

**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):

NORMAN C. Todd, JR.

RECEIVED

Name and address where notices should be sent:


 TODD JR, NORMAN
 208 W SIRIUS AVE
 ANAHEIM, CA 92802-4833

31951543005839

MAY 10 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 714 264-9717 email: nc.todd@earthlink.net

Name and address where payment should be sent (if different from above):

SAME as 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 714 264-9717 mail: nc.todd@earthlink.net

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 3,246.00 USD

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: Medicare Supplement Reimbursement (RETIREMENT)
 (See instruction #2)

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

1504

3a. Debtor may have scheduled account as:

Rockwell 450721
 (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)

Norman C Todd Jr.



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: NORMAN C. TODD JR.
Title: CLAIMANT
Company: _____

Norman C Todd Jr 5-8-2013
(Signature) (Date)

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

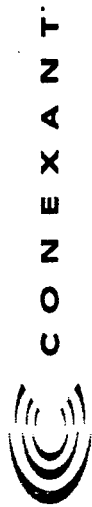
Telephone number: _____ email: _____

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.

Document To Show debt EXISTS
 CLAIMANT NORMAN C. TODD, JR

Vendor # 816358 Check # 400225649

PO Number	Invoice		Gross Amount	Discount Amount	Net Amount
	Number	Date			
Medicare Supplement Reimbursement	MSR Q3FY10	03-25-10	74.40	0.00	74.40
	CHECK TOTALS:	Apr, May, Jun 10	74.40	0.00	74.40



April 1, 2010

Dear Retiree:

This notice is to remind you that Conexant is now reimbursing your Medicare Supplement payments on a quarterly basis. Therefore, the attached check will reimburse you for your April, May, and June 2010 Medicare Supplement payments.

Your next reimbursement from Conexant will be July 2010, which will reimburse you for your July, August, and September Medicare Supplement payments.

Should you have any questions or changes to your personal information within the next three months, please be sure to contact me at the phone number listed below.

Sincerely,

Dottie Schroeder
 Retiree Help Line ~ 949.483.4646
 Conexant Systems
 4000 MacArthur Blvd.
 Newport Beach, CA 92660

Document To Show debt EXISTS
 CLAIMANT NORMAN C. TODD JR.

Vendor # 816358 Check # 400225034

PO Number	Invoices		Gross Amount	Discount Amount	Net Amount
	Number	Date			
Medicare Supplement Reimbursement - February 2010	MSR FEB10	02-01-10	24.80	0.00	24.80
	CHECK TOTALS:		24.80	0.00	24.80

Detach Before Depositing

NORMAN C. TODD JR.

