

B10 (Official Form 10)
(Rev. 7/95)

United States Bankruptcy Court		PROOF OF CLAIM	
District of <u>DELAWARE</u>			
In re (Name of Debtor) ANDERSON NEWS, LLC.		Case Number 09-10695	Chapter 11
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.			
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property) Name and Address Where Notices Should be Sent Tennessee Department of Revenue C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207		<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 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.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 62-1745746/000		Check box if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends _____	
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 checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<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 social security number _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.			
<input type="checkbox"/> SECURED CLAIM \$ _____ Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____		<input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 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 \$1,800 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 checked="" type="checkbox"/> Taxes or penalties of governmental units — 11 U.S.C. § 507(a)(8)	
<input type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ _____ A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> Other— Specify applicable paragraph of 11 U.S.C. § 507(a) _____ Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>123,472.56</u> Specify the priority of the claim.			
5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED: \$ _____ (Unsecured) \$ _____ (Secured) \$ <u>123,472.56</u> (Priority) \$ <u>123,472.56</u> (Total)			
<input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
DATE <u>January 26, 2010</u> <u>2681665100126 MD</u>	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) Print Name: <u>WILBUR E. HOOKS</u> Signature: <u>Wilbur E. Hooks</u>		

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U.S. BANKRUPTCY COURT
DISTRICT OF DELAWARE
CLERK
2010 FEB 17 AM 10:58
FILED

Penalty for presenting fraudulent claim: 1

8 U.S.C. §§ 152 and 357

ALL INQUIRIES CONTACT:
Michelle Denney
(615) 532-6324



36

Debtor: ANDERSON NEWS, LLC.

D/B/A: ANDERSON NEWS, LLC
6016 BROOKVALE LN STE 151
KNOXVILLE, TN 37919-4003

ACCT NO. 318289019
ACCT TYPE FRAN/EXCS2
ENTITY ID 62-1745746/000

D/B/A: ANDERSON NEWS, LLC
4935 COVINGTON WAY
MEMPHIS, TN 38128-6939

ACCT NO. 102681841
ACCT TYPE SALES&USE
ENTITY ID 62-1745746/000

D/B/A: ANDERSON NEWS, LLC
1223 HEIL QUAKER BLVD
LA VERGNE, TN 37086-3516

ACCT NO. 104397977
ACCT TYPE SALES&USE
ENTITY ID 62-1745746/000



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

ANDERSON NEWS, LLC.

ANDERSON NEWS, LLC
6016 BROOKVALE LN STE 151
KNOXVILLE TN 37919-4003

BANKRUPTCY

824 MARKET STREET
WILMINGTON DE 19801

62-1745746/000
318289019
FRAN/EXCS2

Docket No.: 09-10695

Chapter: 11
Date Petition Filed: December 30, 2009

First Creditors Meeting: February 1, 2010
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	DLNQ	10-01-08	\$86,785.00	\$0.00	\$0.00	\$0.00	\$86,785.00
1	DLNQ	10-01-09	\$21,636.16	\$0.00	\$0.00	\$0.00	\$21,636.16
TOTALS			\$108,421.16	\$0.00	\$0.00	\$0.00	\$108,421.16

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$108,421.16
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00

GRAND TOTAL: \$108,421.16

Penalty and interest calculated through 12-30-09

Micelle Denny
Preparer's Signature

January 26, 2010
Date



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ANDERSON NEWS, LLC.

BANKRUPTCY

ANDERSON NEWS, LLC
4935 COVINGTON WAY
MEMPHIS TN 38128-6939

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WILMINGTON DE 19801

62-1745746/000
102681841
SALES&USE

Docket No.: 09-10695
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First Creditors Meeting: February 1, 2010
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	DLNQ	01-01-09	\$6,151.60	\$0.00	\$0.00	\$0.00	\$6,151.60
TOTALS			\$6,151.60	\$0.00	\$0.00	\$0.00	\$6,151.60

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$6,151.60
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00
GRAND TOTAL: \$6,151.60

Penalty and interest calculated through 12-30-09

Michelle Denney
Preparer's Signature

January 26, 2010
Date



TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE
LEGAL CLAIMS SUMMARY SHEET

ANDERSON NEWS, LLC.

ANDERSON NEWS, LLC
1223 HEIL QUAKER BLVD
LA VERGNE TN 37086-3516

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104397977
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First Creditors Meeting: February 1, 2010
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
1	DLNQ	01-01-09	\$8,899.80	\$0.00	\$0.00	\$0.00	\$8,899.80
TOTALS			\$8,899.80	\$0.00	\$0.00	\$0.00	\$8,899.80

RECAP

Audit Balance: \$0.00
 Payment Agreement Balance: \$0.00
 No Remittance Balance: \$0.00
 Estimated Assessments: \$8,899.80
 Underpaid Balance: \$0.00
 Returned Checks: \$0.00

GRAND TOTAL: \$8,899.80

Penalty and interest calculated through 12-30-09

Michelle Denney
Preparer's Signature

January 26, 2010
Date