



UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID S2019033651 Amount/Classification \$47,193.00 Unsecured	
Name of Debtor: Conexant Systems, Inc.		Case Number: 13-10367			
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): ABM Facility Services, Inc. fka ABM Engineering Services, Inc.				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.	
Name and address where notices should be sent:  31951541000031 ABM ENGINEERING SERVICES fka ABM Facility Services, Inc. ATTN: CURTIS VAN BUSK Lisa Liles 5300 S EASTERN AVENUE, SUITE 100 8101 W. Sam Houston Parkway LOS ANGELES, CA 90040 Houston, TX 77072				THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number (if known): Filed on:	
Creditor Telephone Number () email:					
Name and address where payment should be sent (if different from above):				<input type="checkbox"/> 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.	
Payment Telephone Number (713) 776 5173 email: lisa.liles@abm.com					
1. AMOUNT OF CLAIM AS OF DATE CASE FILED		\$ 86,087.20		RECEIVED MAY 14 2013 BMC GROUP	
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. <input type="checkbox"/> 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) Services Performed					
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 5690		3a. Debtor may have scheduled account as: ABM Engineering Services (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other 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 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: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <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"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____). <input type="checkbox"/> 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					
#13,131 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

 00080

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: *LISA S. LILES*
Title: *Deputy General Counsel*
Company: *ABM Facility Services, Inc.*
Address and telephone number (if different from notice address above):

(Signature) *[Handwritten Signature]* (Date) *5-10-13*

Telephone number: *713-776 5173* email: *lisa.liles@abm.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.



Invoice

ISO 9000 Certified
5300 S. EASTERN AVE. STE 100
LOS ANGELES, CA 90040
(323) 234-2001

Remit to:
ABM ENGINEERING/LINC FACILITY SERVICES
FILE #52609
LOS ANGELES, CA 90074-2609

Service Location:
CONEXANT - NEWPORT BEACH
4000 MACARTHUR BLVD
NEWPORT BEACH, CA 92660

CONEXANT SYSTEMS
To: ACCOUNTS PAYABLE
POST OFFICE BOX 7370
NEWPORT BEACH, CA 92658-7370

Job #: 16523207
Customer #: 6885690
Customer PO#: NF11E01367
Invoice #: 4879064
Service Thru: 01/31/13
Invoice Date: 02/12/13
Invoice Due Date: 03/14/13
Amount Due: \$8,169.05

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

Q.D.

FOLD

ABM ENGINEERING SERVICES
Invoice #: 4879064
Invoice Date: 02/12/13
(323) 234-2001

Customer #: 6885690
Job #: 16523207
Service Thru: 01/31/13
Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$5,983.00
Payroll Costs	\$5,983.00	20.89%	\$1,249.85
401k Plan			\$48.95
Health & Welfare			\$637.49
Miscellaneous			\$70.00
			<hr/>
			\$7,989.29
Fee	\$7,989.29	2.25%	\$179.76

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

a subsidiary of **ABM** Industries Incorporated

Sales Tax	\$0.00
Total Invoice	\$8,169.05

Customer Name: CONEXANT SYSTEMS
 Job Number: 16523207
 Job Name: CONEXANT - NEWPORT BEACH
 Service Address: 4000 MACARTHUR BLVD
 City: NEWPORT BEACH
 State: CA

*** LABOR DETAILS ***

Pay / Dt	Employee	Employee Name	Tag #	Job Number	Job Name	Service Address	City	State	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Oth
01/05/13	*****4824	FEELER, WILLIAM D		16523207	CONEXANT - NEWPORT BEACH	4000 MACARTHUR BLVD	NEWPORT BEACH	CA	858.00	26.00000	REGULAR	33.00				33.00	858.00		
01/05/13	*****4824	FEELER, WILLIAM D							416.00	26.00000	HOLIDAY PAY	16.00				16.00	416.00		
01/05/13	*****4824	FEELER, WILLIAM D							234.00	26.00000	VAC EXP BILL	9.00				9.00	234.00		
01/19/13	*****4824	FEELER, WILLIAM D							923.00	26.00000	REGULAR	35.50				35.50	923.00		
01/19/13	*****4824	FEELER, WILLIAM D							832.00	26.00000	SICK PAY EXP	32.00				32.00	832.00		
		Employee Total							3,263.00			125.50				125.50			3,263.00
01/05/13	*****4656	GHIO, RICHARD M							952.00	17.00000	REGULAR	56.00				56.00	952.00		
01/05/13	*****4656	GHIO, RICHARD M							272.00	17.00000	HOLIDAY PAY	16.00				16.00	272.00		
01/05/13	*****4656	GHIO, RICHARD M							136.00	17.00000	VAC EXP BILL	8.00				8.00	136.00		
01/19/13	*****4656	GHIO, RICHARD M							1,360.00	17.00000	REGULAR	80.00				80.00	1,360.00		
		Employee Total							2,720.00			160.00				160.00			2,720.00
		Employee Grand Totals							5,983.00			285.50				285.50			5,983.00

