


UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE	PROOF OF CLAIM	Schedule G Contract
Name of Debtor: Conexant Systems, Inc.	Case Number: 13-10367	
<small>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).</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		RECEIVED
Name and address where notices should be sent:  31951542005631 TEKTRONIX PO BOX 500 13975 SW KARL BRAUN BEAVERTON, OR 97077		MAY 30 2013 BMC GROUP
Creditor Telephone Number 503 627-6338 email: STEVEN.AMIEL@TEKTRONIX.COM	THIS SPACE IS FOR COURT USE ONLY	
Name and address where payment should be sent (if different from above): TEKTRONIX INC. 7416 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	<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. Court Claim Number (if known): _____ Filed on: _____
Payment Telephone Number () email:		
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>3,593.67</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.		
2. BASIS FOR CLAIM: (See instruction #2) <u>EQUIPMENT / INSTALLATION INVOICES</u>		
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>2055</u>	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.		Amount of arrearage and other charges, as of time case filed, included in secured claim, if any: \$
Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____		Basis for Perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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 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).	
<small>* 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.</small>		
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

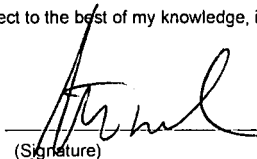
8. SIGNATURE: (See instruction #8)

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: STEVE AMIEL
Title: CREDIT MANAGER
Company: TEKTRONIX INC.

 5/24/13
(Signature) (Date)

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

7416 COLLECTIONS CENTER DRIVE
CHICAGO, IL 60693
Telephone number: 503-627-6338 email: STEVEN.AMIEL@TEKTRONIX.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.

Customer Contact: Jennifer Jensen
 Purchase Order: WA11E01260
 Shipping Terms: FCA TEKTRONIX SHIPPING POINT
 Carrier:

Order No: MP-2343465
 Ship Date:

SHIP TO:
Conexant Systems Inc
 Nancy Zawistowski
 201 Jones Road
 Waltham, MA 02451

BILL TO:
Conexant Systems Inc
 Accounts Payable
 PO Box 7370
 Newport Beach, CA 92658-7370

PRODUCT	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE	TAX
	email ack: Jennifer.Jensen@conexant.com				
	Installation Charges				
	* Line Total		900.00	900.00	A
	Tektronix now offers order status online at www.tektronix.com (click on order status). Your customer account number is located on this document.				

FREIGHT	ITEM TOTAL	TAX	INVOICE AMOUNT
	US\$ 900.00	A- 6.25% Massachusetts Tax, 930-343-990-08	US\$ 56.25
			US\$ 956.25

PAYMENT TERMS: Net 30
 Remit to: **Tektronix Inc**
 PO Box 60000 File # 73511
 San Francisco, CA 94160-3511

Due Date: 13-Sep-12



These commodities, technology or software were exported from the United States in accordance with the Export Administration Regulations. Diversion contrary to U.S. law is prohibited.

We accept Visa, MC or AMEX
 creditcards@tektronix.com OR
 Contact 1-800-833-9200
 Press Option 4

This document is subject to and limited to the terms and conditions contained in this document and the Tektronix general terms and conditions for service following on a separate page. In case of conflict, the order of precedence will be 1) terms appearing in this document and 2) the terms and conditions of the Tektronix general terms and conditions for service.

EQUAL OPPORTUNITY EMPLOYER
 Tektronix Tax US 93-0343990

Customer Contact: Jennifer Jensen
 Purchase Order: SF13E01045
 Shipping Terms: FCA TEKTRONIX SHIPPING POINT
 Carrier:

Order No: MP-2506594
 Ship Date: 11-Feb-13

SHIP TO:
Conexant Systems Inc
Tarlok Singh
9808 Scranton Rd
Suite 420
San Diego, CA 92121-3704

BILL TO:
Conexant Systems Inc
Cindy Pena
Accounts Payable
PO Box 7370
Newport Beach, CA 92658-7370

PRODUCT	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE	TAX
	Reconditioned Product				
	TekSelect Products are reconditioned to factory Specifications and may show signs of prior use.				
AVG7	Component and Composite Analog Test Signal Generator Module for TG8000 or TG700 mainframe - 2 identical component outputs or 2 identical Y/C and composite outputs or 6 identical composite outputs Serial No: B010391 TekSelect Reconditioned Unit. Subject to availability. May show signs of prior use. 40.00% TekSelect Refurbished Discount	1	4,070.00	4,070.00	A
	** Subline Total		2,442.00	2,442.00	
	* Line Total		2,442.00	2,442.00	A
	Tektronix now offers order status online at www.tektronix.com (click on order status). Your customer account number is located on this document.				

FREIGHT	ITEM TOTAL	TAX	INVOICE AMOUNT
	US\$ 2,442.00	A- 8.00% California Tax, SZ-OH-98-037435	US\$ 195.36
			US\$ 2,637.36

PAYMENT TERMS: Net 30
 Remit to: **Tektronix Inc**
P. O. Box 742644 File # 742644
Los Angeles, CA 90074-2644

Due Date: 13-Mar-13

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EQUAL OPPORTUNITY EMPLOYER
 Tektronix Tax US 93-0343990

Tektronix, Inc.
Accounts Payable
P.O. Box 4675
Beaverton, Oregon 97076-4675

Tektronix

RECEIVED
MAY 30 2013
BMC GROUP

FORTLAND OR 970

23 MAY 2013 PM 2:1



BMC GROUP INC.
ATTN: CONOX ANT SYSTEMS INC. CLAIMS PROCESSING
PO Box 3020
CHANHASSEN, MN 55317-3020

55317302020

