

EXHIBIT B

**ATTACHMENT B
EXPENSE SUMMARY**

Expense Category	Service Provider (if applicable)	Total Expenses
Telephone		\$5.00
TOTAL		\$5.00

Client: ALSET OWNERS COMMITTEE

Expenses

Date	Task	Description	Amount Billed
10/31/09	05	Long distance phone charges	\$5.00
TOTALS :			\$5.00