
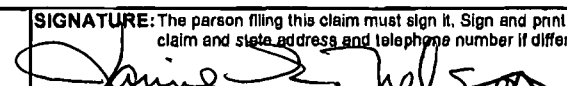


UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	
In re: ALSET OWNERS LLC /CHECKERS		Case Number: 09-11960 (BLS)	
NOTE: See Reverse for List of Debtors/Case Numbers/important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<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 this box if you are the debtor or trustee in this case.	
Name of Creditor and Address: the person or other entity to who the debtor owes money or property CITY OF CADILLAC 200 N. LAKE STREET CADILLAC MI 49601		RECEIVED JAN 07 2010 BMC GROUP	
Creditor Telephone Number () 231 775-0181			
Name and address where payment should be sent (if different from above): SAME		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (see reverse):	
Payment Telephone Number () 231 775-0181			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 499.41 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:		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:	
(See instructions #2 and #3a on reverse side.)		3a. Debtor may have scheduled account as:	
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. Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Property: \$ _____ Annual Interest Rate: % if any: \$ _____ Basis for Perfection: _____ Secured Claim Amount: \$ 499.41 DO NOT include the priority portion of your claim here Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, _____			
5. PRIORITY CLAIM <input type="checkbox"/> 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: \$ _____ You MUST specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (e)(1)(B) <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) <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). <input checked="" type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <small>* 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.</small>			
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.) 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. BY MAIL TO: Alset Owners, LLC, et al. c/o BMC Group, Claims Processing PO Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY Alset Owners LLC  00191	
DATE Jan 4, 2010	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.  JANICE E. NELSON, CLERK/TREAS		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

EXHIBIT "A"

Print Date: 01/04/2010
Recpt Date: / /

2008
Duplicate Winter Tax Receipt
CITY OF CADILLAC
10-166-00-001-05
1212 N MITCHELL STREET

Reference No:

CITY OF CADILLAC
200 N. LAKE STREET
CADILLAC MI 49601
(231) 775-0181

CHECKERS MICHIGAN LLC
5901 BROKEN SOUND PKWY, SUITE 310
BOCA RATON FL 33487

TAXABLE VALUE: \$ 30,500 SEV: \$ 30,500 SCHOOL DISTRICT: 83010
PRE/MBT: 100.0000%

Date	Previous Payments Chk #	Amount	Date	Previous Payments Chk #	Amount
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** CURRENT PAYMENT **

Date	Chk #	Amount
/ /		0.00

Total Recvd 0.00

DETAILED BREAKDOWN OF BILLING/PAYMENTS FOR 10-166-00-001-05

Taxing Unit	Mills	Tax Billed	Total Paid	Balance
RECREATION	0.25000	\$ 7.62	\$ 0.00	\$ 7.62
CWTA	0.60000	\$ 18.30	\$ 0.00	\$ 18.30
LIBRARY	0.75000	\$ 22.87	\$ 0.00	\$ 22.87
COUNCIL/AGING	0.99760	\$ 30.42	\$ 0.00	\$ 30.42
PUBLIC SAFETY	0.95000	\$ 28.97	\$ 0.00	\$ 28.97
ANIMAL CONTRL	0.30000	\$ 9.15	\$ 0.00	\$ 9.15
ISD	5.94190	\$ 181.22	\$ 0.00	\$ 181.22
SCHOOL OPERATING	3.00000	\$ 91.50	\$ 0.00	\$ 91.50
SCHOOL DEBT	1.45000	\$ 44.22	\$ 0.00	\$ 44.22
Admin Fee		\$ 4.34	\$ 0.00	\$ 4.34
Interest/Pen		\$ 60.80	\$ 0.00	\$ 60.80
Over Payments		\$ 0.00	\$ 0.00	\$ 0.00
Totals----->	14.23950	\$ 499.41	\$ 0.00	\$ 499.41

As of
Jan 4, 2010

To: CHECKERS MICHIGAN LLC
5901 BROKEN SOUND PKWY, SUITE 310
BOCA RATON FL 33487