

**UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE**

**PROOF OF CLAIM**

Indicate Debtor against which you assert a claim by checking the appropriate box. (Check only one Debtor per claim form.)

- Conexant Systems, Inc. (Case No. 13-10367)      Brooktree Broadband Holdings, Inc. (Case No. 13-10369)  
 Conexant CF, LLC (Case No. 13-10368)      Conexant, Inc. (Case No. 13-10370)  
 Conexant Systems Worldwide, Inc. (Case No. 13-10371)

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):

**RECEIVED**

Name and address where notices should be sent:

 31951543010601  
 TECHNOPROBE AMERICA INC  
 2526 QUME DRIVE STE #27  
 SAN JOSE, CA 95131

**APR 29 2013**

**BMC GROUP**

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 408-579-9911 email: natalie@technoprobe.com

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: 04/08/2013

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 23,461.76

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: Goods sold - probecards  
(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:

Basis for Perfection: \_\_\_\_\_

Describe:

Amount of Secured Claim: \$ \_\_\_\_\_

Real Estate  Motor Vehicle  Other \_\_\_\_\_

Amount Unsecured: \$ \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_

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).  
 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).  
 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).

- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).  
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).  
 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.

6. CREDITS: 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.       I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: STEFANO FELICI  
Title: President  
Company: Tech noprobe America Inc  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

[Signature]      [Signature]      4/24/13  
(Signature)      (Date)

Telephone number:      email:

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district where the bankruptcy case was filed (for example, District of Delaware), the bankruptcy debtor's full name, and the case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See Definitions) If the claim is secured, check the box for the nature and value of property that secures the claim,

attach copies of lien documentation and state, as of the date of the bankruptcy filing the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Administrative Expense Under 11 U.S.C. § 503 (b)(9) or Priority Under 11 U.S.C. § 507(a).**

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See Definitions) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

### DEFINITIONS

**DEBTOR**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**CREDITOR**

A creditor is a person, corporation, or other entity to whom the debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101(10).

**CLAIM**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101(5). A claim may be secured or unsecured.

**PROOF OF CLAIM**

A proof of claim is a form sued by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of the first page.

**SECURED CLAIM Under 11 U.S.C. § 506(a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court

judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**UNSECURED CLAIM**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**CLAIM ENTITLED TO PRIORITY Under 11 U.S.C. §507(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**REDACTED**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**EVIDENCE OF PERFECTION**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

### INFORMATION

**OFFERS TO PURCHASE A CLAIM**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 *et seq.*), and any applicable orders of the bankruptcy court.

**Date-Stamped Copy**

**Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the second page of this form.**

*Please read - important information: upon completion of this claim form, you are certifying that the statements herein are true.*

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

**ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com/Conexant](http://www.bmcgroup.com/Conexant)**

# COPY

<b>UNITED STATES BANKRUPTCY COURT</b>		<b>Middle District of Florida</b>	<b>PROOF OF CLAIM</b>
Name of Debtor: <b>CONEXANT SYSTEMS INC</b>		Case Number: <b>13-10367 (MFW)</b>	
NOTE: 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.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>TECHNOPROBE AMERICA INC</b>			<b>COURT USE ONLY</b>
Name and address where notices should be sent: <b>TECHNOPROBE AMERICA INC 2526 QUME DRIVE STE# 27 SAN JOSE, CA 95131</b>			<input type="checkbox"/> Check this box if this claim amends a previously filed claim.
Telephone number: <b>(408) 573-9911</b> email: <b>natalie@technoprobe.com</b>			Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above):			Filed on: <u>04/08/2013</u>
Telephone number: _____ 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:</b> \$ <u>23,461.76</u>			
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:</b> <u>GOODS SOLD - PROBECARD</u> (See instruction #2)			
<b>3. Last four digits of any number by which creditor identifies debtor:</b>	<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 (See instruction #4)</b> 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:		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____		Basis for perfection: _____	
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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).	Amount entitled to priority: \$ _____
<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)(____).	
*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)			

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**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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 the definition of "redacted".)

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

If the documents are not available, please explain:

**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.     I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)  
(See Bankruptcy Rule 3004.)

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: STEFANO FELICI  
Title: PRESIDENT  
Company: TECHNOPROBE AMERICA INC  
Address and telephone number (if different from notice address above):  
\_\_\_\_\_  
\_\_\_\_\_

 4/9/13  
(Signature) (Date)

Telephone number: \_\_\_\_\_ email: natalie@technoprobe.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.

