


UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE		PROOF OF CLAIM
Name of Debtor CONEXANT SYSTEMS, INC.		Case Number 13-10367
<i>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</i>		
Name of Creditor (the person or entity to whom the debtor owes money or property): W W GRAINGER INC		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim No. _____ Filed on _____
Name and addresses where notices should be sent: W W GRAINGER INC 7300 N MELVINA MES17805273794 NILES IL 60714		RECEIVED APR 11 2013 BMC GROUP
Name and addresses where payment should be sent (if different from above):		<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 this box if you are the debtor or trustee in this case.
1. Amount of Claim as of the Date Case Filed: \$1529.02 If all or part of your claim is secured or entitled to priority, complete Item 5 <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. 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: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries or commissions (up to \$10,950*), 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). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507(a) (____). Amount entitled to priority: _____ <small>*Amounts are subject to adjustment on 4/11/10 and every 3 y. cases commensurate adjustment.</small>
2. Basis for Claim: See Attached (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor:		
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Property: _____ Annual Interest Rate: _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any: _____ Basis of perfection: _____ Amount of Secured Claim: _____ Amount Unsecured: _____		
6. Credits: The amount of all payments on this claim has been credited and deducted 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. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If these documents are not available, please explain: _____		
Date: 04/02/2013	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. <div style="text-align: center;">  Cynthia Deutschmann Special Collections Spvr. </div>	



FOR COURT USE

U.S. BANKRUPTCY COURT
 DISTRICT OF DELAWARE
 APR 11 2013 9:41

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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FOR THE ONES WHO GET IT DONE

7300 North Melvina Ave
Niles, IL 60714-3998

STATEMENT

Statement Date 04/02/2013

CONEXANT SYSTEMS INC
PO BOX 7370
NEWPORT BEACH CA 92658-7370

Document Number	Purchase Order	Doc Type	Document Date	Net Due Date	Amount
9032936453	NF11889027	01	01/04/2013	02/03/2013	215.06
9035888537	NF11889027	01	01/09/2013	02/08/2013	84.02
9035888552	NF11889027	01	01/09/2013	02/08/2013	113.03
9037832517	NF11889027	01	01/10/2013	02/09/2013	22.23
9037931996	NF11889027	01	01/10/2013	02/09/2013	21.40
9056240386	NF11889027	01	01/31/2013	03/02/2013	4.43
9056241095	NF11889027	01	01/31/2013	03/02/2013	157.87
9056241103	NF11889027	01	01/31/2013	03/02/2013	140.89
9056271373	NF11889027	01	01/31/2013	03/02/2013	114.50
9056271381	NF11889027	01	01/31/2013	03/02/2013	57.26
9066752602	NF11889027	01	02/13/2013	03/15/2013	242.27
9077590462	NF11889027	01	02/26/2013	03/28/2013	283.11
9078505733	NF11889027	01	02/27/2013	03/29/2013	24.55
9078505741	NF11889027	01	02/27/2013	03/29/2013	48.40
9089885744	NF11889027	01	03/13/2013	04/12/2013	176.17

Document Type: 01=Invoice; 04=Corporate Debit; 06=Residual Item;
11=Credit Memo; 14=Corporate Credit; 15=Incoming Payment; 16=Residual Item

TOTAL 1529.02 ~~1,705.19~~

GRAINGER.

W.W. Grainger, Inc.
7300 N. Melvina Avenue
Niles, IL 60714-3998
Tel: 847-647-7200
Fax: 847-647-9345

APR -8 AM 9:41

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE
Date: 04/02/2013
Re: Case Number: 13-10367

US BANKRUPTCY COURT
824 MARKET ST 3RD FLOOR
WILMINGTON, DELAWARE
19801

CONEXANT SYSTEMS INC
PO BOX 7370
NEWPORT BEACH, CA. 92658-7370

Dear Sir or Madam:

Please find enclosed our proof of claim and itemized statement in subject bankruptcy reflecting the balance due of \$ 1529.02.

Kindly enter our claim and send acknowledgement back in the enclosed prepaid envelope. Thank you.

Sincerely,

Cindi Deutschmann

Special Collections Division

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SVCS: STANDARD OVERNIGHT

1000 4700 1400 9701

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

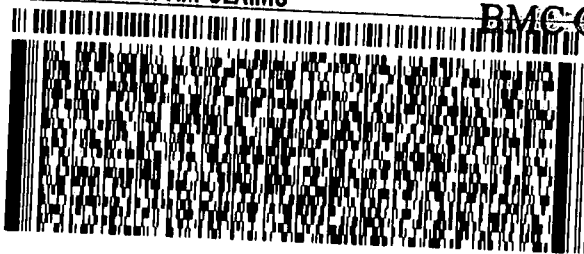
TO COACH AMERICA HOLDINGS
BMC GROUP
18675 LAKE DRIVE EAST

Conexant
RECEIVED

CHANHASSEN MN 55317
(310) 321-5555
REF: COACH AM CLAIMS

APR 11 2013

BMC GROUP



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Express



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