

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): Puna Plantation Hawaii, Ltd. dba KTA Super Stores and Waikoloa Village Market RECEIVED MAY 14 2010 BMC GROUP

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

Name and address where payment should be sent (if different from above): 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: \$ 12,589.00 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: credit for unsold merchandise (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1910 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: 05/07/10 Signature: Barry K. Taniguchi, President

FOR COURT USE ONLY Anderson News LLC 00105

**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.

C

1,007.12	+
251.78	+
4,028.48	+
2,769.58	+
2,517.80	+
2,014.24	+
12,539.00	*

Anderson News Company  
 Open Items for KTA Super Stores - Honolulu  
 as of 06/19/09

Anderson News Co.

Item	Ship to	Location	RDC	Store name	Invoice	Internal	External	Inv Date	Gl Date	Type	Original Amount	Net Amount
38987	116783	068.001.001	HONOLULU	KTA SUPER STORES 1 HIL	6627646068	RET NOT PR		20090205	20090521	AJ	\$ (1,007.12)	\$ (1,007.12)
	<b>116783 Total</b>										\$ (1,007.12)	\$ (1,007.12)
38987	116784	068.001.001	HONOLULU	KTA SUPER STORES 2 KON	6627342068	RET NOT PR		20090204	20090521	AJ	\$ (251.78)	\$ (251.78)
	<b>116784 Total</b>										\$ (251.78)	\$ (251.78)
38987	116785	068.001.001	HONOLULU	KTA SUPER STORES 3	6626751068	RET NOT PR		20090204	20090521	AJ	\$ (3,524.92)	\$ (3,524.92)
	<b>116785 Total</b>										\$ (3,524.92)	\$ (3,524.92)
38987	116786	068.001.001	HONOLULU	KTA SUPER STORES 7 KEA	6627461068	RET NOT PR		20090130	20090521	AJ	\$ (2,014.24)	\$ (2,014.24)
	<b>116786 Total</b>										\$ (2,014.24)	\$ (2,014.24)
38987	116786	068.001.001	HONOLULU	KTA SUPER STORES 7 KEA	6627357068	RET NOT PR		20090205	20090521	AJ	\$ (251.78)	\$ (251.78)
	<b>116786 Total</b>										\$ (251.78)	\$ (251.78)
38987	116786	068.001.001	HONOLULU	KTA SUPER STORES 7 KEA	6628014068	RET NOT PR		20090206	20090521	AJ	\$ (503.56)	\$ (503.56)
	<b>116786 Total</b>										\$ (503.56)	\$ (503.56)
38987	116787	068.001.001	HONOLULU	KTA SUPER STORES 8 KAM	6627452068	RET NOT PR		20090203	20090521	AJ	\$ (2,517.80)	\$ (2,517.80)
	<b>116787 Total</b>										\$ (2,517.80)	\$ (2,517.80)
38987	116788	068.001.001	HONOLULU	KTA SUPER STORES 9 WAI	6626768068	RET NOT PR		20090203	20090521	AJ	\$ (1,762.46)	\$ (1,762.46)
	<b>116788 Total</b>										\$ (1,762.46)	\$ (1,762.46)
38987	116788	068.001.001	HONOLULU	KTA SUPER STORES 9 WAI	6627348068	RET NOT PR		20090204	20090521	AJ	\$ (251.78)	\$ (251.78)
	<b>116788 Total</b>										\$ (251.78)	\$ (251.78)
	<b>116788 Total</b>										\$ (2,014.24)	\$ (2,014.24)

STORE: 00103-116783 \* RETURN PACKING SLIP \*  
 ATE : 01/30/09  
 RETURN : 6627646068  
 HIPTD : KTA 1 HILO DNTH  
 721 KEANE ST  
 HILO HAWAII HI 96720

