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B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF Delaware PROOF OF CLAIM

Name of Debtor: ANDERSON NEWS LLC

Case Number: 09-10695

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): INGRAM BOOK GROUP dba Ingram Publisher Service

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

Name and address where notices should be sent: ONE INGRAM BLVD LA VERGNE, TN 37086

Court Claim Number: (if known)

Telephone number: 615-213-3537

Filed on:

RECEIVED MAR 19 2010

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

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$3,714.56 plus late interest @ 18% Pcr Annum
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.

5. 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.
Specify the priority of the claim.

2. Basis for Claim: Goods sold (See instruction #2 on reverse side.)

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

3. Last four digits of any number by which creditor identifies debtor: 2079665
3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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).

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 setoff and provide the requested information.
Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:
Value of Property: \$ Annual Interest Rate %
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection:
Amount of Secured Claim: \$ Amount Unsecured: \$3,714.56

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

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).

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

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

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

Amount entitled to priority: \$

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



If the documents are not available, please explain:

\*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.

Date: 3/18/09

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.

Victoria Reynolds, Credit Analyst Victoria Reynolds

FOR COURT USE ONLY FILED 23 PM 12 59 09

Handwritten initials and numbers

AMERICAN SOFTWARE, INC.                    A/R INQUIRY - OPEN ITEM DETAIL    03/18/09    AAR140

CUSTOMER:    2079665                    SUFFIX    :                    CURR:    USD                    PAGE:    1  
 ANDERSON NEWS/KNOXVILLE            CRED RESP: 59                    COMP:                    DIV:  
 KNOXVILLE    TN                    CONSOL NO:

TYP: I AGE:            STAT:    SHOW: PO                    SEQ: RFDT                    START:  
 ACCT BALANCE            O/I CNT                    FUTURE                    CURRENT                    PAST DUE  
                   31,714.56                    70                    4,093.93-                    76.30                    35,732.19

S	TRN	REF NUMBER	ITM DT	DUE DT	AMOUNT	ST DL	A	DAYS	PURCHASE ORDER
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?	IPN	39736801	112108	022809	140.16	P2	17	121880	
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?	IPN	40755364	010209	043009	172.32	F1	44	131984	

MORE...

3=SUM    5=CI SUM    7=PAY SUM    8=PAY DET    9=AGE    13=SEL    15=CR SUM

CMD:

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S	TRN	REF NUMBER	ITM	DT	DUE DT	AMOUNT	ST	DL	A	DAYS	PURCHASE ORDER
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S	TRN	REF NUMBER	ITM	DT	DUE	DT	AMOUNT	ST	DL	A	DAYS	PURCHASE ORDER
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?	IVP	39736802	112108	022809			136.15		P2	17		
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S	TRN	REF NUMBER	ITM DT	DUE DT	AMOUNT	ST DL A	DAYS	PURCHASE ORDER
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?	DPD	DP0001408	012609	012609	224.85	P3	50	

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