

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):

JOHN W. GIERE

Name and address where notices should be sent:

31951543002201  
GIERE, JOHN  
303 S IDAHO ST  
DILLON, MT 59725

SEE COVER LETTER AND  
ATTACHED BANK  
DOCUMENT

RECEIVED

APR 29 2013

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

BMC GROUP

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (406) 683-5350 email: johngiere@gmail.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:

Payment Telephone Number ( ) email:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$

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:

(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:

Real Estate  Motor Vehicle  Other RETIREMENT ANNUITY

Amount of Secured Claim: \$ UNKNOWN, PAYABLE TO MY SPOUSE UPON MY DEATH.

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.

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: JOHN W. GIERE  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_

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

John W. Gier 4/26/2013  
(Signature) (Date)

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.

Wells Fargo Acct

XXXXXX0672

JOHN W GIERE

4/25/2013 -400 \*

4/1/2013 -16.74 \*

~~4/1/2013 196.59 \*~~

4/1/2013 2386.47 \*

5194 CASHED CHECK # 5194

CHECK CRD PURCHASE 03/30 STANDARD LUMBE

~~PRU ANNTY PYMT APR 13 10Y 4X COD 7B9 EYE GIERE~~

ROCKWELL PENSION 1314 65N720985 131 GIERE

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

John W. Giere  
303 South Idaho Street  
Dillon, MT 59725  
(406) 683-5350  
[johngiere@gmail.com](mailto:johngiere@gmail.com)

April 26, 2013

In the matter re: CONEXANT SYSTEMS, INC. (Case No. 13-10367) , et al., Debtors

I am representing myself in this matter and do not know whether I have a valid claim. I am filing this document to preserve the rights I have in the event I do have a valid claim.

Since my retirement, Conexant Systems, Inc., the petitioner for bankruptcy, has issued me a modest monthly payment through the offices of the Prudential Insurance Co. of America, 30 Scranton Office Park, Scranton PA 18507-1796, 1-877-778-2100. Those payments have been uninterrupted since January, 1999.

I believe I have a valid and compelling argument that those monthly payments to me should continue during and following the bankruptcy process, and trust the U.S. Bankruptcy Court will concur. I request the Court will assist me in the matter.

Respectfully,

A handwritten signature in black ink that reads "John W. Giere". The signature is written in a cursive style with a large initial "J" and a distinct "G".

John W. Giere

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

**CERTIFIED MAIL™**

J.W. Giere  
303 S. Idaho Street  
Dillon, MT 59725



7012 3050 0001 0777 2107

POSTAGE  
PAID  
DILLON, MT  
59725  
26-13  
10UNT

6.11  
1017296-04

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

RECEIVED  
APR 29 2013  
BMC GROUP

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