

UNITED STATES BANKRUPTCY COURT for the District of Delaware

PROOF OF CLAIM

Name of Debtor: **ANDERSON NEWS, LLC**

Case Number: **09-10695 (CCS)**

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): **JOHNNY'S SUPER MARKET INC.**

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

Name and address where notices should be sent:
**JOHNNY'S SUPER MKT., INC.
P.O. BOX 8567
ST. LOUIS, MO 63126**

Telephone number:

**RECEIVED
MAY 03 2010
BMC GROUP**

Court Claim Number: _____
(If known)

Filed on: _____

Name and address where payment should be sent (if different from above):
**JOHNNY'S SUPER MKT., INC.
P.O. BOX 8567
ST. LOUIS, MO 63126**

Telephone number: **314 843 5760 → (JOHN BANTLE)**

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.

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

1. Amount of Claim as of Date Case Filed: \$ 480.11

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: SEE ATTACHED
(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: 8769 (ACT #)

Wages, salaries, or commissions (up to \$11,725*) 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).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

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

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.

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

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: \$ _____

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)().

Amount entitled to priority:

\$ _____

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

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of 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 instruction 7 and definition of "redacted" on reverse side.)

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 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date:

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.

[Handwritten Signature]

JOHN J. BANTLE

FOR COURT USE ONLY

Anderson News LLC



00058

JOHNNY'S SUPER MARKET

11555 Gravois Road

P.O. Box 8567

St. Louis, Missouri 63126

(314)843-5760

4/30/2010

ANDERSON NEWS PICKED UP SEVERAL MAGAZINES
FROM JOHNNYS MARKET ON 2/2/2009

WHICH RESULTED IN A CREDIT OF
480.11 (SEE ATTACHED CREDIT MEMO, RETURN
SHEET, AND CUSTOMER STATEMENT).

THE CREDIT OF 480.11, DUE JOHNNYS
SUPER MARKET, WAS NEVER PAID.

PLEASE DIRECT ANY
QUESTIONS TO JOHN J. BANTLE
314-8435760

CUSTOMER STATEMENT



P.O. BOX 52570
KNOXVILLE, TN 37950-2570
800-338-1392

Remittance Address:

ANDERSON NEWS, LLC
P.O. BOX 116427
ATLANTA, GA 30368-6427

02/27/2009



*****MIXED AADC 442

BT028769/028769 AG065 1508

JOHNNYS AG MARKET
11555 GRAVOIS RD
SAINT LOUIS MO 63126-3611

Customer #	Date
BT028769/ 028769	02/27/2009

JOHNNYS AG MARKET
11555 GRAVOIS RD
SAINT LOUIS MO 63126-3611

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
3090622065	12/24/08	UNIDENTIFIED PMT	28.44	28.44	3090622065	28.44
6665753065	1/26/09	MAGAZINE	-290.30	-290.30	6665753065	-290.30
3306512065	2/02/09	MAGAZINE	23.97	23.97	3306512065	23.97
3307680065	2/02/09	MAGAZINE	202.81	202.81	3307680065	202.81
3307976065	2/02/09	MAGAZINE	628.91	628.91	3307976065	628.91
3309377065	2/09/09	MAGAZINE	55.88	55.88	3309377065	55.88
3310222065	2/09/09	MAGAZINE	510.23	510.23	3310222065	510.23
077808	2/27/09	UNAPPLIED PAYMENT	565.39	565.39	077808	-565.39
6667632065	2/02/09	**MAGAZINE	-480.11	-480.11	**6667632065	-480.11

Terms - Net Weekly

If you prefer to receive your statements in
an electronic format, via e-mail, please
contact our Customer Support @ 800-338-1392.

