

United States Bankruptcy Court
SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor
JENNIFER CONVERTIBLES

Bankruptcy Case No.
10-13779

A. CREDITOR INFORMATION

(The creditor is the person or other entity to whom the debtor owes money or property)

Name and Address of Creditor

DETROIT MEDIA PARTNERSHIP
615 West Lafayette Blvd.
Detroit, MI 48226

- Check box if you never received any notices from the bankruptcy court in this case.
- Check box if this address differs from the address on the envelope sent to you by the court.
- Check box and attach copy of assignment if claim has been assigned to you.

THIS SPACE IS FOR COURT USE ONLY

Number by which creditor identifies debtor:

064 731 100

Check here if this claim replaces amends a previously filed claim dated: _____ supplements

B. CLAIM INFORMATION

1. BASIS FOR CLAIM

- Goods purchased
- Services performed
- Monies loaned
- Other forms of contract (Identify)
- Personal injury/Wrongful death/Property damage
- Other (Describe briefly)

RECEIVED
AUG 12 2010
BMC GROUP

Wages, Salaries and Commissions (Fill out below)

Your social security number _____
Unpaid services performed from _____ to _____
Nature of services (Describe briefly)

2. DATE DEBT WAS INCURRED:

April 2010

3. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Priority, (3) Secured. It is possible for a claim to be partly in one category and partly in another—such as wage claim which may be a priority claim for the first \$2,000 and an unsecured nonpriority claim for the balance. Classify the nature of the claim by CHECKING THE APPROPRIATE BOX OR BOXES which you believe best describes the claim. STATE THE AMOUNT OF CLAIM.

UNSECURED NONPRIORITY CLAIM \$ 22,759.90

PRIORITY CLAIM

- Specify the priority of the claim by checking the appropriate box(es)
- Wages, salaries or commissions (up to \$2,000, 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)
 - Contributions to an employee benefit plan—11 U.S.C. §507(a)(4)
 - 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)
 - Taxes or penalties of governmental units—11 U.S.C. §507(a)(7)
 - Other specify:

For the purposes of this form, a claim is unsecured if there is no collateral, or to the extent the value of collateral is less than the amount of the debt.

SECURED CLAIM \$

Attach evidence of perfection of security
Brief Description of Collateral:
 Real Estate Motor Vehicle Other

4. TOTAL AMOUNT OF CLAIM: \$ 22,759.90 (Unsecured) + \$ -0- (Secured) + \$ -0- (Priority) = \$ 22,759.90 (Total)

5. Attach copies of documents in support of this claim, such as 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.

6. This form should not be used to make a claim for expenses incurred after the filing of the bankruptcy petition. Such expenses may be paid only upon proper application and notice pursuant to 11 U.S.C. §503.

7. CREDITS AND SETOFFS: Attach an itemization of all amounts and dates of payments which have been credited against the debt. Set forth any setoff or counterclaim which the debtor may have against your claim.

8. To receive an acknowledgement of the receipt of your claim, enclose a stamped, self-addressed envelope and a copy of your claim.

C. CERTIFICATION

The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.

Date July 19, 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)
Virginia R. Jennings Sr. Credit Mgr.

Jennifer Convertibles
00010

JUL 26 2010

04/01/10-04/30/10

JENNIFER CONVERTIBLES

TEL: (313) 222-8739 FAX: (313) 496-4848

22759.90

0.00 20TH FOLLOWING PUB

FED ID#: 38-2675631

INVOICE AND STATEMENT
RETAIL ADVERTISING

22759.90

0.00

0.00

0.00

1 04/30/10

JENNIFER CONVERTIBLES

C/O DAVID BORGER

902 BROADWAY

NEW YORK

NY 10010

DETROIT MEDIA PARTNERSHIP

16304 COLLECTIONS CENTER DRIVE

CHICAGO, IL 60693

064731100

DETROIT MEDIA PARTNERSHIP THANKS YOU FOR YOUR BUSINESS

SALES # 775

THE CHARGES ON THIS STATEMENT ARE AT CURRENT CONTRACT
RATES AND MAY NOT REFLECT REBATES EARNED.

	BALANCE FORWARD		0.00
25	ADJ 133,494 @ \$59.00/M ROP SHORT RATE		1180.01
24	ADJ FROM952576X TO 750X ROP SHORT RATE		6411.60
22	ADJ FROM 24X TO 13X ROP SHORT RATE		4088.00
21	ADJ DVC SHORT RATE ROP SHORT RATE		982.80
30	ADJ FROM 500X TO 200X ROP SHORT RATE		819.00
9	ADJ FROM952576X TO 48X TV SHORT RATE		9278.49

PLEASE INCLUDE ACCOUNT NUMBER 064731100 WITH YOUR PAYMENT TO ENSURE PROMPT PROCESSING.

QUESTIONS? EMAIL US AT: adbilling@dnps.com

22759.90

0.00

0.00

0.00

0.00

22759.90

CREDIT DEPARTMENT: (313) 222-6658 SALES: (313) 222-2370



7/19/2010

United States Bankruptcy Court
Southern District of New York
One Bowling Green
New York, NY 10004-1408

Re: Jennifer Convertibles

CASE #10-13779


Dear Sir/Madam:

Enclosed is a copy of the Proof of Claim (original & 1 copy) supported by statement of account in the above matter.

So that we may know our claim has been received, will you please acknowledge on copy of proof of claim.

Sincerely,

Detroit Media Partnership


Virginia Jennings
Senior Credit Manager
(313) 222-6650
vjennings@dnps.com

VRJ/bb
Encl.
File