**INSTRUCTIONS FOR PROOF OF CLAIM FORM**

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

**Items to be completed in Proof of Claim form**

**Court, Name of Debtor, and Case Number:**

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

**Creditor's Name and Address:**

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

**1. Amount of Claim as of Date Case Filed:**

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

**2. Basis for Claim:**

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

**3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:**

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

**3a. Debtor May Have Scheduled Account As:**

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

**3b. Uniform Claim Identifier:**

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

**4. Secured Claim:**

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

**5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).**

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

**6. Credits:**

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

**7. Documents:**

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

**8. Date and Signature:**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.





**TECHNOPROBE America**

Wafer Probing Technologies

TECHNOPROBE AMERICA  
2383 Bering Drive  
San Jose, CA 95131

PHONE: 408 434 1110  
FAX: 408 434 1199

INVOICE #007996

PAGE NO. : 1  
SALES ORDER : 007255  
INVOICE DATE : 01/03/2013  
SERIAL # : quote# C112712-01  
SALESMAN : MIKE RISOLIA  
CUSTOMER PH # : 949/483-5424  
CUSTOMER PO # : NB12E01407  
FOB : Destination

CONEXANT SYSTEMS, INC.  
cindy.pena@conexant .com  
ACCOUNTS PAYABLE  
PO BOX 7370  
NEWPORT BEACH, CA 92658-7370  
USA

SHIP  
TO  
ADDR

CONEXANT SYSTEMS, INC.  
LEONARD CHING  
4311 JAMBOREE ROAD  
NEWPORT BEACH,, CA 92660  
USA

TPA

SHIP VIA: FedEx::Priority Overnight TERMS: Net 30

ACCT: CON003

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	PROBECARD	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 each	2660.00	2660.00
380							
	NEW ORDER 380 RH TUNGSTEN PROBES, EPOXY PROBE CARD ASSEMBLY, HIGH TEMP EPOXY, BUILD WITH RING & PCB STIFFENER, TP TO SUPPLY CUSTOM 93k PCB #TP5001_18_xx AND PCB STIFFENER.						
0002	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	1650.00	1650.00
	93k Generic PCB (TP5003_18)						
0003	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	376.00	376.00
	Components						
0004	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	500.00	500.00
	93k Stiffener Ring						
0005	PROBECARD	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 each	2660.00	2660.00
380							
	NEW ORDER 380 RH TUNGSTEN PROBES, EPOXY PROBE CARD ASSEMBLY, HIGH TEMP EPOXY, BUILD WITH RING & PCB STIFFENER, TP TO SUPPLY CUSTOM 93k PCB #TP5001_18_xx AND PCB STIFFENER.						
0006	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	1650.00	1650.00
	93k Generic PCB (TP5003_18)						
0007	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	376.00	376.00
	Components						
0008	PCB0000-00	CONEX,CX-90-NA0450-00 (CX20811-B08)	1	1	0 EACH	500.00	500.00
	93k Stiffener Ring						

ORIGINAL

emailed: 1/9/13



ORIGINAL





# TECHNOPROBE America

Wafer Probing Technologies

TECHNOPROBE AMERICA  
2383 Bering Drive  
San Jose, CA 95131

PHONE: 408 434 1110  
FAX: 408 434 1199

## INVOICE #007996

PAGE NO. : 2  
SALES ORDER : 007255  
INVOICE DATE : 01/03/2013  
SERIAL # : quote# C112712-01  
SALESMAN : MIKE RISOLIA  
CUSTOMER PH # : 949/483-5424  
CUSTOMER PO # : NB12E01407  
FOB : Destination

CONEXANT SYSTEMS, INC.  
cindy.pena@conexant .com  
ACCOUNTS PAYABLE  
PO BOX 7370  
NEWPORT BEACH, CA 92658-7370  
USA

SHIP TO ADDR  
CONEXANT SYSTEMS, INC.  
Attn: Leonard Ching  
4311 JAMBOREE ROAD  
NEWPORT BEACH,, CA 92660  
USA

SHIP VIA: FedEx::Priority Overnight TERMS: Net 30

ACCT: CON003

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0009	WAFER						
			RETURN CUSTOM WAFER				
0		1	1	0	each	0.00	0.00

NOTES:

