

7-NA

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF DELAWARE PROOF OF CLAIM

Name of Debtor
ANDERSON NEWS CO 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):
Office Depot

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.

Name and address where notices should be sent:
**Office Depot
6600 N. Military Trail -S413G
Boca Raton, FL 33496 (800) 650-1222**
Telephone number:

Check box if you have never received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Last four digits of account or other number by which creditor identifies debtor: **3979228**

Check here replaces if this claim amends a previously filed claim, dated: _____

1. Basis for Claim
 Goods sold **RECEIVED** Personal injury/wrongful death Wages, salaries, and compensation (fill out below)
 Services performed **MAR 19 2010** Taxes Last four digits of your SS #: _____
 Money loaned **BMC GROUP** Retiree benefits as defined in 11 U.S.C. § 1114(a) Unpaid compensation for services performed
From _____ to _____
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 1,727.16
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

Secured Claim
 Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Other _____
 Motor Vehicle
Value of Collateral: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim
 Check this box if you have an unsecured claim, all or part of which is entitled to priority.
Amount entitled to priority \$ _____
Specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 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).
 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).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
**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.*

5. Total Amount of Claim at Time Case Filed: \$ 1,727.16 (unsecured) (secured) (priority) 1,727.16 (total)
 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.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.
7. 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.
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a star copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY
Copies should be submitted on single sided 8 1/2 by 11 paper.
FILED
MAR 24 AM 9:30
#2

Date
03/05/2009

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):
Kathleen Laramore
Kathleen Laramore

Statement Date MAR-05-2009

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Customer Details

Office Depot
2100 Old Germantown Road
Delray Beach
Florida
33445

Tel. 800-937-3600

Account Number 39792228
ANDERSON NEWS CO LLC
6016 BROOKVALE LN STE 151

KNOXVILLE
TN

37919-4003

Payment Terms Net 30 Days.

Date	Invoice Number	Type	P.O. Number/Remarks	Original Amt	Balance	Outst	Due Date	Past	Dispute or Query Detail
OCT-14-2007	404238031001	INV	JEREMY	580.90	145.16	145.16	NOV-13-2007	478	
JUL-31-2008	438320704001	INV	CORPU	493.47	493.47	493.47	AUG-30-2008	187	
DEC-31-2008	455498312001	INV	ANDY	114.31	114.31	114.31	JAN-30-2009	34	
DEC-31-2008	457498332001	INV	CORFMI21808	95.78	95.78	95.78	JAN-30-2009	34	
DEC-31-2008	457498370001	INV	CORFMI21808	9.26	9.26	9.26	JAN-30-2009	34	
DEC-31-2008	458093432001	INV	ANDY	204.63	204.63	204.63	JAN-30-2009	34	
JAN-31-2009	460233470001	INV	011409 CA	24.12	24.12	24.12	MAR-02-2009	3	
JAN-31-2009	461786249001	INV	012609 CA	40.48	40.48	40.48	MAR-02-2009	3	
JAN-31-2009	461843655001	INV	AR 1	409.68	409.68	409.68	MAR-02-2009	3	
JAN-31-2009	461976671001	INV	CORFMO12709	36.42	36.42	36.42	MAR-02-2009	3	
JAN-31-2009	461976855001	INV	CORFMO12709	159.14	159.14	159.14	MAR-02-2009	3	
JAN-31-2009	461994430001	CRN	AR 1	-5.29	-5.29	-5.29	MAR-02-2009	3	
Total Balance					1,727.16				

Overdue Amounts	1-30 days	31-60 days	61-90 days
	664.55	423.98	0.00
	91-180 days	181-364 days	365+ days
	0.00	493.47	145.16

Pre-Petition