

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): MINIT MART #9

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

Name and address where notices should be sent: MINIT MART #9, 1910 W 4th plain, Vancouver, WA 98660. Telephone number: 360 695-9550

RECEIVED MAY 06 2010 BMC GROUP

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

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.

Telephone number:

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

1. Amount of Claim as of Date Case Filed: \$ 3611.01

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.

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.

Specify the priority of the claim.

2. Basis for Claim: credit Due (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:

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).

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

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

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.)

Amount entitled to priority:

\$

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

\*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.

If the documents are not available, please explain:

Date: 5-3-10

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.

FOR COURT USE ONLY

Anderson News LLC



00065

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

**Items to be completed in Proof of Claim form****Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

**Claim**

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5): A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. §506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view the claims register.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

02/20/2009



BT134493/135693 AG165 000030  
MINIT MART NO 9  
PO BOX 5889  
VANCOUVER WA 98668-5889

Customer #	Date
BT134493/ 135693	02/20/2009

MINIT MART NO 9  
PO BOX 5889  
VANCOUVER WA 98668-5889

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8108652165	1/05/09	MAGAZINE	-811.00	-811.00	8108652165	-811.00
8130786165	1/19/09	MAGAZINE	-860.92	-860.92	8130786165	-860.92
8140283165	1/26/09	MAGAZINE	-1431.57	-1431.57	8140283165	-1431.57
2839359165	2/02/09	MAGAZINE	57.82	57.82	2839359165	57.82
2843135165	2/02/09	MAGAZINE	1425.82	1425.82	2843135165	1425.82
8147750165	2/02/09	MAGAZINE	-861.50	-861.50	8147750165	-861.50
2847925165	2/09/09	MAGAZINE	17.54	17.54	2847925165	17.54
2850461165	2/09/09	MAGAZINE	81.28	81.28	2850461165	81.28
8154436165	2/09/09	**MAGAZINE	-1228.48	-1228.48	**8154436165	-1228.48
2861034165	2/16/09	**MAGAZINE	836.29	836.29	**2861034165	836.29

**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	-392.19
Total Payments This Period	0.00
Last Payment Received	610.70 2/12/2009

<b>New Billing Activity This Period</b>	
	-392.19

Past Due Aging					Balance Due
Current	Over 7	Over 14	Over 21	Over 28	
-293.37	622.14	-1431.57	-860.92	-811.00	-2774.72

<b>Balance Due</b>	-2774.72
<b>Return This Portion</b>	
<b>With Payment</b>	

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

01/30/2009



BT134493/ 135693 AG165 000034  
MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Customer #	Date
BT134493/ 135693	01/30/2009

MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8112237165	12/29/08	MAGAZINE	-1112.62	-1112.62	8112237165	-1112.62
8108652165	1/05/09	MAGAZINE	-811.00	-811.00	8108652165	-811.00
8125745165	1/12/09	MAGAZINE	-824.04	-824.04	8125745165	-824.04
2818151165	1/19/09	MAGAZINE	57.82	57.82	2818151165	57.82
2821484165	1/19/09	MAGAZINE	1661.94	1561.94	2821484165	1661.94
8130786165	1/19/09	MAGAZINE	-860.92	-860.92	8130786165	-860.92
2828733165	1/26/09	**MAGAZINE	57.82	57.82	**2828733165	57.82
2831304165	1/26/09	**MAGAZINE	769.78	769.78	**2831304165	769.78

**Terms - Net Weekly**

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an electronic format, via e-mail, please  
contact our Customer Support @ 800-338-1392.

New Billing Activity This Period	827.60
Total Payments This Period	1209.58
Last Payment Received	1209.58 1/28/2009

**New Billing Activity This Period**  
827.60

Past Due Aging					Balance Due
Current	Over 7	Over 14	Over 21	Over 28	
1686.44	-824.04	-811.00	-1112.62	0.00	-1061.22

**Balance Due** -1061.22  
**Return This Portion  
With Payment**

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

01/23/2009



BT134493/ 135693 AG165 000029  
MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Customer #	Date
BT134493/ 135693	01/23/2009

MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Reference		Transaction Explanation	Amount	Balance Due	Reference		Amount
Number	Date				Number	Date	
8088618165	12/08/08	MAGAZINE	-780.82	-780.82	8088618165		-780.82
8095388165	12/15/08	MAGAZINE	-870.45	-870.45	8095388165		-870.45
2791371165	12/29/08	MAGAZINE	59.03	59.03	2791371165		59.03
2795824165	12/29/08	MAGAZINE	978.03	978.03	2795824165		978.03
8112237165	12/29/08	MAGAZINE	-1112.62	-1112.62	8112237165		-1112.62
2798824165	1/05/09	MAGAZINE	61.01	61.01	2798824165		61.01
2805582165	1/05/09	MAGAZINE	555.29	555.29	2805582165		555.29
2810955165	1/12/09	MAGAZINE	61.01	61.01	2810955165		61.01
2813049165	1/12/09	MAGAZINE	1146.48	1146.48	2813049165		1146.48
8125745165	1/12/09	MAGAZINE	-824.04	-824.04	8125745165		-824.04
8108652165	1/05/09	**MAGAZINE	-811.00	-811.00	**8108652165		-811.00
2818151165	1/19/09	**MAGAZINE	57.82	57.82	**2818151165		57.82
2821484165	1/19/09	**MAGAZINE	1661.94	1661.94	**2821484165		1661.94
8130786165	1/19/09	**MAGAZINE	-860.92	-860.92	**8130786165		-860.92

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an electronic format, via e-mail, please  
contact our Customer Support @ 800-338-1392.

New Billing Activity This Period	47.84
Total Payments This Period	0.00
Last Payment Received	1278.67 1/08/2009

New Billing Activity This Period	47.84
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<b>Past Due Aging</b>					<b>Balance Due</b>	<b>-679.24</b>
Current	Over 7	Over 14	Over 21	Over 28		
1242.29	-194.70	-75.56	0.00	-1651.27		

**Balance Due** -679.24  
**Return This Portion With Payment**

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

01/16/2009



BT134493/ 135693 AG165 000032  
MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Customer #	Date
BT134493/ 135693	01/16/2009

MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8088618165	12/08/08	MAGAZINE	-780.82	-780.82	8088618165	-780.82
8095388165	12/15/08	MAGAZINE	-870.45	-870.45	8095388165	-870.45
2791371165	12/29/08	MAGAZINE	59.03	59.03	2791371165	59.03
2795824165	12/29/08	MAGAZINE	978.03	978.03	2795824165	978.03
8112237165	12/29/08	MAGAZINE	-1112.62	-1112.62	8112237165	-1112.62
2798824165	1/05/09	MAGAZINE	61.01	61.01	2798824165	61.01
2805582165	1/05/09	MAGAZINE	555.29	555.29	2805582165	555.29
2810955165	1/12/09	**MAGAZINE	61.01	61.01	**2810955165	61.01
2813049165	1/12/09	**MAGAZINE	1146.48	1146.48	**2813049165	1146.48
8125745165	1/12/09	**MAGAZINE	-824.04	-824.04	**8125745165	-824.04

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contact our Customer Support @ 800-338-1392.

New Billing Activity This Period	383.45	<b>New Billing Activity This Period</b>	
Total Payments This Period	0.00		383.45
Last Payment Received	1278.67	1/08/2009	

Past Due Aging					Balance Due	Balance Due
Current	Over 7	Over 14	Over 21	Over 28		
999.75	-75.56	0.00	-870.45	-780.82	-727.08	-727.08

**Return This Portion  
With Payment**

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

01/09/2009



BT134493/ 135693 AG165 000034  
MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

Customer #	Date
BT134493/ 135693	01/09/2009

MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8088618165	12/08/08	MAGAZINE	-780.82	-780.82	8088618165	-780.82
8095388165	12/15/08	MAGAZINE	-870.45	-870.45	8095388165	-870.45
2791371165	12/29/08	MAGAZINE	59.03	59.03	2791371165	59.03
2795824165	12/29/08	MAGAZINE	978.03	978.03	2795824165	978.03
8112237165	12/29/08	MAGAZINE	-1112.62	-1112.62	8112237165	-1112.62
2798824165	1/05/09	**MAGAZINE	61.01	61.01	**2798824165	61.01
2805582165	1/05/09	**MAGAZINE	555.29	555.29	**2805582165	555.29

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an electronic format, via e-mail, please  
contact our Customer Support @ 800-338-1392.

