

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):

Paragon Relocation Resources, Inc

Name and address where notices should be sent:

 31951543004194
 PARAGON RELOCATION RESOURCES, INC.
 30071 TOMAS
 RANCHO SANTA MARGARITA, CA 92688

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MAY 16 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.

Creditor Telephone Number 949 635 6038 email: mscott@paragonrfi.com

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.

THIS SPACE IS FOR COURT USE ONLY

Court Claim Number (if known):

Filed on:

Payment Telephone Number 949 635 6038 email: mscott@paragonrfi.com

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 4,228.60

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: Relocation services and expenses
 (See instruction #2)

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

0173

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).
 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



00114

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

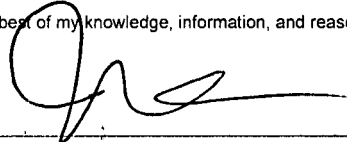
8. SIGNATURE: (See instruction #8)

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

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: Marie Scott
Title: Global Corporate Controller
Company: Paragon Relocation Resources, Inc.



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

(Date)

Same as above

Telephone number: 949-635-6038 email: msscott@paragonrgri.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.

Marx, Valerie

From: Jaworski, Tyler
Sent: Monday, March 11, 2013 1:11 PM
To: 'Elisa.Armes@conexant.com'; Lynn Neilson (Lynn.Neilson@conexant.com)
Cc: 'elisa.armes@conexant.com'; 'Li.Yu@conexant.com'; Hartman, Janis; Marx, Valerie; Billing Desk; 'margaret.maier@conexant.com'; 'Cindy.Pena@conexant.com'; 'Lan.Do@conexant.com'; Nguyen, Bryant
Subject: Conexant Relocation Funding Request

Hello,

Attached is today's funding request for Conexant. This results in an **amount due to Paragon of \$4,228.60**.



Conexant
Reporting Log.xls

Please transfer funds to the account listed on the spreadsheet **by Thursday, 3/14/2013**.

Please direct any questions to myself or my manager Steve Williams swilliams@paragonrelocation.com

Thank you for your business and partnership in relocation!

Warmly,

Paragon Relocation Funding
Paragonrelocationfunding@paragonrelocation.com



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Funding Reconciliation

Date: **March 11, 2013**

Invoice #

613915

Paragon Relocation Resources is requesting funds in order to provide the following Conexant Systems, Inc. transferring employees with their relocation benefits and to pay suppliers for services issued on behalf of Conexant Systems, Inc. relocations.

<u>Employee Payments</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time	Total: \$						

<u>Vendor Payments</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
Nesta	\$ 2,074.30	Gbl Final Move Airfare _ GOULART DA	239916			785	ENG
Nesta	\$ 40.00	Gbl Airfare Service Fee _ GOULART DA	239916			785	ENG
Nesta	\$ 2,074.30	Gbl Final Move Airfare _ NESTA/FRANCESCO _	239916			785	ENG
Nesta	\$ 40.00	Gbl Airfare Service Fee _ NESTA/FRANCESCO _	239916			785	ENG
	Total: \$						
	Total: \$						

<u>Equity</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time							
	Total: \$						

<u>Proceeds</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time							
	Total: \$						

<u>Paragon Invoices-Home Sale</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time							
	Total: \$						

<u>Proceeds Differential</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time							
	Total: \$						

<u>Paragon Invoices-Service Fees</u>	<u>Amount:</u>	<u>Description:</u>	<u>File #</u>	<u>REQUISITION #</u>	<u>Business Unit</u>	<u>Cost Center</u>	<u>Category</u>
None at this time							
	Total: \$						

Total Funds Requested: \$ 4,228.60

Please have the funds transferred to this account by 3/14/2013. If there will be delays, please notify your Paragon Account Manager.

Bank Name:	US Bank
Bank Address:	535 Westminster Mall Westminster, CA 92683
Phone Number:	(949) 474-1133
ABA #:	122235821
Acct #:	165706324515
Name of Account:	Paragon Global Resources, Inc.

Thank you for your assistance. Paragon Relocation Accounting if you have any questions regarding this payment request please contact your Paragon Account Manager.

