

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF New York PROOF OF CLAIM

Name of Debtor: Jennifer Convertibles, Inc. Case Number: 10-13779 (ALG)

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): New York Times Co., Inc. 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.

Name and address where notices should be sent: Joseph Astino c/o Boston Globe
135 Morrissey Blvd., Boston, Ma. 02125 Check box if you have never received any notices from the bankruptcy court in this case.

Telephone number: (617) 929-2756 Check box if the address differs from the address on the envelope sent to you by the court.

Last four digits of account or other number by which creditor identifies debtor: 21000236 Check here replaces amends a previously filed claim, dated: _____

1. Basis for Claim **RECEIVED** Personal injury/wrongful death Wages, salaries, and compensation (fill out below)
 Goods sold Taxes Last four digits of your SS #: _____
 Services performed **AUG 16 2010** Retiree benefits as defined in 11 U.S.C. § 1114(a) Unpaid compensation for services performed
 Money loaned **BMC GROUP** Other _____ From _____ to _____
(date) (date)

2. Date debt was incurred: 07/31/2010 3. If court judgment, date obtained: _____

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 76,654.00 **Secured Claim**
 Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Check this box if your claim is secured by collateral (including a right of setoff).
Brief Description of Collateral:
 Real Estate Other _____
 Motor Vehicle


Unsecured Priority Claim
 Check this box if you have an unsecured claim, all or part of which is entitled to priority.
Amount entitled to priority \$ _____
Value of Collateral: \$ _____
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 Wages, salaries, or commissions (up to \$10,950),* 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 Up to \$2,425* 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).
 Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 76,654.00
(unsecured) (secured) (priority) (total)
 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 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, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.
8. 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.

Date: 08/12/2010 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): Brent Turner Manager, Boston Globe Credit & Collections

Jennifer Convertibles

00016

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, such as bankruptcy cases that are not filed voluntarily by a debtor, there may be exceptions to these general rules.

— DEFINITIONS —

Debtor

The person, corporation, or other entity that has filed a bankruptcy case is called the debtor.

Creditor

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

Proof of Claim

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the clerk of the bankruptcy court where the bankruptcy case was filed.

Secured Claim

A claim is a secured claim to the extent that the creditor has a lien on property of the debtor (collateral) that gives the creditor the right to be paid from that property before creditors who do not have liens on the property.

Examples of liens are a mortgage on real estate and a security interest in a car, truck, boat, television set, or other item of property. A lien may have been obtained through a court proceeding before the bankruptcy case began; in some states a court judgment is a lien. In addition, to the extent a creditor also owes money to the debtor (has a right of setoff), the creditor's claim may be a secured claim. (See also *Unsecured Claim*.)

Unsecured Claim

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

Unsecured Priority Claim

Certain types of unsecured claims are given priority, so they are to be paid in bankruptcy cases before most other unsecured claims (if there is sufficient money or property available to pay these claims). The most common types of priority claims are listed on the proof of claim form. Unsecured claims that are not specifically given priority status by the bankruptcy laws are classified as *Unsecured Nonpriority Claims*.

Items to be completed in Proof of Claim form (if not already filled in)

Court, Name of Debtor, and Case Number:

Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the court, all of this information is near the top of the notice.

Information about Creditor:

Complete the section giving the name, address, and telephone number of the creditor to whom the debtor owes money or property, and the debtor's account number, if any. If anyone else has already filed a proof of claim relating to this debt, if you never received notices from the bankruptcy court about this case, if your address differs from that to which the court sent notice, or if this proof of claim replaces or changes a proof of claim that was already filed, check the appropriate box on the form.

1. Basis for Claim:

Check the type of debt for which the proof of claim is being filed. If the type of debt is not listed, check "Other" and briefly describe the type of debt. If you were an employee of the debtor, fill in the last four digits of your social security number and the dates of work for which you were not paid.

2. Date Debt Incurred:

Fill in the date when the debt first was owed by the debtor.