Skip

Social Security

The Official Website of the U.S. Social Security Administration

CLAIMANT
BASIS OF LIFE EXPECTANCY
(see 74)**Actuarial Life Table**

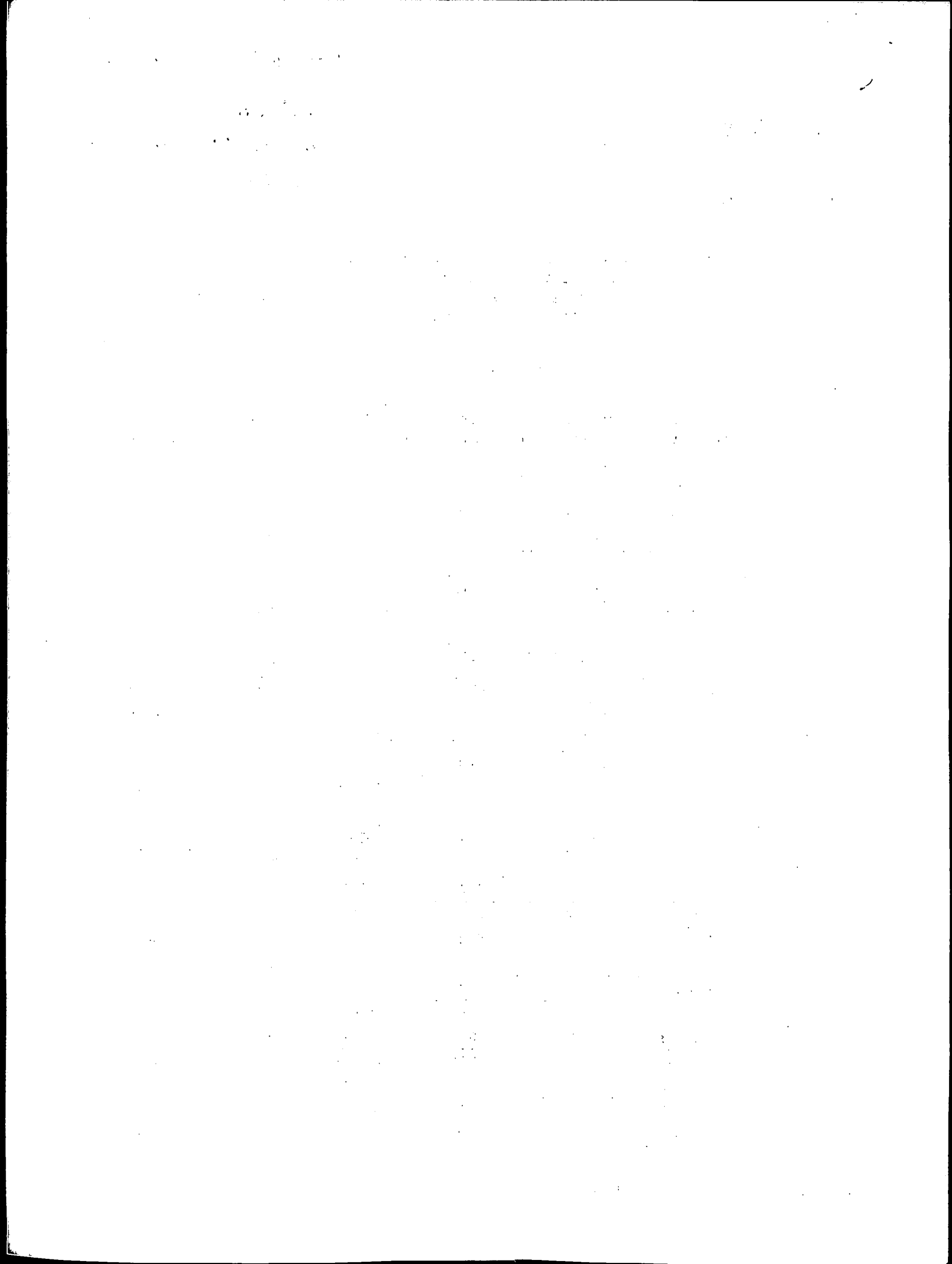
Office of the Chief Actuary

Life Tables

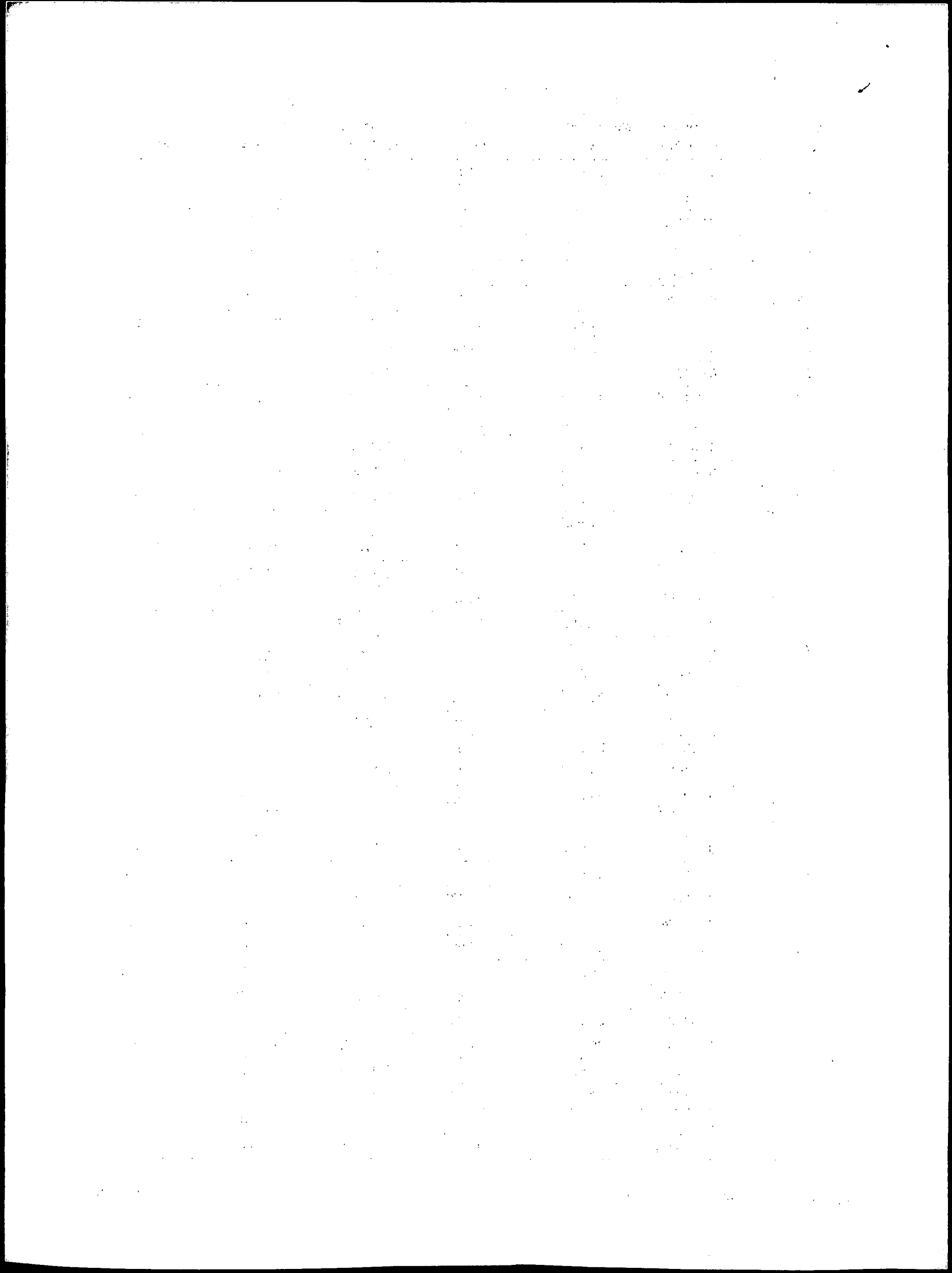
A period life table is based on the mortality experience of a population during a relatively short period of time. Here we present the 2007 period life table for the Social Security area population. For this table, the period life expectancy at a given age represents the average number of years of life remaining if a group of persons at that age were to experience the mortality rates for 2007 over the course of their remaining life.

