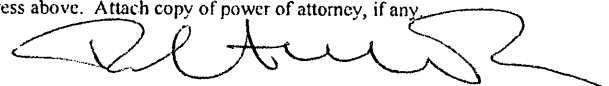



UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Jennifer Convertibles Inc.</u>		Case Number: <u>10-13779</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense 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):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <u>10-13779</u> <i>(If known)</i> Filed on: <u>8/11/10</u>
Name and address where notices should be sent: <u>Academy Fire Protection</u> <u>48-81 Maspeth Ave N.Y. 11378</u> Telephone number: <u>347-473-7211</u>		
Name and address where payment should be sent (if different from above): <u>BMC GROUP</u> <u>Same as above.</u> Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>1,209.29</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: <u>\$ 1,209.29</u> <small>*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.</small>
2. Basis for Claim: <u>Services</u> <small>(See instruction #2 on reverse side.)</small>		
3. Last four digits of any number by which creditor identifies debtor: <u>1086</u> 3a. Debtor may have scheduled account as: _____ <small>(See instruction #3a on reverse side.)</small>		
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 checked="" 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: \$ <u>1,209.29</u> Amount Unsecured: \$ <u>1,209.29</u>		
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: <u>8/10</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>  00055

INSTRUCTIONS FOR PROOF OF CLAIM FORM

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

Items to be completed in Proof of Claim form**Court, Name of Debtor, and Case Number:**

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

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

4. Secured Claim:

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

Date and Signature:

The person filing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**Debtor**

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

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the agent of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION**Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may contact BMC Group (info@bmcgroup.com).

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

Invoice

Academy Fire Protection

Date: 4/27/2010
Invoice No.: 606610

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200

(347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles North Miami Beach
1730 NE 163rd Street
North Miami Beach, FL 33162

Date of Service: 4/21/2010

Customer ID: 168502

PO Number: **FN/JANET**

Description: Work Order 674918 Extinguisher Insp

Reference: Work Order 674918

Terms: Net 30 days

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	5lb ABC Ext Inspection	2.00	\$0.0000	\$0.00
	Miscellaneous Subtotal:			\$45.00

Subtotal:	\$45.00
Sales Tax:	\$3.15
Payments:	\$0.00
Total Due:	\$48.15

WORK ORDER ISSUED BY:
Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200 Fax: (347) 473-7335

WO#:674918 E.T.A. 04/26/2010

WORK TO BE PERFORMED AT: Cust #168502
Jennifer Convertibles North Miami Bea
1730 NE 163rd Street
North Miami Beach, FL 33162

Ph: (305) 749-5107

County FL MIAMI-DADE

Price Code: Jennifer Convertibles FE3
Cust PO FN/Janet

Call Type: Service Call
Problems: Extinguisher Insp
Assignment: Melissa Garayua

V:1173

Comments: E - Fire extinguishers need to be service and inspected.

WO Notes

Documentation				Testing Y/N						New products supplied Y/N						
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	WSP	RECH	BYR	HYDRO	CORDEM	INSTALL	NEW UNIT	NEW BOW	NEW VALVE	OTHER NAME	PULL PIN	OTHER
5	PSK		Front	08/1												
11	"		Back	08/1	X											

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA

PLACE STORE STAMP BELOW

Date Completed: 4/24/10

MANAGER'S SIGNATURE: Wanda Cohn

Print Name: Wanda Cohn

By signing above, you confirm showing our technician all of the extinguishers in the store

Jennifer Convertibles
1730 NE 163 St
N. Miami Beach, FL 33162

Invoice

Academy Fire Protection

Date: 4/27/2010
Invoice No.: 607153

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200

(347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #BBC
15 Cambridge Street
Burlington, MA 01803

Date of Service: 4/22/2010

Customer ID: 17629

PO Number: BBC/JANET

Reference: Work Order 674761

Description: Work Order 674761 Extinguisher Insp

Terms: Net 30 days

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	5lb ABC Ext Inspection	3.00	\$0.0000	\$0.00
	10lb ABC Ext Inspection	4.00	\$0.0000	\$0.00
	Add'l Extinguisher Inspections	4.00	\$6.5000	\$26.00
Miscellaneous Subtotal:				\$71.00