3. Court Judgments:

If you have a court judgment for this debt, state the date the court entered the judgment.

4. Classification of Claim:

Secured Claim:

Check the appropriate place if the claim is a secured claim. You must state the type and value of property that is collateral for the claim, attach copies of the documentation of your lien, and state the amount past due on the claim as of the date the bankruptcy case was

filed. A claim may be partly secured and partly unsecured. (See DEFINITIONS, above).

Unsecured Priority Claim:

Check the appropriate place if you have an unsecured priority claim, and state the amount entitled to priority. (See DEFINITIONS, above). A claim may be partly priority and partly nonpriority if, for example, the claim is for more than the amount given priority by the law. Check the appropriate place to specify the type of priority claim.

Unsecured Nonpriority Claim:

Check the appropriate place if you have an unsecured nonpriority claim, sometimes referred to as a "general unsecured claim." (See DEFINITIONS, above.) If your claim is partly secured and partly unsecured, state here the amount that is unsecured. If part of your claim is entitled to priority, state here the amount not entitled to priority.

5. Total Amount of Claim at Time Case Filed:

Fill in the total amount of the entire claim. If interest or other charges in addition to the principal amount of the claim are included, check the appropriate place on the form and attach an itemization of the interest and charges.

6. Credits:

By signing this proof of claim, you are stating under oath that in calculating the amount of your claim you have given the debtor credit for all payments received from the debtor.

7. Supporting Documents:

You must attach to this proof of claim form copies of documents that show the debtor owes the debt claimed or, if the documents are too lengthy, a summary of those documents. If documents are not available, you must attach an explanation of why they are not available.

**ADVERTISING
INVOICE**

The New York Times

620 EIGHTH AVE NEW YORK, NY 10018

FED ID# 13-1102020
PHONE: (212) 656-7777

DUNS # 001315613
MEDIA # 1-133-6000

**FORWARDING AND
ADDRESS CORRECTION REQUESTED**

JENNIFER CONVERTIBLES
MR DAVID BORGEN
902 BROADWAY
NEW YORK NY 10010



0021000236

BILLED ACCOUNT NAME		
JENNIFER CONVERTIBLES		
BILLED A/C #	BILLING PERIOD	INVOICE NUMBER
0021000236	04/01/10-04/30/10	043000075089
BILLING DATE	TERMS OF PAYMENT	PAGE
04/30/10	PAY WITHIN 15 DAYS	1 OF 2

Dear Advertiser:

Thank you for your continued business. In our efforts to ensure that your ads are printed and invoiced correctly, we would like to extend a friendly reminder.

An Insertion Order is REQUIRED for every display advertisement placed in the New York Times.

For information on where to send your insertion order, please call 212-656-7777. Your cooperation is very much appreciated.

Visit our website for on-line reservation and material submission www.nytadvertising.com

DATE	PAYMENT REFERENCE #	DESCRIPTION OTHER COMMENTS/CHARGES	SAU SIZE	BILLED UNITS	RATE	GROSS AMOUNT	NET AMOUNT
04/11/10	8000607265	NY-DS-TDSR AK 4C Reservation # 1000193704-010-001 RA: Sales approved special rate (prebilling) Bleed Chg	FULL PG BL	66	234.85	15,500.00	15,500.00
	PG# 75					-1,550.00	
						1,550.00	
		Total Gross Amount				15,500.00	

Please detach and return this portion with your payment in the enclosed envelope

BILLED ACCOUNT NAME	BILLED A/C #	INVOICE #	BILLING PERIOD	BILLING DATE
JENNIFER CONVERTIBLES	0021000236	043000075089	04/01/10-04/30/10	04/30/10

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TOTAL AMOUNT DUE
15,500.00

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REMIT TO:
THE NEW YORK TIMES
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NEWARK, NJ 07195-0218



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IF PAYMENT DOES NOT AGREE WITH TOTAL AMOUNT DUE - PLEASE NOTE CHANGES AND RETURN A COMPLETE COPY OF THIS INVOICE/STATEMENT WITH YOUR PAYMENT.

