UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:) Chapter 11		
CONEXANT SYSTEMS, INC., et al., 1) Case No. 13-10367 (MFW)		
et al.,) Jointly Administered		
Debtors.)		

AFFIDAVIT OF SERVICE RE:

Exhibit 1 NOTICE OF REJECTED CONTRACT [custom sample attached thereto]

PROOF OF CLAIM FORM [attached thereto as exhibit A]

- I, Mireya Carranza, state as follows:
- 1. I am over eighteen years of age and I believe the statements contained herein are true based on my personal knowledge. My business address is c/o BMC Group, Inc., 300 N. Continental Boulevard, Ste. 570, El Segundo, California 90245.
- 2. On July 19, 2013, at the direction of Kirkland & Ellis LLP and Klehr Harrison Harvey Branzburg LLP, Co-Counsel to the Debtors and Debtors in Possession, the above referenced documents were served on the parties listed in Exhibit A via the mode of service indicated thereon:

The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal taxpayer-identification number, are: Conexant Systems, Inc. (9439); Brooktree Broadband Holding, Inc. (5436); Conexant CF, LLC (6434); Conexant, Inc. (8218); Conexant Systems Worldwide, Inc. (0601). The Debtors' main corporate address is 4000 MacArthur Blvd., Newport Beach, California 92660

Exhibit A The Affected Parties Address List regarding Exhibit 1

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on the 23day of July 2013 at Paramount, California.

Mireya Carranza

EXHIBIT 1

IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:		Chapter 11
CONEXANT SYSTEMS, INC., et al.,1)	Case No. 13-10367 (MFW)
Debtors.)))	Jointly Administered

NOTICE OF REJECTED CONTRACT

PLEASE TAKE NOTICE that on June 6, 2013, the United States Bankruptcy Court for the District of Delaware (the "Bankruptcy Court") entered the Findings of Fact, Conclusions of Law and Order Confirming the Second Modified Joint Plan of Reorganization of Conexant Systems, Inc. and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code [Docket No. 287] (the "Confirmation Order"), pursuant to which the Bankruptcy Court confirmed the Second Modified Joint Plan of Reorganization of Conexant Systems, Inc. and Its Debtor Affiliates Pursuant to Chapter 11 of the Bankruptcy Code, dated April 19, 2013 [Docket No. 206] (as amended pursuant to the Confirmation Order, the "Plan").²

PLEASE TAKE FURTHER NOTICE that on July 12, 2013, the Effective Date under the Plan occurred and the transactions contemplated under the Plan were consummated.

PLEASE TAKE FURTHER NOTICE that pursuant to the Plan, your contract has been deemed rejected as of the Effective Date.

PLEASE TAKE FURTHER NOTICE that pursuant to paragraph 96 of the Confirmation Order, any claims arising from the rejection of your contract must be filed on or before August 19, 2013. Any Claims arising from the rejection of your contract not Filed within such time will be automatically disallowed, forever barred from assertion and shall not be enforceable against the Debtors or the Reorganized Debtors, the Estates or their property without the need for any objection by the Reorganized Debtors or further notice to, or action, order or approval of the Bank uptcy Court. Claims arising from the rejection of contracts shall be

The Debtors in these chapter 11 cases, along with the last four digits of each Debtor's federal taxpayer-identification number, are: Conexant Systems, Inc. (9439); Conexant CF, LLC (6434); Brooktree Broadband Holding, Inc. (5436); Conexant, Inc. (8218); and Conexant Systems Worldwide, Inc. (0601). The Debtors' main corporate address is 1901 Main Street, Irvine, California 92614.

² Capitalized terms used but not otherwise not defined herein shall have the meanings set forth in the Plan or the Confirmation Order, as applicable.

classified as General Unsecured Claims and shall be treated in accordance with Article III of the Plan, as applicable.

