

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor: Alset Owners, LLC et al		Case Number: 09-11960(BLS)
<small>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.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Gregory FX Daly, Collector of Revenue		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: Gregory FX Daly, Collector of Revenue 1200 Market St, Room 110 St. Louis MO 63103		Court Claim Number: _____ <small>(If known)</small>
Telephone number: 314-622-3530		Filed on: _____
Name and address where payment should be sent (if different from above):		<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.
Telephone number:		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>593.78</u>		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.
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.		
2. Basis for Claim: <u>Utilities - Water</u> <small>(See instruction #2 on reverse side.)</small>		<input type="checkbox"/> 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: _____		<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).
3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small>		<input type="checkbox"/> 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: <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: \$ <u>593.78</u>		<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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).
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 definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)().
Date: <u>7/31/09</u>	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. DS for Gregory FX Daly	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.

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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BMC GROUP

Alset Owners LLC



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BMC

Amount entitled to priority:
 \$ _____
 U.S. BANKRUPTCY COURT
 DISTRICT OF DELAWARE
 009 AUG - 1 2009 PM 5:49
 FILED

Customer ID: 676332 Name: RALLY'S RESTAURANT
 Location ID: 230526 Addr: 3557 CHOUTEAU AV
 Cycle/route : 15 05 Amount due : .00
 Initiation date . . . : 9/13/00 Pending : .00
 Termination date . . : Customer/location status . : A

Type options, press Enter.

5=Display

Trn	Trn/Due	Description	Trn/Prv	Reference	Running
Opt	Type	Date	Amount	Date/Num	Balance
-	ADJ	7/27/09	101.55-		.00
-	BL BILL	5/27/09	101.55	6/02/09	101.55
-	LB PMT	3/20/09	98.37-		.00
-	BL BILL	2/27/09	98.37	3/02/09	98.37
-	LB PMT	12/23/08	115.89-		.00
-	BL BILL	12/05/08	115.89	12/08/08	115.89
-	LB PMT	9/15/08	133.43-		.00
-	BL BILL	8/28/08	133.43	9/02/08	133.43

More...

F3=Exit F5=Adjustments F7=Pending F8=Charges F9=Print history
 F10=Change view F11=Payments F12=Cancel F24=More keys

Customer ID: 676320 Name: RALLY'S RESTAURANT
 Location ID: 238394 Addr: 918 932 N KINGSHIGHWAY BL
 Cycle/route : 16 13 Amount due : .00
 Initiation date . . : 9/13/00 Pending : .00
 Termination date . : Customer/location status . : A

Type options, press Enter.

5=Display

Trn	Trn/Due	Description	Trn/Prv	Reference	Running
Opt	Type	Date	Amount	Date/Num	Balance
-	ADJ	7/27/09	308.43-		.00
-	BL BILL	6/10/09	308.43	6/15/09	308.43
-	LB PMT	4/02/09	583.53-		.00
-	BL BILL	3/11/09	583.53	3/15/09	583.53
-	LB PMT	12/30/08	605.96-		.00
-	BL BILL	12/11/08	605.96	12/15/08	605.96
-	LB PMT	10/06/08	638.34-		.00
-	BL BILL	9/11/08	638.34	9/15/08	638.34

More...

F3=Exit F5=Adjustments F7=Pending F8=Charges F9=Print history
 F10=Change view F11=Payments F12=Cancel F24=More keys

Customer ID: 676347 Name: RALLY'S RESTAURANT
Location ID: 204860 Addr: 305 N VANDEVENTER AV
Cycle/route : 15 02 Amount due : .00
Initiation date . . . : 9/13/00 Pending : .00
Termination date . . : Customer/location status . : A

Type options, press Enter.

5=Display

Trn	Trn/Due	Description	Trn/Prv	Reference	Running
Opt	Type	Date	Amount	Date/Num	Balance
-	ADJ	7/27/09	183.80-		.00
-	BL BILL	5/27/09	183.80	6/02/09	183.80
-	LB PMT	3/20/09	211.52-		.00
-	BL BILL	2/27/09	211.52	3/02/09	211.52
-	LB PMT	12/30/08	498.62-		.00
-	BL BILL	12/05/08	498.62	12/08/08	498.62
-	LB PMT	9/19/08	533.51-		.00
-	BL BILL	8/28/08	533.51	9/02/08	533.51

More...

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F10=Change view F11=Payments F12=Cancel F24=More keys