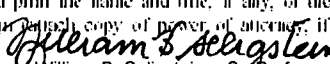


UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>Delaware</u>		<b>PROOF OF CLAIM</b>
Name of Debtor <b>Alternative Distribution Systems Inc</b>		Case Number <b>09-13099</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. 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): <b>FEDEX CUSTOMER INFORMATION SERVICE As Assignee of FedEx Express / FedEx Ground</b>		<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 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: <b>FEDEX CUSTOMER INFORMATION SERVICES ATTN: REVENUE RECOVERY/BANKRUPTCY 3965 Airways Blvd, Module G, 3rd Floor MEMPHIS, TN 38116</b> Telephone number: (901) 397-2177		
Account or other number by which creditor identifies debtor: <b>103046149</b>		Check here <input type="checkbox"/> replaces if this claim <input checked="" type="checkbox"/> amends a previously filed claim, dated: <u>10-13-09</u>
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p><b>RECEIVED</b></p> <p><b>DEC 10 2009</b></p> <p><b>BMC GROUP</b></p> </div> <div style="text-align: center;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (fill out below)                      Last four digits of SS #: _____                      Unpaid compensation for services performed from _____ to _____                      (date) (date)                 </div> </div>		
<b>2. Date debt was incurred:</b> SEE ATTACHED		<b>3. If court judgment, date obtained:</b>
<b>4. Total Amount of Claim at Time Case Filed: \$ 1,517.81</b> <span style="float: right;"><b>\$1,517.81</b></span> (unsecured) (secured) (priority) (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <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.		
<b>5. Secured Claim.</b> <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"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 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)(____). <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
<b>6. Unsecured Nonpriority Claim \$1,517.81</b> <input checked="" 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) if a) none or only part of your claim is entitled to priority.		
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. <b>9. Supporting Documents:</b> 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. <b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim		THIS SPACE IS FOR COURT USE ONLY
Date <b>11/30/2009</b>	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):  William B. Seligstein, Sr. Performance & Planning Analyst	

*Penalty for presenting fraudulent claim: Fine of up to \$50,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.*

BMC



FedEx Customer Information Services **STATEMENT OF ACCOUN**

FILE NAME:	<b>Alternative Distribution Syste</b>	<b>11/30/2009</b>	
CASE #:	<b>09-13099</b>	FILE DATE:	<b>9/2/2009</b>
CHAPTER:	<b>11</b>	STATE/DIST.:	<b>Delaware /</b>

Master Account	Account Number	Invoice Number	Invoice Date	Invoice Amount
<b>103046149</b>				
	103046149	9-289-21482	8/7/2009	\$287.40
	103046149	9-305-22657	8/21/2009	\$16.33
			<b>Account Total:</b>	<b>\$303.73</b>
	237966384	5-638-49399	8/7/2009	\$23.56
	237966384	9-292-99039	8/12/2009	\$1,143.40
	237966384	5-649-59253	9/4/2009	\$47.12
			<b>Account Total:</b>	<b>\$1,214.08</b>
			<b>Grand Total:</b>	<b>\$1,517.81</b>
			<b>GRAND TOTAL:</b>	<b>\$1,517.81</b>

**FedEx**   
Customer Information Services

Monday, November 30, 2009

**U. S. Bankruptcy Court**  
**824 Market Street 5th Floor**  
**Wilmington, DE 19801**

FILED  
2009 DEC -4 AM 10:21  
U.S. BANKRUPTCY COURT  
WILMINGTON, DE

**Re: Alternative Distribution Systems Case # 09-13099** AMENDS

To Whom It May Concern:

Please file the attached Proof of Claim on behalf of FedEx Customer Information Services and return a copy to me as proof of the filing.

Thank you for your cooperation in this matter.

Sincerely,

*William B. Seligstein*

William B. Seligstein  
Sr. Performance & Planning Analyst  
(901) 397-2177  
Fax: (901) 397-2016

Attachments(s)

cc: file