


B10 (Official Form 10)  
(Rev. 7/95)

<b>United States Bankruptcy Court</b>	<b>PROOF OF CLAIM</b>						
District of <u>DELAWARE</u>							
In re (Name of Debtor) <b>ANDERSON NEWS, LLC.</b>	Case Number Chapter 09-10695 11						
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.							
In re (Name of Creditor) (The person or other entity to whom the debtor owes money or property)  Name and Address Where Notices Should be Sent  <b>Tennessee Department of Revenue</b> C/O Attorney General P.O. Box 20207 Nashville, TN 37202-0207	<input type="checkbox"/> Check 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 box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.						
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 62-1745746/000	Check box if this claim <input checked="" type="checkbox"/> replaces a previously filed claim, dated: <u>January 26, 2010</u> <input checked="" type="checkbox"/> amends <u>2681665100126</u>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. BASIS FOR CLAIM</p> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Taxes  <input type="checkbox"/> Other (Describe briefly)</div> <div style="width: 45%; text-align: center;"> <p><b>RECEIVED</b></p> <p><b>AUG 30 2010</b></p> <p><b>BMC GROUP</b></p> </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)  <input type="checkbox"/> Wages, salaries, and compensation (Fill out below)                  Your social security number _____                  Unpaid compensation for services performed from _____ (date) to _____ (date)             </div> </div>							
2. DATE DEBT WAS INCURRED	3. IF COURT JUDGMENT, DATE OBTAINED:						
<p>4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority. (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.</p> <div style="display: flex;"> <div style="width: 50%;"> <input type="checkbox"/> SECURED CLAIM \$ _____                  Attach evidence of perfection of security interest                  Brief Description of Collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)                  Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____             </div> <div style="width: 50%;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier —11 U.S.C. §507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan — 11 U.S.C. §507(a)(4)   <input type="checkbox"/> Up to \$1,800 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use—11 U.S.C. §507(a)(6)  <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child — 11 U.S.C. §507(a)(7)  <input checked="" type="checkbox"/> Taxes or penalties of governmental units —11 U.S.C. §507(a)(8)  <input type="checkbox"/> Other— Specify applicable paragraph of 11 U.S.C. §507(a) _____                  Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.             </div> </div>							
<p>5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$1,581.62</u></td> <td style="width:33%;"><input type="checkbox"/> SECURED CLAIM \$ _____ (Secured)</td> <td style="width:33%;"><input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$29,352.59</u></td> </tr> <tr> <td style="text-align: center;">(Unsecured)</td> <td></td> <td style="text-align: center;">(Priority)</td> </tr> </table> <div style="border: 1px solid black; width: fit-content; margin-left: auto; margin-right: auto; padding: 5px;"> <p style="text-align: center;"><u>\$30,934.21</u> (Total)</p> </div> <p><input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.</p>		<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$1,581.62</u>	<input type="checkbox"/> SECURED CLAIM \$ _____ (Secured)	<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$29,352.59</u>	(Unsecured)		(Priority)
<input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <u>\$1,581.62</u>	<input type="checkbox"/> SECURED CLAIM \$ _____ (Secured)	<input checked="" type="checkbox"/> UNSECURED PRIORITY CLAIM <u>\$29,352.59</u>					
(Unsecured)		(Priority)					
<p>6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.</p> <p>7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p> <p>8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.</p>							
THIS SPACE IS FOR COURT USE ONLY							
Anderson News LLC  00249							
DATE <u>August 6, 2010</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)						
<u>4172461100806</u> <u>MD</u>	Print Name: <u>Michelle Hooks</u> Signature: <u>[Signature]</u>						

of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§152 and 3571.

**ALL INQUIRIES CONTACT:**  
**Michelle Denney**  
**(615) 532-6324**

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Debtor: ANDERSON NEWS, LLC.

D/B/A: ANDERSON NEWS, LLC  
6016 BROOKVALE LN STE 151  
KNOXVILLE, TN 37919-4003

ACCT NO. 318289019  
ACCT TYPE FRAN/EXCS2  
ENTITY ID 62-1745746/000



# TENNESSEE DEPARTMENT OF REVENUE

TENNESSEE DEPARTMENT OF REVENUE  
LEGAL CLAIMS SUMMARY SHEET

ANDERSON NEWS, LLC.

BANKRUPTCY

ANDERSON NEWS, LLC  
6016 BROOKVALE LN STE 151  
KNOXVILLE TN 37919-4003

824 MARKET STREET  
WILMINGTON DE 19801

Docket No.: 09-10695

Chapter: 11  
Date Petition Filed: December 30, 2009

62-1745746/000  
318289019  
FRAN/EXCS2

First Creditors Meeting: February 1, 2010  
Business Closure Date:

ASSMT NO.	RSN	PD. BEG.	TAX	LATE CHG.	RET. CHK.	INTEREST	TOTAL
2	ORIG	10-01-08	\$7,543.34	\$1,581.62	\$0.00	\$173.09	\$9,298.05
1	DLNQ	10-01-09	\$21,636.16	\$0.00	\$0.00	\$0.00	\$21,636.16
TOTALS			\$29,179.50	\$1,581.62	\$0.00	\$173.09	\$30,934.21

**RECAP**

Audit Balance: \$0.00  
 Payment Agreement Balance: \$0.00  
 No Remittance Balance: \$0.00  
 Estimated Assessments: \$21,636.16  
 Underpaid Balance: \$9,298.05  
 Returned Checks: \$0.00  
 GRAND TOTAL: \$30,934.21

Penalty and interest calculated through 12-30-09

*Michelle Dancy*  
Preparer's Signature

August 6, 2010  
Date