

United States Bankruptcy Court District of Delaware

PROOF OF CLAIM

Name of Debtor: **Anderson News, LLC**

Case Number **09-10695 CSS**
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. sec. 503.

Name of Creditor: (The person or entity to whom the debtor owes money or property)
TN Dept. of Labor & Workforce Dev-Unemployment Insurance

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

Name and addresses where notices should be sent:
TN Dept. of Labor & Workforce Dev-Unemployment Insurance
c/o TN Atty General, Bankruptcy Div.
PO Box 20207
Nashville, TN 37202-0207

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

Account or other number by which creditor identifies debtor:
62-1745746 0531-531 0

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

1. Basis for Claim:

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes.
- Other: Unemployment Insurance

Additional Information:

RECEIVED
MAR 29 2010
BMC GROUP

Retiree benefits as defined in 11 U.S.C. sec. 1114(a)

Wages, salaries, and compensations (Fill out below)

Your SS#

Unpaid compensation for services performed

from _____ to _____
(date) (date)

2. Date debt was incurred: 1st Qtr 2009

3. If court judgment, date obtained

4. Total Amount of Claim at Time Case Filed : \$ 4,897.50

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

5. Secured Claim: ** \$0.00

Check this box if your claim is secured by collateral (including a right of setoff.)

Brief description of collateral

- Real Estate Motor Vehicle
- Other

Value of Collateral: Unknown

Amount of arrearage and other charges at time case filed included in secured claim above, if any:

**Upon notice and proof from debtor that part or all of this claim is unsecured by operation of 11 USC sec 506(a), creditor reserves the right to claim such unsecured portion as a priority claim under 11 USC sec. 507(a)(8).

6. Unsecured Priority Claim:

Check this box if you have an unsecured priority claim
Amount entitled to priority \$ 4,897.50

Specify the priority of the claim:

- Wages, salaries, or commissions (up to \$4,300)*, 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. sec. 507(a)(3)
- Contributions to an employee benefit plan--11 U.S.C. sec. 507(a)(4)
- Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family or household use --11 U.S.C. sec. 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child -- 11 U.S.C. sec. 507(a)(7)
- Taxes or penalties of governmental units --11 U.S.C. sec. 507(a)(8)
- Other--Specify applicable paragraph of 11 U.S.C. sec. 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.

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

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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 acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Anderson News LLC

00046

Date:
March 23, 2010

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)

/s/ **Laura L. McCloud** *Lm/hy GRG*
Laura L. McCloud Assistant Attorney General

Tennessee Department of Labor and Workforce Development
Employment Security Division
Bureau of Unemployment Insurance
TAX LIABILITY SUMMARY SHEET

Anderson News Co LLC
6016 Brookvale Ln Ste 151
Knoxville TN 37919

Case #-Chapter: 09-10695-11
Date Filed: 03-02-2009
Court Location: Delaware

0531-531 0

PREPETITION

QT	YR	TAX TYPE	TAX AMOUNT	INTEREST	PENALTY	TOTAL TAX LIABILITY
1st	2009	W	4,897.50			<u>4,897.50</u> 4,897.50

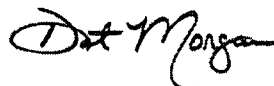
Interest is calculated through 03/02/2009

TAX TYPE KEY

R - No Remit Report
A - Assessment
E - Estimated
B - Balance Due
S - Supplemental Report
C - Returned Check
P - Retroactive Premium Change
W - Retroactive Wage Base Premium
L - Lien

Date Prepared: 1/27/2010

Prepared By:
Dot Morgan



Signature

(TAST)

01/27/2010 08:56:54

0531-531 0 / RT

EMPLOYER STATUS INQUIRY

ANDERSON NEWS CO LLC
%PAYROLL DEPARTMENT
6016 BROOKVALE LN STE 151
KNOXVILLE TN 37919

SECONDARY ADDRESS:
CORPORATE COST CONTROL INC
PO BOX 740065
DALLAS TX 75374

FEDERAL NUMBER	62-1745746	LIABILITY CODE	7	1ST EMPLOYMENT	04-01-02
PRED ON FILE	NO	TIME LAPSE CODE	1	LIABILITY ESTB	04-01-02
SUCC ON FILE	NO	ORGANIZATION CODE	7	REINSTATE DATE	
SIC CD/NAICS	5192/424920	BANKRUPTCY CODE	1	UNIT ADDED	
M NUMBER		LEGAL ACTION CODE		INACTIVE DATE	03-31-09
M NUM SIC/NAICS	/	R & S OWNER CODE	5	STATUS CODE	02
COUNTY CODE	093	IND GROUP CODE		STATUS RECEIPT	08-13-02
AREA CODE	08			BANKRUPT DATE	03-02-09
COMP YEAR	2006			ALT ZIP/AUD	
NUMBER QUARTERS	28				
QYY BEGINS	02	TAX POA 1007 /		CORPORATE COST CONTROL INC	
UIB CONTROL NUMBER		UIB POA 1007 /		CORPORATE COST CONTROL INC	

S0144 ENTER ACCOUNT NUMBER AND PRESS ENTER

STATE OF TENNESSEE
OFFICE OF THE
ATTORNEY GENERAL

ROBERT E. COOPER, JR.
ATTORNEY GENERAL AND REPORTER

LUCY HONEY HANES
CHIEF DEPUTY ATTORNEY GENERAL

LAWRENCE HARRINGTON
Chief Policy Deputy

MICHAEL E. MOORE
SOLICITOR GENERAL

TELEPHONE (615) 741-3491
FACSIMILE (615) 741-2009

BANKRUPTCY DIVISION
P.O. BOX 20207
NASHVILLE, TENNESSEE 37202

Telephone: (615) 532-2504
Fax: (615) 741-3334

March 23, 2010

BMC Group, Inc.
Attn: Anderson News, LLC, Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

In re: Anderson News, LLC
Case No. 09-10695 CSS Chapter 11

Dear Clerk:

Please find enclosed the original and one copy of the *Proof Of Claims* for the Tn Dept. Of Labor and Workforce Development – Unemployment Insurance. Please enter this with the court and return a court stamped copy for our records in the enclosed self addressed envelope. (if possible, please indicate the claim number)

As always, all professional courtesies are greatly appreciated.

Sincerely,



Terry L. Owen
Bankruptcy Specialist
615-741-8375

enclosures