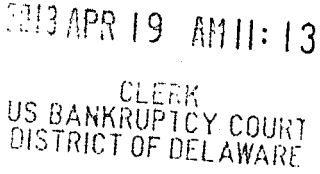
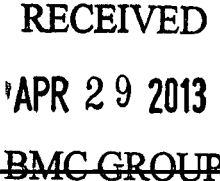


<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <b>CONEXANT SYSTEMS, INC.</b>	Case Number: <b>13-10367</b>	
NOTE: <i>Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Sprint Nextel</b>		<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>Sprint Nextel - Correspondence Attn: Bankruptcy Dept P.O. Box 7949 Overland Park, KS 66207-0949</b> Telephone number: <b>866-393-5230</b> email:		<input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ <i>(If known)</i>  Filed on: _____
		
Name and address where payment should be sent (if different from above): <b>Sprint Nextel - Distributions Attn: Bankruptcy Dept PO Box 3326 Englewood CO 80155-3326</b> Telephone number: <b>866-393-5230</b> email:		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
<b>1. Amount of Claim as of Date Case Filed: \$110.21</b>  If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
<b>2. Basis for Claim: Services Performed</b> (See instruction #2)		
<b>3. Last four digits of any number by which creditor identifies debtor:</b>  See Attached	<b>3a. Debtor may have scheduled account as:</b>  (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b>  (See instruction #3b)
<b>4. Secured Claim</b> (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, 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 Describe:  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
<b>5. Amount of Claim Entitled to 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 priority and state the amount.</b>		
<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 \$11,725*) earned within 180 days before the case was filed or the debtor's business ceased, 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 \$2,600* 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"/> 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: _____		
*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.		
<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)		



Bmc





> ACCOUNT INFORMATION

Account Name  
CONEXANT SYSTEMS INC

Invoice Date  
March 08, 2013

Account Number  
[REDACTED]

Invoice Number  
[REDACTED]

Total Amount Due  
\$23.24

> MONTHLY INVOICE SUMMARY

February 05 - March 04, 2013

Previous Balance

23.24

Outstanding Balance - Due Upon Receipt

\$23.24

Total Amount Due

\$23.24

> CUSTOMER CARE

Register and Logon  
[www.sprint.com](http://www.sprint.com)

Call Sprint  
1-877-639-8351

> SPRINT NEWS  
AND NOTICES

This section contains important updates about your Sprint Services, including Service or Rate Changes, Promotions and Offers.

Correspondence

Please send all correspondence including billing inquiries to:  
Sprint Customer Service  
PO Box 8077  
London, KY 40742

**Do not enclose your payment with the correspondence.**

You may also contact Sprint Customer Care at the number listed on your invoice or by going to [sprint.com](http://sprint.com).

> PAYMENT OPTIONS



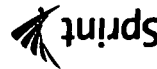
To Pay Your Bill Online Go To  
[www.sprint.com/mysprint](http://www.sprint.com/mysprint)  
Sign up for Recurring Direct Debit!



To Pay Your Bill By Phone Call  
1-800-784-2608 or  
\*3 from your Sprint phone



To Pay Your Bill By Mail  
See reverse side for details. >



PO BOX 8077  
London, KY 40742

#BWNKCTX  
#0000

MANIFESTLINE-----  
CONEXANT SYSTEMS INC  
PROFITLINE

PO BOX 927240  
SAN DIEGO, CA 92192-7240



\*Any unpaid balance after the due date may be subject to a late payment charge per your contract.

NOPR0001

CONEXANT SYSTEMS INC  
PO BOX 927240  
SAN DIEGO, CA 92192-7240

Page: 1  
Billing Period Ending: 4/12/05  
Invoice Date: 4 05  
Customer Number: [REDACTED] 1370

Summary of Charges

Balance	Account	SPRINT	Taxes and	Current	Payable
Forward	Adjustments	Charges	Regulatory	Total	Upon
			Rel. Charges		Receipt
\$74.71	\$ .00	\$10.00	\$2.26	\$12.26	\$86.97

Important Information from Sprint:

\*\* Attention! Past due balances jeopardize service. \*\*

If you have any questions about your invoice, please call Customer Service at 1-800-877-4020,  
or visit us at <http://www.sprint.com>.

Fold, then Detach and Return this Portion with Your Payment.

Customer Number: 474331370

Payable Upon Receipt  
\$86.97

AMOUNT ENCLOSED \$ \_\_\_\_\_

CONEXANT SYSTEMS INC  
P BOX 509088  
SAN DIEGO, CA 92150

SPRINT  
P O BOX 79255  
CITY OF INDUSTRY, CA 91716-9255



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RENEE BURRIS  
USBC DISTRICT OF DE  
824 NORTH MARKET ST

SHIP DATE: 26JUL12  
ACTWGT: 1.0 LB MAN  
CAD: 462272/CAFE2511

WILMINGTON, DE 19801  
UNITED STATES US

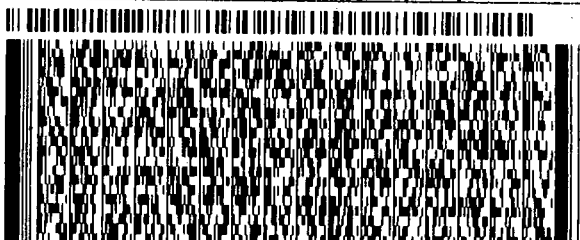
BILL SENDER

TO ~~GAMETECH~~ *Conexant*  
CLAIMS PROCESSING/ BMC GROUP, INC  
18675 EAST LAKE DRIVE

CHANHASSEN MN 55317

(952) 404-5738

REF: ~~GAMETECH - CASE 12-14864(PJW)~~ *Conexant*



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Express



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0221

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0221

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MN-US  
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Envelope

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APR 29 2013

BMC GROUP

Align bottom of Peel and Stick Airbill or Pouch here.