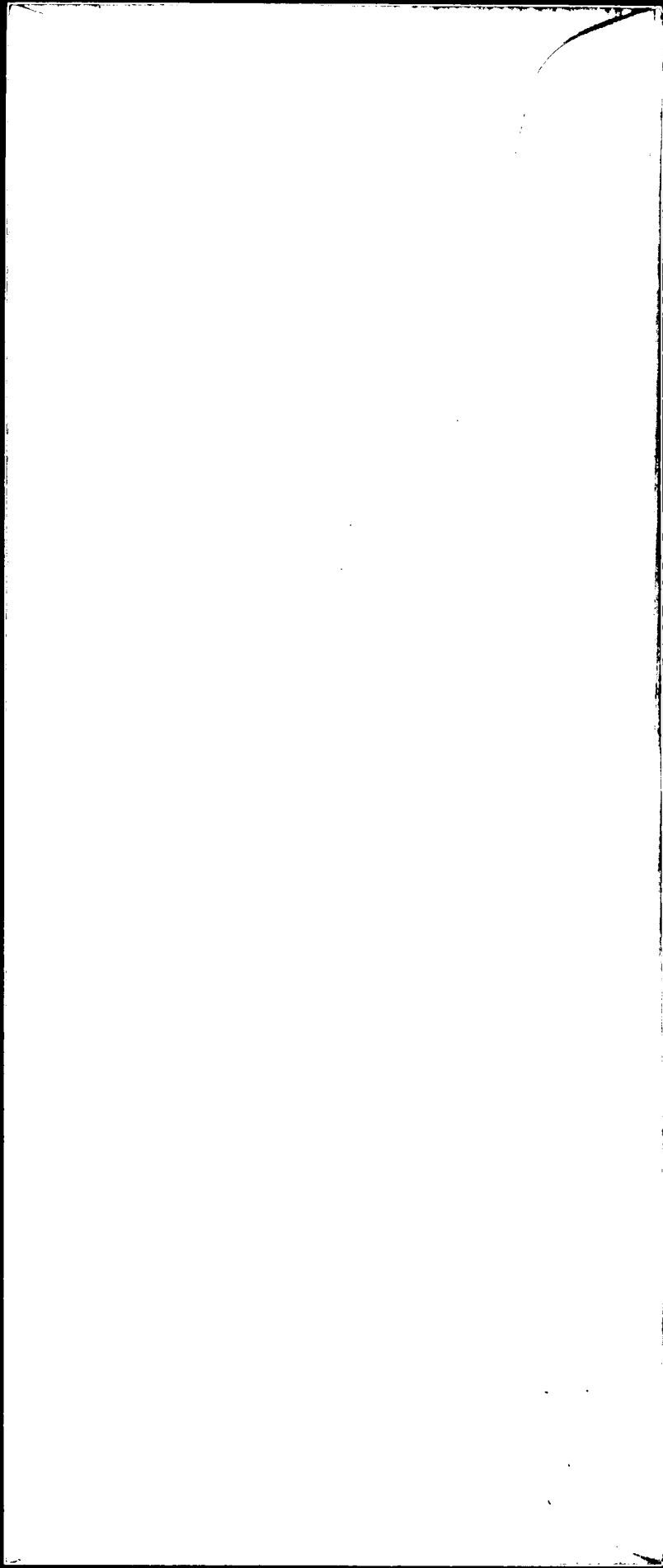
Please provide acknowledgment of the claim. Attached is the copy and stamped, self-addressed envelope.

Thank You.

Paragon Relocation Resources, Inc.



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



From: (949) 635-6014
LONG TRAN
PARAGON GLOBAL RESOURCES
30071 TOMAS
SUITE 200
RANCHO SANTA MARGARI, CA 92688



J13111282121428

Ship Date: 09MAY13
ActWgt: 1.0 LB
CAD: 101784595/INET3370

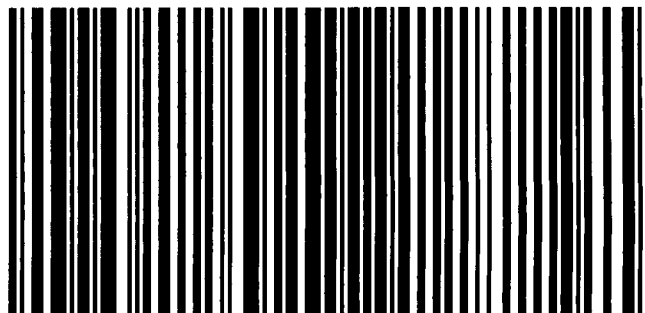
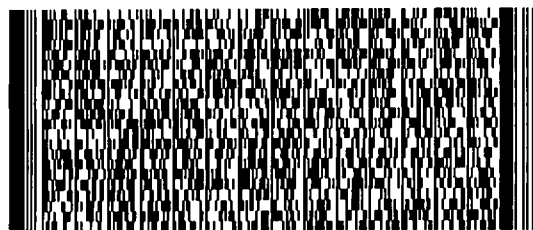
Invoice #
Reference # 910
PO # 1
Dept #
Ship ID

SHIP TO: (949) 635-6000

**ATTN: Conexant Systems Inc Claims
BMC Group Inc**

18675 Lake Drive East

CHANHASSEN, MN 55317



(9612019) 3137723 15000402

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MAY 16 2013

BMC GROUP

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: IMPORTANT: TRANSMIT YOUR SHIPPING DATA AND PRINT A MANIFEST:

At the end of each shipping day, you should perform the FedEx Ground End of Day Close procedure to transmit your shipping data to FedEx. To do so, click on the Ground End of Day Close Button. If required, print the pickup manifest that appears. A printed manifest is required to be tendered along with your packages if they are being picked up by FedEx Ground. If you are dropping your packages off at a FedEx drop off location, the manifest is not required.

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