Engineering - Southwest
Orange County
Orange County -

ESW
17511
1652

Cust # 6885690 Customer Name CONEXANT - NEWPORT BEACH Job Number 16523207 Tag # Job Name CONEXANT - NEWPORT BEACH Service Address 4000 MACARTHUR BLVD City NEWPORT BEACH State CA

*****G:L Detail Section*****

Alpha Name	Account Number	Amount	Description	Doc Ty	Doc Number
FEELER, WILLIAM D	16523207.42490	48.95	401K Plan	T3	107377
Total of Account :	16523207.42560	48.95	FEELER, WILLIAM D	JE	8348177
		315.39	GHIO, RICHARD M	JE	8348177
Total of Account :	16523207.42560	322.10	Health & Welfare		
		637.49	FEELER, WILLIAM D2012 FUTA Su	JE	8356835
Health and Welfare Total:	16523207.48440	28.00	GHIO, RICHARD M2012 FUTA Surr	JE	8356835
Total of Account :	16523207.48440	42.00	Miscellaneous		
		70.00			



5300 South Eastern Avenue, Suite 100
 Los Angeles, California 90040
 Telephone: (323) 234-2001
 Facsimile: (323) 724-9561

February 12, 2013

Subject: 2012 Federal Unemployment Surcharge

Dear Valued Client:

As you are no doubt aware, unemployment is at historically high levels. As of November 16, 2012, there are 19 states that had outstanding UI federal loans and as a result, employers in these states will pay extra FUTA taxes that are effective retroactively to January 1, 2012. We have resisted seeking price relief as long as we possibly could; however, we can no longer continue to absorb all of the increased costs.

Therefore, effective January 1, 2013, we will implement a surcharge FUTA tax. This is a charge of up to \$84 annually per employee, which was billed starting with your January 2013 services. The amount may vary depending on your state.

Below is a list of FUTA Credit Reduction states for tax year 2012, and their respective reduction amounts (in %):

State or District	2012 FUTA Surcharge %
<u>Arizona</u>	0.30
<u>Arkansas</u>	0.60
<u>California</u>	0.60
<u>Connecticut</u>	0.60
<u>Delaware</u>	0.30
<u>Florida</u>	0.60
<u>Georgia</u>	0.60
<u>Indiana</u>	0.90
<u>Kentucky</u>	0.60
<u>Missouri</u>	0.60

State or District	2012 FUTA Surcharge %
<u>Nevada</u>	0.60
<u>New Jersey</u>	0.60
<u>New York</u>	0.60
<u>North Carolina</u>	0.60
<u>Ohio</u>	0.60
<u>Rhode Island</u>	0.60
<u>Vermont</u>	0.60
<u>Virgin Islands</u>	1.50
<u>Wisconsin</u>	0.60

**Please note that South Carolina has no FUTA surcharge as it met the Federal Criteria.*

We value your business and hope you see this increase as a necessary part of continuing to provide you with the high level of services you have come to expect from ABM Facility Services.

If you have any questions please call Jessica Gau at (323) 234-2001 X770112.

Sincerely,

ABM Facility Services

a subsidiary of **ABM** Industries Incorporated

ABM Engineering Services

ISO 9000 Certified
 5300 S. EASTERN AVE. STE 100
 LOS ANGELES, CA 90040
 (323) 234-2001

Invoice

Remit to:
 ABM ENGINEERING/LINC FACILITY SERVICES
 FILE #52609
 LOS ANGELES, CA 90074-2609

Service Location:
 CONEXANT SAN DIEGO
 9608 AND 9808 SCRANTON RD.
 SAN DIEGO, CA 92121

To: CONEXANT SYSTEMS
 ACCOUNTS PAYABLE
 PO BOX 7370
 NEWPORT BEACH, CA 92658-7370

Job #: 16773208
 Customer #: 6885690
 Customer PO#: NF11E01367
 Invoice #: 4671267
 Service Thru: 11/30/12
 Invoice Date: 12/12/12
 Invoice Due Date: 01/11/13
 Amount Due: \$11,993.38

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

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ABM ENGINEERING SERVICES
 Invoice #: 4671267
 Invoice Date: 12/12/12
 (323) 234-2001

Customer #: 6885690
 Job #: 16773208
 Service Thru: 11/30/12
 Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$8,320.00
Payroll Costs	\$8,320.00	20.89%	\$1,738.05
401k Plan			\$166.40
Health & Welfare			\$1,505.02
			\$11,729.47
Fee	\$11,729.47	2.25%	\$263.91

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	\$0.00
Total Invoice	\$11,993.38

a subsidiary of **ABM** Industries Incorporated

Engineering - Southwest
Eng - San Diego
San Diego -
ESW
17521
1677

Cust # Customer Name
6885690 CONEXANT SYSTEMS

Job Number Tag #
16773208

Job Name
CONEXANT SAN DIEGO

Service Address
9608 AND 9808 SCRANTON RD.

