

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): Piedmont Natural Gas Company

Name and address where notices should be sent:

4339 S. Tryon Street
Attn: CBO/Bankruptcy
Charlotte, NC 28217-1733

Telephone number: (704) 587-3152

RECEIVED
AUG 19 2010
BMC GROUP

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: (If known)

Filed on:

Name and address where payment should be sent (if different from above):

Telephone number:

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.

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 44.00

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.

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.

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

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).

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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).

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)( ).

Amount entitled to priority:

\$

\*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.

2. Basis for Claim: Goods

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 6001

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: Real Estate Motor Vehicle 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:

FOR COURT USE ONLY

Date: 07/26/2010

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.

Judy Conrad

Judy Conrad

Jennifer Convertibles



00034

**Message Center**

**Final Bill**

Account Number: www.piedmontng.com

JENNIFER CONVERTIBLES

Service Address:  
1622 STANLEY RD STE 110  
GREENSBORO, NC 27407

Billing Date: 07/21/10

Past Due After: 08/06/10

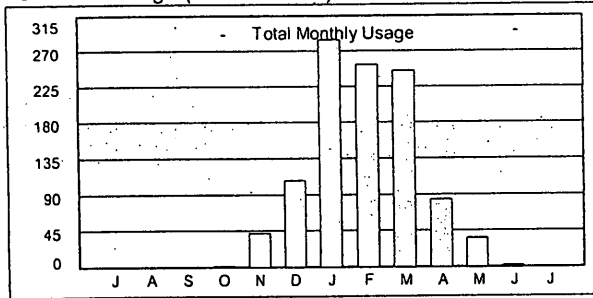
Rate Schedule\*: 102 SMALL GENERAL SERVICE

\*Rate schedule and calculation information is available on our website.

Page 1 of 1

**Gas Usage History**

13-Month Usage (Total Therms)



Previous Months' Usage (light bars) Current Month's Usage (dark bar)

	07/09	07/10
Therms	0	0
Days	33	44
Amount	\$22.00	\$44.00

**Account Summary**

Previous Bill Amount	\$22.00
Payment(s) Received through 7/20/10	\$0.00
Past Due Balance	\$0.00
<b>Current Billing and Other Basic Charges</b>	
Gas - Current Month Charges	\$22.00
Gas - Current Month Charges	\$22.00
<b>Total Current Balance</b>	<b>\$44.00</b>
<b>Account Balance</b>	<b>\$44.00</b>

**Total Amount Due Upon Receipt \$44.00**

*Late fees will be assessed after past due date.*

All bills are due and payable upon receipt. A late payment charge of 1% will be added to natural gas balances not paid by the past due date. A late charge of 1.5% (.50 minimum) will be added to appropriate non-utility balances not paid by the past due date. Late fees will not be applied to "Share the Warmth" donations.

**Current Reading - based on actual read**

Meter Number	Service Period		Meter Reading		Reading Difference	Meter Multiplier	Gas Used (CCF)	Heat Factor	Number of Therms Used
	From	To	Previous	Current					
509181	07/08/10	07/18/10	9189	9189	0 X	1.000 =	0 X	1.0170 =	0
Total Therms Used		0							
Number of Days		10							

011291 / 013602 NOCNPP

PO BOX 33068  
CHARLOTTE NC 28233-3068

Please check here and fill out reverse to enroll in *Share the Warmth Round Up.*



11291 1 MB 0.379 1643/011291 /00013602 40 1 NOCNPP  
JENNIFER CONVERTIBLES  
417 CROSSWAYS PARK DR  
WOODBURY, NY 11797-2061

Account Number:

Payment Due:

Total Amount Due:

Please make check payable to **Piedmont Natural Gas.**  
Be sure to write your account number on your check.

Upon Receipt

\$44.00

Send payment to:

PIEDMONT NATURAL GAS  
PO BOX 533500  
Atlanta GA 30353-3500

000NOCNPP000116435 021 00

000044000000440000000000 4