Period Life Table, 2007

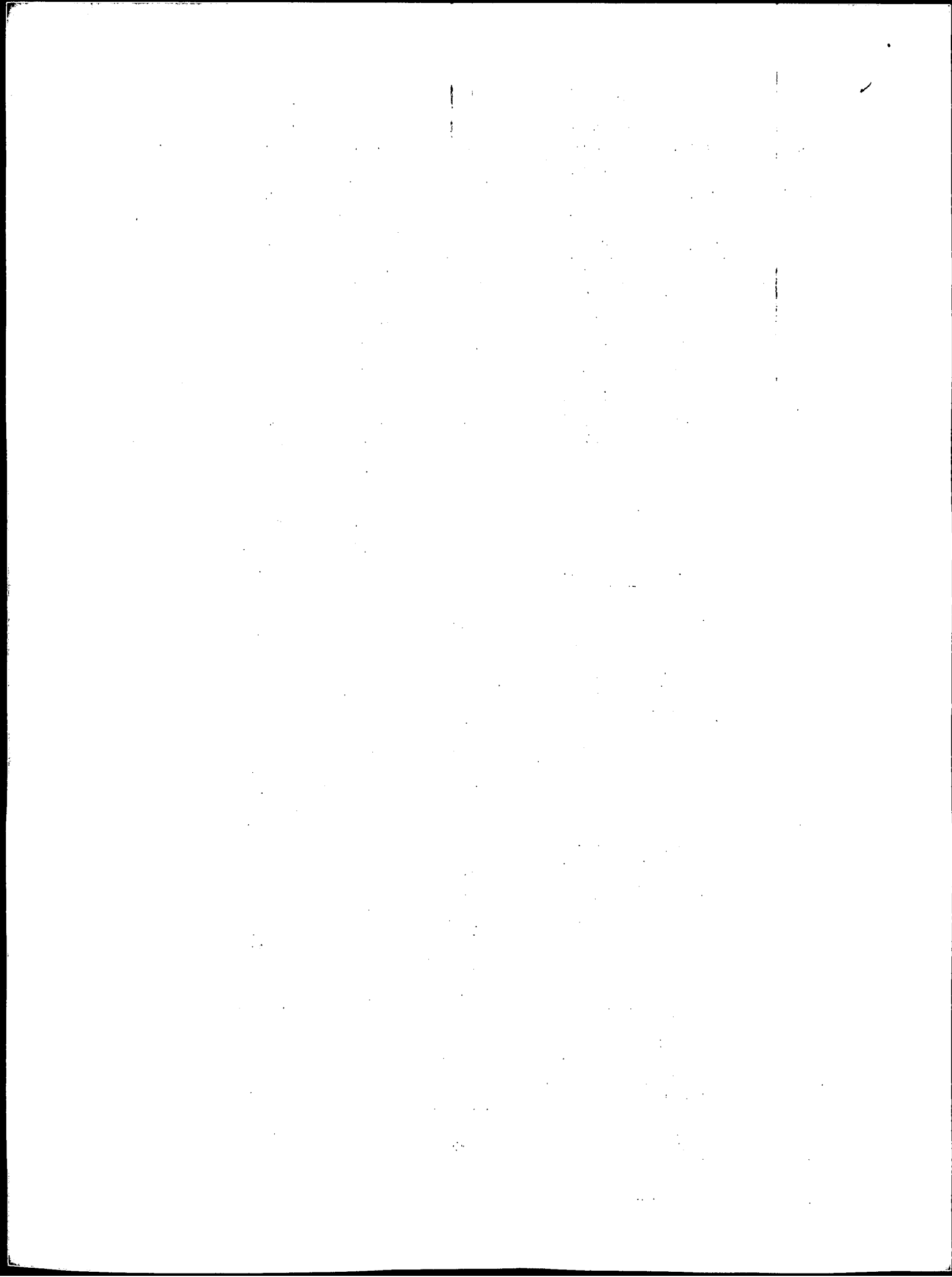
Exact age	Male			Female		
	Death probability	Number of lives	Life expectancy	Death probability	Number of lives	Life expectancy
0	0.007379	100,000	75.38	0.006096	100,000	80.43
1	0.000494	99,262	74.94	0.000434	99,390	79.92
2	0.000317	99,213	73.98	0.000256	99,347	78.95
3	0.000241	99,182	73.00	0.000192	99,322	77.97
4	0.000200	99,158	72.02	0.000148	99,303	76.99
5	0.000179	99,138	71.03	0.000136	99,288	76.00
6	0.000166	99,120	70.04	0.000128	99,275	75.01
7	0.000152	99,104	69.05	0.000122	99,262	74.02
8	0.000133	99,089	68.06	0.000115	99,250	73.03
9	0.000108	99,075	67.07	0.000106	99,238	72.04
10	0.000089	99,065	66.08	0.000100	99,228	71.04
11	0.000094	99,056	65.09	0.000102	99,218	70.05
12	0.000145	99,047	64.09	0.000120	99,208	69.06
13	0.000252	99,032	63.10	0.000157	99,196	68.07
14	0.000401	99,007	62.12	0.000209	99,180	67.08
15	0.000563	98,968	61.14	0.000267	99,160	66.09
16	0.000719	98,912	60.18	0.000323	99,133	65.11
17	0.000873	98,841	59.22	0.000369	99,101	64.13
18	0.001017	98,754	58.27	0.000401	99,064	63.15
19	0.001148	98,654	57.33	0.000422	99,025	62.18
20	0.001285	98,541	56.40	0.000441	98,983	61.20
21	0.001412	98,414	55.47	0.000463	98,939	60.23
22	0.001493	98,275	54.54	0.000483	98,894	59.26
23	0.001513	98,128	53.63	0.000499	98,846	58.29
24	0.001487	97,980	52.71	0.000513	98,796	57.32
25	0.001446	97,834	51.78	0.000528	98,746	56.35
26	0.001412	97,693	50.86	0.000544	98,694	55.38
27	0.001389	97,555	49.93	0.000563	98,640	54.40
28	0.001388	97,419	49.00	0.000585	98,584	53.44



