000001752000

Keep This Portion For Your Records

ACCOUNT NUMBER	12700-02621
NAME	ROLL & HOLD DBA ADS
SERVICE	864 HOFF RD
AT	O FALLON, MO 63366

BILL DATE	Sep 9, 2009
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TOTAL AMOUNT DUE BY	Sep 21, 2009	\$1,752.00
AMOUNT PAYABLE AFTER DUE DATE		\$1,752.00

MISCELLANEOUS CHARGES

Prior Electric Service Amount	\$1,725.89	
Late Payment Charge on Late Payment	\$0.39	
Electric Late Payment Charge	\$25.72	
Current Amount Due		\$1,752.00
Prior Amount Due		\$0.00
Total Amount Due		\$1,752.00

*** FINAL BILL ***

SEASONAL RATE CHANGE - Customer bills for the next eight months will reflect the lower winter costs for providing electric service. Look for ways to control your winter bills by visiting www.Ameren.com for tips on using energy wisely.



P.O. Box 66301
 St. Louis, MO 63166
 1-877-4AMEREN
 www.ameren.com

AmerenUE P.O. BOX 66529 ST. LOUIS, MO 63166-6529

PRES RDG	PREV RDG	USE	READING	RATE	AMOUNT
79350	79349	1	FINAL	GN GS P	8.08
Infrastructure Replacement Surcharge					.55
MO State Sales Tax					.36
MO Local Sales Tax					.29
Columbia Muni Chg					.65
PRIOR BALANCE					31.23
AMOUNT DUE ON 09/21					\$41.16

99 -

FIRST CLASS MAIL
 U.S. POSTAGE
 PAID 1 OUNCE
 AMEREN

23879 330

PGA \$0.7500000 per CCF

Service at: **6501 N BROWN STATION RD**
 Service from **08/24 to 09/02/09** Days **9**
 Acct. No. **03531-18020** Bill Date **09/09/2009**

*** FINAL BILL ***

If the prior balance has been paid, pay current amount only.

RETURN THIS STUB WITH PAYMENT TO:
 AmerenUE
 P.O. BOX 66529
 ST. LOUIS, MO 63166-6529

ADDRESS SERVICE REQUESTED

Acct. No. **03531-18020**

ROLL & HOLD DBA ADS
 LOGISTICS, LLC
 935 175TH ST
 HOMEWOOD, IL 60430

Amt Due	\$41.16
Due By	09/21