Counterparty	Contract Description	Contract No.	Contract Date	Contract Type
COUNTERPRATY	DESCRIPTION	Contract Number	Contract Date	Contract type

PLEASE TAKE FURTHER NOTICE that each proof of claim, including supporting documentation, must be filed by United States mail or other hand delivery system, so as to be actually received by BMC on or before August 19, 2013 at the following address:

All mailings to be sent to:	BMC Group, Inc.	
	Attn: Conexant Systems, Inc. Claims Processing	
)	P.O. Box 3020	
	Chanhassen, MN 55317-3020	
If delivered by hand or overnight	BMC Group, Inc.	
mail:	Attn: Conexant Systems, Inc. Claims Processing	
	18675 Lake Drive East	
	Chanhassen, MN 55317	

PROOFS OF CLAIM SUBMITTED BY FACSIMILE OR ELECTRONIC MAIL WILL NOT BE ACCEPTED.

PLEASE TAKE FURTHER NOTICE that if you would like to obtain a copy of the Confirmation Order or the Plan, please contact the Debtors' Voting and Claims Agent, by: (a) calling the Debtors' restructuring hotline at 888-909-0100; (b) visiting the Debtors' restructuring website at: www.bmegroup.com/conexant; and/or (c) writing to BMC Group, Inc., Attn: Conexant Systems, Inc. Ballot Processing, 18675 Lake Drive East, Chanhassen, MN 55317. You may also obtain copies of any pleadings filed in these Chapter 11 Cases for a fee via PACER at: http://www.deb.uscourts.gov



Exhibit A





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	w		
UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PRO	OOF OF CLAIM	Schedule G Contract Contract Rejection Damages
Name of Debtor:	Case Nu	mber:	
Conexant Systems, Inc.	13-10		
NOTE Other than claims under 11 U S C § 503(b)(9), this form should not be use Expenses arising after the commencement of the case. A "request" for payment pursuant to 11 U S C § 503(a).	of an admını	strative expense may be filed	
Name of Creditor (the person or other entity to whom the debtor owes money	y or property)	
Name and address where notices should be sent. 3195253600 NAME STREET ADDRESS CITY, STATE ZIP Creditor Telephone Number () email:	01403		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Name and address where payment should be sent (if different from ab	ove):	Check box if you are	Check this box to indicate that this
	·	aware that anyone else has	claim amends a previously filed claim
		filed a proof of claim retaine to your claim Attach copy of	Court Claim Number (if known):
		statement giving particulars	en de la companya della companya della companya de la companya della companya del
Payment Telephone Number () email: 1. AMOUNT OF CLAIM AS OF DATE CASE FILED			Filed on:
If all or part of your claim is secured, 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 am	ount of claim. Attach itemized sta	atement of interest or charges.
2. BASIS FOR CLAIM: (See instruction #2)			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: (See instruction #3a)	9 SCREGUIS		orm Claim Identifier (optional):
4. SECURED CLAIM: (See instruction #4)			
Check the appropriate box if your claim is secured by a tien on property or a right of set off, attach required redacted documents, and provide the requested information	Amoun case fil	nt of arrearage and other charge led, included in secured claim,	es, as of time if any: \$
Nature of property or right of setoff: Describe:		Perfection:	
Real Estate		t of Secured Claim: \$	A STATE OF THE STA
Value of Property: \$	Amount	t Unsecured: \$	7-7-7-7-10-10-1
Annual Interest Rate: %			
5. Amount of Claim Entitled to Administrative Expense status under falls into one of the following categories, check the box specifying	r 11 U.S.C. the admin	§ 503(b)(9) or Priority unde istrative expense or priority	or 11 U.S.C. § 507(a). If any part of the claim and state the amount.
Amount entitled to priority: \$ You MUST specify the priority of the claim:	Amo expe	ount entitled to administrative ense under 11 U.S.C. § 503(b)(9): \$
Domastic support obligations under \$1 U.S.C \$507(a)(1)(A) or (a)(1)(B).	П	Taxes or penalties owed to do	vernmental units - 11 U S C. § 507(a)(8).
Up to \$2,600* of deposits toward purchase lease or rental of property or			penefit plan - 11 U S C. § 507(a)(5).
services for personal, family, or household use -11 U.S C § 507(a)(7).	$\overline{\Box}$		graph of 11 U S C § 507(a)(5).
Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankrupicy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)		i	debtor within 20 days before the date of the
* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with re	espect to car		
6. CREDITS: The amount of all payments on this claim has been credited	ed for the p	urpose of making this proof of	claim (See instruction #6)