City State
SAN DIEGO CA

*** LABOR DETAILS ***

Pay / Dt	Employee	Employee Name	Tag #	Job Name	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Oth
11/10/12	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	1,976.00	REGULAR	76.00				76.00	1,976.00		
11/10/12	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	104.00	SICK PAY EXP	4.00				4.00	104.00		
11/24/12	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	1,040.00	REGULAR	40.00				40.00	1,040.00		
11/24/12	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	416.00	HOLIDAY PAY	16.00				16.00	416.00		
11/24/12	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	624.00	VAC EXP BILL	24.00				24.00	624.00		
		Employee Total			4,160.00		160.00				160.00	4,160.00		
11/10/12	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	2,080.00	REGULAR	80.00				80.00	2,080.00		
11/24/12	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	1,664.00	REGULAR	64.00				64.00	1,664.00		
11/24/12	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	416.00	HOLIDAY PAY	16.00				16.00	416.00		
		Employee Total			4,160.00		160.00				160.00	4,160.00		
		Employee Grand Totals			8,320.00		320.00				320.00	8,320.00		

ABM Industries Incorporated
 Job Cost Analysis Detail Report
 CSV Version

R565100A
 ABM0004
 Engineering - Southwest
 Eng - San Diego
 San Diego -

ESW
 17521
 1677

Cust # 6885690 Customer Name CONEXANT SYSTEMS Job Number 16773208 Job Name CONEXANT SAN DIEGO Service Address 9608 AND 9808 SCRANTON RD. City SAN DIEGO State CA

*****G/L Detail Section*****

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
SANKOWSKI, MARK	166.40	16773208.42490		T3	102720
Total of Account :	166.40		401K Plan		
	22.66	16773208.42560	LUTKE, LARRY J	JE	7927821
Total of Account :	1,482.36	16773208.42560	SANKOWSKI, MARK	JB	7927821
	1,505.02		Health & Welfare		
Health and Welfare Total:	1,505.02				

11/26/12
 11/29/12
 11/30/12



ISO 9000 Certified
 5300 S. EASTERN AVE. STE 100
 LOS ANGELES, CA 90040
 (323) 234-2001

Invoice

Remit to:
 ABM ENGINEERING/LINC FACILITY SERVICES
 FILE #52609
 LOS ANGELES, CA 90074-2609

Service Location:
 CONEXANT SAN DIEGO
 9608 AND 9808 SCRANTON RD.
 SAN DIEGO, CA 92121

CONEXANT SYSTEMS
 ACCOUNTS PAYABLE
To: POST OFFICE BOX 7370
 NEWPORT BEACH, CA 92658-7370

Job #: 16773208
 Customer #: 6885690
 Customer PO#: NF11E01367
 Invoice #: 4879108
 Service Thru: 01/31/13
 Invoice Date: 02/12/13
 Invoice Due Date: 03/14/13
 Amount Due: \$12,456.77

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

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ABM ENGINEERING SERVICES
 Invoice #: 4879108
 Invoice Date: 02/12/13
 (323) 234-2001

Customer #: 6885690
 Job #: 16773208
 Service Thru: 01/31/13
 Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$8,697.00
Payroll Costs	\$8,697.00	20.89%	\$1,816.80
401k Plan			\$166.40
Health & Welfare			\$1,406.89
Miscellaneous			\$95.57
			<hr/>
			\$12,182.66
Fee	\$12,182.66	2.25%	\$274.11

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	\$0.00
Total Invoice	\$12,456.77

a subsidiary of **ABM** Industries Incorporated

Engineering - Southwest
Eng - San Diego
San Diego - 1677

Customer Name: CONEXANT SYSTEMS
Job Number: 16773208
Job Name: CONEXANT SAN DIEGO
Service Address: 9608 AND 9808 SCRANTON RD.
City: SAN DIEGO
State: CA