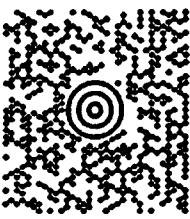

SUBTOTAL: 10372.00

TAX: 829.76

TOTAL: 11201.76

TOTALS FOR INVOICE 007996

*mur* 4/29/13  
ORIGINAL

SITHON IM 408 434-1110 TECHNOPROBE AMERICA INC 2383 BERING DRIVE SAN JOSE CA 95131		<b>13 LBS</b>  DWT: 15.15,15	<b>1 OF 1</b>
<b>SHIP TO:</b> LEONARD CHING 949 483 5424 CONEXANT SYSTEMS INC 4311 JAMBOREE ROAD NEWPORT BEACH CA 92660-3007			
		<b>CA 926 9-09</b> 	
<b>UPS 2ND DAY AIR</b> <b>2</b> TRACKING #: 1Z 631 906 02 9134 5113			
BILLING: F/C BILL RECEIVER  Reference #1: INV# 7996, PO# NB12E01407 UPS 15.0.26. W02E86 23.04.10/2012			

FOLD HERE

*Mr* 4/24/13  
 ORIGINAL

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog box that appears. Note: If your browser does not support this function select Print from the File menu to print the label.
2. Fold the printed sheet containing the label at the line so that the entire shipping label is visible. Place the label on a single side of the package and cover it completely with clear plastic shipping tape. Do not cover any seams or closures on the package with the label. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the folded label using clear plastic shipping tape over the entire label.
3. GETTING YOUR SHIPMENT TO UPS  
 UPS locations include the UPS Store®, UPS drop boxes, UPS customer centers, authorized retail outlets and UPS drivers.  
 Schedule a same day or future day Pickup to have a UPS driver pickup all of your Internet Shipping packages.  
 Hand the package to any UPS driver in your area.  
 Take your package to any location of The UPS Store®, UPS Drop Box, UPS Customer Center, UPS Alliances (Office Depot® or Staples®) or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also accepted at Drop Boxes. To find the location nearest you, please visit the 'Find Locations' Quick link at ups.com.  
 Customers with a Daily Pickup  
 Your driver will pickup your shipment(s) as usual.

ORIGINAL



**TECHNOPROBE America**

Wafer Probing Technologies

TECHNOPROBE AMERICA  
2383 Bering Drive  
San Jose, CA 95131

PHONE: 408 434 1110  
FAX: 408 434 1199

INVOICE #008055

PAGE NO. : 1  
SALES ORDER : 007199  
INVOICE DATE : 01/16/2013  
SERIAL # : quote# C110612-01  
SALESMAN : MIKE RISOLIA  
CUSTOMER PH # : 949/483-5594  
CUSTOMER PO # : NB12E01388  
FOB :

CONEXANT SYSTEMS, INC  
cindy.pena@conexant .com  
ACCOUNTS PAYABLE  
PO BOX 7370  
NEW PORT BEACH, CA 92658-7370  
USA

SHIP  
TO  
ADDR

Sigurd Microelectronics Corp  
Attn: Blake Ruan (886-3-5824501 ext 2629)  
No. 11, Lane 169, Section 2  
Chung Shing Rd, Chu-Tung  
Hsinchu, 303  
Taiwan ROC

TPA

SHIP VIA:

TERMS: Net 30

ACCT: CON005

ITEM	PARTNO	QTYORD	QTYSHIP	BKORD	UNIT	PRICE	TOTAL PRICE
0001	PROBECARD	CONEXANT ,CX-90-NA0449-00					
561		1	1	0	each	3927.00	3927.00
	NEW ORDER 561 RH TUNGSTEN PROBES, EPOXY PROBE CARD ASSEMBLY, HIGH TEMP EPOXY, BUILD WITH RING & PCB STIFFENER, TP TO SUPPLY CUSTOM 93k PCB #TP5001_18_xx AND PCB STIFFENER.						
0002	PCB0000-00	CONEXANT ,CX-90-NA0449-00					
		1	1	0	EACH	1500.00	1500.00
	93k Generic PCB (TP5003_18) = \$1500.00						
0003	PCB0000-00	CONEXANT ,CX-90-NA0449-00					
		1	1	0	EACH	186.00	186.00
	Components = \$186.00						
0004	PCB0000-00	CONEXANT ,CX-90-NA0449-00					
		1	1	0	EACH	500.00	500.00
	93k Stiffener Ring = \$500.00						
0005	PROBECARD	CONEXANT ,CX-90-NA0449-00					
561		1	1	0	each	3927.00	3927.00
	NEW ORDER 561 RH TUNGSTEN PROBES, EPOXY PROBE CARD ASSEMBLY, HIGH TEMP EPOXY, BUILD WITH RING & PCB STIFFENER, TP TO SUPPLY CUSTOM 93k PCB #TP5001_18_xx AND PCB STIFFENER.						
0006	PCB0000-00	CONEXANT ,CX-90-NA0449-00					
		1	1	0	EACH	1500.00	1500.00
	93k Generic PCB (TP5003_18) = \$1500.00						
0007	PCB0000-00	CONEXANT ,CX-90-NA0449-00					
		1	1	0	EACH	186.00	186.00
	Components = \$186.00						
0008	NRE0001	CONEXANT ,CX-90-NA0449-00					
0		1	1	0	EACH	500.00	500.00
	93k Stiffener Ring = \$500.00						



