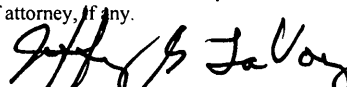



UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: JENNIFER CONVERTIBLES, INC DBA ASHLEY FURNITURE HOMESTORE		Case Number: 10-13779 (ALG)
<i>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): OHIO TABLE PAD COMPANY		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: P.O. BOX 10010 PERRYSBURG, OH 43552		
Telephone number: (419) 872-6400		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Telephone number:		
1. Amount of Claim as of Date Case Filed: \$ <u>1,846.90</u> 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. <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.		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. 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"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5). <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"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ <i>*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.</i>
2. Basis for Claim: <u>COST OF GOODS SOLD</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>3629</u> 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. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 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.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 08/18/2010	Signature: 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. <div style="text-align: center;">  JEFFERY G. LAVOY, CFO & VP FINANCE </div>	
		FOR COURT USE ONLY Jennifer Convertibles  00029

Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1041869

INVOICE DATE

6/18/2010

ACCOUNT NO.

3629IN

SOLD TO

ASHLEY FURNITURE HOMESTOR
700 SOUTH SERVICE ROAD
PATCHOGUE, NY 11772

SHIP TO

PATRICE AWLAND
355 PHYLLIS DR
PATCHOGUE, NY 11772-1825
US

Store: ASHLEY FURNITURE HOMESTOR
Dept:

Customer: AWLAND, PATRICE
PO #: 2127350

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	19.34
		0.00	0.00
UPS Tracking Number: 1Z447949P246738441		0.00	0.00
		TOTAL	\$131.34

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 3629IN
INVOICE NUMBER 1041869
INVOICE DATE 6/18/2010
BALANCE DUE \$ 131.34

METHOD OF PAYMENT:

CHECK MONEY ORDER
 MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774

Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1042184

INVOICE DATE

6/25/2010

ACCOUNT NO.

3629IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTOR
700 SOUTH SERVICE ROAD
PATCHOGUE, NY 11772

ANDREA GILBERT
114 BUCKNELL RD
WEST SAYVILLE, NY 11796-1005
US

Store: ASHLEY FURNITURE HOMESTOR

Customer: GILBERT, ANDREA

Dept:

PO #: 2127790

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
TABLE PAD STORAGE BAG	1	12.50	12.50
18" VINYL LEAF BAG	1	12.50	12.50
Shipping		0.00	18.64
		0.00	0.00
		0.00	0.00
TOTAL			\$155.64

UPS Tracking Number: 1Z447949P247840499

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 3629IN
INVOICE NUMBER 1042184
INVOICE DATE 6/25/2010
BALANCE DUE \$ 155.64

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EXPIRATION DATE MONTH YEAR
 [] [] - [] [] [] []

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CARDHOLDER NAME _____

SIGNATURE _____

CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1042672

INVOICE DATE

7/12/2010

ACCOUNT NO.

3629IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTOR
700 SOUTH SERVICE ROAD
PATCHOGUE, NY 11772

GEORGE MACCHIO
19 WOODSTOCK PL
LAKE GROVE, NY 11755-2827
US

Store: ASHLEY FURNITURE HOMESTOR
Dept:

Customer: MACCHIO, GEORGE
PO #: 2128500

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	18.25
		0.00	0.00
		0.00	0.00
TOTAL			\$130.25

UPS Tracking Number: 1Z447949P246669365

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TOTAL

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 3629IN
INVOICE NUMBER 1042672
INVOICE DATE 7/12/2010
BALANCE DUE \$ 130.25

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EXPIRATION DATE MONTH YEAR
[] [] - [] [] [] []

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1043303

INVOICE DATE

7/16/2010

ACCOUNT NO.

4172IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

LEANARD CEPALE
2318 JEFFREY CT
MERRICK, NY 11566-4711
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: CEPALE, LEANARD
PO #: 291000

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	18.25
		0.00	0.00
UPS Tracking Number: 1Z447949P245018962		0.00	0.00
TOTAL			\$130.25

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN
INVOICE NUMBER 1043303
INVOICE DATE 7/16/2010
BALANCE DUE \$ 130.25

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774

Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1041559

INVOICE DATE

6/15/2010

ACCOUNT NO.

4172IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

TERESA VALDES
41 NASSAU PKWY
OCEANSIDE, NY 11572-1547
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: VALDES, TERESA
PO #: 286590

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	2	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	21.73
		0.00	0.00
UPS Tracking Number: 1Z447949P247980936		0.00	0.00
TOTAL			\$133.73
TERMS NET 30			

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN
INVOICE NUMBER 1041559
INVOICE DATE 6/15/2010
BALANCE DUE \$ 133.73

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

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EXPIRATION DATE MONTH YEAR

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CARDHOLDER NAME _____

SIGNATURE _____

CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1041643

INVOICE DATE

6/16/2010

ACCOUNT NO.

4172IN

SOLD TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

SHIP TO

ANTON MISKOVSKY
5132 64TH ST
WOODSIDE, NY 11377-5807
US

Store: ASHLEY FURNITURE HOMESTORE

Customer: MISKOVSKY, ANTON

Dept:

PO #: 279110

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	18.25
		0.00	0.00
UPS Tracking Number: 1Z447949P246378518		0.00	0.00
		TOTAL	\$130.25
<p><small>RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.</small></p> <p>F.O.B. FACTORY</p>			TERMS NET 30

DUPLICATE COPY

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN

INVOICE NUMBER 1041643

INVOICE DATE 6/16/2010

BALANCE DUE \$ 130.25

REMIT TO:

OHIO TABLE PAD COMPANY

P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1041510

INVOICE DATE

6/15/2010

ACCOUNT NO.