Exact age	Male			Female		
	Death probability ^a	Number of lives ^b	Life expectancy	Death probability ^a	Number of lives ^b	Life expectancy
29	0.001405	97,284	48.07	0.000612	98,527	52.47
30	0.001428	97,147	47.13	0.000642	98,466	51.50
31	0.001453	97,009	46.20	0.000678	98,403	50.53
32	0.001487	96,868	45.27	0.000721	98,336	49.56
33	0.001529	96,724	44.33	0.000771	98,266	48.60
34	0.001584	96,576	43.40	0.000830	98,190	47.64
35	0.001651	96,423	42.47	0.000896	98,108	46.68
36	0.001737	96,264	41.54	0.000971	98,020	45.72
37	0.001845	96,096	40.61	0.001056	97,925	44.76
38	0.001979	95,919	39.68	0.001153	97,822	43.81
39	0.002140	95,729	38.76	0.001260	97,709	42.86
40	0.002323	95,525	37.84	0.001377	97,586	41.91
41	0.002526	95,303	36.93	0.001506	97,452	40.97
42	0.002750	95,062	36.02	0.001650	97,305	40.03
43	0.002993	94,800	35.12	0.001810	97,144	39.10
44	0.003257	94,517	34.22	0.001985	96,968	38.17
45	0.003543	94,209	33.33	0.002174	96,776	37.24
46	0.003856	93,875	32.45	0.002375	96,566	36.32
47	0.004208	93,513	31.57	0.002582	96,336	35.41
48	0.004603	93,120	30.71	0.002794	96,087	34.50
49	0.005037	92,691	29.84	0.003012	95,819	33.59
50	0.005512	92,224	28.99	0.003255	95,530	32.69
51	0.006008	91,716	28.15	0.003517	95,219	31.80
52	0.006500	91,165	27.32	0.003782	94,885	30.91
53	0.006977	90,572	26.49	0.004045	94,526	30.02
54	0.007456	89,940	25.68	0.004318	94,143	29.14
55	0.007975	89,270	24.87	0.004619	93,737	28.27
56	0.008551	88,558	24.06	0.004965	93,304	27.40
57	0.009174	87,800	23.26	0.005366	92,841	26.53
58	0.009848	86,995	22.48	0.005830	92,342	25.67
59	0.010584	86,138	21.69	0.006358	91,804	24.82
60	0.011407	85,227	20.92	0.006961	91,220	23.97
61	0.012315	84,254	20.16	0.007624	90,585	23.14
62	0.013289	83,217	19.40	0.008322	89,895	22.31
63	0.014326	82,111	18.66	0.009046	89,147	21.49
64	0.015453	80,935	17.92	0.009822	88,340	20.69
65	0.016723	79,684	17.19	0.010698	87,473	19.89
66	0.018154	78,351	16.48	0.011702	86,537	19.10
67	0.019732	76,929	15.77	0.012832	85,524	18.32
68	0.021468	75,411	15.08	0.014103	84,427	17.55



