




<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b>
Name of Debtor: <b>Conexant Systems, Inc.</b>		Case Number: <b>13-10367</b>	Schedule/Claim ID <b>S2019033547</b> Amount/Classification <b>\$3,063.46 Unsecured</b>
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).			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.  <b>THIS SPACE IS FOR COURT USE ONLY</b>
Name of Creditor (the person or other entity to whom the debtor owes money or property) :			
Name and address where notices should be sent:  31951541004708 <b>ROUX ASSOCIATES, INC.</b> 209 SHAFTER STREET ISLANDIA, NY 11749-5074		<b>RECEIVED</b> <b>MAY 16 2013</b> <b>BMC GROUP</b>	
Creditor Telephone Number (631) 232-2600      email: <b>legaldept@rouxinc.com</b>			
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.	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  <b>Court Claim Number (if known):</b> <b>S2019033547</b>  Filed on: _____
Payment Telephone Number ( )      email:			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>3,063.46</u>			
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.			
<b>2. BASIS FOR CLAIM:</b> <u>Services performed</u> (See instruction #2)			
<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b>		<b>3a. Debtor may have scheduled account as:</b> _____ (See instruction #3a)	<b>3b. Uniform Claim Identifier (optional):</b> _____ (See instruction #3b)
<b>4. SECURED CLAIM:</b> (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. <b>Nature of property or right of setoff:</b> 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: \$ _____			
<b>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.</b> Amount entitled to priority: \$ _____      Amount entitled to administrative expense under 11 U.S.C. § 503(b)(9): \$ _____ <b>You MUST specify the priority of the claim:</b> <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 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.			
<b>6. CREDITS:</b> 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

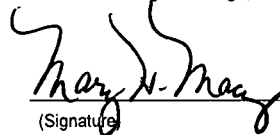
**8. SIGNATURE:** (See instruction #8)

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: Mary Macy  
Title: CFO  
Company: Roux Associates, Inc.

  
(Signature)

May 15, 2013  
(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**

**ROUX ASSOCIATES, INC.**  
209 Shafter Street  
Islandia, New York 11749-5074  
TEL: (631) 232-2600 FAX: (631) 232-2779  
Federal ID# 11-2579482

Project Manager Monica McHugh  
February 28, 2013  
Project No: 1070.0002J002  
Invoice No: 107320

Accounts Payable  
Conexant Systems, Inc.  
4000 MacArthur Blvd.,  
Mail Stop E01-339  
Newport Beach, CA 92660

Project 1070.0002J002 Conexant Systems - Remedial Design

**PO # NB78170037** Professional services provided for the period ending February 22, 2013 include: Annual report preparation; utility costs; and project management and administration.

**For Professional Services rendered for the period January 26, 2013 to February 22, 2013**

**Professional Personnel**

	<b>Hours</b>	<b>Rate</b>	<b>Amount</b>	
Senior Hydrogeologist McHugh, Monica	8.00	160.00	1,280.00	
Data Base Mgr Taylor, Sara	3.00	85.00	255.00	
Staff Geologist Mortka, Gregory	10.00	90.00	900.00	
Draftsman Gock, John	5.00	80.00	400.00	
Totals	26.00		2,835.00	
<b>Total Labor</b>				<b>2,835.00</b>

**Subcontractor**

Peco Energy 07902-01708			78.83	
<b>Total Subcontractor</b>			<b>78.83</b>	<b>78.83</b>

**Unit Billing**

Service Charge			7.88	
<b>Total Units</b>			<b>7.88</b>	<b>7.88</b>

**Additional Fees**

Associated Project Costs			141.75	
<b>Total Additional Fees</b>			<b>141.75</b>	<b>141.75</b>

**Total This Invoice \$3,063.46**

# Billing Backup

Wednesday, February 27, 2013

Roux Associates, Inc.

Invoice 107320 Dated 2/28/2013

11:54:35 AM

Project 1070.0002J002 Conexant Systems - Remedial Design

## Professional Personnel

		Hours	Rate	Amount	
Senior Hydrogeologist					
McHugh, Monica	1/29/2013	1.00	160.00	160.00	
status update					
McHugh, Monica	2/6/2013	2.00	160.00	320.00	
2012 Report					
McHugh, Monica	2/11/2013	1.00	160.00	160.00	
Client correspondence regarding status, tabulate Dec data					
McHugh, Monica	2/13/2013	2.00	160.00	320.00	
Report					
McHugh, Monica	2/21/2013	1.00	160.00	160.00	
Review RI figures					
McHugh, Monica	2/22/2013	1.00	160.00	160.00	
RI					
Data Base Mgr					
Taylor, Sara	2/13/2013	1.00	85.00	85.00	
Lab Data Import and New Table					
Taylor, Sara	2/15/2013	2.00	85.00	170.00	
Databoxes for Groundwater Figures (CAD)					
Staff Geologist					
Mortka, Gregory	2/6/2013	4.00	90.00	360.00	
2012 Quarterly Sampling Report Text and Tables					
Mortka, Gregory	2/8/2013	4.00	90.00	360.00	
Quarterly Report Text					
Mortka, Gregory	2/15/2013	2.00	90.00	180.00	
Draftsman					
Gock, John	2/20/2013	3.00	80.00	240.00	
gwater results figures [15] [mm - gm]					
Gock, John	2/21/2013	2.00	80.00	160.00	
gwater results figures [15] [mm - gm]					
Totals		26.00		2,835.00	
<b>Total Labor</b>					<b>2,835.00</b>

