

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): **IDEALS PUBLICATIONS**

Name and address where notices should be sent:
IDEALS PUBLICATIONS
2636 ELM HILL PIKE, SUITE 100
NASHVILLE, TN 37214

Telephone number: **1-800-586-2572**

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 25 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: \$ 9031.49

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.

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).

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)().

2. Basis for Claim: GOODS SOLD
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5523

3a. Debtor may have scheduled account as: _____
(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: 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: \$ _____

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.

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: 5/21/10

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.

MARIE KIRK, MARIE KIRK
CONTROLLER + ASSIST SEC
945-228-2220
39 SEMINARY HILL RD
CARMEL, NY 10512

FOR COURT USE ONLY

Anderson News LLC



00140

Ideals Publications
 2636 Elm Hill Pike, Suite 120
 Nashville, TN 37214
 Phone: 1-800-586-2572

Customer Account Statement

Account Date
 15523 MAY 20, 2010

* Credit Hold!

ANDERSON NEWS CO./TAMPA 129
 6016 BROOKVALE LANE, SUITE 151
 KNOXVILLE TN 37919

<u>Shipping Date</u>	<u>Customer P. O. Number</u>	<u>Inv/CM Number</u>	<u>Charges</u>	<u>Credit/Returns</u>	<u>Payments</u>	<u>Balance</u>
24 SEP 08	106391	262058	1080.21	62.90		1,017.31
28 OCT 08	115203	265182	344.11			344.11
22 OCT 08	106391	265256	199.35			199.35
21 NOV 08	123993	266903	1610.47			1,610.47
18 DEC 08	130291	268646	135.97			135.97
5 JAN 09	132274	268917	892.01			892.01
20 JAN 09	137068	270344	376.85			376.85
8 MAR 07	200-12430	A023714	26.29			26.29
1 NOV 08	200-12430	A025984	4429.13			4,429.13

<u>Date Last Payment</u>	<u>Current</u>	<u>1-30</u>	<u>31-60</u>	<u>Over 60</u>	<u>Finance Charge</u>	<u>Statement \$ Total</u>
19 MAY 10				9031.49		9,031.49