*** LABOR DETAILS ***

Pay / Dt.	Employee	Employee Name	Tag #	Job Number	Job Name	Service Address	City	State	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Oth
01/05/13	*****1021	LUTKE, LARRY J		16773208	CONEXANT SAN DIEGO	9608 AND 9808 SCRANTON RD.	SAN DIEGO	CA	64.00				64.00	1,664.00		
01/05/13	*****1021	LUTKE, LARRY J							16.00				16.00	416.00		
01/19/13	*****1021	LUTKE, LARRY J							80.00				80.00	2,080.00		
01/19/13	*****1021	LUTKE, LARRY J							351.00	9.00			360.00	351.00		
01/19/13	*****1021	LUTKE, LARRY J							26.00		.50		26.50	26.00		
		Employee Total							160.00	9.00	.50		169.50	4,160.00		377.00
01/05/13	*****6258	SANKOWSKI, MARK							16.00				16.00	416.00		
01/05/13	*****6258	SANKOWSKI, MARK							64.00				64.00	1,664.00		
01/19/13	*****6258	SANKOWSKI, MARK							32.00				32.00	832.00		
01/19/13	*****6258	SANKOWSKI, MARK							48.00				48.00	1,248.00		
		Employee Total							160.00				160.00	4,160.00		
		Employee Grand Totals							320.00	9.00	.50		329.50	8,320.00		377.00

ESW 17521 1677

Cust # 6885690
 Customer Name CONEXANT SYSTEMS
 Job Number 16773208
 Tag #
 Job Name CONEXANT SAN DIEGO
 Service Address 9608 AND 9808 SCRANTON RD.
 City SAN DIEGO
 State CA

*****C/L Detail Section*****

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
SANKOWSKI, MARK	166.40	16773208.42490	401K Plan	T3	107377
Total of Account :	166.40	16773208.42560	LUTKE, LARRY J	JE	8348177
	23.00	16773208.42560	SANKOWSKI, MARK	JE	8348177
Total of Account :	1,383.89		Health & Welfare		
	1,406.89				
Health and Welfare Total:	1,406.89				
	42.00	16773208.48440	LUTKE, LARRY J 2012 FUTA Surch	JE	8356835
	11.57	16773208.48440	POYRAZOGLU, OFELIA C 2012 FUTA	JE	8356835
	42.00	16773208.48440	SANKOWSKI, MARK 2012 FUTA Surch	JE	8356835
Total of Account :	95.57		Miscellaneous		



5300 South Eastern Avenue, Suite 100
 Los Angeles, California 90040
 Telephone: (323) 234-2001
 Facsimile: (323) 724-9561

February 12, 2013

Subject: 2012 Federal Unemployment Surcharge

Dear Valued Client:

As you are no doubt aware, unemployment is at historically high levels. As of November 16, 2012, there are 19 states that had outstanding UI federal loans and as a result, employers in these states will pay extra FUTA taxes that are effective retroactively to January 1, 2012. We have resisted seeking price relief as long as we possibly could; however, we can no longer continue to absorb all of the increased costs.

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Below is a list of FUTA Credit Reduction states for tax year 2012, and their respective reduction amounts (in %):

State or District	2012 FUTA Surcharge %
<u>Arizona</u>	0.30
<u>Arkansas</u>	0.60
<u>California</u>	0.60
<u>Connecticut</u>	0.60
<u>Delaware</u>	0.30
<u>Florida</u>	0.60
<u>Georgia</u>	0.60
<u>Indiana</u>	0.90
<u>Kentucky</u>	0.60
<u>Missouri</u>	0.60

State or District	2012 FUTA Surcharge %
<u>Nevada</u>	0.60
<u>New Jersey</u>	0.60
<u>New York</u>	0.60
<u>North Carolina</u>	0.60
<u>Ohio</u>	0.60
<u>Rhode Island</u>	0.60
<u>Vermont</u>	0.60
<u>Virgin Islands</u>	1.50
<u>Wisconsin</u>	0.60

**Please note that South Carolina has no FUTA surcharge as it met the Federal Criteria.*

We value your business and hope you see this increase as a necessary part of continuing to provide you with the high level of services you have come to expect from ABM Facility Services.

If you have any questions please call Jessica Gau at (323) 234-2001 X770112.

Sincerely,

ABM Facility Services

a subsidiary of **ABM** Industries Incorporated



Building Value
 ISO 9000 Certified
 5300 S. EASTERN AVE. STE 100
 LOS ANGELES, CA 90040
 (323) 234-2001

Invoice

Remit to:
 ABM ENGINEERING/LINC FACILITY SERVICES
 FILE #52609
 LOS ANGELES, CA 90074-2609

Service Location:
 CONEXANT - NEWPORT BEACH
 4000 MACARTHUR BLVD
 NEWPORT BEACH, CA 92660

To: CONEXANT SYSTEMS
 ACCOUNTS PAYABLE
 POST OFFICE BOX 7370
 NEWPORT BEACH, CA 92658-7370

Job #: 16523207
 Customer #: 6885690
 Customer PO#: NF11E01367
 Invoice #: 5001340
 Service Thru: 02/28/13
 Invoice Date: 03/12/13
 Invoice Due Date: 04/11/13
 Amount Due: \$7,931.73

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

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ABM ENGINEERING SERVICES
 Invoice #: 5001340
 Invoice Date: 03/12/13
 (323) 234-2001