New Billing Activity This Period	-480.11
Total Payments This Period	849.02
Last Payment Received	565.39 2/27/2009

New Billing Activity This Period	-480.11
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Past Due Aging					Balance Due
Current	Over 7	Over 14	Over 21	Over 28	
-565.39	566.11	375.58	-290.30	28.44	114.44

Balance Due 114.44

**Return This Portion
With Payment**



PO BOX 52570
 KNOXVILLE TN 37950-2570
 800-338-1392

CREDIT MEMO

Remittance Address
 ANDERSON NEWS LLC
 P.O. BOX 116427
 ATLANTA GA 30368-6427

Bill To
028769
Ship To
028769
Return Date
02/02/09
Authorization
6667632065
Return Boxes
2
Store Number
0



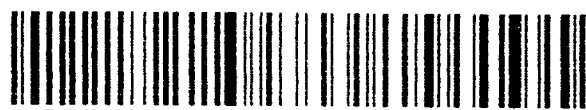
028769 320
 JOHNNYS AG MARKET
 11555 GRAVOIS RD
 SAINT LOUIS MO 63126-3611

QTY	CUST RETAIL	SUGGEST RETAIL	DISCOUNT/ COST	CREDIT EXTENSION
SEAL NO. 0287695789				
9	3.49	3.49	2.7920	25.13
37	3.99	3.99	3.1900	118.03
3	3.99	3.99	3.1920	9.58
7	4.49	4.49	3.4348	24.04
14	4.99	4.99	3.9900	55.86
SEAL TOT:	70	292.30	292.30	232.64
SEAL NO. 0287695790				
5	1.79	1.79	1.5215	7.61
1	1.95	1.95	1.6600	1.66
3	1.99	1.99	1.6900	5.07
7	2.95	2.95	2.3600	16.52
12	2.99	2.99	2.3900	28.68
1	3.29	3.29	2.6320	2.63
3	3.50	3.50	2.8000	8.40
4	3.59	3.59	2.8700	11.48
1	5.50	5.50	4.4000	4.40
11	5.99	5.99	4.7900	52.69
2	7.95	7.95	6.3600	12.72
9	9.95	9.95	7.9600	71.64
3	9.99	9.99	7.9900	23.97
SEAL TOT:	62	308.36	308.36	247.47
GRND TOT:	132	600.66	600.66	TOTAL CREDIT: 480.11

STONER: 00103-028769 * * RETURN ESTIMATE * *
 TE : 02/02/09 *****
 TURN : 6667632065 STORE NO.: 0
 IPTD : JOHNNYS AG MARKET
 11555 GRAVDIS
 SAINT LOUIS MO 63126

P.O. BOX 116427
 ATLANTA GA 303686427

RETURN : 6667632065
 VENDOR NO :
 POD REQ : ESTIMATE
 012877



2

QTY	COVER	EXT COVER	PACKAGE IDENTIFICATION
	.99		BOX 1 010287695790
	1.25		BOX 2 5789
	1.49		BOX 3
	1.50		BOX 4
	1.69		BOX 5
	1.75		BOX 6
5	1.79		BOX 7
1	1.89		BOX 8
3	1.95		BOX 9
	1.99		BOX 10
	2.25		BOX 11
	2.49		BOX 12
	2.50		BOX 13
7	2.95		BOX 14
12	2.99		BOX 15
	3.00		BOX 16
9	3.49		BOX 17
3	3.50		BOX 18
	3.95		BOX 19
47	3.99		BOX 20
	4.00		BOX 21
	4.50		BOX 22
	4.95		BOX 23
14	4.99		BOX 24
	5.00		BOX 25
1	5.50		
	5.95		
	5.98		
11	5.99		
	6.95		
	6.99		
2	7.95		
	7.99		
	8.95		
9	9.95		
3	9.99		
1	329		
4	359		

BOXES 2 DATE 2/2/09
 SALESPERSON [Signature]
 CUSTOMER [Signature]

<<< THIS IS ONLY AN ESTIMATE >>>
 THIS ESTIMATE IS AT RETAIL PRICE.
 YOUR RETURNS WILL BE ELECTRONICALLY
 SCANNED TO RECEIVE AN ACCURATE AMOUNT
 AND DISCOUNT. A CREDIT MEMO WILL BE
 PRODUCED AND PROVIDED FOR YOU.

---- PRD TOTAL:
 PRD RETURN AMT _____ PRD TOTAL _____
 UNITS _____ TOTAL CREDIT _____