




<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b>
Name of Debtor: <b>Conexant Systems, Inc.</b>		Case Number: <b>13-10367</b>	Schedule/Claim ID    S2019033607 Amount/Classification \$75.00 Unsecured
<small>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).</small>			
Name of Creditor (the person or other entity to whom the debtor owes money or property) :		<p>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.</p> <p>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p style="text-align: center;"><b>THIS SPACE IS FOR COURT USE ONLY</b></p>	
Name and address where notices should be sent:  31951541001493 <b>DAY &amp; NIGHT POWER SWEEPING</b> <b>1235 PIERRE WAY#A</b> <b>EL CAJON, CA 92021</b>			
Creditor Telephone Number (    )      email:			
Name and address 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.	
Payment Telephone Number (    )      email:		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. <b>Court Claim Number (if known):</b> _____ Filed on: _____	
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>225.00</u> <small>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.</small> <input type="checkbox"/> 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.			
<b>2. BASIS FOR CLAIM:</b> <u>Services performed</u> <small>(See instruction #2)</small>			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>CS105A</u>		<b>3a. Debtor may have scheduled account as:</b> _____ <small>(See instruction #3a)</small>	<b>3b. Uniform Claim Identifier (optional):</b> _____ <small>(See instruction #3b)</small>
<b>4. SECURED CLAIM:</b> (See instruction #4) <small>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.</small> <b>Nature of property or right of setoff:</b> Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed    or <input type="checkbox"/> Variable <small>(when case was filed)</small> 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: \$ _____			
<b>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.</b> Amount entitled to priority: \$ _____      Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ <u>225.00</u> <b>You MUST specify the priority of the claim:</b> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> 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). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ). <input checked="" type="checkbox"/> Value of goods received by the debtor within 20 days before the date of the bankruptcy filing - 11 U.S.C. § 503(b)(9).			
<small>* 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.</small>			
<b>6. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

**Conexant Systems**  
  
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**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: BRIAN SOROKIN  
Title: OWNER  
Company: DAY & NIGHT POWERSWEEPING  
Address and telephone number (if different from notice address above): SAME  
(Signature)  (Date) 4/25/13

Telephone number: (619) 440-6193 email: brian@sandiegosweeper.com

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.



