


UNITED STATES BANKRUPTCY COURT		District of Delaware	PROOF OF CLAIM
Name of Debtor Setla, LLC		Chapter 11	Case Number 09-11962
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): Columbus Employment Guide		<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 checked="" 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: Dominion Enterprises 150 Granby Street, Attn: Joseph Doherty Norfolk, VA 23510		THIS SPACE IS FOR COURT USE ONLY	
Telephone number: 757-351-8187			
Account or other number by which creditor identifies debtor: 890-1492123		Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Advertising</u>			
<div style="display: flex; justify-content: space-between;"> <div style="text-align: left;"> <p>RECEIVED</p> <p>NOV 19 2009</p> <p>BMC GROUP</p> </div> <div style="text-align: right;"> <p><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</p> <p><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</p> <p>Your SS #: _____</p> <p>Unpaid compensation for services performed from _____ to _____</p> <p style="text-align: center;">(date) (date)</p> </div> </div>			
2. Date debt was incurred: <u>04/20/09 - 06/01/09</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>1,257.00</u>			
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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.			
5. Secured Claim. <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: \$ _____		6. Unsecured Priority Claim. <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 \$4,300)* 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 \$1,950* 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 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY	
8. Supporting Documents: 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.			
9. 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.			
Date 11/11/2009	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): Joseph Doherty Accounts Receivable		Alset Owners LLC  00132
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.			

INVOICE

Columbus Employment Guide

RemitTo: PO BOX 62062
Cincinnati OH 45262-0062

Sold To: Rally's Hamburgers
Attn: Accounts Payable
PO Box 28273
Columbus OH 43228

Account Nbr 1492123
Invoice 5790850
Invoice Date 4/20/2009
*****Due Date Upon Receipt*****
Invoice Amt 314.25
Amount Paid _____

Please detach and return the stub with your payment. Thank you.

<u>Invoice #</u>	<u>City</u>	<u>Order #</u>	<u>Sales Representative</u>	<u>Account #</u>	<u>Invoice Date</u>	<u>Due Date</u>
5790850	Columbus Employment Guide	8432693	890 House Account	1492123	4/20/2009	4/20/2009

<u>Quantity</u>	<u>Issue</u>	<u>P.O. #</u>	<u>Publication/Item Description</u>	<u>Price</u>
1	0917		Columbus EG / 2X3 Advertisement	
1	0917		EmploymentGuide.com / Single Job Posting	
Invoice Total				314.25

Please Call 513-769-8400 x 225 with any questions concerning your invoice.
Please make your checks payable to : Columbus Employment Guide

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PO Box 28273
Columbus OH 43228

Account Nbr 1492123
Invoice 5843790
Invoice Date 5/4/2009
*****Due Date Upon Receipt*****
Invoice Amt 314.25
Amount Paid _____

Please detach and return the stub with your payment. Thank you.

<u>Invoice #</u>	<u>City</u>	<u>Order #</u>	<u>Sales Representative</u>	<u>Account #</u>	<u>Invoice Date</u>	<u>Due Date</u>
5843790	Columbus Employment Guide	8432693	890 House Account	1492123	5/4/2009	5/4/2009

<u>Quantity</u>	<u>Issue</u>	<u>P.O. #</u>	<u>Publication/Item Description</u>	<u>Price</u>
1	0919		Columbus EG / 2X3 Advertisement	
1	0919		EmploymentGuide.com / Single Job Posting	
Invoice Total				314.25

Please Call 1-800-675-9419 with any questions concerning your invoice.

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Cincinnati OH 45262-0062

Sold To: Rally's Hamburgers
Attn: Accounts Payable
PO Box 28273
Columbus OH 43228

Account Nbr 1492123
Invoice 5876531
Invoice Date 5/18/2009
*****Due Date Upon Receipt****
Invoice Amt 314.25
Amount Paid _____

Please detach and return the stub with your payment. Thank you.

<u>Invoice #</u>	<u>City</u>	<u>Order #</u>	<u>Sales Representative</u>	<u>Account #</u>	<u>Invoice Date</u>	<u>Due Date</u>
5876531	Columbus Employment Guide	8432693	890 House Account	1492123	5/18/2009	5/18/2009

<u>Quantity</u>	<u>Issue</u>	<u>P.O. #</u>	<u>Publication/Item Description</u>	<u>Price</u>
1	0921		Columbus EG / 2X3 Advertisement	
1	0921		EmploymentGuide.com / Single Job Posting	
Invoice Total				314.25

Please Call 1-800-675-9419 x223 with any questions concerning your invoice.

Please make your checks payable to : Columbus Employment Guide

INVOICE

Columbus Employment Guide

RemitTo: PO BOX 62062
Cincinnati OH 45262-0062

Sold To: Rally's Hamburgers
Attn: Accounts Payable
PO Box 28273
Columbus OH 43228

Account Nbr 1492123
Invoice 5905031
Invoice Date 6/1/2009
*****Due Date Upon Receipt*****
Invoice Amt 314.25
Amount Paid _____

Please detach and return the stub with your payment. Thank you.

<u>Invoice #</u>	<u>City</u>	<u>Order #</u>	<u>Sales Representative</u>	<u>Account #</u>	<u>Invoice Date</u>	<u>Due Date</u>
5905031	Columbus Employment Guide	8432693	890 House Account	1492123	6/1/2009	6/1/2009

<u>Quantity</u>	<u>Issue</u>	<u>P.O. #</u>	<u>Publication/Item Description</u>	<u>Price</u>
1	0923		Columbus EG / 2X3 Advertisement	
1	0923		EmploymentGuide.com / Single Job Posting	
Invoice Total				314.25

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R5503413A
UAM0001
JPDPL811

Dominion Advertising Media
UAM Detail Aging Report
UAM Version

10/22/2009 6:07:44
Page - 1
User: Joseph Doherty

PO Options: Cust#: 1492123

Sort By: Customer A/R Activities: None
Date As Of: 06/07/09

Address Number 1492123 Rally's Hamburgers

Sales Rep 1331493 890 House Account

Credit Message

BK Account filed bankruptcy

Type	Number	Date	Due Date	Issue	Original Amount	Open Amount	Current	1 - 30	31 - 60	61 - 90	91 - 120	Over 120	Days Past Due
RI	5905031	6/1/2009	6/1/2009	0923	314.25	314.25		314.25					6
RI	5876531	5/18/2009	5/18/2009	0921	314.25	314.25		314.25					20
RI	5843790	5/4/2009	5/4/2009	0919	314.25	314.25			314.25				34
RI	5790850	4/20/2009	4/20/2009	0917	314.25	314.25				314.25			48
1492123 Rally's Hamburgers					1,257.00	1,257.00		628.50	628.50				