

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): GUILANDS OF MATHISTON, INC - DBA PEGGY WEGGLY #3
Name and address where notices should be sent: PEGGY WEGGLY #3, PO Box 196, MATHISTON, MS 39752
Telephone number: 662-263-5538

Check this box to indicate that this claim amends a previously filed claim.
Court Claim Number: (If known)
Filed on:

Name and address where payment should be sent (if different from above): RECEIVED MAY 13 2010 BMC GROUP
Telephone number:

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: \$ 1348.18
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: Debtor Received Product (Magazine/Books) owned by Creditor
3. Last four digits of any number by which creditor identifies debtor: 3316
3a. Debtor may have scheduled account as:

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
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).

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: 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: \$

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

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:

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.

Date: 5-8-2010
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.
Jay Gilliland JAY GILLILAND MANAGER/PARTNER/CEO

FOR COURT USE ONLY
Anderson News LLC
Barcode
00093

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.

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) 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.

Rec & Ret 11/23/09

AFFIDAVIT OF CLAIM

The undersigned hereby represents, under penalty of perjury, that the amount set opposite his/her signature is a true and correct statement of the amount owing to the undersigned, as of March 2, 2009, the date of the filing of the involuntary bankruptcy Case No. 09-10695 in United States Bankruptcy Court, District of Delaware, for all credit extended to Anderson News, LLC, and any other amounts due from Anderson News, after making such prior adjustments for credits and setoffs that may be due, a copy of such statement of account and any other supporting documents being attached hereto and made a part hereof.

Dated this 23rd day of Nov. 2009.

AMOUNT OF CLAIM 1348.18
(In U. S. Dollars)

John E. "Jay" Hilliard Jr.
Signature of Creditor

Hilliards of Mathison, Inc DBA Piggly Wiggly
Name of Creditor

By John E. "Jay" Hilliard Jr

Its Pres / CEO

24844 Ns Hwy 15, P.O. Box 156
Street Address

MATHISON MS 39152
City, State, Zip Code

662 763 5538
Phone

pigglywiggly.ms@
E-Mail

bellsouth.net

Jonathan Pollock
Witness Signature

Jonathan Pollock
[Printed name of Witness]

FILING INSTRUCTIONS

Attach statement showing date(s) debt was incurred and other appropriate backup and mail to:

If by regular mail:

BMC Group, Inc

Attn: Anderson News Claims

PO BOX 3020

Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

BMC Group Inc

Attn: Anderson News Claims

18750 Lake Drive East

Chanhassen, MN 55317

FAX

To: Jay Gilliland From: Kim Murphy

Fax: (662) 263-5534 Pages: 8

Phone: Date: 8.13.2009

Re: CC:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Jay - please find attached confirmation of the additional credits that were issued to your account and the information regarding your credit balance.

Thanks - Kim

Ph: 865-588-0254 ext 1533

Fax: 865-584-1169

*Received from Anderson News Corporation
& STATING AMOUNT OWED by debtor
for ~~the~~ Product Received &
Carried to debtor office.*

*Debtor was to issue CREDIT on outstanding
~~the~~ amount if any - IF NOT (which now were)
then were to pay Cash or Issue Check
Payable to Creditor.*



8.13.2009



AUG-13-2009 12:56
12:03 pm

ANDERSON-NEWS
CORPORATE

P.05/08
MURPHYK

Accounts Receivable Inquiry - Invoice Summary

2=Detail	8=E-Sign	9=Claims	10=Spy	13=EDI	16=Financial	18=Resp/Persn
<u>Opt Invoice</u>	<u>Type Billto</u>	<u>Shipto</u>	<u>Trans</u>	<u>Applied</u>	<u>3P</u>	<u>Amount</u> <u>SC</u> <u>RC</u>
6081309014	AJ 43316	43316	8/13/09	6/22/09		978.18-

<u>P/O No</u>	<u>Origin</u>	<u>Tran</u>	<u>Orgsub</u>	<u>Orig Ship</u>	<u>Nat Acct</u>	<u>Catgry</u>	<u>Retail Amt</u>
				43316		99998	