Customer #: 6885690
 Job #: 16523207
 Service Thru: 02/28/13
 Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$5,967.25
Payroll Costs	\$5,967.25	20.89%	\$1,246.56
401k Plan			\$46.61
Health & Welfare			\$496.77
			<hr/>
			\$7,757.19
Fee	\$7,757.19	2.25%	\$174.54

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	\$0.00
Total Invoice	\$7,931.73

Engineering - Southwest
Orange County
Orange County -
17511
1652

Customer Name
CONEXANT SYSTEMS

Job Number
16523207

Service Address
4000 MACARTHUR BLVD

City
NEWPORT BRACH

State
CA

*** LABOR DETAILS ***

Pay / Dt	Employee	Employee Name	Tag #	Job Name	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr/Dbl	Amt Other
02/02/13	*****4824	FEELER, WILLIAM D		CONEXANT - NEWPORT BEACH	26.00000	REGULAR	58.00				58.00	1,508.00		
02/16/13	*****4824	FEELER, WILLIAM D		CONEXANT - NEWPORT BEACH	26.00000	REGULAR	61.50				61.50	1,599.00		
		Employee Total					119.50				119.50	3,107.00		
02/02/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	17.00000	REGULAR	64.00				64.00	1,088.00		
02/02/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	25.50000	OVERTIME		5.50			5.50		140.25	
02/02/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	17.00000	VAC EXP BILL	16.00				16.00	272.00		
02/16/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	17.00000	REGULAR	74.50				74.50	1,266.50		
02/16/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	51.00	SICK PAY EXP	3.00				3.00	151.00		
02/16/13	*****4656	GHIO, RICHARD M		CONEXANT - NEWPORT BEACH	42.50	VAC EXP BILL	2.50				2.50	42.50		
		Employee Total					160.00	5.50			165.50	2,720.00	140.25	
		Employee Grand Totals					279.50	5.50			285.00	5,827.00	140.25	

ABM Industries Incorporated
 Job Cost Analysis Detail Report
 CSV Version

R565100A
 ABM0004
 Engineering - Southwest
 Orange County 17511
 Orange County - 1652

Cust # 6885690 Customer Name CONEXANT SYSTEMS Job Number 16523207 Job Name CONEXANT - NEWPORT BEACH Service Address 4000 MACARTHUR BLVD City NEWPORT BEACH State CA

*****G/L Detail Section*****

Alpha Name	Amount	Tag #	Account Number	Description	Doc Ty	Doc Number
FEELER, WILLIAM D	46.61		16523207.42490	401K Plan	T3	109521
Total of Account :	46.61					
FEELER, WILLIAM D	173.75		16523207.42560	FEELER, WILLIAM D	JE	8552506
	320.55		16523207.42560	GHIO, RICHARD M	JE	8552506
	173.75		16523207.42560	FEELER, WILLIAM D	JE	8552506
	320.55		16523207.42560	GHIO, RICHARD M	JE	8552506
	174.62		16523207.42560	FEELER, WILLIAM D	JE	8572851
	322.15		16523207.42560	GHIO, RICHARD M	JE	8572851
Total of Account :	496.77			Health & Welfare		
Health and Welfare Total:	496.77					



ISO 9000 Certified
 5300 S. EASTERN AVE. STE 100
 LOS ANGELES, CA 90040
 (323) 234-2001

Invoice

Remit to:
 ABM ENGINEERING/LINC FACILITY SERVICES
 FILE #52609
 LOS ANGELES, CA 90074-2609

Service Location:
 CONEXANT SAN DIEGO
 9608 AND 9808 SCRANTON RD.
 SAN DIEGO, CA 92121

CONEXANT SYSTEMS
 ACCOUNTS PAYABLE
 TO: POST OFFICE BOX 7370
 NEWPORT BEACH, CA 92658-7370

Job #: 16773208
 Customer #: 6885690
 Customer PO#: NF11E01367
 Invoice #: 4763181
 Service Thru: 12/31/12
 Invoice Date: 01/12/13
 Invoice Due Date: 02/11/13
 Amount Due: \$14,573.80

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

FOLD

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ABM ENGINEERING SERVICES

Invoice #: 4763181
 Invoice Date: 01/12/13
 (323) 234-2001

Customer #: 6885690
 Job #: 16773208
 Service Thru: 12/31/12
 Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$10,374.00
Payroll Costs	\$10,374.00	20.89%	\$2,167.13
401k Plan			\$206.96
Health & Welfare			\$1,505.02
			<hr/>
			\$14,253.11
Fee	\$14,253.11	2.25%	\$320.69

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	\$0.00
Total Invoice	\$14,573.80

a subsidiary of **ABM** Industries Incorporated

Customer Name: CONEXANT SYSTEMS
 Job Number: 16773208
 Tag #:
 Job Name: CONEXANT SAN DIEGO
 Service Address: 9608 AND 9808 SCRANTON RD.
 City: SAN DIEGO
 State: CA