# INVOICE

Invoice Date	Invoice #
12/15/2012	1212047

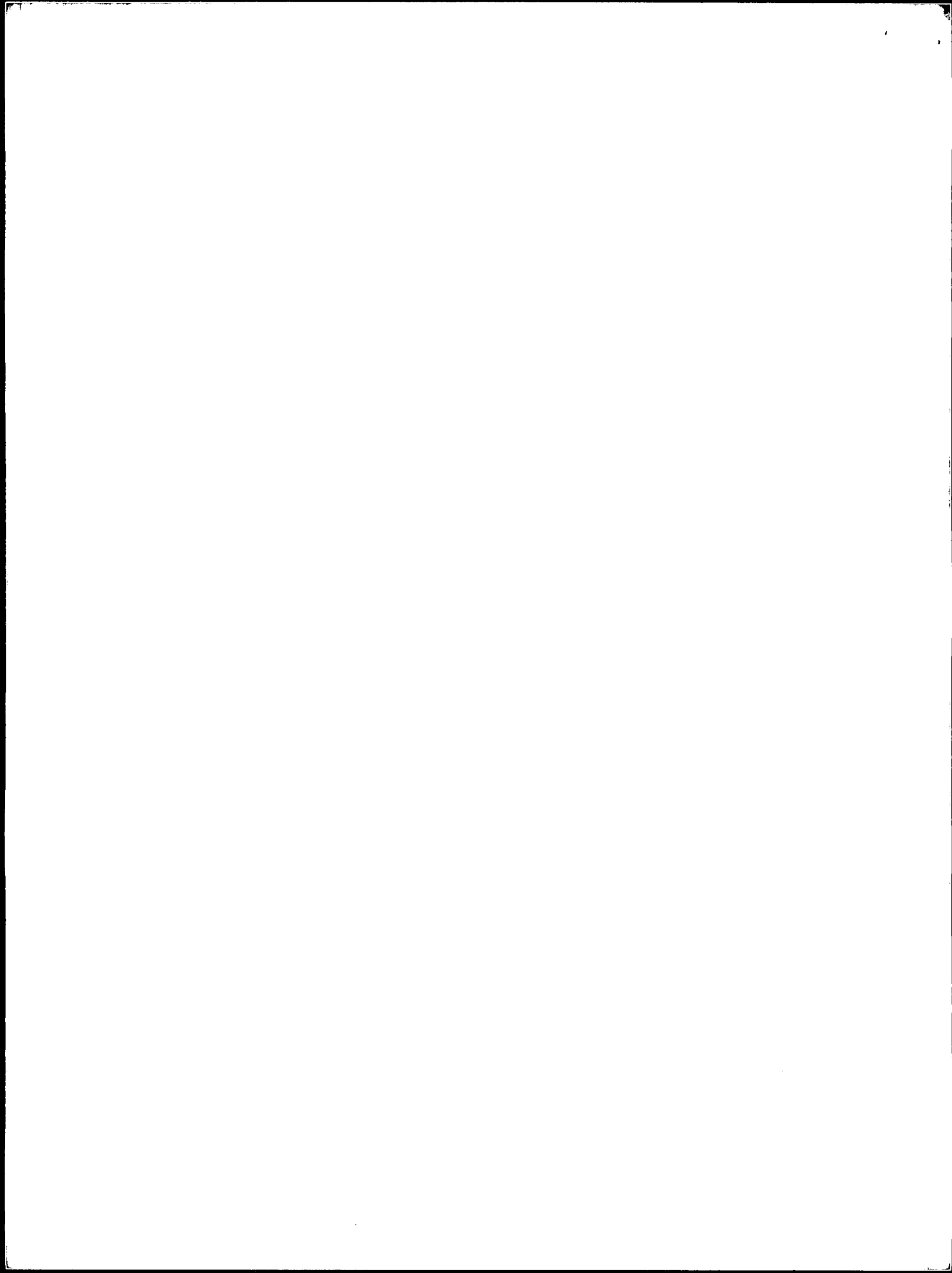
<b>Bill To:</b> CONEXANT SYSTEM ATTN Account Payable Po Box 7370 Newport Beach, CA 92658
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<b>Job At:</b> 9860-9868 Scranton Road San Diego
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P.O. No.	Terms	Due Date	Account #	Project	Job #
SD2C050001	Net 15	12/30/2012	CSI65A		

Description	Qty	Rate	Amount
Power Sweeping Services- For December		75.00	75.00
*** PAST DUE, PLEASE REMIT PAYMENT**			

DECEMBER SERVICE	<b>Total</b>	\$75.00
THERE WILL BE A \$25 CHARGE FOR ALL RETURNED CHECKS \$15.00 LATE CHARGE WILL BE ACCESSED ON ALL INVOICES PAST 30 DAYS.	<b>Payments/Credits</b>	\$0.00
<b>SEND PAYMENT TO: 1235 PIERRE WAY STE. A, EL CAJON CA 92021</b>	<b>Balance Due</b>	\$75.00