P.O. BOX 116427  
 ATLANTA GA 303686427

PAGE : 3  
 RETURN : 6627646068  
 VENDOR NO :  
 PDB REQ : SIGNATURE (SHAP)  
 015042



BOX 1	116783	0534	BOX 23	
BOX 2		0533	BOX 24	
BOX 3		0532	BOX 25	
BOX 4		0531	BOX 26	
BOX 5			BOX 27	
BOX 6			BOX 28	
BOX 7			BOX 29	
BOX 8			BOX 30	
BOX 9			BOX 31	
BOX 10			BOX 32	
BOX 11			BOX 33	
BOX 12			BOX 34	
BOX 13			BOX 35	
BOX 14			BOX 36	
BOX 15			BOX 37	
BOX 16			BOX 38	
BOX 17			BOX 39	
BOX 18			BOX 40	
BOX 19			BOX 41	
BOX 20			BOX 42	
BOX 21			BOX 43	
BOX 22			BOX 44	

# of Return Boxes 4 # of HBF/Overage Boxes \_\_\_\_\_  
 Salesperson [Signature] Date 2/5/09  
 Customer Signature [Signature]

01/30/09  
 Date Rec'd. 02/05/09  
 Rec'd by WAREHOUSE  
 Checked by RICHARD S.  
 No. Cartons 4  
 Purpose of PO Inventory Credit  
 Approved by [Signature]  
 AP Rec'd \_\_\_\_\_

<1007.12>

010650000

CUSTOMER: 00103-116704  
DATE: 02/05/09  
RETURN: 6627342060  
SHIP TO: KTA 2 KONA  
KONA COAST S/C  
KAILUA KONA

RETURN PACKING SLIP  
STORE NO.: 2  
HI 96740

ANDERSON NEWS  
P.O. BOX 116427  
ATLANTA

800-338-1392  
GA 303686427

PAGE: 2  
RETURN: 6627342068  
VENDOR NO:  
POD REF: SIGNATURE (SNAP)  
015044



BOX 1	9	7	9	7	7	7	7	4	5	4	6	BOX 23										
BOX 2												BOX 24										
BOX 3												BOX 25										
BOX 4												BOX 26										
BOX 5												BOX 27										
BOX 6												BOX 28										
BOX 7												BOX 29										
BOX 8												BOX 30										
BOX 9												BOX 31										
BOX 10												BOX 32										
BOX 11												BOX 33										
BOX 12												BOX 34										
BOX 13												BOX 35										
BOX 14												BOX 36										
BOX 15												BOX 37										
BOX 16												BOX 38										
BOX 17												BOX 39										
BOX 18												BOX 40										
BOX 19												BOX 41										
BOX 20												BOX 42										
BOX 21												BOX 43										
BOX 22												BOX 44										

# of Return Boxes 1 # of RRF Average Boxes 1.78  
Salesperson [Signature] Date 2-4-09  
Customer Signature [Signature]

Received By [Signature]  
Date of RRF [Signature]  
Retailer's Approval [Signature]  
020650000

04.8 1 2-584-110  
CUSTOMER: 00103-116785 \* RETURN PACKING SLIP \*  
DATE : 01/27/09 \*\*\*\*\*  
RETURN : 6626751068  
SHIP TO : KTA 3 HILO  
30 E PUAINAKO ST  
HILO HAWAII

ANDERSON NEWS  
P.O. BOX 116427  
ATLANTA GA 303686427

PAGE : Z  
RETURN : 6626751068  
VENDOR NO :  
POD REQ : SIGNATURE (SN)  
015045

STORE NO.: 3

HI 96720



01001030116785662675106846

BOX 1	1	1	6	7	8	50	8	37	BOX 23											
BOX 2						50	8	36	BOX 24											
BOX 3						50	6	22	BOX 25											
BOX 4						50	8	35	BOX 26											
BOX 5						50	6	14	BOX 27											
BOX 6						50	8	34	BOX 28											
BOX 7						50	6	18	BOX 29											
BOX 8						50	8	39	BOX 30											
BOX 9						50	6	13	BOX 31											
BOX 10						50	6	21	BOX 32											
BOX 11						50	6	06	BOX 33											
BOX 12						50	6	19	BOX 34											
BOX 13						50	6	10	BOX 35											
BOX 14						50	7	57	BOX 36											
BOX 15									BOX 37											
BOX 16									BOX 38											
BOX 17									BOX 39											
BOX 18									BOX 40											
BOX 19									BOX 41											
BOX 20									BOX 42											
BOX 21									BOX 43											
BOX 22									BOX 44											