Exact age	Male			Female		
	Death probability ^a	Number of lives ^b	Life expectancy	Death probability ^a	Number of lives ^b	Life expectancy
69	0.023387	73,792	14.40	0.015526	83,236	16.79
70	0.025579	72,066	13.73	0.017163	81,944	16.05
71	0.028032	70,223	13.08	0.018987	80,537	15.32
72	0.030665	68,254	12.44	0.020922	79,008	14.61
73	0.033467	66,161	11.82	0.022951	77,355	13.91
74	0.036519	63,947	11.21	0.025147	75,580	13.22
75	0.040010	61,612	10.62	0.027709	73,679	12.55
76	0.043987	59,147	10.04	0.030659	71,638	11.90
77	0.048359	56,545	9.48	0.033861	69,441	11.26
78	0.053140	53,811	8.94	0.037311	67,090	10.63
79	0.058434	50,951	8.41	0.041132	64,587	10.03
80	0.064457	47,974	7.90	0.045561	61,930	9.43
81	0.071259	44,882	7.41	0.050698	59,109	8.86
82	0.078741	41,683	6.94	0.056486	56,112	8.31
83	0.086923	38,401	6.49	0.062971	52,942	7.77
84	0.095935	35,063	6.06	0.070259	49,608	7.26
85	0.105937	31,699	5.65	0.078471	46,123	6.77
86	0.117063	28,341	5.26	0.087713	42,504	6.31
87	0.129407	25,024	4.89	0.098064	38,776	5.87
88	0.143015	21,785	4.55	0.109578	34,973	5.45
89	0.157889	18,670	4.22	0.122283	31,141	5.06
90	0.174013	15,722	3.92	0.136190	27,333	4.69
91	0.191354	12,986	3.64	0.151300	23,610	4.36
92	0.209867	10,501	3.38	0.167602	20,038	4.04
93	0.229502	8,297	3.15	0.185078	16,680	3.76
94	0.250198	6,393	2.93	0.203700	13,593	3.50
95	0.270750	4,794	2.75	0.222541	10,824	3.26
96	0.290814	3,496	2.58	0.241317	8,415	3.05
97	0.310029	2,479	2.44	0.259716	6,384	2.87
98	0.328021	1,711	2.30	0.277409	4,726	2.70
99	0.344422	1,149	2.19	0.294054	3,415	2.54
100	0.361644	754	2.07	0.311697	2,411	2.39
101	0.379726	481	1.96	0.330399	1,659	2.25
102	0.398712	298	1.85	0.350223	1,111	2.11
103	0.418648	179	1.75	0.371236	722	1.98
104	0.439580	104	1.66	0.393510	454	1.86
105	0.461559	58	1.56	0.417121	275	1.74
106	0.484637	31	1.47	0.442148	160	1.62
107	0.508869	16	1.39	0.468677	90	1.52
108	0.534312	8	1.30	0.496798	48	1.41



Exact age	Male			Female		
	Death probability ^a	Number of lives ^b	Life expectancy	Death probability ^a	Number of lives ^b	Life expectancy
109	0.561028	4	1.22	0.526605	24	1.31
110	0.589079	2	1.15	0.558202	11	1.22
111	0.618533	1	1.07	0.591694	5	1.13
112	0.649460	0	1.00	0.627196	2	1.05
113	0.681933	0	0.94	0.664827	1	0.97
114	0.716029	0	0.87	0.704717	0	0.89
115	0.751831	0	0.81	0.747000	0	0.82
116	0.789422	0	0.75	0.789422	0	0.75
117	0.828894	0	0.70	0.828894	0	0.70
118	0.870338	0	0.64	0.870338	0	0.64
119	0.913855	0	0.59	0.913855	0	0.59