# INVOICE

Invoice Date	Invoice #
1/15/2013	1301048

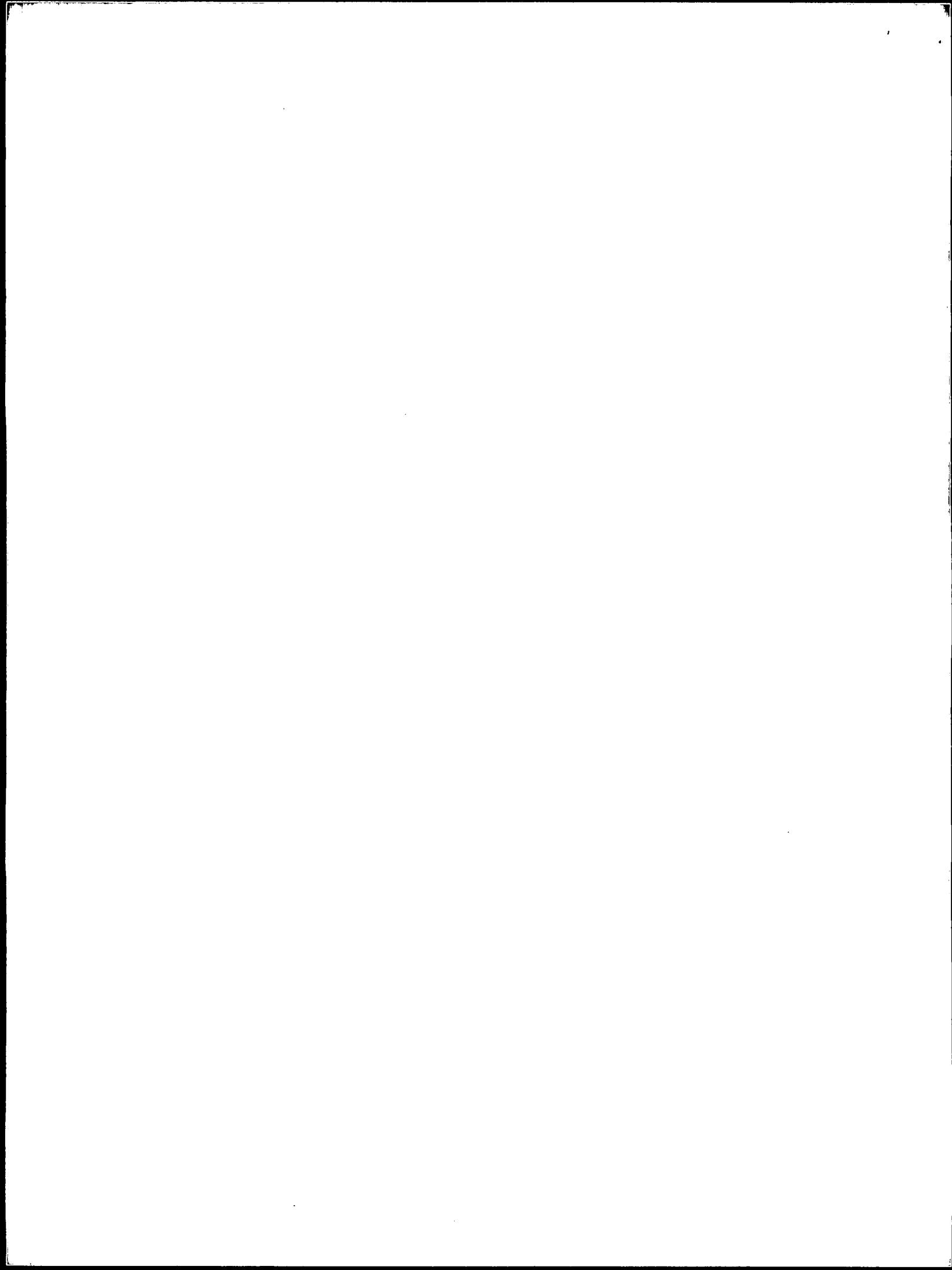
<b>Bill To:</b> CONEXANT SYSTEM ATTN Account Payable Po Box 7370 Newport Beach, CA 92658
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<b>Job At:</b> 9860-9868 Scranton Road San Diego
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P.O. No.	Terms	Due Date	Account #	Project	Job #
SD2C050001	Net 15	1/30/2013	CSI65A		

Description	Qty	Rate	Amount
Power Sweeping Services- For January		75.00	75.00
*** Past due, please remit payment***			

JANUARY SERVICE	<b>Total</b>	\$75.00
THERE WILL BE A \$25 CHARGE FOR ALL RETURNED CHECKS \$15.00 LATE CHARGE WILL BE ACCESSED ON ALL INVOICES PAST 30 DAYS.	<b>Payments/Credits</b>	\$0.00
<b>SEND PAYMENT TO: 1235 PIERRE WAY STE. A, EL CAJON CA 92021</b>	<b>Balance Due</b>	\$75.00





