

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor:
Conexant System, Inc.

Case Number:
13-10367

NOTE: This form should not be used to make a claim for an administrative expense 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
NTT America, Inc.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
NTT America, Inc.
Attn Crystal Toland
1950 Stemmons Frwy Suite 2001 Dallas, Texas 75201
Telephone number:
(214) 800-7707

Court Claim Number: _____
(If known)
Filed on: 02/28/2013

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

Check this 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 if you are the debtor or trustee in this case.

Telephone number:

1. Amount of Claim as of Date Case Filed: \$ 81,400.00

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not 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.

Specify the priority of the claim.

2. Basis for Claim: Services Rendered
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 2204

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).

3a. Debtor may have scheduled account as: _____
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe:

Value of Property: \$ _____ Annual Interest Rate _____ %

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: \$ _____

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).

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)


Amount entitled to priority:

\$ _____

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

*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.


If the documents are not available, please explain:

Date: 06/07/2013
Signature:  Director of Credit
The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

FOR COURT USE ONLY

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.

NTT America, Inc.
1950 N. Stemmons Frwy Suite 2001
Dallas, TX 75207

Conexant Systems

00163

NTT America, Inc.
Box 540, Stemmons Freeway
Dallas, TX 75207



Conexant System Inc.
C/O CASS Information Systems, Inc.
PO Box 183028
COLUMBUS, OH 43218-3028

Account Information

Account Name Conexant System Inc.
Account Number 40062204
Invoice Number 66737744
Billing Period 11/01/12 - 11/30/12
Invoice Date 12/01/12
Due Date 01/01/13

Summary Account Activity

	Subtotal	Total
Previous Balance	\$ 5,500.00	
Payments Received	\$ 0.00	
Balance Forward		\$ 5,500.00
New Charges	\$ 75,900.00	
Taxes	\$ 0.00	
Current Charge Total		\$ 75,900.00
Total Amount Due		\$ 81,400.00

For billing inquiries please contact the following number concerning your statement 1-888-268-8272 Choose option 5 for billing inquiry

DETACH HERE AND RETURN THE BELOW PORTION WITH PAYMENT. DO NOT FOLD OR STAPLE.

Account Name Conexant System Inc.
Account Number 40062204
Invoice Number 66737744
Due Date 01/01/13
Invoice Date 12/01/12
Balance Due \$ 81,400.00



For questions regarding this invoice, please call 1-888-268-8272

By Wire/ACH, Please make remittance to:

NTT America, Inc.
Bank of JPMorgan Chase.
A/C# 707-385-266
SWIFT# CHASUS33
ABA#(Wire):02100021
ABA#(ACH):111000614

Mail Payments to:

NTT America, Inc.
PO BOX 660322
Dallas, TX 75266-0322

40062204 00083 0066737744 0008140000 0008140000 5

NTT America Invoice

Page:2

(payee)

NTT America
Box 540, Stemmons Freeway
Dallas TX 75207
USA

Invoice Date 12/01/12
Tax Point Date 12/01/12
Invoice # 66737744

(payer)

Conexant System Inc.
C/O CASS Information Systems, Inc.
PO Box 183028
COLUMBUS, OH 43218-3028
United States

(Service Rendered At)

Conexant
Shenzhen

<<NTT America Service>> [Service Charge]

Early Termination Fee - QUL-00129530 USD 35,200.00

TOTAL NOT INCLUDING TAXES USD 35,200.00
Tax USD 0.00
GRAND TOTAL USD 35,200.00

NTT America Invoice

Page:3

(payee)

NTT America
Box 540, Stemmons Freeway
Dallas TX 75207
USA

Invoice Date 12/01/12
Tax Point Date 12/01/12
Invoice # 66737744

(payer)

Conexant System Inc.
C/O CASS Information Systems, Inc.
PO Box 183028
COLUMBUS, OH 43218-3028
United States

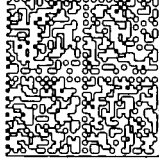
(Service Rendered At)
Conexant System Inc.
Chengdu

<<NTT America Service>> [Service Charge]

Early Termination Fee - QUL-00124947	USD	40,700.00
TOTAL NOT INCLUDING TAXES	USD	40,700.00
Tax	USD	0.00
GRAND TOTAL	USD	40,700.00



NTT America, Inc.
1950 N. Stemmons Freeway Suite 2001
Dallas, TX 75207

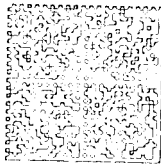


UNITED STATES POSTAGE
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NTT America, Inc.
1950 N. Stemmons Frwy Suite 2001
Dallas, TX 75207

ATTN: Crystal Toland

NTT America, Inc.
1950 N. Stemmons Frwy Suite 2001
Dallas, TX 75207



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BMC GROUP

BMC Group, Inc.
Attn: Conexant Systems, Inc. Claims Processing
PO Box 3020
Chanhausen, MN 55317-3020

55317302020

