

UNITED STATES BANKRUPTCY COURT DISTRICT OF DELAWARE		PROOF OF CLAIM	 YOUR CLAIM IS SCHEDULED AS:
Name of Debtor: Conexant Systems, Inc.		Case Number: 13-10367	Schedule/Claim ID S2019033563 Amount/Classification \$1,459.75 Unsecured
<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) :			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: 31951541004021 OC DOCUMENT DESTRUCTION, INC. DBA: PROSHRED 17951 SKY PARK CIRCLE, SUITE D IRVINE, CA 92614			
Creditor Telephone Number 949 748-3595 email: <u>IRVINE@PROSHRED.COM</u>			THIS SPACE IS FOR COURT USE ONLY
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. Court Claim Number (if known): _____ Filed on: _____
Payment Telephone Number () email:			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>1,459.75</u> <small>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.</small>			
<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: <u>ON-SITE DOCUMENT SHREDDING SERVICES PERFORMED</u> <small>(See instruction #2)</small>			
3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>1269</u>		3a. Debtor may have scheduled account as: <small>(See instruction #3a)</small>	3b. Uniform Claim Identifier (optional): <small>(See instruction #3b)</small>
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 _____		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: \$ _____	
Value of Property: \$ _____ Annual Interest Rate: _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable <small>(when case was filed)</small>			
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 ins			Conexant Systems 00172

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

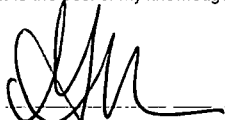
8. SIGNATURE: (See instruction #8)

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: GINA KLEBANOFF
Title: PRESIDENT
Company: ORANGE COUNTY DOCUMENT DESTRUCTION
Address and telephone number (if different from notice address above): DBA


(Signature)

7/9/13
(Date)

PROTECTED SECURITY

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.

PROSHRED Security
Customer Open Balance
October 1, 2012 through March 1, 2013

Accrual Basis

<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Open Balance</u>	<u>Amount</u>
100001269 Conexant Systems, Inc.				
Invoice	11/30/2012	100006830	267.50	267.50
Invoice	12/31/2012	100007052	521.25	521.25
Invoice	1/31/2013	100007315	267.50	267.50
Invoice	2/28/2013	100007545	403.50	403.50
Total 100001269 Conexant Systems, Inc.			<u>1,459.75</u>	<u>1,459.75</u>
TOTAL			<u>1,459.75</u>	<u>1,459.75</u>

PROSHRED

SECURITY

DOCUMENT DESTRUCTION AT YOUR DOOR

TELEPHONE #
1-949-748-3595

INVOICE #
100006830



CUSTOMER	SHRED LOCATION
100001269 Conexant Systems, Inc. ATTN: Cindy Pena 4000 MacArthur Blvd Newport Beach, CA 92660 0000	100001269 Conexant Systems, Inc. 4000 MacArthur Blvd Newport Beach, CA 92660 0000

DATE	PURCHASE ORDER	ORDER #	TERMS
11/30/2012	NF11E01365	100012341	Due Upon Receipt

As a locally owned company, we appreciate your business.

** PURCHASE ORDER # NF11E01365

SERVICE	UNIT OF MEASURE	QUANTITY	TOTAL
First 36" Executive Console	Regular E	28.00	267.50

Your commitment to Proshred's environmentally conscious shredding and recycling service has saved 156 trees so far this year.

\$ 267.50

POSTING DATE
11/30/2012

100001269
Conexant Systems, Inc.

INVOICE #
100006830

PLEASE REMIT TO:

Proshred Security
17951 Sky Park Circle
Suite D
Irvine, CA 92614 0000

PLEASE PAY

\$ 267.50


PROSHRED
SECURITY
DETAIL FOR INVOICE 100006830**Conexant Systems, Inc.****Invoice Date 11/30/2012**

DATE	Work Order	Service Location	Item	Quantity	Price	Extension
11/09/2012	100011991	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365				Work Order 100011991 Total		\$113.75
11/19/2012	100012211	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365				Work Order 100012211 Total		\$113.75

4000 MacArthur Blvd Total	\$227.50
----------------------------------	-----------------

11/13/2012	100012341	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
Purchase Order #: NF11E01365				Work Order 100012341 Total		\$40.00

6020 Cornerstone Court West Total	\$40.00
--	----------------

Invoice 100006830 Total	\$267.50
--------------------------------	-----------------

PROSHRED

SECURITY

DOCUMENT DESTRUCTION AT YOUR DOOR

TELEPHONE #
1-949-748-3595

INVOICE #
100007052



CUSTOMER	SHRED LOCATION
100001269 Conexant Systems, Inc. ATTN: Cindy Pena 4000 MacArthur Blvd Newport Beach, CA 92660 0000	VARIOUS SERVICE ORDERS

DATE	PURCHASE ORDER	ORDER #	TERMS
12/31/2012	NF11E01365	N/A	Due Upon Receipt

We wish you a Happy & Prosperous New Year.
As a locally owned company, we appreciate your business.