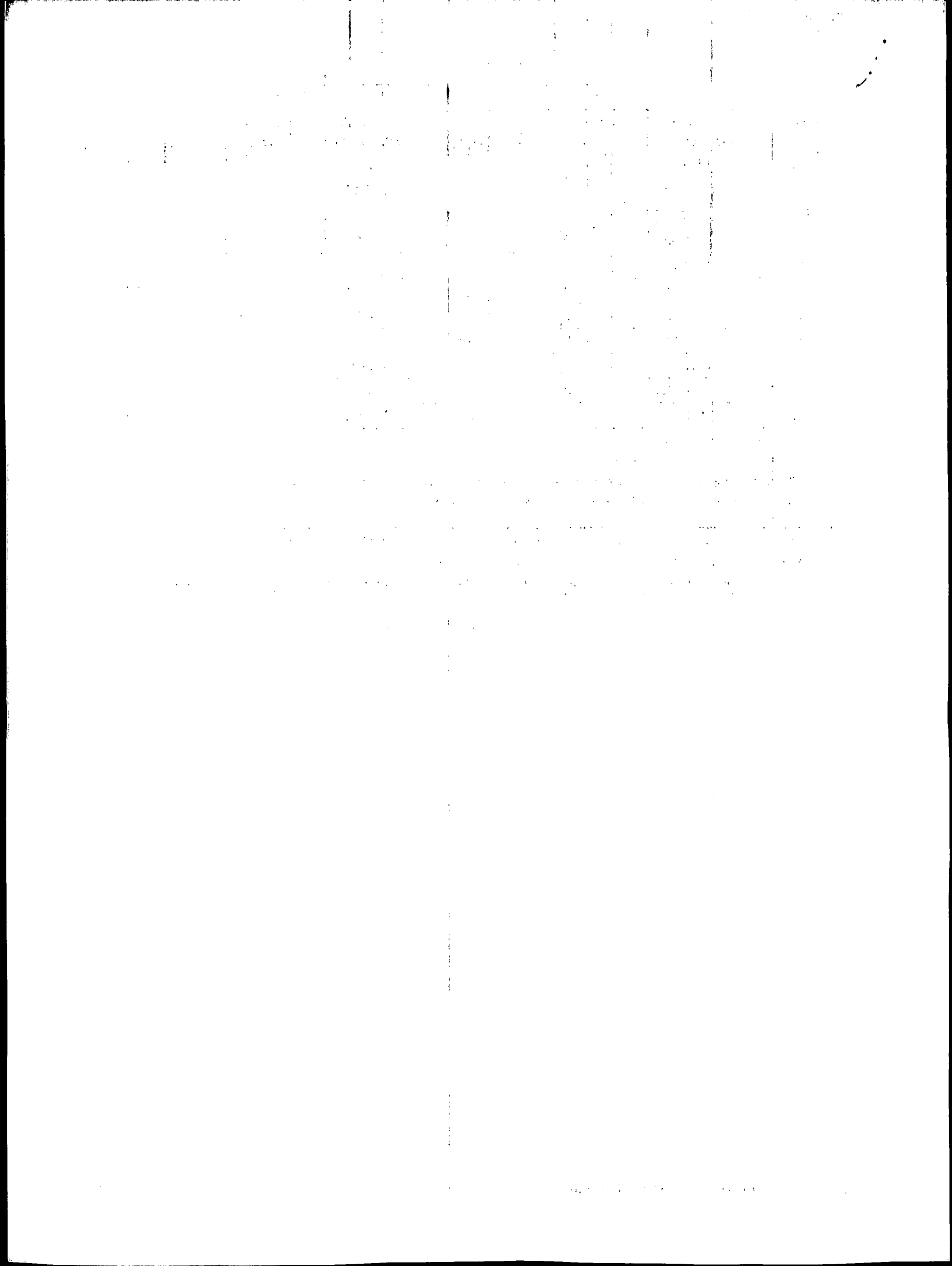
^a Probability of dying within one year.

^b Number of survivors out of 100,000 born alive.

Note: The period life expectancy at a given age for 2007 represents the average number of years of life remaining if a group of persons at that age were to experience the mortality rates for 2007 over the course of their remaining life.

The Social Security area population is comprised of (i) residents of the 50 States and the District of Columbia (adjusted for net census undercount); (ii) civilian residents of Puerto Rico, the Virgin Islands, Guam, American Samoa and the Northern Mariana Islands; (iii) Federal civilian employees and persons in the U.S. Armed Forces abroad and their dependents; (iv) crew members of merchant vessels; and (v) all other U.S. citizens abroad.

Last reviewed or modified 04/10/2012



Claim

Creditor Claimant: Norman C. Todd, Jr.

Amount of Claim: \$3,246.00 USD

Basis of claim: \$24.80 USD per month paid quarterly for life (Medicare supplement reimbursement)

Life basis: actuarial table: source Social Security 2007 table (enclosed herewith)

Current age: 74.3 years. Life expectancy per actuarial table: 85.21 years.