THANK YOU.

0021000236 043000075089 0001550000 0

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0021000236	05/01/10-05/31/10	043000085254
BILLING DATE	TERMS OF PAYMENT	PAGE
05/31/10	PAY WITHIN 15 DAYS	1 OF 2

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DATE	PAYMENT REFERENCE #	DESCRIPTION OTHER COMMENTS/CHARGES	SAU SIZE	BILLED UNITS	RATE	GROSS AMOUNT	NET AMOUNT
05/02/10	8000651383	NY-DS-TDSR AK 4C PG# 55 Reservation # 1000193706-010-001 RA: Sales approved special rate (prebilling) Bleed Chg	FULL PG BL	66	234.85	15,500.00	15,500.00
						-1,550.00	
						1,550.00	
05/16/10	8000651384	NY-DS-MG AK 4C Reservation # 1000193708-010-001 RA: Added Value Adjustment	SQUARE 3RD PG	18	422.72	7,609.00	0.00
						-7,609.00	
05/23/10	8000651385	NY-DS-MG AK 4C Reservation # 1000193710-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
05/30/10	8000651386	NY-DS-MG AK 4C Reservation # 1000193711-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
Total Gross Amount						30,718.00	

Please detach and return this portion with your payment in the enclosed envelope

BILLED ACCOUNT NAME	BILLED A/C #	INVOICE #	BILLING PERIOD	BILLING DATE
JENNIFER CONVERTIBLES	0021000236	043000085254	05/01/10-05/31/10	05/31/10

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30,718.00

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0021000236 043000085254 0003071800 7

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DUNS # 001316613
MEDIA # 1-133-6000

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BILLED ACCOUNT NAME		
JENNIFER CONVERTIBLES		
BILLED A/C #	BILLING PERIOD	INVOICE NUMBER
0021000236	06/01/10-06/30/10	043000095861
BILLING DATE	TERMS OF PAYMENT	PAGE
06/30/10	PAY WITHIN 15 DAYS	1 OF 2

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NEW YORK NY 10010



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DATE	PAYMENT REFERENCE #	DESCRIPTION OTHER COMMENTS/CHARGES	SAU SIZE	BILLED UNITS	RATE	GROSS AMOUNT	NET AMOUNT
06/13/10 PG# 27	8000681297	NY-DS-MG AK 4C Reservation # 1000193712-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
06/27/10 PG# 10	8000681298	NY-DS-MG AK 4C Reservation # 1000193714-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
Total Gross Amount						15,218.00	

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BILLED ACCOUNT NAME	BILLED A/C #	INVOICE #	BILLING PERIOD	BILLING DATE
JENNIFER CONVERTIBLES	0021000236	043000095861	06/01/10-06/30/10	06/30/10

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902 BROADWAY
NEW YORK NY 10010



BILLED ACCOUNT NAME		
JENNIFER CONVERTIBLES		
BILLED A/C #	BILLING PERIOD	INVOICE NUMBER
0021000236	07/01/10-07/31/10	043000101792
BILLING DATE	TERMS OF PAYMENT	PAGE
07/31/10	PAY WITHIN 15 DAYS	1 OF 2

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DATE	PAYMENT REFERENCE #	DESCRIPTION OTHER COMMENTS/CHARGES	SAU SIZE	BILLED UNITS	RATE	GROSS AMOUNT	NET AMOUNT
07/04/10 PG# 10	8000713226	NY-DS-MG AK 4C Reservation # 1000193715-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
07/18/10 PG# 16	8000713227	NY-DS-MG AK 4C Reservation # 1000193716-010-001	SQUARE 3RD PG	18	422.72	7,609.00	7,609.00
Total Gross Amount						15,218.00	

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JENNIFER CONVERTIBLES	0021000236	043000101792	07/01/10-07/31/10	07/31/10

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