*** LABOR DETAILS ***

Pay / Dt	Employee	Employee Name	Gross Amount	Rate	PDBA Desc.	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr	Amt Dbl	Amt Oth
12/08/12	*****1021	LUTKE, LARRY J	2,080.00	26.00000	REGULAR	80.00				80.00	2,080.00			
12/22/12	*****1021	LUTKE, LARRY J	2,080.00	26.00000	REGULAR	80.00				80.00	2,080.00			
12/22/12	*****1021	LUTKE, LARRY J	1,014.00	39.00000	OVERTIME		26.00			26.00		1,014.00		
12/22/12	*****1021	LUTKE, LARRY J	26.00	52.00000	DOUBLETIME			.50		.50		26.00		
		Employee Total	5,200.00			160.00	26.00	.50		186.50	4,160.00			1,040.00
12/08/12	*****6258	SANKOWSKI, MARK	2,080.00	26.00000	REGULAR	80.00				80.00	2,080.00			
12/08/12	*****6258	SANKOWSKI, MARK	156.00	39.00000	OVERTIME		4.00			4.00		156.00		
12/22/12	*****6258	SANKOWSKI, MARK	2,080.00	26.00000	REGULAR	80.00				80.00	2,080.00			
12/22/12	*****6258	SANKOWSKI, MARK	780.00	39.00000	OVERTIME		20.00			20.00		780.00		
12/22/12	*****6258	SANKOWSKI, MARK	26.00	52.00000	DOUBLETIME			.50		.50		26.00		
12/22/12	*****6258	SANKOWSKI, MARK	52.00	26.00000	SICK PAY EXP	2.00				2.00	52.00			
		Employee Total	5,174.00			162.00	24.00	.50		186.50	4,212.00			962.00
		Employee Grand Totals	10,374.00			322.00	50.00	1.00		373.00	8,372.00			2,002.00

ABM Industries Incorporated
 Job Cost Analysis Detail Report
 CSV Version

R 565100A
 ABM0004
 Engineering - Southwest
 Eng - San Diego
 San Diego -

ESW
 17521
 1677

Cust # 6885690 Customer Name CONEXANT SYSTEMS Job Number 16773208 Job Name CONEXANT SAN DIEGO Service Address 9608 AND 9808 SCRANTON RD. City SAN DIEGO State CA

*****GL Detail Section*****

Alpha Name	Account Number	Description	Doc Ty	Doc Number
SANKOWSKI, MARK	16773208.42490		T3	105032
Total of Account :	206.96	401K Plan		
	206.96	LUTKE, LARRY J	JE	8155172
Total of Account :	22.66	SANKOWSKI, MARK	JE	8155172
	1,482.36	Health & Welfare		
Health and Welfare Total:	1,505.02			

12/12/12
 11:00:25
 344



Invoice

Building Value
 ISO 9000 Certified
 5300 S. EASTERN AVE. STE 100
 LOS ANGELES, CA 90040
 (323) 234-2001

Remit to:
 ABM ENGINEERING/LINC FACILITY SERVICES
 FILE #52609
 LOS ANGELES, CA 90074-2609

Service Location:
 CONEXANT SAN DIEGO
 9608 AND 9808 SCRANTON RD.
 SAN DIEGO, CA 92121

To: CONEXANT SYSTEMS
 ACCOUNTS PAYABLE
 POST OFFICE BOX 7370
 NEWPORT BEACH, CA 92658-7370

Job #: 16773208
 Customer #: 6885690
 Customer PO#: NF11E01367
 Invoice #: 5001350
 Service Thru: 02/28/13
 Invoice Date: 03/12/13
 Invoice Due Date: 04/11/13
 Amount Due: \$30,963.21

PLEASE RETURN TOP PORTION WITH YOUR REMITTANCE

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ABM ENGINEERING SERVICES
 Invoice #: 5001350
 Invoice Date: 03/12/13
 (323) 234-2001

Customer #: 6885690
 Job #: 16773208
 Service Thru: 02/28/13
 Page: 1 of 1

Description	Quantity	Rate	Amount
Labor			\$23,520.38
Payroll Costs	\$23,520.38	20.89%	\$4,913.41
401k Plan			\$438.79
Health & Welfare			\$1,409.29
			<hr/>
			\$30,281.87
Fee	\$30,281.87	2.25%	\$681.34

Payment is due within thirty (30) days of invoice date. Late payments will be subject to a late payment charge at the rate of 1 1/2% per month. If collection action is necessary, Customer shall be obligated for collection expense, including attorney's fees.