# of Return Boxes 14 3524.92 # of NOF/Overage Boxes  
Salesperson D. Montgomery Date 2/4/09  
Customer Signature [Signature] 2/4/09 14 030650000

PUAINAKO HOUSEHOLD  
DATE 2-4-09  
NUMBER OF CARTONS 14  
RECEIVED BY DH  
CHECKED BY E  
OK TO PAY E

DATE : 4-684-020  
CUSTOMER: 00103-11670\$  
DATE : 02/05/09  
RETURN : 6627321068  
SHIP TO : KTA 3 HILD  
50 E PUANAKO ST  
HILD HAWAII

\*\*\*\*\*  
RETURN PACKING SLIP  
\*\*\*\*\*  
STORE NO.: 3  
HI 96720

ANDERSON WENS  
P.O. BOX 116427  
ATLANTA

800-338-1392  
CA. 303686427

PAGE : 2  
RETURN : 6627321068  
VENDOR NO :  
POD REQ : SIGNATURE (SNAP)  
015045



BOX 1	9,9,9,9,9,9,7,2,2,5	BOX 23	
BOX 2	1,2,2,4	BOX 24	
BOX 3		BOX 25	
BOX 4		BOX 26	
BOX 5		BOX 27	
BOX 6		BOX 28	
BOX 7		BOX 29	
BOX 8		BOX 30	
BOX 9		BOX 31	
BOX 10		BOX 32	
BOX 11		BOX 33	
BOX 12		BOX 34	
BOX 13		BOX 35	
BOX 14		BOX 36	
BOX 15		BOX 37	
BOX 16		BOX 38	
BOX 17		BOX 39	
BOX 18		BOX 40	
BOX 19		BOX 41	
BOX 20		BOX 42	
BOX 21		BOX 43	
BOX 22		BOX 44	

PUANAKO HOUSEHOLD  
DATE 2-6-09  
NUMBER OF CARTONS 3  
RECEIVED BY [Signature]  
CHECKED BY [Signature]  
OK TO PAY [Signature]

# of Return Boxes 2 # of HBF/Overage Boxes \_\_\_\_\_  
Salesperson D. Montgomery Date 2/05/09  
Customer Signature \_\_\_\_\_

< 503.56 >

030650000

DATE : 2-684-170  
 CUSTOMER: 00103-116786 \* RETURN PACKING SLIP \*  
 DATE : 02/03/09  
 RETURN : 6627461068  
 HIPTB : KTA 7 KEAHOHU  
 KTA SUPER STORES  
 KEAHOHU SHOPPING VIL  
 KEAHOHU, HONA

ANDERSON NEWS 800-338-1392  
 P. O. BOX 116427  
 ATLANTA GA 303684427

PAGE : 5  
 RETURN : 6627461068  
 VENDOR NO :  
 PDD REQ : SIGNATURE (SNAP)  
 015046



HZ 96740

BOX 1	116786	0680	BOX 23	
BOX 2		0534	BOX 24	
BOX 3		0533	BOX 25	
BOX 4		0537	BOX 26	
BOX 5		0540	BOX 27	
BOX 6		0541	BOX 28	
BOX 7		0542	BOX 29	
BOX 8		0525	BOX 30	
BOX 9			BOX 31	
BOX 10			BOX 32	
BOX 11			BOX 33	
BOX 12			BOX 34	
BOX 13			BOX 35	
BOX 14			BOX 36	
BOX 15			BOX 37	
BOX 16			BOX 38	
BOX 17			BOX 39	
BOX 18			BOX 40	
BOX 19			BOX 41	
BOX 20			BOX 42	
BOX 21			BOX 43	
BOX 22			BOX 44	

# of Return Boxes \_\_\_\_\_ # of NIF/Overage Boxes \_\_\_\_\_

Salesperson \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature Keane Kulkua 7735 1-30-09

< 2014.24 >  
 070650000



CUSTOMER: 00103-116786 \* RETURN PACKING SLIP \*  
 DATE: 02/05/09 \*\*\*\*\*  
 RETURN: 6627357068 STORE NO.: 7  
 SHIP TO: KTA 7 KEAUNOHU  
 KTA SUPER STORES  
 KEAUNOHU SHOPPING VIL  
 KEAUNOHU, KONA HI 96740

