

UNITED STATES BANKRUPTCY COURT DISTRICT OF Delaware Wilmington

PROOF OF CLAIM

Name of Debtor: ADS Logistics, LLC / Area Transprotation Company

Case Number: 09-76628

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 a 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):

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

Name and address where notices should be sent:

Arrow Uniform
c/o RMS Bankruptcy Recovery Services
PO Box 5126
Timonium, Maryland 21094
Telephone number: (410) 773-4088

Court Claim Number: (If known)

Filed on:

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

Same as above

Telephone number:

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BMC GROUP

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

1. Amount of Claim as of Date Case Filed: \$ 2,766.28

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: Service (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:

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.



Date: 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.

11/02/09 Wendy Finnegan, RMS, Agent for Creditor

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

FOR COURT USE ONLY

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Customer Ledger Inquiry

Date From

Customer Number. . 050245-01 AREA TRANSPORTATION Thru 09/02/09
 Parent Number. . . 050245-00 AREA TRANSPORTATION Seq 3
 Invoice Number . . . Thru Paid 0
 Recpt/Item Number. Co
 Statement Number . PayIns *
 Skip To Subfile Li

O	P	Ty	Number	Itm	Date	Cust Number	Gross Amount	Open Amount	P I	Recpt/Item	P C	P S
		RI	6396641	001	04/22/09	162471	710.89	315.83	C		D	A
		RI	6408647	001	05/27/09	162471	92.02	92.02	C		D	A
		RI	6411060	001	06/03/09	162471	205.87	205.87	C		D	A
		RI	6413459	001	06/10/09	162471	214.02	214.02	C		D	A
		RI	6415868	001	06/17/09	162471	205.87	205.87	C		D	A
		RI	6418256	001	06/24/09	162471	92.02	92.02	C		D	A
		RF	45506	001	06/26/09	162471	3.09	3.09	C		D	A
		RI	6420649	001	07/01/09	162471	205.87	205.87	C		D	A
		RI	6423050	001	07/08/09	162471	92.02	92.02	C		D	A
		RI	139317	001	07/10/09	162471	104.44	104.44	C		D	A
		RI	6425492	001	07/15/09	162471	205.87	205.87	C		D	A
		RI	6427911	001	07/22/09	162471	214.02	214.02	C		D	A

Opt: 1=Inv 2=JE 5=Dtl F2=Formats F9=NS F16=Age&Sts F21=Prt F24=More

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 Invoice Number . . . _____ Thru _____ Paid 0
 Recpt/Item Number. _____ Co _____
 Statement Number . _____ PayIns _____
 Skip To Subfile Li _____

O	P	Ty	Number	Itm	Date	Cust Number	Gross Amount	Open Amount	P I	Recpt/ Item	P C	P S
-	RI	6430413	001	07/29/09	162471	205.87	205.87	205.87	C		D	A
-	RF	49450	001	07/31/09	162471	7.57	7.57	7.57	C		D	A
-	RI	6432936	001	08/05/09	162471	92.02	92.02	92.02	C		D	A
-	RI	6435489	001	08/12/09	162471	205.87	205.87	205.87	C		D	A
-	RI	6438109	001	08/19/09	162471	92.02	92.02	92.02	C		D	A
-	RI	6440759	001	08/26/09	162471	205.87	205.87	205.87	C		D	A
-	RF	53031	001	08/28/09	162471	6.12	6.12	6.12	C		D	A
Total							3,161.34	2,766.28				

Opt: 1=Inv 2=JE 5=Dtl F2=Formats F9=NS F16=Age&Sts F21=Prt F24=More