Sales Tax	\$0.00
Total Invoice	\$30,963.21

Engineering - Southwest
 Eng - San Diego
 San Diego -

Customer Name
 CONEXANT SYSTEMS

Job Number
 16773208

Job Name
 CONEXANT SAN DIEGO

Service Address
 9608 A AND 9808 SCRANTON RD.
 SAN DIEGO CA

*** LABOR DETAILS ***

Pay / Dt	Employee	Employee Name	Tag #	Job Name	Rate	PDDA Desc	Hrs Reg	Hrs Ovr	Hrs Dbl	Hrs Oth	Hrs Total	Amt Regular	Amt Ovr	Dbl Amt	Other
02/02/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	2,080.00	REGULAR	80.00				80.00	2,080.00			
02/16/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	1,872.00	REGULAR	72.00				72.00	1,872.00			
02/16/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	208.00	SICK PAY EXP	8.00				8.00	208.00			
02/16/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	832.00	VAC EXP BILL	32.00				32.00	832.00			
02/16/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	6,518.72	VAC ACC PY	250.72				250.72	6,518.72			
02/16/13	*****1021	LUTKE, LARRY J		CONEXANT SAN DIEGO	1,040.00	FINAL PAY	40.00				40.00	1,040.00			
		Employee Total			12,550.72		482.72				482.72	12,550.72			
02/02/13	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	2,080.00	REGULAR	80.00				80.00	2,080.00			
02/16/13	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	2,080.00	REGULAR	80.00				80.00	2,080.00			
02/16/13	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	4,937.66	VAC ACC PY	189.91				189.91	4,937.66			
02/16/13	*****6258	SANKOWSKI, MARK		CONEXANT SAN DIEGO	1,872.00	FINAL PAY	72.00				72.00	1,872.00			
		Employee Total			10,969.66		421.91				421.91	10,969.66			
		Employee Grand Totals			23,520.38		904.63				904.63	23,520.38			

ABM Industries Incorporated
 Job Cost Analysis Detail Report
 CSV Version

R565100A
 ABM0004
 Engineering - Southwest
 Eng - San Diego
 San Diego -

ESW
 17521
 1677

Cust # 6885690
 Customer Name CONEXANT SYSTEMS
 Job Number 16773208
 Tag #
 Job Name CONEXANT SAN DIEGO
 Service Address 9608 AND 9808 SCRANTON RD.
 City SAN DIEGO
 State CA

*****G/L Detail Section*****

Alpha Name	Amount	Account Number	Description	Doc Ty	Doc Number
SANKOWSKI, MARK	438.79	16773208-42490	401K Plan	T3	110387
Total of Account :	438.79				
	22.89	16773208-42560	LUTKE, LARRY J	JE	8552506
	1,379.39	16773208-42560	SANKOWSKI, MARK	JE	8552506
	22.89	16773208-42560	LUTKE, LARRY J	JE	8552506
	1,379.39	16773208-42560	SANKOWSKI, MARK	JE	8552506
	1,386.29	16773208-42560	LUTKE, LARRY J	JE	8572851
	1,409.29	16773208-42560	SANKOWSKI, MARK	JE	8572851
Total of Account :	1,409.29		Health & Welfare		
Health and Welfare Total:	1,409.29				



Framework Order

NF11E01367
 Date created: 10/12/11
 Page: 1 of 2

Ship To: Conexant Systems, Inc.
 Attn: Carmen Williams
 4311 Jamboree Rd.
 Newport Beach, CA 92660 , US

Bill To: Conexant Systems Inc.
 Attn: Accounts Payable
 PO Box 7370
 Newport Beach CA 92658-7370

Buyer Number	Order By	Phone	Terms	Requestor
E01	Jennifer Jensen	949-483-5594	Net 30 Days	

Ship Via	Freight Terms	FREIGHT/COLLECT
	FOB LOS ANGELES, CA	See Page 1 of PO

Supplier: 125984 Fax: 800-218-6754
 ABM ENGINEERING SERVICES
 5300 S. EASTERN AVENUE, SUITE 100
 LOS ANGELES CA 90040 US
Seller: RICHARD HOPKINS 949-265-0377

Line No.	Quantity	Description	Sched Delivery Date	Qty to be Delivered	Unit Price	Extension
THIS PO WILL SUPPORT SERVICE STARTING JULY 1, 2011						
ALL QUESTIONS REGARDING SCOPE OF WORK SHALL BE DIRECTED TO THE CONEXANT FACILITIES MANAGER, CARMEN WILLIAMS, PH. 949-483-5844, EMAIL: CARMEN.WILLIAMS@CONEXANT.COM. ALL CONTRACT MATTERS SHALL BE DIRECTED TO JENNIFER JENSEN, PH 949-483-5594, EMAIL: JENNIFER.JENSEN@CONEXANT.COM. ALL INVOICES SHALL BE SENT DIRECTLY TO ACCOUNTS PAYABLE AT THE ADDRESS LISTED ON THE PURCHASE ORDER OR CAN BE EMAILED TO CINDY PENA AT CINDY.PENA@CONEXANT.COM. THE INVOICE SHALL REFERENCE THE PURCHASE ORDER NUMBER AND THE PO LINE ITEM THAT PERTAINS TO THE LOCATION BEING INVOICED. INVOICES WITH INCORRECT OR INSUFFICIENT INFORMATION COULD EXPERIENCE A DELAY IN PAYMENT AND/OR BE RETURNED TO THE VENDOR FOR CORRECTION.						