New Billing Activity This Period	616.30
Total Payments This Period	1573.16
Last Payment Received	1278.67 1/08/2009

**New Billing Activity This Period**  
616.30

<b>Past Due Aging</b>					Balance Due	-1110.53
Current	Over 7	Over 14	Over 21	Over 28		
540.74	0.00	-870.45	-780.82	0.00		

Balance Due -1110.53  
**Return This Portion  
With Payment**

**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

02/13/2009



BT134493/ 135693 AG165 000032  
MINIT MART NO 9  
PO BOX 5889  
VANCOUVER WA 98668-5889

Customer #	Date
BT134493/ 135693	02/13/2009

MINIT MART NO 9  
PO BOX 5889  
VANCOUVER WA 98668-5889

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8108652165	1/05/09	MAGAZINE	-811.00	-811.00	8108652165	-811.00
8130786165	1/19/09	MAGAZINE	-860.92	-860.92	8130786165	-860.92
8140283165	1/26/09	MAGAZINE	-1431.57	-1431.57	8140283165	-1431.57
2839359165	2/02/09	MAGAZINE	57.82	57.82	2839359165	57.82
2843135165	2/02/09	MAGAZINE	1425.82	1425.82	2843135165	1425.82
8147750165	2/02/09	MAGAZINE	-861.50	-861.50	8147750165	-861.50
2847925165	2/09/09	**MAGAZINE	17.54	17.54	**2847925165	17.54
2850461165	2/09/09	**MAGAZINE	81.28	81.28	**2850461165	81.28

**Terms - Net Weekly**

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New Billing Activity This Period	98.82	
Total Payments This Period	610.70	
Last Payment Received	610.70	2/12/2009

<b>New Billing Activity This Period</b>	
	98.82

Past Due Aging					Balance Due
Current	Over 7	Over 14	Over 21	Over 28	
720.96	-1431.57	-860.92	0.00	-811.00	-2382.53

<b>Balance Due</b>	<b>-2382.53</b>
<b>Return This Portion With Payment</b>	



**CUSTOMER STATEMENT**



P.O. BOX 52570  
KNOXVILLE, TN 37950-2570  
877-616-9455

**Remittance Address:**  
ANDERSON NEWS, LLC  
PO BOX 116427  
ATLANTA, GA 30368-6427

02/06/2009



BT134493/ 135693 AG165 000031  
MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Customer #	Date
BT134493/ 135693	02/06/2009

MINIT MART NO 9  
7107 NE VANCOUVER MALL DR  
VANCOUVER WA 98661-8178

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
8112237165	12/29/08	MAGAZINE	-1112.62	-1112.62	8112237165	-1112.62
8108652165	1/05/09	MAGAZINE	-811.00	-811.00	8108652165	-811.00
8125745165	1/12/09	MAGAZINE	-824.04	-824.04	8125745165	-824.04
2818151165	1/19/09	MAGAZINE	57.82	57.82	2818151165	57.82
2821484165	1/19/09	MAGAZINE	1661.94	1661.94	2821484165	1661.94
8130786165	1/19/09	MAGAZINE	-860.92	-860.92	8130786165	-860.92
2828733165	1/26/09	MAGAZINE	57.82	57.82	2828733165	57.82
2831304165	1/26/09	MAGAZINE	769.78	769.78	2831304165	769.78
8140283165	1/26/09	**MAGAZINE	-1431.57	-1431.57	**8140283165	-1431.57
2839359165	2/02/09	**MAGAZINE	57.82	57.82	**2839359165	57.82
2843135165	2/02/09	**MAGAZINE	1425.82	1425.82	**2843135165	1425.82
8147750165	2/02/09	**MAGAZINE	-861.50	-861.50	**8147750165	-861.50

**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	-809.43
Total Payments This Period	0.00
Last Payment Received	1209.58 1/28/2009

New Billing Activity This Period	-809.43
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<b>Past Due Aging</b>					Balance Due	-1870.65
Current	Over 7	Over 14	Over 21	Over 28		
18.17	858.84	-824.04	-811.00	-1112.62		

Balance Due -1870.65  
**Return This Portion  
With Payment**