## Subcontractor

Peco Energy 07902-01708					
AP 195071	2/13/2013		Peco Energy 07902-01708 / Invoice: 07902-01708-02/13, 1/29/2013	78.83	
<b>Total Subcontractor</b>				<b>78.83</b>	<b>78.83</b>

## Unit Billing

Service Charge				7.88	
<b>Total Units</b>				<b>7.88</b>	<b>7.88</b>
			<b>Total this Project</b>		<b>\$2,921.71</b>
			<b>Total this Report</b>		<b>\$2,921.71</b>



Emergency and Repairs: 1-800-841-4141. This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO equipment. For all other business, call 1-800-494-4000.

03

Name: ROUX ASSOCIATES INC  
Account Number: 07902-01708  
Phone Number: 856-423-8800  
Service Address: WELLS RD, RECTICOM, PARKERFORD

Your major account rep is BUSINESS ACCT SRVCS. If you have any questions about this bill please contact us at 800-220-7326 or by writing PECO, 2301 Market St, N4-3, Philadelphia, PA 19103-1380.

**Billing Summary**

Bill Date 02/27/2013  
Thank you for your payment of \$80.37

**Current Period Charges**

Electric	\$78.83
<b>Total New Charges</b>	<b>\$78.83</b>
<b>Total Amount Due on 03/21/2013</b>	<b>\$78.83</b>

**General Information**

Next scheduled meter reading: March 28, 2013  
PECO, 2301 Market St, Philadelphia, PA 19103-1380. If you have any questions or concerns, please call 1-800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

**Message Center**

5.90% estimated Gross Receipts Tax of \$4.39 included in new charges.  
Your electric price to compare is \$0.0915 per kWh.

- Customer Self Service - Manage Your Account 24/7**
- [www.peco.com/ebill](http://www.peco.com/ebill) - Go paperless: receive and pay your bill
  - [www.peco.com/service](http://www.peco.com/service) - Start, stop and transfer your service
  - [www.peco.com/SmartIdeas](http://www.peco.com/SmartIdeas) - Save energy and money
  - Pay by phone with credit/debit card at 1-877-432-9384 (\$3.50 fee)

RECEIVED  
MAR 07 2013  
BY: \_\_\_\_\_

ENTERED  
MAR 08 2013

RECEIVED	3/5/13
APPROVED	
ATTN:	
PROJECT	1070-0002 J002
ISSUE #	02/02
MARKUP	10
GL CODE	

When paying in person, please bring the entire bill.

(continued on next page)

Align top of FedEx Express® Shipping Label here.

ORIGIN ID: WLMA (631) 232-2600  
MARGOT DEPEPPE-KWARTA  
ROUX ASSOCIATES, INC  
209 SHAFER ST

SHIP DATE: 15MAY13  
ACTWTG: 0.2 LB  
CAD: 0125515/CAFE2608

ISLANDIA, NY 117495074  
UNITED STATES US

BILL SENDER

TO CONEXANT SYSTEM CLAIMS PROCESSING

BMC GROUP, INC.

RECEIVED

18675 LAKE DRIVE EAST

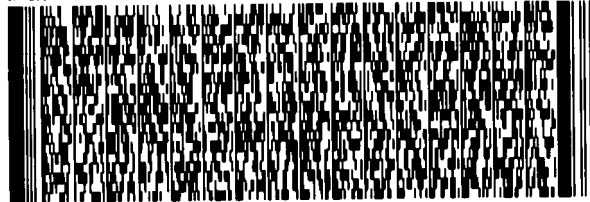
MAY 16 2013

CHANHASSEN MN 55317

REF: 001/C. ALBANESE BMC GROUP

DEPT: 001/NON - BILLABLE

512CL/9983/CF60



FedEx  
Express



J12131210050125

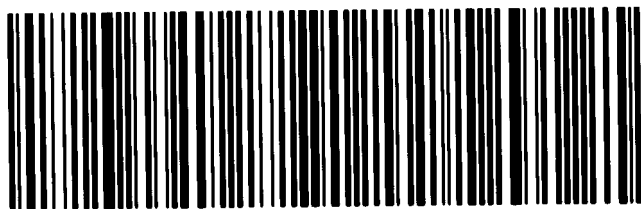
TRK# 5529 1430 9832  
0201

THU - 16 MAY 3:00P  
STANDARD OVERNIGHT

*The* XH FBLA

55317  
MN-US MSP

Part # 156148-434 RIT2 05/12 88



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