HAWAIIAN NEWS  
 P. O. BOX 116427  
 ATLANTA GA 303686427  
 800-338-1392  
 01001030116786662735706848

PAGE: 2  
 RETURN: 6627357068  
 VENDOR NO:  
 POD REQ: SIGNATURE (SNAP)  
 015046



BOX 1	116786 0536	BOX 23	
BOX 2		BOX 24	
BOX 3		BOX 25	
BOX 4		BOX 26	
BOX 5		BOX 27	
BOX 6		BOX 28	
BOX 7		BOX 29	
BOX 8		BOX 30	
BOX 9		BOX 31	
BOX 10		BOX 32	
BOX 11		BOX 33	
BOX 12		BOX 34	
BOX 13		BOX 35	
BOX 14		BOX 36	
BOX 15	2-3 James	BOX 37	
BOX 16		BOX 38	
BOX 17	110	BOX 39	
BOX 18		BOX 40	
BOX 19		BOX 41	2-6-09
BOX 20		BOX 42	
BOX 21		BOX 43	
BOX 22		BOX 44	194 7774

# of Return Boxes 1 # of HDF/Overage Boxes 2/4  
 Salesperson [Signature] Date 2/4  
 Customer Signature James [Signature] 2/4/09  
 070650000

<251.78>

IC : 2 0 - 1 2 0    NN    NN    4NNNNNN  
 CUSTOMER: 00103-116786    N RETURN PACKING SLIP N  
 DATE : 02/03/09    NNNNNNNNNNNNNNNNNNNNNNNNNNN  
 RETURN : 6628014068    STORE NO.: 7  
 SHIPTO : KTA 7 KEAUNOU  
           KTA SUPER STORES  
           KEAUNOU SHOPPING VIL  
           KEAUNOU, KONA    HI 96740

ANDERSON NEWS    800-338-1392  
 P. O. BOX 116427  
 ATLANTA    GA 303686427

PAGE : 2  
 RETURN : 6628014068  
 VENDOR NO :  
 POD REF : SIGNATURE (SNAP)  
           015046



BOX 1	11,6786,0983	BOX 23	
BOX 2	0,754	BOX 24	
BOX 3		BOX 25	
BOX 4		BOX 26	
BOX 5		BOX 27	
BOX 6		BOX 28	
BOX 7		BOX 29	
BOX 8		BOX 30	
BOX 9		BOX 31	
BOX 10		BOX 32	
BOX 11		BOX 33	
BOX 12		BOX 34	
BOX 13		BOX 35	
BOX 14		BOX 36	
BOX 15		BOX 37	
BOX 16		BOX 38	
BOX 17		BOX 39	
BOX 18	2-13-09	BOX 40	
BOX 19		BOX 41	
BOX 20		BOX 42	
BOX 21	1,740 9779	BOX 43	
BOX 22		BOX 44	

# of Return Boxes \_\_\_\_\_ # of HDF/Overage Boxes \_\_\_\_\_  
 Salesperson \_\_\_\_\_ Date 2-6-9  
 Customer Signature [Signature] # 96

<503.56>

070650000

DATE: 2-405-103  
 ORDER: 09103-116787 \* RETURN PACKING SLIP \*  
 RTK: 02/03/09  
 ETURN: 6627452068  
 KTA # KAMUELA  
 45-1150 MAHALANUI  
 KAMUELA, HAWAII  
 HI 96743

ANDERSON NEWS  
 P. O. BOX 116427  
 ATLANTA  
 GA 303686427  
 800-338-1392

PAGE: 6  
 RETURN: 6627452068  
 VENDOR NO:  
 POD REQ: SIGNATURE (SNAP)  
 015047



BOX 1	116787	0761	BOX 23	
BOX 2		0909	BOX 24	
BOX 3		0907	BOX 25	
BOX 4		2301	BOX 26	
BOX 5		0767	BOX 27	
BOX 6		0756	BOX 28	
BOX 7		0759	BOX 29	
BOX 8		0757	BOX 30	
BOX 9		0763	BOX 31	
BOX 10		0765	BOX 32	
BOX 11				
BOX 12				
BOX 13				
BOX 14				
BOX 15				
BOX 16				
BOX 17				
BOX 18				
BOX 19				
BOX 20				
BOX 21				
BOX 22				
BOX 39				
BOX 40				
BOX 41				
BOX 42				
BOX 43				
BOX 44				

