

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

PROOF OF CLAIM


YOUR CLAIM IS SCHEDULED AS:

Name of Debtor:
Conexant Systems, Inc.


Case Number:
13-10367

Schedule/Claim ID S2019033583

Amount/Classification
\$1,247.70 Unsecured

NOTE: Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for Administrative Expenses 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(a).

Name of Creditor (the person or other entity to whom the debtor owes money or property) :

Name and address where notices should be sent:
 31951541002504
HTS - HAZARDOUS WASTE TRANSPORTATION SERVICES INC
10600 SO. PAINTER AVE.
SANTA FE SPRINGS, CA 90670

RECEIVED

APR 24 2013

BMC GROUP

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

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

Creditor Telephone Number () email:

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

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.

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

Court Claim Number (if known):

Filed on:

Payment Telephone Number () email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 2,100.89

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 amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM: Service performed - supplies provided & waste removal.
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as:
(See instruction #3a)

3b. Uniform Claim Identifier (optional):
(See instruction #3b)

4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other

Basis for Perfection:

Amount of Secured Claim: \$

Value of Property: \$

Amount Unsecured: \$

Annual Interest Rate: % Fixed or Variable
(when case was filed)

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.

Amount entitled to priority: \$

Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$

You MUST specify the priority of the claim:

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

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

Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

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

Wages, salaries, or commissions (up to \$11,725*), 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).

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

Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).

* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Conexant Systems



00029

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See i

7. DOCUMENTS: Attached are redacted copies of documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and definition of "redacted").

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

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.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on May 17, 2013 for Non-Governmental Claimants OR on or before August 27, 2013 for Governmental Units.

BY MAIL TO:
BMC Group, Inc.
Attn: Conexant Systems, Inc. Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

BY MESSENGER OR OVERNIGHT DELIVERY TO:
BMC Group, Inc.
Attn: Conexant Systems, Inc. Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Cathy Wakabayashi
Title: Accts. Mgr.
Company: H.T. Environmental Services

Cathy Wakabayashi 4/22/13
(Signature) (Date)

Address and telephone number (if different from notice address above):

562-906-2633 cwakabayashi@htsenvironmental.com
Telephone number: email:

PROOF OF CLAIM



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Conexant Systems, Inc.

Case Number:
13-10367

Schedule/Claim ID S2019033583
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10600 SO. PAINTER AVE.
SANTA FE SPRINGS, CA 90670

COPY

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2. BASIS FOR CLAIM: *Service performed - supplies provided & waste removal.*

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3b. Uniform Claim Identifier (optional):

(See instruction #3a)

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4. SECURED CLAIM: (See instruction #4)

Check the appropriate box if your claim is secured by a lien on property or a right of set off, attach required redacted documents, and provide the requested information.

Nature of property or right of setoff:

Describe:

Real Estate Motor Vehicle Other

Value of Property: \$

Annual Interest Rate: % Fixed or Variable (when case was filed)

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: \$

5. Amount of Claim Entitled to Administrative Expense status under 11 U.S.C. § 503(b)(9) or Priority under 11 U.S.C. § 507(a). If any part of the claim falls into one of the following categories, check the box specifying the administrative expense or priority and state the amount.

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Attn: Conexant Systems, Inc. Claims Processing
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Attn: Conexant Systems, Inc. Claims Processing
18675 Lake Drive East
Chanhassen, MN 55317

8. SIGNATURE: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Cathy Wakabayashi
Title: Acctg. Mgr
Company: HTSO Environmental Services
Address and telephone number (if different from notice address above): _____

Cathy Wakabayashi 4/22/13
(Signature) (Date)

(527) 906-2633 cwakabayashi@htsenvironmental.com
Telephone number: email:

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.

HTS

HAZARDOUS WASTE TRANSPORTATION SERVICES, INC.

