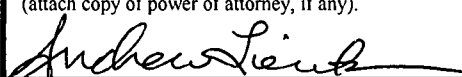
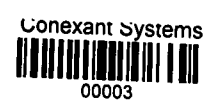


United States Bankruptcy Court District of Delaware		PROOF OF CLAIM 2013 MAR 11 AM 9:35 CLERK US BANKRUPTCY COURT DISTRICT OF DELAWARE This Space Is For Court Use Only
Name of Debtor: Conexant Systems, Inc.	Case # 13-10367	
NOTE: This form should not be used to make a claim for an administrative expense 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): Kforce, Inc.	<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.	
Name and Address Where Notices Should Be Sent: Kforce Inc. 1001 E. Palm Avenue Attn: Andrew Lientz Tampa, FL 33605 Telephone No. (813) 552-1348	RECEIVED MAR 14 2013 BMC GROUP	
Account Or Other Number By Which Creditor Identifies Debtor: # 209396	<input type="checkbox"/> Check here if this claim replaces a previously filed claim, dated: <input type="checkbox"/> Check here if this claim amends	
1. Basis For Claim: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Other (Describe briefly)	<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 compensations for services performed From _____ to _____ (date) (date)	
2. Date Debt Was Incurred 1/14/13 to 2/22/13	3. If Court Judgment, Date Obtained:	
4. Total Amount of Claim at Time Case Filed: \$7,531.13 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement Of all interest or additional charges.		
5. Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____	6. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300) *earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. U.S.C. § 507 (a)(3) <input type="checkbox"/> Contributions to an employee benefit plan. U.S.C. § 507 (a)(4). <input type="checkbox"/> Up to \$1,950* 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 type="checkbox"/> Taxes or penalties of government units. 11 U.S.C. § 507 (a)(8) <input type="checkbox"/> Other -Specify applicable paragraph of 11 U.S.C. §§ 507 (a) (_____) <small>*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.</small>	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	This Space Is For Court Use Only	
Date: 03/06/2013	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).  Andrew Lientz Collections Liaison	
Penalty for presently fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571		





ORIGINAL INVOICE

Invoice #: 4625783
Invoice Date: 01/25/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,358.33
Total Invoice: 1,358.33

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 5 columns: Description, Quantity, Rate/Cost, Amount. Includes line items for James Thantron For Week Ending - 01/20/2013 (HRS, OT) and Purchase Order (NF12E01238, Hiring Manager: Veena Gowda). Totals: Sub Total: 1,358.33, Total Invoice: 1,358.33.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4625783



ORIGINAL INVOICE

Invoice #: 4631016
Invoice Date: 02/01/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,286.00
Total Invoice: 1,286.00

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 4 columns: Description, Quantity, Rate/Cost, Amount. Row 1: James Thantron For Week Ending - 01/27/2013, 40.00, 32.15, 1,286.00. Sub Total: 1,286.00. Total Invoice: 1,286.00.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4631016



ORIGINAL INVOICE

Invoice #: 4634476
Invoice Date: 02/08/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,286.00
Total Invoice: 1,286.00

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 4 columns: Description, Quantity, Rate/Cost, Amount. Row 1: James Thantron For Week Ending - 02/03/2013, 40.00, 32.15, 1,286.00. Sub Total: 1,286.00. Total Invoice: 1,286.00.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4634476



ORIGINAL INVOICE

Invoice #: 4642466
Invoice Date: 02/15/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,286.00
Total Invoice: 1,286.00

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 4 columns: Description, Quantity, Rate/Cost, Amount. Row 1: James Thantron For Week Ending - 02/10/2013, 40.00, 32.15, 1,286.00. Sub Total: 1,286.00. Total Invoice: 1,286.00.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4642466



ORIGINAL INVOICE

Invoice #: 4648225
Invoice Date: 02/22/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,028.80
Total Invoice: 1,028.80

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 4 columns: Description, Quantity, Rate/Cost, Amount. Row 1: James Thantron For Week Ending - 02/17/2013, 32.00, 32.15, 1,028.80. Sub Total: 1,028.80. Total Invoice: 1,028.80.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4648225



ORIGINAL INVOICE

Invoice #: 4651296
Invoice Date: 03/01/13
Customer #: 209396
Payment Terms: Net 10 Days
Sub Total: 1,286.00
Total Invoice: 1,286.00

Please remit to:
Kforce Inc.
P.O. Box 277997
Atlanta, GA 30384-7997

CINDY.PENA
CONEXANT SYSTEMS INC
4311 JAMBOREE RD
NEWPORT BEACH, CA 92660

\$ _____
Amount Remitted

Detach here and remit with payment

Table with 4 columns: Description, Quantity, Rate/Cost, Amount. Row 1: James Thantron For Week Ending - 02/24/2013, 40.00, 32.15, 1,286.00. Sub Total: 1,286.00. Total Invoice: 1,286.00.



P.O. Box 277997 Atlanta, GA 30384-7997 * (888) 435-7957

0520022200 Irvine Tech Flex
Invoice #: 4651296

Align top of FedEx Express® Shipping Label here.

STCS: STANDARD OVER.

TRK# 4783 1439 9728

ORIGIN ID: LGBA (302) 252-3673
LISA M. CICONTE
USBC DISTRICT OF DELAWARE
824 NORTH MARKET STREET 3RD FLOOR

SHIP DATE: 10JAN13
ACTWGT: 1.0 LB MAN
CAD: 807436/CAFE2606

WILMINGTON, DE 19801
UNITED STATES US

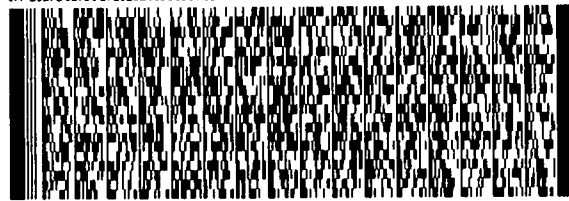
BILL SENDER

TO: ~~COACH AMERICA HOLDINGS~~ *Conexant and Hess Ind.*
BMC GROUP
18675 LAKE DRIVE EAST

CHANHASSEN MN 55317

(310) 321-6666

REF: ~~COACH AM CLAIMS~~ *Conexant and Hess*



FedEx
Express



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J12131210050125

THU - 14 MAR 3:00P
STANDARD OVERNIGHT

FedEx

TRK# 4783 1439 9728

0221

XH FBLA

55317
MN-US
MSP

The World's

Envelope

Emp# 924908 13MAR13 TLGA 519C2/DCF8/93AB

RECEIVED

MAR 14 2013

BMC GROUP

Align bottom of Peel and Stick Airbill or Pouch here.