statements of running accounts, contracts, judgments, mortgages consumer credit agreement, a statement providing the information	
DATE-STAMPED COPYTo receive an acknowledgment of the	e filing of your claim, enclose a stamped, self-addressed
envelope and copy of this proof of claim. The original of this completed proof of claim form must be a	and his mail on board delicensed /FAVES NOT A COPPETED) and the 4 to 1 and 10 the
received on or before 4:00 pm, prevailing Eastern Time on M Governmental Units.	ent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually ay 17, 2013 for Non-Governmental Claimants OR on or before August 27, 2013 for
BY MAIL TO:	BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc Attn: Conexant Systems, Inc. Claims Processing	BMC Group, Inc.
PO Box 3020	Attn: Conexant Systems, Inc. Claims Processing 18675 Lake Drive East
Chanhassen, MN 55317-3020	Chanhassen, MN 55317
8. SIGNATURE: (See instruction #8)	
Check the appropriate box.	
am the creditor am the creditor's authorized agent.	I am the trustee, or the debtor, or their authorized agent (See Bankruptcy Rule 3005.)
I declare under penalty of persupy that the information provided in this claim is	
is asserted and of period y that the information provided in this claim is	true and correct to the best of my knowledge, information, and reasonable belief
Print Name	
Title	
Company:	
Address and telephone number (if different from notice address above)	(Signature) (Date)
T-1	
Telephone number email.	
Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonme	ent forwards 5 years, as both 18 U.S.C. RS 152 and 3571
And the state of t	

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 (IF NOT ALREADY PROPERLY FILLED IN)

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

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 delivering 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 an interested party objects

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:

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.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured, check the box for the nature and value of property that secures the claim.

attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Administrative Expense Under 11 U.S.C. § 503 (b)(9) or 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) 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.

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP also altach a summary in warning to the documents ments eves. FRB1 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning

Date and Signature:

e individual completing 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. If you sign this form, you lecture under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration Print the name and title, if ddress and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filmg the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of elaim.

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 to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing See 11 USC §101(10)

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy fixing See 11 U.S.C. \$101(5). A claim may be secured or uneccured.

PROOF OF CLAIM

PROOF OF CLAIM
A proof of claim is a form such by the wediter to indicate the amount of the debt owal by the debtor on the date of the bankrupusy filing. The form must be filed want the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page

SECURED CLAIM Under 11 U.S.C. § 506(a)

A secured claim is one backed by a herr 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 ed 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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. 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

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 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.

Date-Stamped Copy

Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.

Please read – important information: completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com/Conexant

EXHIBIT A

Conexant Systems, Inc.

Total number of parties: 5

Exhibit A - Conexant Systems, Inc.

Svc Lst	Name and Address of Served Party	Mode of Service
52536	AURA SEMICONDUCTOR PRIVATE LIMITED, ADARSH PROJECTS SEZ, BUILDING 1, DEVARABEESANAHALLI, OUTER RING ROAD, MARATHAHALLI SARJAPUR STRETCH, BANGALORE, 560103 INDIA	US Mail (1st Class)
52536	CRESA PARTNERS LEASE ADMIN, LLC., 205 N MICHIGAN AVE., SUITE 2202, CHICAGO, IL, 60601	US Mail (1st Class)
52537	MAGMA DESIGN AUTOMATION, INC., 1650 TECHNOLOGY DRIVE, SAN JOSE, CA, 95110	US Mail (1st Class)
52537	MAGMA DESIGN AUTOMATION, INC., 2 RESULTS WAY, CUPERTINO, CA, 95014	US Maii (1st Class)
52538	MONTGOMERY MCCRACKEN WALKER & RHOADS LLP, (RE. MAGMA DESIGN AUTOMATION, INC.), ATTN: MARK A. FINK, 1105 NORTH MARKET STREET, SUITE 1500, WILMINGTON, DE. 19801	US Mail (1st Class)

Subtotal for this group: 5