

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 S2019033517
Amount/Classification
\$780.00 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:
31951541005739
TESTAMERICA Laboratories, Inc
4101 Shuffel St NW
North Canton, OH 44720

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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.

Creditor Telephone Number (309) 966-0235 email: carrie.burnworth@testamericainc.com

THIS SPACE IS FOR COURT USE ONLY

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):

Payment Telephone Number () email:

Filed on:

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 1,560.00

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 Provider
(See instruction #2)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:
8760

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.

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.

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: Carrie Burnworth
Title: Credit Manager
Company: Test America Laboratories, Inc

Carrie Burnworth 4-25-13
(Signature) (Date)

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

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.

Invoice/Credit No.	34205471	Invoice Date	February 25, 2013
Terms	See Below	Federal Tax ID	23-2919996
Remit to	TestAmerica Laboratories, Inc. Dept 2314, P.O. Box 122314, Dallas, TX 75312-2314		

Bill to:
Conexant Systems Inc Attn: Cindy Pena PO Box 7370 K 08-851 Newport Beach, CA 92658

Ship to:
Jacob & Hefner Associates P.C. 15375 Barranca Parkway, J-101 Irvine, CA 92618

P.O. Number	W.O. Number	Contract Number	Work Ordered by
NF08890056	Newport Beach / Jazz		Mr. Greg Gibbs
Job Description	Site Name	SDG Number	Invoice Contact
See below			Cindy Pena

Job No.	Job Description	Receipt Date	Quantity	Unit Price	Amount
Method/Test Description					
J5978-1	Conexant	01/29/2013			
	TO-15 - EPA TO-15 Modified, Std list + add-ons		3.00	175.00	525.00
	TO3 - EPA TO-3, GRO (C4-C12)		3.00	85.00	255.00

Project Number	Client Number	Project Manager	Subtotal	\$780.00
34000901	1410541	Marisol (Sonia) Tabirara		
Latest Sample Receipt Date	Latest Report Date	Phone Number	Total	\$780.00
01/29/2013	02/25/2013	(714) 258-8610		

For proper credit, please include invoice number on all remittance

TestAmerica Costa Mesa - 3585 Cadillac Ave, Suite A, Costa Mesa, CA 92626

Invoice/Credit No.	34205546	Invoice Date	February 28, 2013
Terms	See Below	Federal Tax ID	23-2919996
Remit to	TestAmerica Laboratories, Inc. Dept 2314, P.O. Box 122314, Dallas, TX 75312-2314		

Bill to:
Conexant Systems Inc Attn: Cindy Pena PO Box 7370 K 08-851 Newport Beach, CA 92658

Ship to:
Jacob & Hefner Associates P.C. 15375 Barranca Parkway, J-101 Irvine, CA 92618

P.O. Number	W.O. Number	Contract Number	Work Ordered by
NF08890056	Newport Beach / Jazz		Mr. Greg Gibbs
Job Description	Site Name	SDG Number	Invoice Contact
See below			Cindy Pena

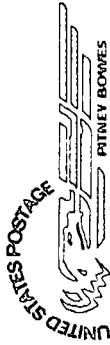
Job No.	Job Description	Receipt Date	Quantity	Unit Price	Amount
	Method/Test Description				
J6429-1	Conexant	02/26/2013			
	TO-15 MOD - EPA TO-15 Modified, Std list + add-ons		3.00	175.00	525.00
	TO3 - EPA TO-3, GRO (C4-C12)		3.00	85.00	255.00

Project Number	Client Number	Project Manager	Subtotal	\$780.00
34000901	1410541	Marisol (Sonia) Tabirara		
Latest Sample Receipt Date	Latest Report Date	Phone Number	Total	\$780.00
02/26/2013	02/28/2013	(714) 258-8610		

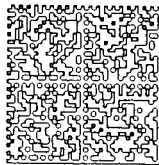
For proper credit, please include invoice number on all remittance

TestAmerica Costa Mesa - 3585 Cadillac Ave, Suite A, Costa Mesa, CA 92626

Test America Laboratories, Inc
4101 Shuffel St. NW
Norfolk, Ontario, ON H4H 7A0



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MAILED FROM ZIP CODE 44720



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

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