# INVOICE

Invoice Date	Invoice #
2/15/2013	1302072

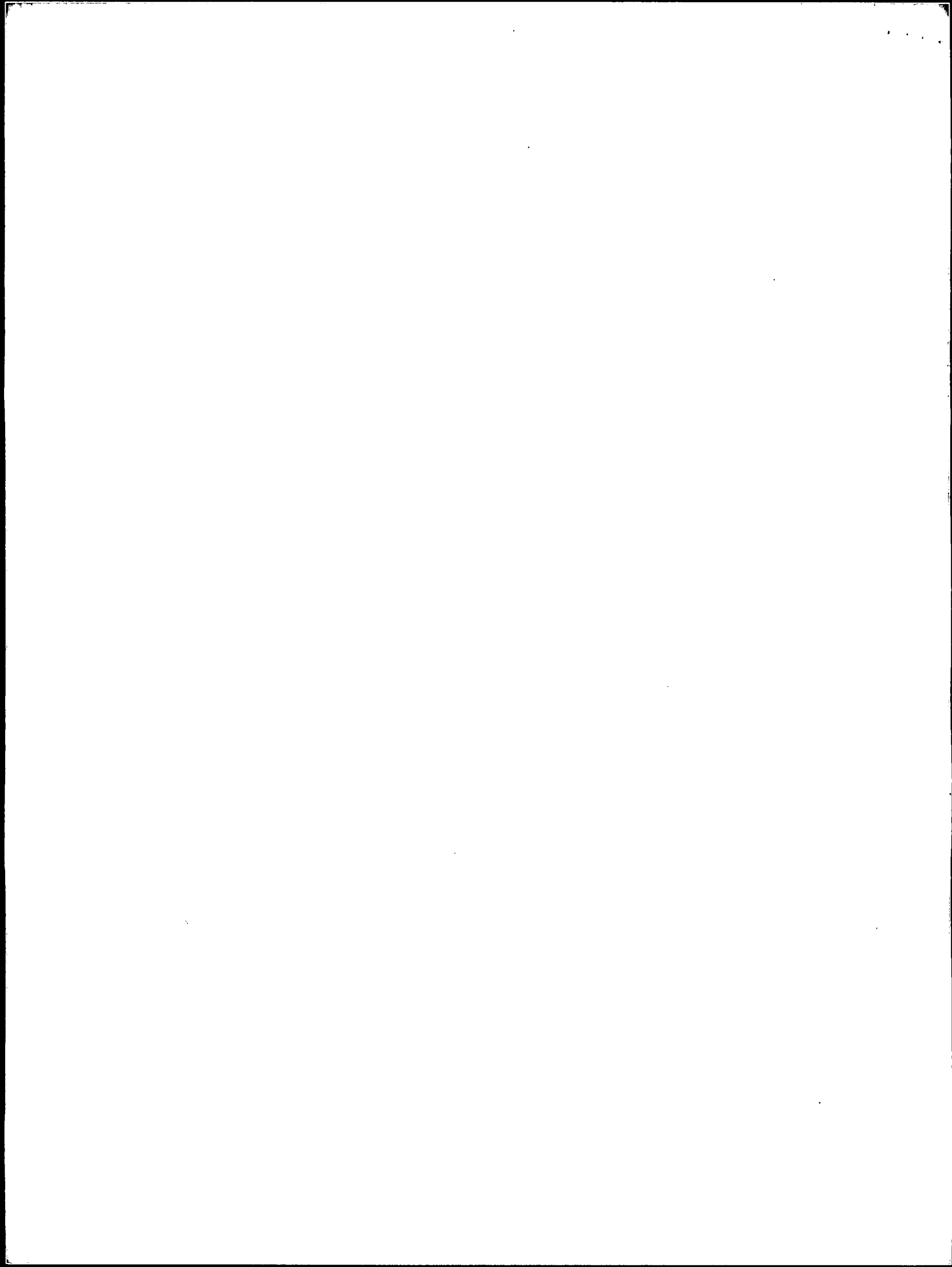
<b>Bill To:</b> CONEXANT SYSTEM ATTN Account Payable Po Box 7370 Newport Beach, CA 92658
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<b>Job At:</b> 9860-9868 Scranton Road San Diego
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P.O. No.	Terms	Due Date	Account #	Project	Job #
SD2C050001	Net 15	3/2/2013	CSI65A		

Description	Qty	Rate	Amount
Power Sweeping Services- For February		75.00	75.00

FEBRUARY SERVICE	<b>Total</b>	\$75.00
THERE WILL BE A \$25 CHARGE FOR ALL RETURNED CHECKS \$15.00 LATE CHARGE WILL BE ACCESSED ON ALL INVOICES PAST 30 DAYS.	<b>Payments/Credits</b>	\$0.00
<b>SEND PAYMENT TO: 1235 PIERRE WAY STE. A, EL CAJON CA 92021</b>	<b>Balance Due</b>	\$75.00







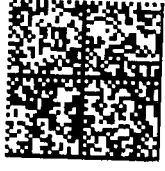
Power Sweeping  
1235 Pierre Way, Suite A  
El Cajon, CA 92021



PITNEY BOWES

\$ 000.460

02 1P  
0003838591 APR 23 2013  
MAILED FROM ZIP CODE 92021



RECEIVED BMC Group Inc.

APR 26 2013  
ATTN: Conexant Systems, Inc Claims

BMC GROUP  
PO Box 3020

Chanhassen, MN 55317-3020

553173020

