
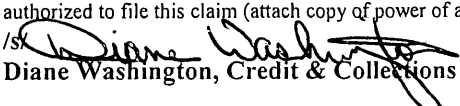


United States Bankruptcy Court Southern District of New York		PROOF OF CLAIM	
In re (Name of Debtor) Jennifer Convertibles, Inc		Case Number 10-13779	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor <i>(The person or entity to whom the debtor owes money or property)</i> Southern Maryland Electric Cooperative, Inc. Name and Addresses Where Notices Should be Sent Southern Maryland Electric Cooperative, Inc. P. O. Box 1937 Hughesville, MD 20637-1937 Telephone No.		<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 box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the Court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 1984230000		Check here if this claim: <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM: <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Debtor was supplied electricity		<div style="text-align: center; font-size: x-large; opacity: 0.5;">RECEIVED</div> <div style="text-align: center; font-size: x-large; opacity: 0.5;">AUG 06 2010</div> <div style="text-align: center; font-size: x-large; opacity: 0.5;">BMC GROUP</div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114 (a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ - _____ - _____ Unpaid compensations for services performed from _____ to _____ (date) (date)	
2. DATE DEBT WAS INCURRED: 7/18/2010		3. IF COURT JUDGMENT, DATE OBTAINED:	
CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describes your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> SECURED CLAIM \$ <u>N/A</u> Attach evidence of perfection of security interest Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claim above, if any \$ _____ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$1360.64 is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of Such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ <u>N/A</u> Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan--U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. § 507(a)(6) <input type="checkbox"/> Taxes or penalties of governmental units--11 U.S.C. § 507(a)(7) <input type="checkbox"/> Other--11 U.S.C. §§ 507(a)(2),(a)(5)--(Describe briefly)	
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED: \$1360.64 (Unsecured) \$N/A (Secured) \$N/A (Total)		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$1360.64 </div>	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary. A Copy of the Final Bill is attached.		THIS SPACE IS FOR COURT USE ONLY Jennifer Convertibles  00001	
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
August 3, 2010		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) /s/  Diane Washington, Credit & Collections Supervisor	



information 1-888-440-3311
 web site www.smeco.coop

report outages 1-877-74-SMECO
 1-877-747-6326

Southern Maryland Electric Cooperative

PE

Service Information

Account Number: 1984230000
 Account Name: Jennifer Convertibles Inc (CODE 1)
 Service Address: 3018 Festival Way
 Next approximate date to read meter: 08/17/10

General Service Information

Rate: General Service / Summer
 Billing Period - 12 days: From 07/06/10 to 07/18/10
 Meter Number: 0309G702
 On 07/18/10 your estimated meter reading was: 9582
 On 07/06/10 your meter reading was: 9324
 Meter Multiplier: 10
 Your total energy usage (kWh) is: 2580

Standard Offer Service - Price to compare for electricity supply

Energy Charge	2,580 kWh x \$0.0985	254.13
Power Cost Adj - Energy	2,580 kWh x \$0.005496	14.18
Total		\$268.31

Distribution Service

Customer Charge		23.01
Distribution Charge	2,580 kWh x \$0.02	51.60
Demand Response Surcharge	2,580 kWh x \$0.0007385	1.91
EmPOWER Maryland Charge	2,580 kWh x \$0.00048	1.24
Total		\$77.76

Regulatory, State, and Local Taxes

Public Serv. Co. Franchise Tax	2,580 kWh x \$0.00062	1.60
Electric Universal Service Charge		9.07
State Tax		21.41
MD Environmental Surcharge	2,580 kWh x \$0.00015	0.39
Total		\$32.47

Total Current Charges \$378.54

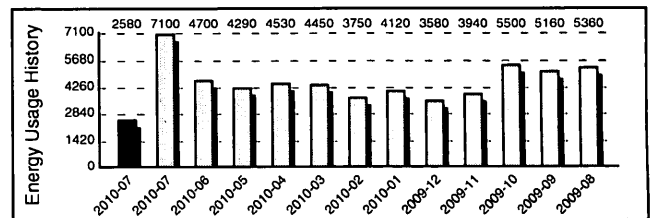
Account Summary	
Bill date: 07/22/10	
Previous balance as of 07/08/10	\$982.10
Payment received	0.00
Past Due Amount	982.10
Current charges due by 08/13/10	378.54
Total Due	\$1,360.64

SMECO Messages

Mark your calendar to attend SMECO's Annual Meeting on Wednesday, September 1. Registration begins at 3 p.m. and closes at 7:30 p.m.; the meeting starts at 7:30 p.m. You should receive your Annual Meeting Notice in the mail near the end of July.

To obtain an absentee mail-in ballot, call 1-888-440-3311, ext. 4722 or submit your request online at www.smeco.coop by August 19.

General Service Energy Usage History



BANKRUPT ACCOUNT

BY: *Lynette Starke / pre*

Detach portion below and remit with payment. When paying in person, please bring entire bill.



P.O. Box 1937
 Hughesville, MD 20637-1937

Account Number: 1984230000

TOTAL DUE BY 08/13/10 **\$1,360.64**

Indicate Amount Paid.

000000013606419842300006



Jennifer Convertibles Inc (CODE 1)
 Attn Accounts Payable/Mwa
 417 Crossways Park Dr
 Woodbury, NY 11797

SMCS38308
 SM.SH1-8-T-0
 000006

Please make your check payable to SMECO and write your account number on your check.

Check if mailing address is changed (see reverse side).

Remit address on reverse should face envelope window.

12300000



1-888-440-3311
P.O. Box 1937, Hughesville, MD 20637
www.smeco.coop

People. Power. Progress.

August 3, 2010

***BMC Group Inc
Attn: Jennifer Convertibles Claims
Processing
PO Box 3020
Chanhassen, MN 55317-3020***

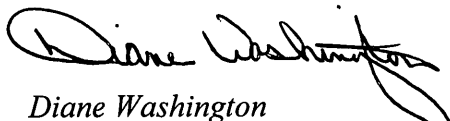
Re: Case No. 10-13779
Jennifer Convertibles, Inc

Dear Clerk:

Enclosed please find an original Proof of Claim, filed in duplicate, in the amount of \$1360.64 along with a copy of the Final Bill for the above-referenced case. We have also enclosed a stamped, self-addressed envelope in order to receive acknowledgment that our Proof of Claim has been filed.

We trust the above to be in order for processing. If you have any questions regarding this matter or if further information is needed, please let us know.

Yours very truly,


*Diane Washington
Credit & Collections Supervisor*

Enclosures