

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE**

PROOF OF CLAIM

In re:

Case Number:

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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.

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.

Name of Creditor and Address: the person or other entity to who the debtor owes money or property



20934399000278

LANCASTER UTILITIES
ATTN: SHERRI
ATTN: SHERRI
104 E MAIN ST
LANCASTER, OH 43130-1819

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

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number ()

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

PO Box 1099
Lancaster OH 43130

RECEIVED

OCT 19 2009

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

Claim Number (see reverse):

Payment Telephone Number 740 687-6627

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 1,518.34

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.

2. BASIS FOR CLAIM:

Goods Sold

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as: 2509

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 set off and provide the requested information

Secured Claim Amount: \$ _____

DO NOT include the priority portion of your claim here.

Nature of property or right of setoff:

Real Estate Motor Vehicle Other _____

Unsecured Claim Amount: \$ 1,518.34

Amount of arrearage and other charges at time case filed included in secured claim,

Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____

5. PRIORITY CLAIM

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.

Unsecured Priority Claim Amount: \$ _____

Include **ONLY** the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

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).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

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.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain.

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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on December 15, 2009 for Non-Governmental Claimants OR on or before December 15, 2009 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:
Alset Owners, LLC, et al.
c/o BMC Group, Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Alset Owners LLC

00081

DATE

10/14/09

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.

Sherril L Hintz
SHERRI L. HINTZ
Customer Service Manager

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed, the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Debtor Name</th> <th style="text-align: left;">Case No</th> </tr> </thead> <tbody> <tr> <td>Alset Owners, LLC</td> <td>09-11960</td> </tr> <tr> <td>Altes, LLC</td> <td>09-11961</td> </tr> <tr> <td>Checkers Michigan, LLC</td> <td>09-11963</td> </tr> <tr> <td>Setla, LLC</td> <td>09-11962</td> </tr> </tbody> </table> <p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien</p>	Debtor Name	Case No	Alset Owners, LLC	09-11960	Altes, LLC	09-11961	Checkers Michigan, LLC	09-11963	Setla, LLC	09-11962	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p>6. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>7. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date-Stamped Copy and Signature: The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
Debtor Name	Case No										
Alset Owners, LLC	09-11960										
Altes, LLC	09-11961										
Checkers Michigan, LLC	09-11963										
Setla, LLC	09-11962										

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

INFORMATION

document showing that the lien has been filed or recorded.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

**LANCASTER UTILITIES
COLLECTION OFFICE**

104 E. Main Street
P.O. Box 1099
Lancaster, OH 43130-0819

PAYING BY CREDIT CARD?

PLEASE RETURN THIS STUB WITH PAYMENT

CREDIT CARD NUMBER	CC TYPE	INVOICE #	DUE DATE	AMOUNT DUE BY DUE DATE
	<input type="checkbox"/> VISA <input type="checkbox"/> MC	99	7/16/2009	1,518.34
SIGNATURE	CC EXP. DATE	ACCOUNT NUMBER	AMOUNT DUE AFTER DUE DATE	
		00002509	1,552.49	

ALSET LLC DBA RALLY'S
PO BOX 789702
WICHITA, KS 67278-9702



Parcel # 0532010700

00000025090001552490001518341

Name : ALSET LLC DBA RALLY'S
Account Number : 00002509
Billing Date : 7/1/2009
Due Date : 7/16/2009
Billing Cycle : 99

Previous Balance : 1,518.34
Payments : 0.00
Beginning Balance as of 7/1/2009 : 1,518.34

1028 N MEMORIAL DR - Parcel # 0532010700

	Balance Forward	Current Charges
GAS	781.48	0.00
Water	153.17	0.00
Well Head	1.59	0.00
Sewer	137.51	0.00
Sanitation	345.67	0.00
Landfill	11.23	0.00
Stormwater - Net ERU 5.00	39.66	0.00

Total for 1028 N MEMORIAL DR - Parcel # 0532010700	1,470.31	0.00	1,470.31
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	Balance Forward	Current Charges
Other customer charges		
Penalty	48.03	0.00

Total for other customer charges	48.03	0.00	48.03
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TOTAL AMOUNT DUE  **1,518.34**

Make Check or Money Order Payable To: LANCASTER UTILITIES

Bring Entire Bill When Paying In Person To:

**LANCASTER UTILITIES OFFICE
104 EAST MAIN STREET, LANCASTER**

OR

FAIRFIELD NATIONAL BANK LOCATIONS:

MEMORIAL DRIVE
1280 NORTH MEMORIAL DRIVE, LANCASTER

MEIJER LANCASTER
2900 COLUMBUS-LANCASTER ROAD, LANCASTER

MAIN OFFICE LOBBY
143 W. MAIN STREET, LANCASTER

EAST MAIN STREET
1001 EAST MAIN STREET, LANCASTER

KROGER MEMORIAL
1735 NORTH MEMORIAL DRIVE, LANCASTER

MAIN OFFICE DRIVE - THRU
150 WEST WHEELING STREET, LANCASTER

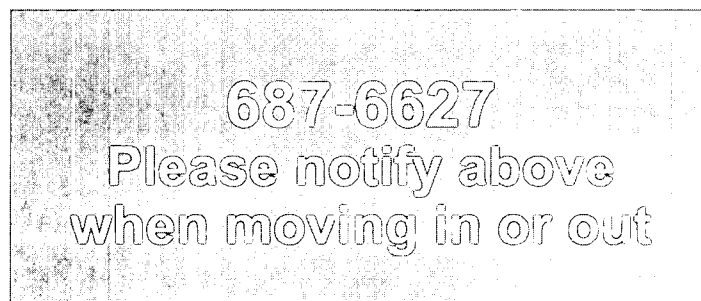
WEST FAIR AVENUE
1001 WEST FAIR AVENUE, LANCASTER

KROGER EAST
1141 EAST MAIN STREET, LANCASTER

CHECK EACH LOCATION FOR AVAILABLE HOURS

PLEASE NOTE THAT FAIRFIELD NATIONAL BANK WILL ACCEPT PAYMENT IN FULL ONLY.

**LANCASTER UTILITIES COLLECTION OFFICE
104 EAST MAIN STREET
P.O. BOX 1099
LANCASTER, OHIO 43130-0819**



If you have any questions or concerns about your bill, please call us before the **DATE DUE** at the number listed below. If you write, please use a separate piece of paper and include your name, address and account number. Notes written on the bill stub may delay processing of your payment. Direct your letter to the address above.

The following agencies provide financial assistance. Please contact them for eligibility requirements:

Community Action	1743 E. Main St. Lancaster, OH 43130	653-4146
Job and Family Services	239 W. Main St. Lancaster, OH 43130	653-1701
Information & Referral Service		687-0500

OFFICE PHONE NUMBER:

(740) 687-6627

(740) 681-5040 FAX

OFFICE HOURS:

MONDAY THRU FRIDAY

7:30 A.M. - 4:25 P.M.

OTHER IMPORTANT PHONE NUMBERS:

Gas Department (740) 687-6670

Water Department (740) 687-6631

Sanitation Department (740) 687-6660

Storm Water (740) 681-5070

Water Pollution Control (740) 687-6664