


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): Akron/Canton 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: 994-53461986		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>		RECEIVED NOV 19 2009 BMC GROUP	
		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred: <u>05/04/09 - 06/01/09</u>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <u>832.80</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 <i>Joseph Doherty</i> Accounts Receivable		Alset Owners LLC  00134
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

Akron/Canton Employment Guide

RemitTo: P.O. Box 4963
 Kansas City MO 64120-4963

Sold To: Rally's (Akron)
 PO Box 28273
 Columbus OH 43228

Account Nbr 53461986
 Invoice 5837197
 Invoice Date 5/4/2009
 *****Due Date Upon Receipt*****
 Invoice Amt 277.60
 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>
5837197	Akron/Canton Employment Guide	9461957	Jeffrey L Hartel	53461986	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		Akron/Canton EG / 2x4 Advertisement	
1	0919		EmploymentGuide.com / Single Job Posting	
Invoice Total				277.60

Please Call 800-318-8776 x 276 with any questions concerning your invoice.

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INVOICE

Akron/Canton Employment Guide

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PO Box 28273
Columbus OH 43228

Account Nbr 53461986
Invoice 5885971
Invoice Date 5/18/2009
*****Due Date Upon Receipt*****
Invoice Amt 277.60
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>
5885971	Akron/Canton Employment Guide	9461957	Jeffrey L Hartel	53461986	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		Akron/Canton EG / 2x4 Advertisement	
1	0921		EmploymentGuide.com / Single Job Posting	
Invoice Total				277.60

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INVOICE

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P.O. Box 28273
Columbus OH 43228

Account Nbr 53461986
Invoice 5905368
Invoice Date 6/1/2009
*****Due Date Upon Receipt*****
Invoice Amt 277.60
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>
5905368	Akron/Canton Employment Guide	9461957	Jeffrey L Hartel	53461986	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		Akron/Canton EG / 2x4 Advertisement	
1	0923		EmploymentGuide.com / Single Job Posting	
Invoice Total				277.60

Please Call 800-318-8776 ext 276 with any questions concerning your invoice.
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Dominion Advertising Media
UAM Detail Aging Report
UAM Version

10/22/2009 6:11:27
Page - 1
User: Joseph Doherty

PO Options: Cust#: 53461986

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

Address Number 53461986 Rally's (Akron)

Sales Rep 13898374 Jeffrey L Hartel

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	5905368	6/1/2009	6/1/2009	0923	277.60	277.60		277.60					6
RI	5885971	5/18/2009	5/18/2009	0921	277.60	277.60		277.60					20
RI	5837197	5/4/2009	5/4/2009	0919	277.60	277.60			277.60				34
53461986 Rally's (Akron)					832.80	832.80		555.20	277.60				