10600 So. Painter Ave.
Santa Fe Springs, CA 90670
(562) 906-2633

COPY

INVOICE #

02-29323

DATE

11/30/2012

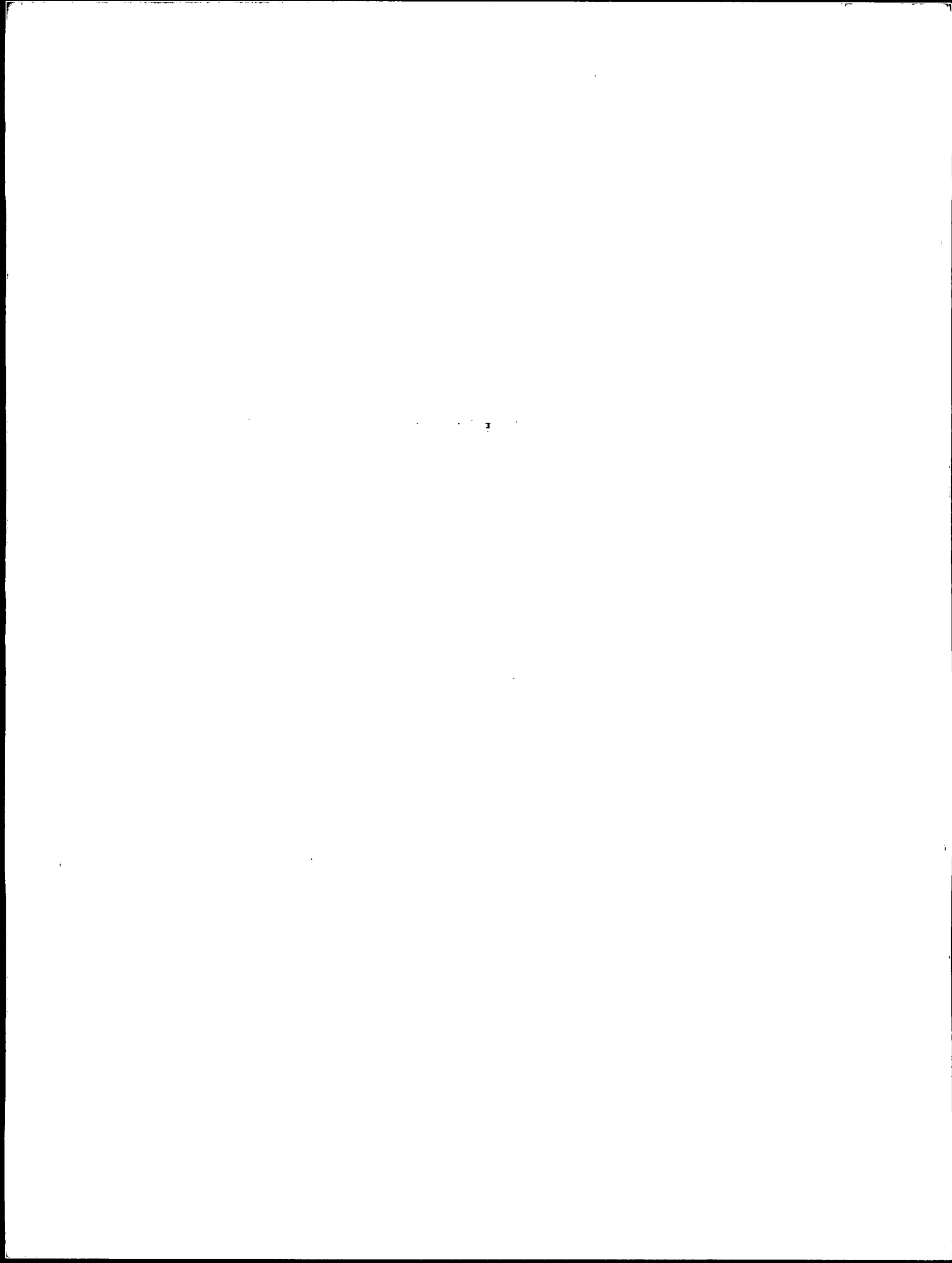
BILL TO		GENERATOR			
Conexant Systems Inc. Attn: Accounts Payable PO Box 7370 Newport Beach, CA 92658-7370		Conexant Systems-San Diego 9868 Scranton R San Diego, CA 92121			
TERMS	DUE DATE	*Effective October 1, 2006, 1.5% interest will be charged on all invoices past 30 days. *All credit card transactions will incurr a \$20-processing fee.		P.O. NO.	SHIP DATE
Net 30	12/30/2012			NB08890058	11/28/2012
QTY	SERVICE	DESCRIPTION	EACH	EXT.	
1	DF	Hazardous Waste Removal To: Pacific Resource Recovery Los Angeles, CA 90023 Ref. Manifest #010479738 Aerosols Waste	235.00	235.00	
38	Lbs	Non-Hazardous Waste Removal To: Kinsbursky Anaheim, CA 92801 Ref. BOL #1128123 Alkaline Batteries	0.60	22.80	
6	Each	Fluorescent Light Tube Box- 4ft	5.50	33.00T	
1	Each	Transportation Fee	300.00	300.00	
1	Each	Transportation Fuel Surcharge - 14.8%	87.44	87.44	
		Orange County Sales Tax	7.75%	2.56	

THANK YOU FOR YOUR BUSINESS

Total \$680.80

Payments/Credits \$0.00

Balance Due \$680.80



HTS

HAZARDOUS WASTE TRANSPORTATION SERVICES, INC.

10600 So. Painter Ave.
Santa Fe Springs, CA 90670
(562) 906-2633

XOPY

INVOICE #
02-29466
DATE
12/19/2012

BILL TO		GENERATOR			
Conexant Systems Inc. Attn: Accounts Payable PO Box 7370 Newport Beach, CA 92658-7370		Conexant Systems-San Diego 9868 Scranton R San Diego, CA 92121			
TERMS	DUE DATE	*Effective October 1, 2006, 1.5% interest will be charged on all invoices past 30 days. *All credit card transactions will incur a \$20 processing fee.		P.O. NO.	SHIP DATE
Net 30	1/18/2013				12/7/2012
QTY	SERVICE	DESCRIPTION	EACH	EXT.	
		Delivery of Supplies			
		Ref. Sales #120712HSD4			
1	30 DF	Replacement 30 gallon O/T poly drum	35.00	35.00T	
1	5 DF	Replacement 5 gallon O/T poly drum	12.00	12.00T	
1	Each	Transportation Fee	100.00	100.00	
1	Each	Transportation Fuel Surcharge - 14.8%	21.75	21.75	
		Orange County Sales Tax	7.75%	3.64	

THANK YOU FOR YOUR BUSINESS	Total	\$172.39
	Payments/Credits	\$0.00
	Balance Due	\$172.39

HTS

HAZARDOUS WASTE TRANSPORTATION SERVICES, INC.

10600 So. Painter Ave.
Santa Fe Springs, CA 90670
(562) 906-2633

COPY

INVOICE #

02-29961

DATE

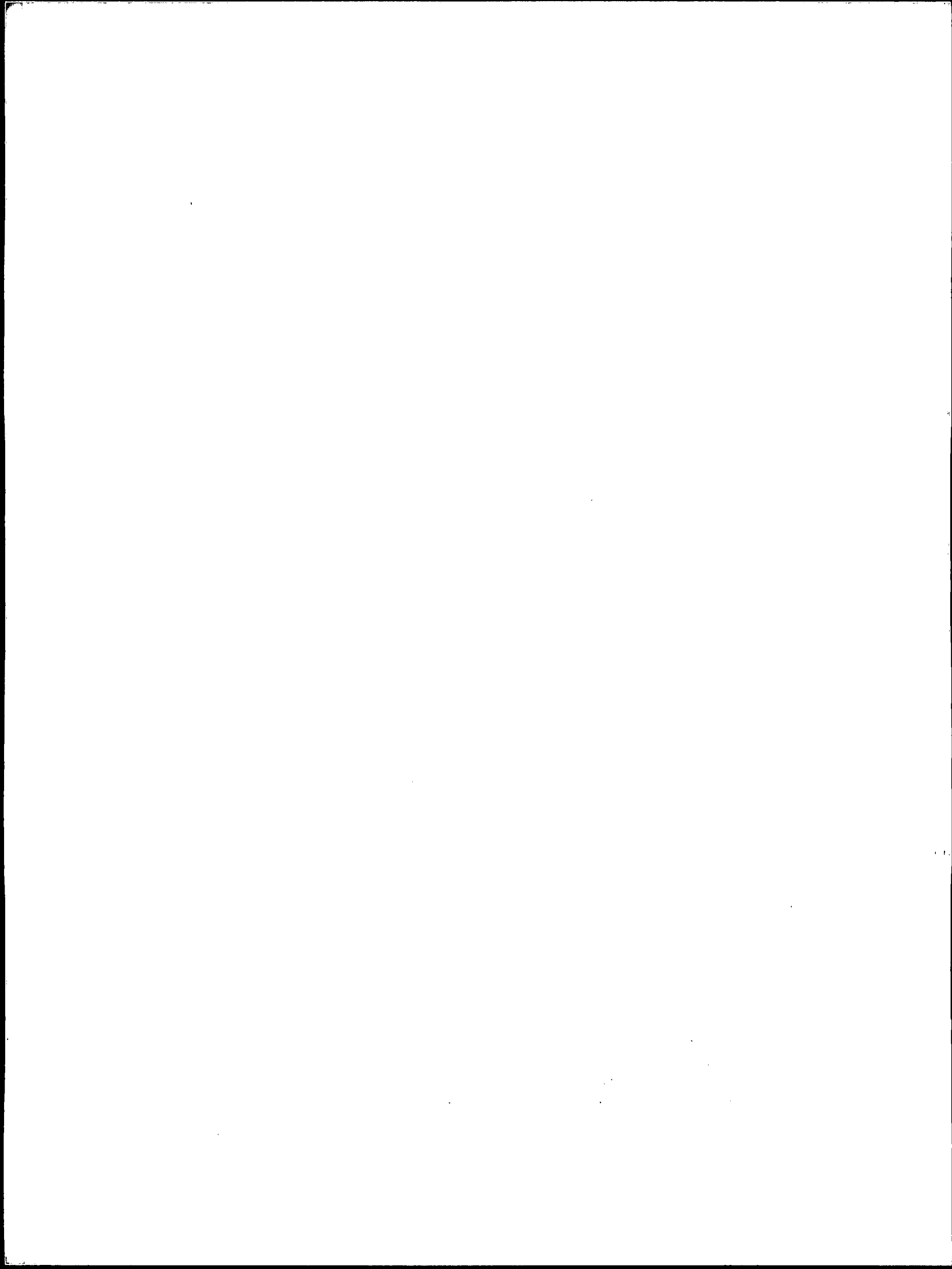
2/28/2013

BILL TO		GENERATOR		
Conexant Systems Inc. Attn: Accounts Payable PO Box 7370 Newport Beach, CA 92658-7370		Conexant Systems, Inc. 4311 Jamboree Road Newport Beach, CA 92660 Attn: Nico Armstrong		
TERMS	DUE DATE	P.O. NO.	SHIP DATE	
Net 30	4/6/2013	NB08890058	2/7/2013	
QTY	SERVICE	DESCRIPTION	EACH	EXT.
		Non-Hazardous Waste Removal To: Lakeland Processing Santa Fe Springs, CA 90670 Ref. Manifest #207132		
1,059	Gal.	Storm Water	0.30	317.70
1	Each	Wash Out Fee	50.00	50.00
2.5	Hours	Labor Fee for additional technician on site	45.00	112.50
6.5	Hours	Transportation Fee	95.00	617.50
1	Each	Transportation Fuel Surcharge (flat rate)	150.00	150.00
		Orange County Sales Tax	8.00%	0.00

***Effective October 1, 2006, 1.5% interest will be charged on all invoices past 30 days.
*All credit card transactions will incur a \$20 processing fee.**

THANK YOU FOR YOUR BUSINESS

Total	\$1,247.70
Payments/Credits	\$0.00
Balance Due	\$1,247.70



Santa Fe Springs, CA 90670
10600 S. Painter Ave

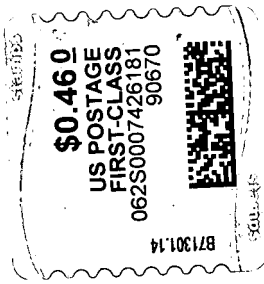
HTS Environmental Services

RECEIVED

APR 24 2013

BMC GROUP

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



55917302020