<u>Voucher</u>	<u>Salesman</u>	<u>CSC Name</u>	<u>Store#</u>	<u>DedCd</u>	<u>Scans</u>
INVENTORY		559 WINONA	3		

<u>Customer Refer Nbr</u>	<u>GL Co</u>	<u>Dlvry Loc</u>
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<u>Refer</u>	<u>CPY.CST.DIV</u>	<u>G/L Date</u>	<u>Ledger Amt</u>
9319078	006.001.001	8/13/09	978.18-

<u>Operator</u>	<u>Batch Name</u>	<u>Date & Time Stamp</u>	<u>Appl</u>	<u>Src</u>	<u>MB User</u>	<u>MB Department</u>
MURPHYK	ARA8005915	12.03.06 08/13/09				

F3=Exit F11=Fold/Unfold F12=Cancel

Bottom
F1/Help

Magazine inventory issued
at cost per list
supplied by customer.

...0...

978.18	+
185.00	+
185.00	+
1,348.18	*

AUG-13-2009 12:56
12:03 pm

ANDERSON-NEWS
CORPORATE

P.05/08
MURPHYK

Accounts Receivable Inquiry - Invoice Summary

<u>2=Detail</u>	<u>8=E-Sign</u>	<u>9=Claims</u>	<u>10=Spy</u>	<u>13=EDI</u>	<u>16=Financial</u>	<u>18=Resp/Persn</u>
<u>Opt Invoice</u>	<u>Type Billto</u>	<u>Shipto</u>	<u>Trans</u>	<u>Applied</u>	<u>3F</u>	<u>Amount SC RC</u>
6467909014	AC 43316	43316	8/13/09	1727709		185.00-

<u>P/O No</u>	<u>Origin</u>	<u>Tran</u>	<u>Orgsub</u>	<u>Orig Ship</u>	<u>Nat Acct</u>	<u>Catgry</u>	<u>Retail Amt</u>
				43316	99998		

<u>Voucher</u>	<u>Salesman</u>	<u>CSC Name</u>	<u>Store#</u>	<u>DedCd</u>	<u>Scans</u>
MISSED RET		559 WINONA	3		

<u>Customer Refer Nbr</u>	<u>GL Co</u>	<u>Divry Loc</u>

<u>Refer</u>	<u>CPY.CST.DIV</u>	<u>G/L Date</u>	<u>Ledger Amt</u>
9319078	006.001.001	8/13/09	185.00-

<u>Operator</u>	<u>Batch Name</u>	<u>Date & Time Stamp</u>	<u>Appl Src</u>	<u>MB User</u>	<u>MB Department</u>
MURPHYK	ARA8005915	12.03.06 08/13/09			

F3=Exit F11=Fold/Unfold F12=Cancel

Bottom
F1/Help

*Missing Return
Credit estimate issued*

CORPORATE

Accounts Receivable Inquiry - Invoice Summary

2=Detail 8=E-Sign 9=Claims 10=Spy 13=EDI 16=Financial 18=Resp/Person
 pt Invoice Type Billto Shipto Trans Applied 3P Amount SC RC
 6469077014 AJ 43316 43316 8/13/09 2/03/09 185.00-

P/O No _____ Origin Tran Orgsub Orig Ship Nat Acct Catgry Retail Amt
 43316 99998

Voucher Salesman CSC Name Store# DedCd Scans
 MISSED RET 559 WINONA 3

Customer Refer Nbr GL Co Dlvry Loc

Refer CPY.CST.DIV G/L Date Ledger Amt
 9319078 006.001.001 8/13/09 185.00-

Operator Batch Name Date & Time Stamp Appl Src MB User MB Department
 MURPHYK ARA8005915 12.03.06 08/13/09

F3=Exit F11=Fold/Unfold F12=Cancel

Bottom
 F1/Help

*Missing Return
 Credit estimate issued*