

United States Bankruptcy Court District of Delaware		PROOF OF CLAIM
Name of Alleged Debtor ANDERSON NEWS, LLC	Case Number 09-10695-CSS	<p>This space is for Court Use Only</p>
<p><small>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.</small></p>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): WINKLER, INC.	<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.	
Name and address where notices should be sent: C/o Darlene V. Wefel PO Box 68 Dale, IN 47523	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone number: 800-621-3843		
Account or other number by which creditor identifies debtor: 21846	Check here <input type="checkbox"/> Replace if this claim <input type="checkbox"/> amends a previously filed claim, dated:	
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>- NSF checks on commission agreement</u>		
<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 _____ (date) to _____ (date)		
2. Date debt was incurred: 4/23/09		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ 2,050.42 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 \$4,650)* 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 \$2,100* 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 4/1/04 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.		<p>This Space Is for Court Use Only</p>
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: 7/21/09 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): ROBERTA S. DANIEL AP <i>Roberta S. Daniel, Attorney</i>		
Partially 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.		



RECEIVED JUL 6 2009

COMMISSION AGREEMENT FOR ADMINISTERING
THE RDA PROGRAM FOR
WINKLER WHOLESALE

Anderson News, LLC's Management Services Division is a periodical consultant, working with clients on the collection and administration of magazine Retail Display Allowances (RDA) and quarterly checkout pocket payments (RDP).

Anderson News, LLC and our client ("the customer") agree as follows:

The customer will pay Management Services Division a commission of 10.0 % on all RDA collections.

A check for the RDA collections, less our commission fee, will be sent to the customer on a quarterly basis.

This commission agreement shall be in effect for one year from the date signed below, and thereafter shall continue to remain in effect unless cancelled by either party with a 90 day advance written notice.

FEDERAL TAX IDENTIFICATION NUMBER * 35-1763301
* Please include a copy of your Federal Tax ID. Some publishers request we provide this.

Approved by:  Date: 6/17/06
Signature
WINKLER WHOLESALE

JOSH WINKLER, DIRECTOR OF SALES
Print Name and Title

Approved by: _____ Date: _____
Signature
ANDERSON NEWS LLC

Nick Prokop, Director of RDA
Print Name and Title

This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

RETURN REASON-D
CLOSED ACCOUNT

[086300025] 04/20/2009
420075400011140

WARNING: DOCUMENT CONTAINS INFORMATION DEEMED TO BE UNCLASSIFIED

ANDERSON NEWS, LLC
ATTENTION: OFFICE

CONFIDENTIAL OFFICE

KNOWLEDGE IN 37919

01/08/09

СУНТРУСТ

$$\begin{array}{r} 64.79 \\ \hline 611 \end{array}$$

NO. 22780684

AMOUNI

*****505.DA

2 SIGNATURES REQUIRED OVER, \$2,000
VOID AFTER 90 DAYS

ANDERSON NEWS, LLC

TO
THE
ORDER

WINKLER WHOLESALE
P. O. BOX 68
DATE,

IN 47523

"22780684" :051100790: 7019001994"

“2280684”

4:06:100790:

2019001994

0000050504

061000104 04/21/2009
000000095037246
061000146 04/23/2009
6513849180
041000014 04/23/2009
6317429161

17409352

↓ Do not endorse or write below this line. ↓

ENDORSE CHECK HERE
X
PAY TO THE ORDER OF
ANY BANK OF TRUST CO.
J. WINKLER AND SONS
DIVISION OF WINKLER, INC.
ENDORSEMENTS GUARANTEED \$100,000
DEPOSITORY BANK ENDORSEMENT

CANCELLED
0863-00025

APR 23 2009

ENDORSEMENT

>086300025< 04 20/2009
4200754000 140

80-X 5285-4

13951
100-4

041000014
04/23/2009
6317429162

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check.

RETURN REASON-D
CLOSED ACCOUNT

04/20/2009 0863000251
420075400011130

ANDERSON NEWS, D.
CORPORATION
606 E. DOWNSIDE LANE
KNOXVILLE, TN 37919
161
RETURN REASON-D
CLOSED ACCOUNT

02/03/09

TO WINKLER WHOLESALE
THE P. O. BOX 68
ORDER DATE IN 47523
OF

22781097 061100790 7019001994

Frank Anderson

2 SIGNATURES REQUIRED OVER \$2,000
VOID AFTER 90 DAYS
ANDERSON NEWS, LLC

AMOUNT
*****1545.3

41061100790 7019001994 00001545

061000104 04/21/2009
000000095037245
061000146 04/23/2009
6513849181
041000014 04/23/2009
6317429162

↓ Do not endorse or write below this line. ↓

17609352

ENDORSE HERE
X PAY TO THE ORDER OF
ANY BANK OF TRUST CO.
J. WINKLER AND SONS
A DIVISION OF WINKLER, INC.
190 ENDORSEMENT GUARANTEED 1180
DO NOT WRITE/SIGN/STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

CANCELLED
080300025

APR 23 2009

ENDORSEMENT

>086300025< 04/20/2009
42007540001130

84-28-89-87686111-119887528-68-82-40

152
11-4

TRC=5825 PK=08