**KTA #8**  
**GROCERY DEPT**

Date: 2-3-09  
 Checked By: [Signature]  
 Total Cases: 10 Boxes  
 Approved By: [Signature]

# of Return Boxes 10 # of HOF/Overage Boxes \_\_\_\_\_

Salesperson [Signature] Date 2-3-09  
 Customer Signature [Signature] 2-3-09

<2517.80>

080650000

CUSTOMER: 00103-116788  
DATE: 01/27/09  
RETURN: 6626768068  
SHIP TO: KTA 9 WAIKOLOA  
68-3916 PANIOLO AVE  
KANUOLA

\* RETURN PACKING SLIP \*  
\*\*\*\*\*  
STORE NO.: 9  
HI 96743

ANDERSON NEWS  
P.O. BOX 116427  
ATLANTA

800-338-1392

GA 303686427

PAGE: 2  
RETURN: 6626768068  
VENDOR NO:  
POD REQ: SIGNATURE (SN)  
013048



01001030116788662676806841

BOX 1	116788	0.605	BOX 23	
BOX 2		0.604	BOX 24	
BOX 3		0.458	BOX 25	
BOX 4		0.754	BOX 26	
BOX 5		0.462	BOX 27	
BOX 6		0.455	BOX 28	
BOX 7		0.467	BOX 29	
BOX 8			BOX 30	
BOX 9			BOX 31	
BOX 10			BOX 32	
BOX 11			BOX 33	
BOX 12			BOX 34	
BOX 13			BOX 35	
BOX 14			BOX 36	
BOX 15			BOX 37	
BOX 16			BOX 38	
BOX 17			BOX 39	
BOX 18			BOX 40	
BOX 19			BOX 41	
BOX 20			BOX 42	
BOX 21			BOX 43	
BOX 22			BOX 44	

DATE RECEIVED  
FEB 04 2009

Checked By: BARBARA  
No. Carton: 7 10 CSTEA  
Approved By: [Signature]  
AP Receipt

# of Return Boxes: 7 # of NOF/Overage Boxes: 1  
Salesperson: [Signature] Date: 2/3/09  
Customer Signature: [Signature]

<176246>  
090650009

CUSTOMER: 00103-116788 \* RETURN PACKING SLIP \*  
 DATE : 02/05/09  
 RETURN : 6627348068  
 HIPTD : KYA 9 HAINOLDA  
 KANUELA

P.O. BOX 116427  
 ATLANTA

00U-330-13,2

RETURN : 6627348068  
 VENDOR NO :  
 POD REF : SIGNATURE (SNAP)  
 015048

STORE NO.: 9

HI 96743



01001030116788662734806844

BOX 1	9 5 9 5 9 9	BOX 23	
BOX 2		BOX 24	
BOX 3		BOX 25	
BOX 4		BOX 26	
BOX 5		BOX 27	
BOX 6	DATE RECEIVED	BOX 28	
BOX 7	FEB 04 2009	BOX 29	
BOX 8	Invoice Dt: _____	BOX 30	
BOX 9	Checked By: <u>Robert Koch</u>	BOX 31	
BOX 10	No. Carton: <u>1</u> <u>CS/E</u>	BOX 32	
BOX 11	Invoice Rec'd: _____	BOX 33	
BOX 12	Invoice By: <u>[Signature]</u>	BOX 34	
BOX 13		BOX 35	
BOX 14		BOX 36	
BOX 15		BOX 37	
BOX 16		BOX 38	
BOX 17		BOX 39	
BOX 18		BOX 40	
BOX 19		BOX 41	
BOX 20		BOX 42	
BOX 21		BOX 43	
BOX 22		BOX 44	

# of Return Boxes 1 # of HRF/Dverage Boxes \_\_\_\_\_  
 Salesperson [Signature] Date: 2-4-09  
 Customer Signature [Signature]

<251.78>  
 090650000