

B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT for the District of Delaware		PROOF OF CLAIM
Name of Debtor: ANDERSON NEWS, LLC		Case Number: 09-10695 (CCS)
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (if known) Filed on: _____
Name and address where notices should be sent: Hire Right Solutions, Inc. 4500 SVI 29th East Ave, Ste 200 Tulsa, OK 74134 Telephone number: 800-331-9175		
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Telephone number: <div style="text-align: center; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">MAY 07 2010</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">BMC GROUP</div>		
1. Amount of Claim as of Date Case Filed: \$ <u>871.75</u> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <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)(). Amount entitled to priority: \$ _____ *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.
2. Basis for Claim: <u>Senior</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3444</u> 3a. Debtor may have scheduled account as: <u>0100153444</u> (See instruction #3a on reverse side.)		
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. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		
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:		
Date: <u>6-3-10</u> 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. <u>Carol Richardson</u> Carol Richardson - Collections		

FOR COURT USE ONLY

Anderson News LLC

 00068

Penalty 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.

Customer Number 0100153444 Anderson News Co

Invoice Number	Invoice Date	Invoice Amount	Amount Received	Balance Due
0015344-013009	1/30/2009	\$ 3,170.93	\$ 2,797.32	\$ 373.61
0015344-022709	2/27/2009	\$ 498.14	\$ -	\$ 498.14
				\$ 871.75



Invoice

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Bill To

Billing Inquiries: Admin Dept 800-331-9175, ext 2998 , your Cust # is 15344
csmail@usis.com

ANDERSON NEWS CO
Diane McCarter
6016 BROOKVALE
SUITE 151
KNOXVILLE, TN 37919

Invoice # : 0015344-013009
Invoice Date : Jan 30, 2009
Customer # : 0100153444
Terms : Net 15 Days
P.O. # :

Invoice Summary

Quantity	Description	State/ County Fee	Vault/ Network/ Database Fee	CSD Fee	Sales Tax	Amount
407	MVRs	1659.25	130.24	773.30	-	2562.79
63	Express MVRs	305.25	20.16	154.98	-	480.39
3	Credit Services	-	-	17.25	-	17.25
5	Criminal Record Services	58.00	-	34.50	-	92.50
12	SSN Check	-	-	18.00	-	18.00
INVOICE TOTAL					0.00	\$ 3170.93

This invoice may not include sales or use tax. The customer is responsible for any uncollected sales or use tax applicable to these transactions.

ACCOUNT SUMMARY

Prior Balance:	2203.01
Payments Received:	0.00
Adjustments:	0.00
Current Invoice	3170.93
Account Balance	5373.94

Tear here and enclose this portion with your payment.

ANDERSON NEWS CO	Invoice Date: Jan 30, 2009	Due Date: 02/19/09	Invoice Amount: \$3170.93
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Customer Number: 0100153444 Invoice Number: 0015344-013009 Amount Enclosed: \$ _____

010015344400003170930015344-0130093

**Remit To: USIS Commercial Services Inc., 23883 Network Place
Chicago, IL 60673-1238, TIN #73-1168954**

* Notice: Suspended Accounts will incur a \$50.00 Reactivation Fee.
Late penalty charge on past due balance: 1.5% per month





Invoice

Page: 1 of 4

Bill To

Billing Inquiries: Admin Dept 800-331-9175, ext 2998 , your Cust # is 15344
csmail@usis.com

P:11256 - I:NNNNN - 01125600601

Invoice # : 0015344-022709
Invoice Date : Feb 27, 2009
Customer # : 0100153444
Terms : Net 15 Days
P.O. # :



ANDERSON NEWS CO
Diane McCarter
6016 BROOKVALE
SUITE 151
KNOXVILLE, TN 37919

Invoice Summary

Quantity	Description	State/ County Fee	Vault/ Network/ Database Fee	CSD Fee	Sales Tax	Amount
41	MVRs	228.50	13.12	77.90	-	319.52
15	Express MVRs	84.52	4.80	36.90	-	126.22
3	Criminal Record Services	-	-	38.90	-	38.90
9	SSN Check	-	-	13.50	-	13.50
INVOICE TOTAL						0.00 \$ 498.14

This invoice may not include sales or use tax. The customer is responsible for any uncollected sales or use tax applicable to these transactions.

ACCOUNT SUMMARY

Prior Balance:	5373.94
Payments Received:	2286.31
Adjustments:	0.00
Current Invoice	498.14
Account Balance	3585.77

Tear here and enclose this portion with your payment.

ANDERSON NEWS CO	Invoice Date: Feb 27, 2009	Due Date: 03/19/09	Invoice Amount: \$498.14
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Customer Number: 0100153444 Invoice Number: 0015344-022709 Amount Enclosed: \$ _____

010015344400000498140015344-0227091

**Remit To: USIS Commercial Services Inc., 23883 Network Place
Chicago, IL 60673-1238, TIN #73-1168954**

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Late penalty charge on past due balance: 1.5% per month