ORIGINAL

4/24/13

emailed 1/16/13

JANUARY 1971

NOTES:

SHIPPED: 01/15/2013  
REFERENCE SHIPPING DOC# PFTPA-13-0046  
UPS TRACKING# 1ZR6666R0495518514

SUBTOTAL: 12226.00

TAX: 0.00

TOTAL: 12226.00

TOTALS FOR INVOICE 008055

 *mt 4/29/17*  
**ORIGINAL**

1000



UPS: Tracking Information



Proof of Delivery

[Close Window](#)

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

**Tracking Number:** 1ZR6666R0495518514  
**Service:** UPS Worldwide Express Saver®  
**Weight:** 5.00 kgs  
**Shipped/Billed On:** 01/15/2013  
**Delivered On:** 01/16/2013 2:37 P.M.  
**Delivered To:** CHUTUNG, TW  
**Signed By:** MR CHEN  
**Left At:** Warehouse

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 04/08/2013 6:52 P.M. ET

[Print This Page](#)

[Close Window](#)

*Mr 4/24/13*  
**ORIGINAL**

JAN 19 1957

From: (408) 573-9911  
SITHON IM  
TECHNOPROBE AMERICA  
2526 QUME DR  
STE 27  
SAN JOSE, CA 95131

Origin ID: RBKA



J13111302120326

Ship Date: 09APR13  
ActWgt: 1.0 LB  
CAD: 8191147/NET3370

Delivery Address Bar Code



SHIP TO: (952) 404-5700  
ATTN: CONNEXANT SYS., INC. CLAIM PR  
BMC GROUP INC  
18675 LAKE DRIVE EAST

BILL SENDER

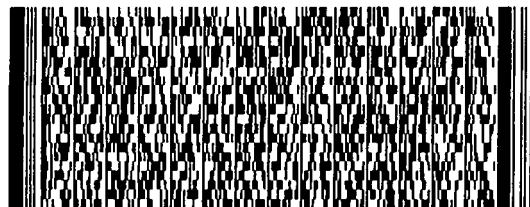
CHANHASSEN, MN 55317

Ref #  
Invoice #  
PO #  
Dept #

WED - 10 APR 3:00P  
STANDARD OVERNIGHT

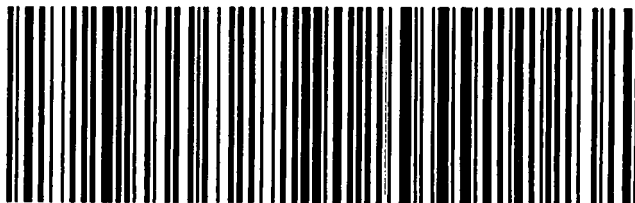
TRK# 7994 8429 2900

0201



**XH FBLA**

55317  
MN-US  
MSP



518G1164BE93AB

**After printing this label:**

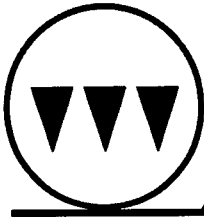
1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

*per 4/24/13*  
**ORIGINAL**

RECEIVED [ ]



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# *TECHNOPROBE America*

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*Wafer Probing Technologies*

2526 Qume Drive #27  
San Jose, CA 95131-1870  
Phone: 408-573-9911  
Fax: 408-573-9915

April 24, 2013

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

RE: Proof of Claim

---

For your information, on April 10, 2013 the same form was already filled-up and sent to:

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

Enclosed is a copy of all documents that I sent last April 10, 2013 for the Proof of Claim with the recent form that you sent, filled-up and signed.

Best regards,

**Natalie C. O'Byrne**  
Accounting Department

TECHNOPROBE AMERICA INC  
2526 Qume Drive Suite# 27  
San Jose, CA 95131

OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**



7010 0290 0003 2278 7570

U.S. POSTAGE  
PAID  
SAN JOSE, CA  
95101  
APR 25, 13  
AMOUNT



UNITED STATES  
POSTAL SERVICE

1000

55317

**\$6.97**  
00015419-38

**FIRST CLASS RECEIVED**

**APR 29 2013**

**BMC GROUP**

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

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT