

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):

SOUTH OF THE BORDER SHOPS, INC., DBA EL DRUG STORE

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

Name and address where notices should be sent:

EL DRUG STORE
P. O. BOX 1328
DILLON, S. C. 29536
Telephone number:
843-774-2411

RECEIVED

JUN 04 2010

BMC GROUP

Court Claim Number: _____
(If known)

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: **\$ 1,081.19 PLUS ONE RETURN ON 2-11-09 (DID NOT RECEIVE A CREDIT FOR IT)**

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.

2. Basis for Claim: **MAGAZINES RETURNED FOR CREDIT**

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: **3726**

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: \$ _____

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:
5-29-10

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



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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.

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 17TH day of APRIL 2009.

AMOUNT OF CLAIM \$1,081.19 PLUS ONE RETURN ON 2-11-09 (DID NOT RECEIVE
(In U. S. Dollars) A CREDIT FOR IT)

Lulu F. Holliday

Signature of Creditor

**SOUTH OF THE BORDER SHOPS, INC.
DBA EL DRUG STORE**

Name of Creditor

By LULU F. HOLLIDAY

Its SECRETARY

3346 HIGHWAY 301 NORTH

Street Address

HAMER, SOUTH CAROLINA 29547

City, State, Zip Code

843-774-2411

Phone

E-Mail

Paula Oxendine

Witness Signature

Pamela Oxendine

[Printed name of Witness]

CUSTOMER STATEMENT (Con't)

ANDERSON
NEWS, LLC

PO BOX 52570
KNOXVILLE, TN 37950-2570
800-338-1392

Remittance Address:

ANDERSON NEWS, LLC
P.O. BOX 116427
ATLANTA, GA 30368-6427

02/27/2009

Customer #	Date
BT043726/ 043726	02/27/2009

BT043726/ 043726 AG041 504
EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

New Billing Activity This Period -1072.21
Total Payments This Period 463.82
Last Payment Received 463.82 2/27/2009

New Billing Activity This Period

~~-1072.21~~

Past Due Aging

Balance Due ~~-1081.20~~

Current	Over 7	Over 14	Over 21	Over 28
-463.82	871.88	381.69	1885.20	-3756.15

Balance Due ~~-1081.20~~

**Return This Portion
With Payment**

INV# statement 2/20/09 - 8.98 ✓
2664439041 Credit 2/9/09 - 108.33 ✓
6627782041 1/26/09 Credit - 963.88 ✓

Total Credit - \$1,081.19*

acc'd
3/7/09

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CUSTOMER STATEMENT



PO BOX 52570
KNOXVILLE, TN 37950-2570
800-338-1392

02/27/2009

Remittance Address:
ANDERSON NEWS, LLC
P.O. BOX 116427
ATLANTA, GA 30368-6427



*****MIXED AADC 442

BT043726/ 043726 AG041 504

EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

Customer #	Date
BT043726/ 043726	02/27/2009

EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

Reference		Transaction	Amount	Balance	Reference	Amount
Number	Date	Explanation		Due		
2630469041	9/11/08	MAGAZINE	-7.92	-7.92	2630469041	-7.92
2648401041	11/27/08	MAGAZINE	-38.30	-38.30	2648401041	-38.30
2649410041	12/04/08	UNIDENTIFIED PMT	3.38	3.38	2649410041	3.38
2650407041	12/08/08	UNIDENTIFIED PMT	-8.38	-8.38	2650407041	-8.38
6618819041	12/09/08	UNIDENTIFIED PMT	2426.92	2426.92	6618819041	2426.92
2650855041	12/11/08	UNIDENTIFIED PMT	-126.64	-126.64	2650855041	-126.64
2651316041	12/11/08	UNIDENTIFIED PMT	-1086.96	-1086.96	2651316041	-1086.96
2651377041	12/11/08	UNIDENTIFIED PMT	-74.64	-74.64	2651377041	-74.64
6619753041	12/16/08	UNIDENTIFIED PMT	873.27	873.27	6619753041	873.27
2652303041	12/18/08	MAGAZINE	159.34	-159.34	2652303041	-159.34
2652673041	12/18/08	MAGAZINE	900.36	-900.36	2652673041	-900.36
2652835041	12/22/08	UNIDENTIFIED PMT	-59.27	-59.27	2652835041	-59.27
6621134041	12/23/08	MAGAZINE	-813.33	813.33	6621134041	813.33
2653453041	12/25/08	MAGAZINE	113.88	-120.66	2653453041	-120.66
2653999041	12/25/08	MAGAZINE	1831.04	-1888.56	2653999041	-1888.56
2654437041	12/29/08	PAPERBACK BOOKS	221.54	-221.54	2654437041	-221.54
6622263041	12/30/08	MAGAZINE	-1663.37	-1663.37	6622263041	-1663.37
2655191041	1/01/09	MAGAZINE	20.61	-20.61	2655191041	-20.61
2655623041	1/01/09	MAGAZINE	127.01	-133.77	2655623041	-133.77
2656116041	1/01/09	MAGAZINE	1280.05	-1280.05	2656116041	-1280.05
2655917041	1/05/09	PAPERBACK BOOKS	29.94	29.94	2655917041	29.94
6623378041	1/06/09	MAGAZINE	-686.55	-686.55	6623378041	-686.55
2656992041	1/08/09	MANUAL#2656992041	199.57	199.57	2656992041	199.57
2657258041	1/08/09	MAGAZINE	934.31	934.31	2657258041	934.31
6625242041	1/13/09	MAGAZINE	-777.87	-777.87	6625242041	-777.87
2658320041	1/15/09	MAGAZINE	89.27	89.27	2658320041	89.27
2658789041	1/15/09	MAGAZINE	1326.68	1326.68	2658789041	1326.68
2658666041	1/19/09	PAPERBACK BOOKS	19.16	19.16	2658666041	19.16
6626707041	1/21/09	MAGAZINE	-1217.19	-1217.19	6626707041	-1217.19
2651571041	1/26/09	UNIDENTIFIED PMT	-11.16	-11.16	2651571041	-11.16
2659909041	1/26/09	MAGAZINE	17.17	17.17	2659909041	17.17
2660359041	1/26/09	PAPERBACK BOOKS	220.34	220.34	2660359041	220.34
2660974041	1/26/09	MAGAZINE	688.80	688.80	2660974041	688.80
0000037409	1/27/09	UNIDENTIFIED PMT	1933.93	1933.93	0000037409	1933.93
2661564041	2/02/09	PAPERBACK BOOKS	70.66	70.66	2661564041	70.66
2662104041	2/02/09	MAGAZINE	22.14	22.14	2662104041	22.14
2662699041	2/02/09	MAGAZINE	2203.29	2203.29	2662699041	2203.29
6629332041	2/02/09	MAGAZINE	-1914.40	-1914.40	6629332041	-1914.40
2663568041	2/09/09	PAPERBACK BOOKS	9.58	9.58	2663568041	9.58
2664439041	2/09/09	MAGAZINE	970.63	970.63	2664439041	970.63
0037651	2/27/09	UNAPPLIED PAYMENT	463.82	-463.82	0037651	-463.82
6627782041	1/26/09	**MAGAZINE	-963.88	-963.88	**6627782041	-963.88
2664439041	2/09/09	**MAGAZINE	-108.33	-108.33	**2664439041	-108.33

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.



PO BOX 52570
KNOXVILLE TN 37950-2570
800-338-1392

CREDIT MEMO

Remittance Address

ANDERSON NEWS LLC
P O BOX 116427
ATLANTA GA 30368-6427

Bill To

043726

Ship To

043726

Return Date

01/26/09

Authorization

6627782041 ✓

Return Boxes

3

Store Number

0



043726 107
EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

QTY	CUST RETAIL	SUGGEST RETAIL	DISCOUNT/ COST	CREDIT EXTENSION
PROD 01 - MAGAZINES				
✓ 6	2.49	2.49	2.1165	12.70
✓ 10	2.99	2.99	2.3900	23.90
✓ 3	3.29	3.29	2.6320	7.90
✓ 6	3.49	3.49	2.7920	16.75
✓ 2	3.99	3.99	3.0523	6.10
✓ 19	3.99	3.99	3.1900	60.61
✓ 4	3.99	3.99	3.1920	12.77
✓ 13	4.99	4.99	3.9900	51.87
✓ 12	5.99	5.99	4.7900	57.48
✓ 1	6.99	6.99	5.5900	5.59
✓ 8	8.99	8.99	7.1900	57.52
✓ 45	9.99	9.99	7.9900	359.55
✓ 15	10.99	10.99	8.7900	131.85
PROD 01 TOT: 144	1,005.46	1,005.46		804.59
PROD 02 - PAPER BACK BOOKS				
✓ 9	6.99	6.99	4.1900	37.71
✓ 2	7.50	7.50	4.5000	9.00
✓ 16	7.99	7.99	4.7900	76.64
✓ 6	9.99	9.99	5.9900	35.94
PROD 02 TOT: 33	265.69	265.69		159.29
GRND TOT: 177	1,271.15	1,271.15	TOTAL CREDIT:	963.88 ✓

rec'd
3/4/09

DATE : 1-751-090
CUSTOMER: 00103043726
DATE : 01/26/09
RETURN : 6627782041
SHIP TO : EL DRUG STORE
P.O. BOX 1328
DILLON

* RETURN PACKING SLIP *

STORE NO.: 0
A4-
SC 29536

ANDERSON NEWS
P.O. BOX 116427
ATLANTA

800-338-1392

GA 303686427

PAGE : 2
RETURN : 6627782041
VENDOR NO :
POD REQ : SIGNATURE (SNAP)
028064



01001030043726662778204148

BOX 1	00437264009	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

3

of NRP/Average Boxes

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Salesperson

Date

1-26-09

Mags 144
Books 33

00103-10-1

WADSWORTH NEWS

ROUTE : 1-751-050 *****
CUSTOMER: 00103-043726 * INVOICE *
DATE : 02/09/09 *****
INVOICE : 2664439041 STORE NO.: 0
SHIP TO : EL DROG STORE A4
P.O. BOX 1328
DILLON SC 29536

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

PAGE NO. : 2
INVOICE NO. : 2664439041
P.O. NO.
VENDOR NO.
POD REQ. : SIGNATURE
RT043726 : RP028064
041 028064



CODE PRDD	Y	DD	DDL	DESCRIPTION	CAT	ITEM CODE	ITEM NO	RETAIL	RDA	PUR DISCOUNT	/COST	EXTENSION	SHRT/DVR/MDF
-----------	---	----	-----	-------------	-----	-----------	---------	--------	-----	--------------	-------	-----------	--------------

*** PRODUCT SUMMARY ***	QUANTITY	RETAIL	COST
MAGAZINES	294	1161.08	933.47
COMICS	24	48.86	34.16
MIN. SALES CHARGE			3.00
* * TOTALS * *	348	1209.94	970.63

970.63 X
-108.33 X
862.30

DO NOT take Shortage
ON 2-13-09 Statement

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CUSTOMER STATEMENT (Con't)



PO BOX 52570
KNOXVILLE, TN 37950-2570
800-338-1392

02/20/2009

Remittance Address:

ANDERSON NEWS, LLC
P.O. BOX 116427
ATLANTA, GA 30368-6427

BT043726/ 043726 AG041 507
EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

Customer #	Date
BT043726/ 043726	02/20/2009

EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

New Billing Activity This Period	-8.98	
Total Payments This Period	0.00	
Last Payment Received	0.01	1/28/2009

New Billing Activity This Period

~~0-8-98~~

Past Due Aging					Balance Due
Current	Over 7	Over 14	Over 21	Over 28	454.83
980.21	381.69	2849.08	1198.03	-2558.12	

Balance Due ~~454.83~~

**Return This Portion
With Payment**

*rec'd
2/27/09*

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PO BOX 52570
KNOXVILLE, TN 37950-2570
800-338-1392

CUSTOMER STATEMENT

02/20/2009

Remittance Address:
ANDERSON NEWS, LLC
P.O. BOX 116427
ATLANTA, GA 30368-6427

*****MIXED AADC 442
BT043726/043726 AG041 507
EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

Customer #	Date
BT043726/ 043726	02/20/2009

EL DRUG STORE A4
PO BOX 1328
DILLON SC 29536-1328

Reference		Transaction Explanation	Amount	Balance Due	Reference	Amount
Number	Date					
2630469041	9/11/08	MAGAZINE	-7.92	-7.92	2630469041	-7.92
2648401041	11/27/08	MAGAZINE	-38.30	-38.30	2648401041	-38.30
2649410041	12/04/08	UNIDENTIFIED PMT	3.38	3.38	2649410041	3.38
2650407041	12/08/08	UNIDENTIFIED PMT	-8.38	-8.38	2650407041	-8.38
6618819041	12/09/08	UNIDENTIFIED PMT	2426.92	2426.92	6618819041	2426.92
2650855041	12/11/08	UNIDENTIFIED PMT	-126.64	-126.64	2650855041	-126.64
2651316041	12/11/08	UNIDENTIFIED PMT	-1086.96	-1086.96	2651316041	-1086.96
2651377041	12/11/08	UNIDENTIFIED PMT	-74.64	-74.64	2651377041	-74.64
6619753041	12/16/08	UNIDENTIFIED PMT	873.27	873.27	6619753041	873.27
2652303041	12/18/08	MAGAZINE	159.34	-159.34	2652303041	-159.34
2652673041	12/18/08	MAGAZINE	900.36	-900.36	2652673041	-900.36
2652835041	12/22/08	UNIDENTIFIED PMT	-59.27	-59.27	2652835041	-59.27
6621134041	12/23/08	MAGAZINE	-813.33	813.33	6621134041	813.33
2653453041	12/25/08	MAGAZINE	113.88	-120.66	2653453041	-120.66
2653999041	12/25/08	MAGAZINE	1831.04	-1888.56	2653999041	-1888.56
2654437041	12/29/08	PAPERBACK BOOKS	221.54	-221.54	2654437041	-221.54
6622263041	12/30/08	MAGAZINE	-1663.37	-1663.37	6622263041	-1663.37
2655191041	1/01/09	MAGAZINE	20.61	-20.61	2655191041	-20.61
2655623041	1/01/09	MAGAZINE	127.01	-133.77	2655623041	-133.77
2656116041	1/01/09	MAGAZINE	1280.05	-1280.05	2656116041	-1280.05
2655917041	1/05/09	PAPERBACK BOOKS	29.94	29.94	2655917041	29.94
6623378041	1/06/09	MAGAZINE	-686.55	-686.55	6623378041	-686.55
2656992041	1/08/09	MANUAL#2656992041	199.57	199.57	2656992041	199.57
2657258041	1/08/09	MAGAZINE	934.31	934.31	2657258041	934.31
6625242041	1/13/09	MAGAZINE	-777.87	-777.87	6625242041	-777.87
2658320041	1/15/09	MAGAZINE	89.27	89.27	2658320041	89.27
2658789041	1/15/09	MAGAZINE	1326.68	1326.68	2658789041	1326.68
2658666041	1/19/09	PAPERBACK BOOKS	19.16	19.16	2658666041	19.16
6626707041	1/21/09	MAGAZINE	-1208.21	-1208.21	6626707041	-1208.21
2651571041	1/26/09	UNIDENTIFIED PMT	-11.16	-11.16	2651571041	-11.16
2659909041	1/26/09	MAGAZINE	17.17	17.17	2659909041	17.17
2660359041	1/26/09	PAPERBACK BOOKS	220.34	220.34	2660359041	220.34
2660974041	1/26/09	MAGAZINE	688.80	688.80	2660974041	688.80
0000037409	1/27/09	UNIDENTIFIED PMT	1933.93	1933.93	0000037409	1933.93
2661564041	2/02/09	PAPERBACK BOOKS	70.66	70.66	2661564041	70.66
2662104041	2/02/09	MAGAZINE	22.14	22.14	2662104041	22.14
2662699041	2/02/09	MAGAZINE	2203.29	2203.29	2662699041	2203.29
6629332041	2/02/09	MAGAZINE	-1914.40	-1914.40	6629332041	-1914.40
2663568041	2/09/09	PAPERBACK BOOKS	9.58	9.58	2663568041	9.58
2664439041	2/09/09	MAGAZINE	970.63	970.63	2664439041	970.63
6626707041	1/21/09	**PAPERBACK BOOKS	-8.98	-8.98	**6626707041	-8.98

Terms - Net Weekly

If you prefer to receive your statements in

an electronic format, via e-mail, please
contact our Customer Support @ **Scanned: 6/4/2010-2:35:31 PM**


ROUTE : 1-751-090
CUSTOMER: 00103-043726
DATE : 02/09/09
RETURN : 6631528041
SHIP TO : EL DRUG STORE
P.O. BOX 1328
DILLON

* RETURN PACKING SLIP *

STORE NO.: 0
A4
SC 29536

ANDERSON NEWS
P.O. BOX 116427
ATLANTA
GA 303686427

800-338-1392
PAGE : 3
RETURN : 6631528041 ✓
VENDOR NO :
POD REQ : SIGNATURE (SNAP)
028064


01001030043726663152804145

BOX 1	0	0	4	3	7	2	4	4	6	0	BOX 23																			
BOX 2							4	4	6	3	BOX 24																			
BOX 3							4	4	6	2	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	Did Not receive A credit FOR this return AS OF 11-23-09 Not Included										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 NDF/Overage Boxes

Salesperson

Date

Scanned: 6/4/2010-2:35:31 PM

Customer Signature

