


UNITED STATES BANKRUPTCY COURT District of Delaware (Wilmington)		PROOF OF CLAIM
Name of Debtor: ADS Logistics, LLC (ADS Logistics, LLC)		Case Number: 09-13101
NOTE: <i>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 a administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Dun & Bradstreet		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Dun & Bradstreet c/o Receivable Management Services ("RMS") P.O. Box 5126 Timonium, MD 21094 Telephone number: (410) 773-4089		
Name and address where payment should be sent (if different from above): <div style="text-align: center; font-size: 1.2em;"> RECEIVED NOV 09 2009 BMC GROUP </div> Telephone number: _____		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
4. Amount of Claim: \$37,256.10 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. <input type="checkbox"/> 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. <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)(____). 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: <input type="checkbox"/> GOODS SOLD <input checked="" type="checkbox"/> SERVICES RENDERED (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 3a. Debtor may have scheduled account as: 264760504 (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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.		
Date: November 6, 2009 Signature: <i>Phyllis A. Hayes</i> 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. Phyllis A. Hayes, RMS, Agent for Creditor		FOR COURT USE ONLY ADS Logistics  00061
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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7543426476050400009688430000000000024414066

ACCOUNT #	DUNS #	INVOICE #	INVOICE DATE	AMOUNT DUE	PURCHASE ORDER #
6272-264760504	94-549-5869	9688430-01	08/31/2009	\$24,414.06	
ADS LOGISTICS, LLC ALAN GOLDFARB 935 175TH ST FL 3 HOMEWOOD IL 60430-4577 			TO INSURE PROPER CREDIT -- Please return this portion with payment. Also be sure to include your account number on check. MAIL YOUR REMITTANCE TO: D&B P.O. Box 75434 Chicago, IL 60675-5434		
FOR INTERNAL USE ORG Subscriber #: 264760504 Offer#: 007629395 Sales Rep: <u>Jenny Harrison/115740</u>			The above address is for payment of invoices only. For CUSTOMER SERVICE or other questions call (800) 234-3867		

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SUBSCRIBER #	DUNS #	INVOICE #	INVOICE DATE	AMOUNT DUE	PURCHASE ORDER #
264760504	94-549-5869	9688430-01	08/31/2009	\$24,414.06	
Description			TOTAL AMOUNT	FUTURE PAYMENTS	CURRENT AMT DUE
SUBSCRIPTION FEE*			36,621.10		
ADDITIONAL PRODUCT COMMITMENT			.00		
ADVANCE SALES TAX DEPOSIT			.00		
TOTAL ANNUAL SERVICE AMOUNT			36,621.10		
Installment 1 due on 08/31/2009 Installment 2 due on 09/30/2009 Installment 3 due on 10/31/2009				12,207.04	12,207.03 12,207.03
Pay Current Amount Due OR Pay Total Amount Due			36,621.10		24,414.06
*SUBSCRIPTION FEE refers to your PPA/DNBi/XBSP fee as indicated in your contract.				AMOUNT DUE:	\$24,414.06

OFFER SIGNED BY: Portia Burton


Pay by Visa, Mastercard, American Express or Discover! Call 1-800-872-4324 for details.

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ACCOUNT #	DUNS #	INVOICE #	INVOICE DATE	AMOUNT DUE	PURCHASE ORDER #
6272-264760504	94-549-5869	9626841-01	06/30/2009	\$635.00	
ADS LOGISTICS, LLC ALAN GOLDFARB 935 175TH ST FL 3 HOMewood IL 60430-4577 			TO INSURE PROPER CREDIT -- Please return this portion with payment. Also be sure to include your account number on check. MAIL YOUR REMITTANCE TO: D&B P.O. Box 75434 Chicago, IL 60675-5434		
FOR INTERNAL USE ORG Subscriber #: 264760504 Offer#: 007543924 Sales Rep: <i>Jenny Harrison/115740</i>			The above address is for payment of invoices only. For CUSTOMER SERVICE or other questions call (800) 234-3867		

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SUBSCRIBER #	DUNS #	INVOICE #	INVOICE DATE	AMOUNT DUE	PURCHASE ORDER #
264760504	94-549-5869	9626841-01	06/30/2009	\$635.00	
Description					Payable Amount
Additional Products*					635.00
				DUE UPON RECEIPT:	\$635.00

OFFER SIGNED BY: Portia Burton

* Charges are for Products and Services other than those included in your Offer.
Please refer to the Additional Products Section of your Inquiry Details for Statement Date 06/30/2009.

Pay by Visa, Mastercard, American Express or Discover! Call 1-800-872-4324 for details.

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OVERRUN DETAILS

ACCOUNT #		DUNS #	INVOICE #	INVOICE DATE	AMOUNT DUE	PURCHASE ORDER #		
6272-264760504		94-549-5869	9626841-01	06/30/2009	\$635.00			
Date-Time Order ID	Oper ID Attn AGN#	DUNS# CLT#	Name Inquired Upon Trade Name	City State	Item Description Access	Delivery	Final Price	Tax Ind
06/12-12:00	0	00-000-0000	-	-	ActivityScope with Monitoring - web		635.00	N
-	-	-	-	-	Solution Ctr IR			
						SUB TOTAL >	635.00	
						Total Amount Due (Include Sales Tax, if Applicable) >	635.00	

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TAX IND: N=NON-TAXABLE, Y=TAXABLE