SERVICE	UNIT OF MEASURE	QUANTITY	TOTAL
First 36" Executive Console	Regular E	43.00	421.25
Purge Standard File Box	Standard	20.00	100.00

Your commitment to Proshred's environmentally conscious shredding and recycling service has saved 146 trees so far this year.

\$ 521.25

POSTING DATE
12/31/2012

100001269
Conexant Systems, Inc.

INVOICE #
100007052

PLEASE REMIT TO:

Proshred Security
17951 Sky Park Circle
Suite D
Irvine, CA 92614 0000

PLEASE PAY

\$ 521.25

Please detach this stub and send with your remittance to the above address.

PROSHRED
SECURITY**DETAIL FOR INVOICE 100007052****Conexant Systems, Inc.****Invoice Date 12/31/2012**

DATE	Work Order	Service Location	Item	Quantity	Price	Extension
12/03/2012	100012398	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365			Work Order 100012398 Total			\$113.75
12/17/2012	100012615	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365			Work Order 100012615 Total			\$113.75
12/28/2012	100012840	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365			Work Order 100012840 Total			\$113.75
4000 MacArthur Blvd Total						\$341.25
12/04/2012	100012651	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
Purchase Order #: NF11E01365			Work Order 100012651 Total			\$40.00
12/13/2012	100012993	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
			Purge Standard File Box	20.00	\$5.00	\$100.00
Purchase Order #: NF11E01365			Work Order 100012993 Total			\$140.00
6020 Cornerstone Court West Total						\$180.00
Invoice 100007052 Total						\$521.25


**DETAIL FOR INVOICE 100007315****Conexant Systems, Inc.****Invoice Date 01/31/2013**

DATE	Work Order	Service Location	Item	Quantity	Price	Extension
01/14/2013	100013094	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365			Work Order 100013094 Total			\$113.75
01/28/2013	100013272	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
Purchase Order #: NF11E01365			Work Order 100013272 Total			\$113.75
4000 MacArthur Blvd Total						\$227.50
01/15/2013	100013308	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
Purchase Order #: NF11E01365			Work Order 100013308 Total			\$40.00
6020 Cornerstone Court West Total						\$40.00
Invoice 100007315 Total						\$267.50

PROSHRED
SECURITY
 DOCUMENT DESTRUCTION AT YOUR DOOR

TELEPHONE #
 1-949-748-3595

INVOICE #
100007545



CUSTOMER	SHRED LOCATION
100001269 Conexant Systems, Inc. ATTN: Cindy Pena 4000 MacArthur Blvd Newport Beach, CA 92660 0000	VARIOUS SERVICE ORDERS

DATE	PURCHASE ORDER	ORDER #	TERMS
02/28/2013	NF11E01365	N/A	Due Upon Receipt

As a locally owned company, we appreciate your business.

SERVICE	UNIT OF MEASURE	QUANTITY	TOTAL
First 36" Executive Console	Regular E	30.00	307.50
Purge First 64 Gallon Bin	64 Gallon	4.00	96.00

Your commitment to Proshred's environmentally conscious shredding and recycling service has saved 13 trees so far this year.

\$ 403.50

POSTING DATE
 02/28/2013

100001269
 Conexant Systems, Inc.

INVOICE #
 100007545

PLEASE REMIT TO:

Proshred Security
 17951 Sky Park Circle
 Suite D
 Irvine, CA 92614 0000

PLEASE PAY

\$ 403.50

Please detach this stub and send with your remittance to the above address.


**DETAIL FOR INVOICE 100007545****Conexant Systems, Inc.****Invoice Date 02/28/2013**

DATE	Work Order	Service Location	Item	Quantity	Price	Extension
02/11/2013	100013460	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
			Purge First 64 Gallon Bin	1.00	\$24.00	\$24.00
Purchase Order #: NF11E01365			Work Order 100013460 Total		\$137.75	
02/25/2013	100013622	4000 MacArthur Blvd	First 36" Executive	13.00	\$8.75	\$113.75
			Purge First 64 Gallon Bin	3.00	\$24.00	\$72.00
Purchase Order #: NF11E01365			Work Order 100013622 Total		\$185.75	
4000 MacArthur Blvd Total						\$323.50
02/05/2013	100013533	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
Purchase Order #: NF11E01365			Work Order 100013533 Total		\$40.00	
02/26/2013	100013850	6020 Cornerstone Court West	First 36" Executive	2.00	\$20.00	\$40.00
Purchase Order #: NF11E01365			Work Order 100013850 Total		\$40.00	
6020 Cornerstone Court West Total						\$80.00
Invoice 100007545 Total						\$403.50



17951 Sky Park Circle, Suite D
Irvine, CA 92614

U.S. POSTAGE
92623
082767 17
02 13
FOREVER
APC
FE0032600105514 062S



U.S. POSTAGE
92623
082767 17
02 13
FOREVER
APC
FE0032600105514 062S



U.S. POSTAGE
92623
082767 17
02 13
FOREVER
APC
FE0032600105514 062S



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

RECEIVED
JUL 15 2013
BMC GROUP