Acceptance of the offer represented by this order is expressly limited to the provisions hereof. Signing and returning the acknowledgement copy of this order (if attached hereto) or, in any event, delivery in whole or in part of the articles to be furnished hereunder shall constitute acceptance of this order. This is the entire contract and no changes of any kind whatsoever are binding on buyer representative of unless they are in writing and signed by an authorized buyer's purchasing department. Form 70-C-50 provisions attached hereto and made a part hereof, unless superceded by other provisions, as stated in the body of the order or in attachments incorporated herein.

Seller

MAIL CARMEN W
 JENNIFER JENSEN PH 949
 Date: 10/12/11
 PURCHASE ORDER OR CAN BE
 SPECIAL REPRESENTATIVE



Framework Order

NF11E01367
 Date created: 10/12/11
 Page: 2 of 2

Ship To: Conexant Systems, Inc.
 Attn: Carmen Williams
 4311 Jamboree Rd.
 Newport Beach, CA 92660 , US

Bill To: Conexant Systems Inc.
 Attn: Accounts Payable
 PO Box 7370
 Newport Beach CA 92658-7370

Buyer Number	Order By	Phone	Terms	Requestor
E01	Jennifer Jensen	949-483-5594	Net 30 Days	

Ship Via	Freight Terms	FREIGHT/COLLECT
	FOB LOS ANGELES, CA	See Page 1 of PO

Supplier: 125984 Fax: 800-218-6754
 ABM ENGINEERING SERVICES
 5300 S. EASTERN AVENUE, SUITE 100
 LOS ANGELES CA 90040 US
Seller: RICHARD HOPKINS 949-265-0377

Line No.	Quantity	Description	Sched Delivery Date	Qty to be Delivered	Unit Price	Extension
020	1EA	009-Skilled Labor-SAN DIEGO Provide skilled maintenance labor to operate and maintain San Deigo Site, and on call as needed. Average cost per month is \$13,000.00 Not Taxable	10/12/11	1	\$264,804.00 Per: 1 EA	264,804.00 40 hours per week
030	1EA	954-Skilled Labor-NEWPORT BEACH Provide skilled maintenance labor to operate and maintain the K2 Building weekdays. Average monthly cost is \$10,000.00 Not Taxable	10/12/11	1	\$105,485.00 Per: 1 EA	105,485.00 18 hours/day,

Acceptance of the offer represented by this order is expressly limited to the provisions hereof. Signing and returning the acknowledgement copy of this order (if attached hereto) or, in any event, delivery in whole or in part of the articles to be furnished hereunder shall constitute acceptance of this order. This is the entire contract and no changes of any kind whatsoever are binding on buyer representative of unless they are in writing and signed by an authorized buyer's purchasing department. Form 70-C-50 provisions attached hereto and made a part hereof, unless superceded by other provisions, as stated in the body of the order or in attachments incorporated herein.

Total: USD 370,289.00
Buyer Signature: <i>Jennifer Jensen</i>

Seller _____ Date _____

From: (713) 776-4574
 Delcina Hagley
 ABM Industries Incorporated
 8101 West Sam Houston Parkway South
 Suite 150
 Houston, TX 77072

Origin ID: SGRA



Ship Date: 10MAY13
 ActWgt: 1.0 LB
 CAD: 104785098/NET3370

Delivery Address Bar Code



SHIP TO: (713) 776-5264

BILL SENDER

Conexant Systems, Claims Processing
BMC Group, Inc
 18675 Lake Drive East

CHANHASSEN, MN 55317

Ref #
 Invoice #
 PO #
 Dept #

RECEIVED

MAY 14 2013

BMC GROUP

TUE - 14 MAY AA

** 2DAY **

TRK# 7997 3792 2103

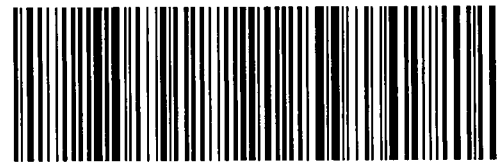
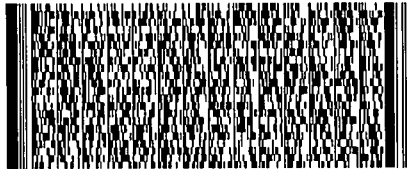
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MN-US

MSP

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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.

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