

UNITED STATES BANKRUPTCY COURT

District of Delaware

PROOF OF CLAIM

Name of Debtor:
Conexant Systems Inc. et al.

Case Number:
13-10367 (MFW)

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):
Otis Elevator Company, et al.

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

Name and address where notices should be sent:
Otis Elevator Company, et al.
ATTN: Treasury Services-Credit/Collections- 1st Floor
1 Farm Springs Farmington, CT 06032

Court Claim Number:
(If known)

Telephone number:
(860) 676-6446

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Filed on:

Name and address where payment should be sent (if different from above):

APR 22 2013
BMC GROUP

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.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 862.34

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.

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.

2. Basis for Claim: Elevator Service & Equip.
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 1379

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

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: \$

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).

Amount entitled to priority:

\$

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 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:

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of

Conexant Systems



00026

Date:
04/17/2013

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.

John Parent, Spvsr. Treasury Svcs, North American Credit/Collections



1550 S. Sunquist St Suite A  
Anaheim, CA 92806

CUSTOMER NO.	DATE	INVOICE NO.
321379	01/21/13	DVB09517K213

# INVOICE

AMOUNT DUE ON SERVICE CONTRACT:
431.17

Enclose This Coupon With Your Payment.  
Make Check Payable To:  
AMTECH ELEVATOR SERVICES

Mail payment to:

AMTECH ELEVATOR SERVICES  
DEPT. LA 21592  
PASADENA CA  
91185-1592

CONEXANT SYSTEMS INC.  
P O BOX 7370  
NEWPORT BEACH CA 92658

PLEASE SEND CORRESPONDENCE TO YOUR LOCAL OFFICE AS SHOWN BELOW

DVB09517K213 0000043117 5

DETACH RETURN DOCUMENT ALONG PERFORATION

# INVOICE

## AMTECH ELEVATOR SERVICES \*\* SERVICE CONTRACT CHARGES \*\*

	<u>CUSTOMER NO.</u>	<u>DATE</u>	<u>INVOICE NO.</u>
	321379	01/21/13	DVB09517K213
BUILDING DVB829622 KCN-3-7523-5310			
CONTRACT DVB09517K			
FORMER CONTRACT # 21130322	FORMER CUSTOMER #	00281	
PO#NF12E01090 LINE ITEM#2 EFFECTIVE 1/1/12-12/31/12			
SERVICE FROM 02/01/13 TO 02/28/13	431.17		
TOTAL CURRENT CHARGES DUE		431.17	

FOR ANY QUESTIONS CONCERNING THIS INVOICE, PLEASE TELEPHONE 1-714-939-6133  
OR WRITE AMTECH ELEVATOR 1550 S SUNKIST ST SUITE A ANAHEIM CA 92806

**PAYMENT DUE UPON RECEIPT-PLEASE PAY PROMPTLY**

WE CERTIFY THAT THE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7 AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14 HEREOF.

OVERDUE PAYMENTS SHALL BEAR AN INTEREST CHARGE ON THE OVERDUE AMOUNT CALCULATED FROM THE PAYMENT DUE DATE OF THE INVOICE AT THE RATE OF ONE AND ONE HALF PERCENT (1.5%) PER MONTH OR THE MAXIMUM RATE ALLOWED BY APPLICABLE LAW, WHICHEVER IS LESS.



1550 S. Sunkist St Suite A  
Anaheim, CA 92806

CUSTOMER NO.	DATE	INVOICE NO.
321379	12/20/12	DVB09517K113

# INVOICE

AMOUNT DUE ON SERVICE CONTRACT:
431.17

Enclose This Coupon With Your Payment.  
Make Check Payable To:  
AMTECH ELEVATOR SERVICES

Mail payment to:

AMTECH ELEVATOR SERVICES  
DEPT. LA 21592  
PASADENA CA  
91185-1592

CONEXANT SYSTEMS INC.  
P O BOX 7370  
NEWPORT BEACH CA 92658

PLEASE SEND CORRESPONDENCE TO YOUR LOCAL OFFICE AS SHOWN BELOW

DVB09517K113 0000043117 0

DETACH RETURN DOCUMENT ALONG PERFORATION

## INVOICE

### AMTECH ELEVATOR SERVICES \*\* SERVICE CONTRACT CHARGES \*\*

	<u>CUSTOMER NO.</u>	<u>DATE</u>	<u>INVOICE NO.</u>
	321379	12/20/12	DVB09517K113
BUILDING DVB829622 KCN-3-7523-5310			
CONTRACT DVB09517K			
FORMER CONTRACT # 21130322 FORMER CUSTOMER # 00281			
PO#NF12E01090 LINE ITEM#2 EFFECTIVE 1/1/12-12/31/12			
SERVICE FROM 01/01/13 TO 01/31/13	431.17		
TOTAL CURRENT CHARGES DUE		431.17	

FOR ANY QUESTIONS CONCERNING THIS INVOICE, PLEASE TELEPHONE 1-714-939-6133  
OR WRITE AMTECH ELEVATOR 1550 S SUNKIST ST SUITE A ANAHEIM CA 92806

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**Otis**

A United Technologies Company

Otis Elevator Company  
One Farm Springs  
Farmington, CT 06032

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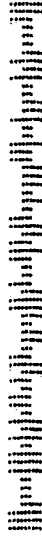
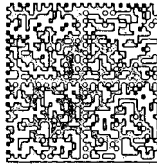
BMC Group Inc  
ATTN: Conexant Systems Inc. Claims Processing  
PO Box 3020  
Chanhausen, MN 55317-3020

UNITED STATES POSTAGE



TIMNEY BOWLES

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\$ 00.46<sup>00</sup>  
0004260019 APR 18 2013  
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