


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Jennifer Convertibles</u>		Case Number: <u>10-13779</u> 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): <u>TALX</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>TALX Corporation</u> <u>11432 Lackland Rd</u> <u>St Louis MO 63146</u> Telephone number: <u>314-214-7000</u>		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): Telephone number: _____		Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>5163.57</u>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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.
2. Basis for Claim: <u>Services performed</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor: <u>517500</u>		<input type="checkbox"/> 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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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: \$ <u>5163.57</u>		<input type="checkbox"/> 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).
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
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:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____
Date: <u>8/16/10</u> <u>Gina Heitz, Credit Manager</u> 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.		FOR COURT USE ONLY <u>Jennifer Convertibles</u>  00038



INVOICE

Invoice No. 620463
Invoice Date 03/07/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: J17500
PO Number:
Payment Terms: Net 30
Due Date: 4/6/2010

Jennifer Convertibles, Inc.
Joseph Schillero
417 Crossways Park Drive
Woodbury, NY 11797

AMOUNT DUE: \$2,775.41

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
	(1) Unemployment Claims Management Services For 03/01/2010 thru 05/31/2010	11,101.64		0.250	2,775.41	
	(1) Sales Tax For The State of NY at 0 for Unemployment Claims Administration			1.00		
				1.00		
				1.00		

YOU MAY HAVE A RIGHT TO CANCEL THIS CONTRACT ON NINETY (90) DAYS NOTICE PURSUANT TO AN ORDER OF THE FEDERAL TRADE COMMISSION. IF YOU HAVE QUESTIONS ABOUT WHETHER YOU HAVE SUCH RIGHT TO CANCEL, PLEASE CALL 800-677-9031 FOR A CONFIDENTIAL CONSULTATION. ADDITIONAL INFORMATION CONCERNING THIS RIGHT TO CANCEL CAN BE FOUND AT [HTTP://WWW.TALX.COM/CONTRACTS](http://www.talx.com/contracts).

Ship To:

Jennifer Convertibles, Inc.
Joe Schillero
419 Crossways Park Drive
Woodbury, NY 11797

INVOICE Total 2,775.41



INVOICE

Invoice No. 660938
Invoice Date 05/28/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: J17500
PO Number:
Payment Terms: Net 30
Due Date: 6/27/2010

Jennifer Convertibles, Inc.
Joseph Schillero
417 Crossways Park Drive
Woodbury, NY 11797

AMOUNT DUE: \$380.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
	(1) Excess Claims Sep 09 - Apr 10	19.00		20.000	380.00	
	(1) Sales Tax For The State of NY at 0 for Unemployment Claims Administration	1.00		1.00		
		1.00		1.00		

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Ship To:

Jennifer Convertibles, Inc.
Joe Schillero
419 Crossways Park Drive
Woodbury, NY 11797

INVOICE Total 380.00



INVOICE

Invoice No. 662314
Invoice Date 06/07/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: J17500
PO Number:
Payment Terms: Net 30
Due Date: 7/7/2010

Jennifer Convertibles, Inc.
Joseph Schillero
417 Crossways Park Drive
Woodbury, NY 11797

AMOUNT DUE: \$2,775.41

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
	(1) Unemployment Claims Management Services For 06/01/2010 thru 08/31/2010	11,101.64		0.250	2,775.41	
	(1) Sales Tax For The State of NY at 0 for Unemployment Claims Administration			1.00		
				1.00		
				1.00		

YOU MAY HAVE A RIGHT TO
NOTICE PURSUANT TO AN
YOU HAVE QUESTIONS ABOUT
PLEASE CALL 800-677-9031 FOR
INFORMATION CONCERNING
[HTTP://WWW.TALX.COM/C](http://www.talx.com/c)

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1,448.16*

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CEL CAN BE FOUND AT

Ship To:
Jennifer Convertibles, Inc.
Joe Schillero
419 Crossways Park Drive
Woodbury, NY 11797

INVOICE Total 2,775.41



INVOICE

Invoice No. 673486
Invoice Date 06/23/10
Page 1

Please Remit To:
TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: J17500
PO Number:
Payment Terms: Net 30
Due Date: 7/23/2010

Jennifer Convertibles, Inc.
Joseph Schillero
417 Crossways Park Drive
Woodbury, NY 11797

AMOUNT DUE: \$180.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims May 2010	9.00		20.000	180.00	
(1)	Sales Tax For The State of	1.00				
	NY at 0 for Unemployment	1.00				
	Claims Administration	1.00				

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Jennifer Convertibles, Inc.
Joe Schillero
419 Crossways Park Drive
Woodbury, NY 11797

INVOICE Total 180.00



INVOICE

Invoice No. 690364
Invoice Date 07/30/10
Page 1

Please Remit To:

TALX Corporation
FedID: 64-0958101
4076 Paysphere Circle
Chicago, IL 60674

Customer No: J17500
PO Number:
Payment Terms: Net 30
Due Date: 8/29/2010

Jennifer Convertibles, Inc.
Joseph Schillero
417 Crossways Park Drive
Woodbury, NY 11797

AMOUNT DUE: \$380.00

Amount Remitted

For billing questions, please call: 888-594-1999

Line	Description	Qty	UOM	Unit Amt	Net Amount	Tax (Y/N)
(1)	Excess Claims June 2010	19.00		20.000	380.00	
(1)	Sales Tax For The State of NY at 0 for Unemployment Claims Administration	1.00				
		1.00				
		1.00				

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INVOICE Total 380.00