4172IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

RANDALL HINTZ
14 OAK PL
ALBERTSON, NY 11507-1218
US

Store: ASHLEY FURNITURE HOMESTORE

Customer: HINTZ, RANDALL

Dept:

PO #: 285420

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	16.87
		0.00	0.00
UPS Tracking Number: 1Z447949P247683016		0.00	0.00
TOTAL			\$428.87

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL

THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TOTAL

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN

INVOICE NUMBER 1041510

INVOICE DATE 6/15/2010

BALANCE DUE \$ 128.87

REMIT TO:

OHIO TABLE PAD COMPANY

P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME

SIGNATURE CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT CHECK NUMBER

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774

Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1042012

INVOICE DATE

6/21/2010

ACCOUNT NO.

4172IN

SOLD TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

SHIP TO

JAMES LANG
65 RIDER AVE
MALVERNE, NY 11565-2022
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: LANG, JAMES
PO #: 287750

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	16.56
		0.00	0.00
UPS Tracking Number: 1Z447949P245144950		0.00	0.00
TOTAL			\$128.56

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN
INVOICE NUMBER 1042012
INVOICE DATE 6/21/2010
BALANCE DUE \$ 128.56

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME _____

SIGNATURE _____

CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1042670

INVOICE DATE

7/8/2010

ACCOUNT NO.

4172IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
164 GLEN COVE ROAD
CARLE PLACE, NY 11514

RICHARD NARAIN
1841 DUTCH BROADWAY
ELMONT, NY 11003-4243
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: NARAIN, RICHARD
PO #: 289090

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	1	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	18.64
		0.00	0.00
		0.00	0.00
TOTAL			\$130.64

UPS Tracking Number: 1Z447949P245128996

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4172IN
INVOICE NUMBER 1042670
INVOICE DATE 7/8/2010
BALANCE DUE \$ 130.64

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME

SIGNATURE CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT CHECK NUMBER

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774

Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1041720

INVOICE DATE

6/17/2010

ACCOUNT NO.

4174IN

SOLD TO

ASHLEY FURNITURE HOMESTORE
1821 BROAD HOLLOW ROAD
FARMINGDALE, NY 11735

SHIP TO

CHRISTINE SOLOMITO
100 KOPF RD
LV PKG AT DESK
BELLMORE, NY 11710-4710
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: SOLOMITO, CHRISTINE
PO #: 4029200

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	14.87
		0.00	0.00
UPS Tracking Number: 1Z447949P247466920		0.00	0.00
TOTAL			\$126.87
TERMS NET 30			

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL
THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE
FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4174IN
INVOICE NUMBER 1041720
INVOICE DATE 6/17/2010
BALANCE DUE \$ 126.87

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

METHOD OF PAYMENT:

CHECK MONEY ORDER
 MASTERCARD VISA DISCOVER

CARD NUMBER

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EXPIRATION DATE MONTH YEAR

--	--

--	--	--	--

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1042370

INVOICE DATE

6/25/2010

ACCOUNT NO.

4177IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
2233 FLATBUSH AVENUE
BROOKLYN, NY 11234

MARY WILDES
3691 RICHMOND AVE
STATEN ISLAND, NY 10312-3826
US

Store: ASHLEY FURNITURE HOMESTORE

Customer: WILDES, MARY

Dept:

PO #: 5016870

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
ELITE - LEAF	2	0.00	0.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	19.69
		0.00	0.00
		0.00	0.00
TOTAL			\$131.69

UPS Tracking Number: 1Z447949P245119148

DUPLICATE COPY

RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL

THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.

F.O.B. FACTORY

TERMS NET 30

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4177IN
INVOICE NUMBER 1042370
INVOICE DATE 6/25/2010
BALANCE DUE \$ 131.69

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774



Ohio Table Pad Company

P.O. BOX 10010, PERRYSBURG, OH 43552-9932

INVOICE NO.

1043194

INVOICE DATE

7/15/2010

ACCOUNT NO.

4178IN

SOLD TO

SHIP TO

ASHLEY FURNITURE HOMESTORE
2300 BROADWAY
NEW YORK, NY 10024

SARA PINTO
1520 YORK AVE APT 10J
NEW YORK, NY 10028-7009
US

Store: ASHLEY FURNITURE HOMESTORE
Dept:

Customer: PINTO, SARA
PO #: 6001610

DESCRIPTION	QTY.	UNIT PRICE	COST
ELITE - TABLE PAD	1	112.00	112.00
MAGNAPADS	1	0.00	0.00
Shipping		0.00	14.87
		0.00	0.00
UPS Tracking Number: 1Z447949P247985333		0.00	0.00
TOTAL			\$126.87
RETURN GOODS WILL NOT BE ACCEPTED WITHOUT PRIOR APPROVAL THESE GOODS WERE PRODUCED IN COMPLIANCE WITH THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED.			TERMS NET 30

DUPLICATE COPY

F.O.B. FACTORY

PLEASE DETACH THIS STUB AND RETURN WITH REMITTANCE

ACCOUNT NUMBER 4178IN
INVOICE NUMBER 1043194
INVOICE DATE 7/15/2010
BALANCE DUE \$ 126.87

METHOD OF PAYMENT:

CHECK MONEY ORDER

MASTERCARD VISA DISCOVER

CARD NUMBER

EXPIRATION DATE MONTH YEAR

CARDHOLDER NAME _____

SIGNATURE _____
CARDHOLDER'S SIGNATURE

AMOUNT OF PAYMENT _____ CHECK NUMBER _____

REMIT TO:

OHIO TABLE PAD COMPANY
P.O. BOX 10010
PERRYSBURG, OH 43552-3010

CORPORATE ACCOUNTING DEPARTMENT
PHONE (419) 872-6400
FAX (419) 872-4774