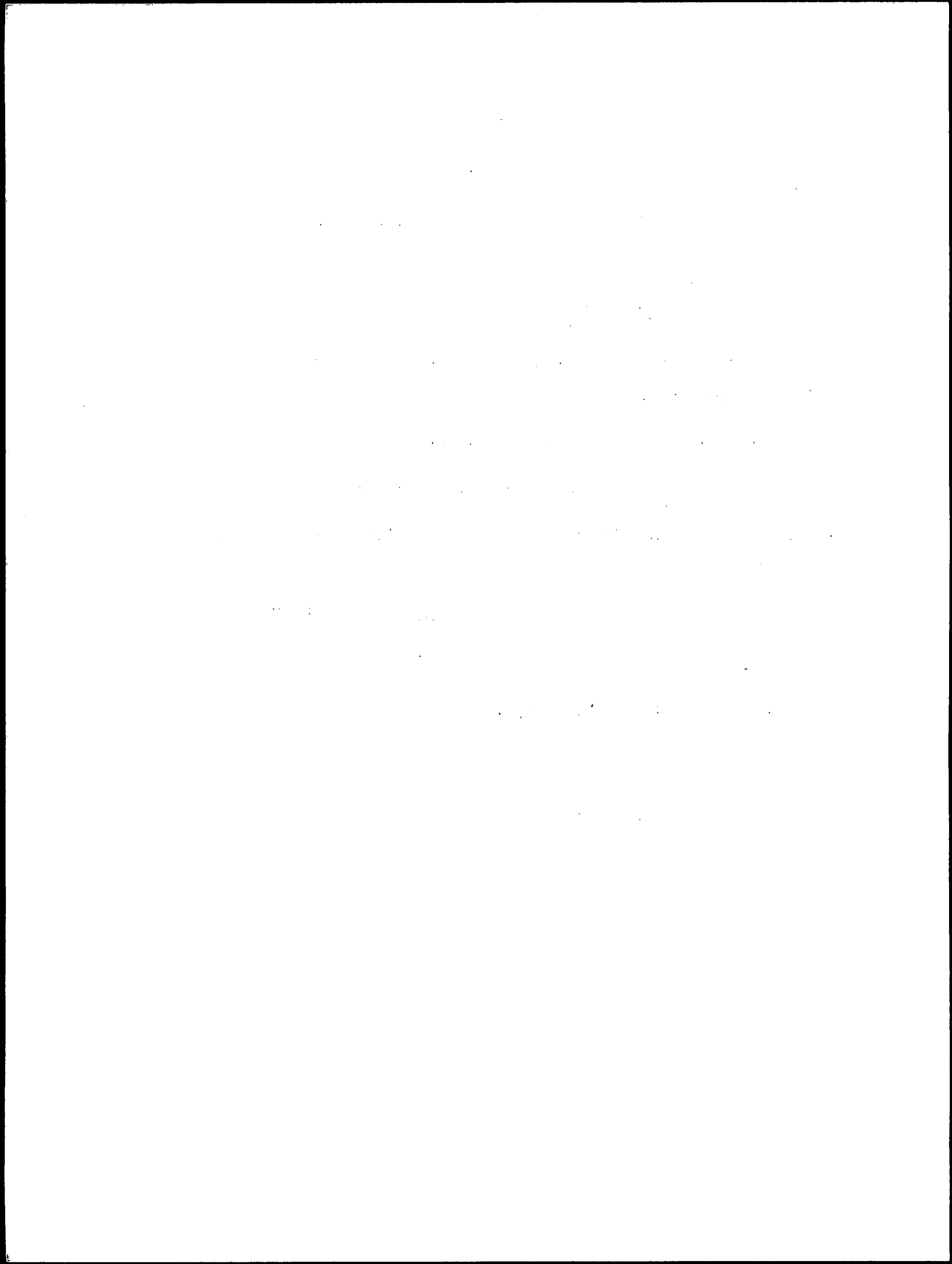
Currently paid through March 2013 at \$24.80 USD per month paid quarterly, therefore:

Life expectancy from March 2013: 85.21 minus 74.3 equals 10.91 years.

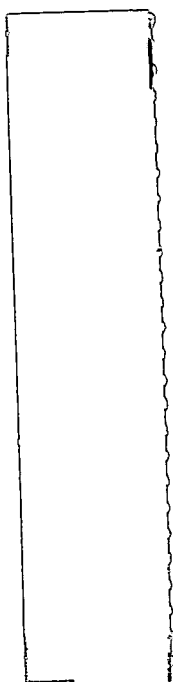
10.9 years times 12 months equals 130.9 months

130.9 months times \$24.80 USD equals \$3,246.00 USD which is the amount of this claim.

ss *Norman C. Todd Jr.*



NORMAN C. TODD, JR.
208 W. SIRIUS AVE
ANAHEIM CA 92802-4833



RETURN RECEIPT
REQUIRED

RECEIVED
MAY 10 2013
BMC GROUP



BMC Group, INC.
ATTN: CONEXTANT SYSTEMS, INC. CLAIMS PROCESSING
P.O. Box 3020
CHAMHASSEN MN 55317-3020