Subtotal:	\$71.00
Sales Tax:	\$4.44
Payments:	\$0.00
Total Due:	\$75.44

WORK ORDER ISSUED BY:

Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200

Fax: (347) 473-7335

WO#: 674761

E.T.A. 04/23/2010

WORK TO BE PERFORMED AT:

Cust #17629

Jennifer Convertibles #88C
18 Cambridge Street
Burlington, MA 01803

Ph: (781) 272-7470

County MA MIDDLESEX

Price Code: Jennifer Convertibles FE3
Cust PO: BBC/Jane1

Call Type: Service Call
Problems: Extinguisher Insp
Assignment: Melissa Garayua

V: 608

Comments: E - Perform annual inspection of the Fire extinguishers.

WO Notes

Documentation				Testing Y/N						New products supplied Y/N						
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	INSP	RECH	SYN	HYDRO	CONDEM	INSTALL	NEW UNIT	NEW BIGN	VALVE STEM	OTHER NAME PART	PULL PIN	ORING
5#	ABC	M276166	Center	08	✓											
10#	ABC	JS 229176	Side	08	✓											
10#	ABC	JS 229180	Side	08	✓											
10#	ABC	M2765915	up stairs	08	✓											
5#	ABC	M2765915	up stairs	08	✓											
10#	ABC	JS 229179	Front	08	✓											
5#	ABC	M2765915	Front	08	✓											

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA

PLACE STORE STAMP BELOW

Date Completed:

04/22/10

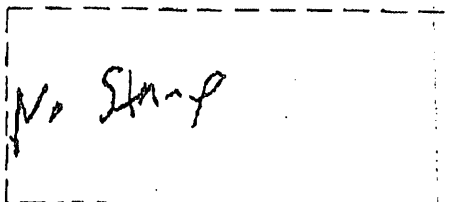
MANAGER'S SIGNATURE:



Print Name:

MARK HEINE

By signing above, you confirm showing our technician
all of the extinguishers in the store



Invoice

Academy Fire Protection

Date: 5/20/2010
Invoice No.: 611612

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200

(347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #CEL
4060 El Cerrito Plaza
El Cerrito, CA 94530

Date of Service: 5/7/2010

Customer ID: 109440

PO Number: CEL/JANET

Description: Work Order 680845 Extinguisher Insp

Reference: Work Order 680845

Terms: Net 30 days

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	5lb ABC Ext 6 Yr Maint	1.00	\$24.0000	\$24.00
	5lb ABC Ext Recharge	1.00	\$14.0000	\$14.00
	Add't Extinguisher Inspections	1.00	\$6.5000	\$6.50
Miscellaneous Subtotal:				\$89.50

Subtotal:	\$89.50
Sales Tax:	\$0.00
Payments:	\$0.00
Total Due:	\$89.50

WORK ORDER ISSUED BY:

Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200

Fax: (347) 473-7335

WO#: 680845

E.T.A.

WORK TO BE PERFORMED AT:

Jennifer Convertibles #CEL
4060 El Cerrito Plaza
El Cerrito, CA 94530

Ph: (510) 524-5100

County CA CONTRA COSTA

Cust #109440

Price Code: Jennifer Convertibles FE3
Cust PO CEL/Janet

Call Type: Service Call
Problems: Extinguisher Insp
Assignment: Yaniris Aldea

V: 12754

Comments: E-- Inspection / Service of fire extinguishers at the premises only.

WO Notes

Documentation				Testing Y/N						New products supplied Y/N							
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	INSP	RECH	BYR	HYDRO	CONDEM	INSTALL	NEW UNIT	NEW SIGN	VALVE STEM	OTHER NAME PART	FULL PIN	OTHER	OTHER
1A5	ABC	RG 151009	LG Center Post	2004			Y										

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA**PLACE STORE STAMP BELOW**

Date Completed:

5-7-10

MANAGER'S SIGNATURE:

Print Name:

By signing above, you confirm showing our technician
all of the extinguishers in the store



4060 EL CERRITO PLAZA
EL CERRITO, CA 94530
PH. 510-524-5100

Invoice

Academy Fire Protection

Date: 6/8/2010
Invoice No.: 616136

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200 (347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #CRP
5673 Redwood Drive
Rohnert Park, CA 94928

Date of Service: 5/29/2010

Customer ID: 17651

PO Number: CRP/JANET

Reference: Work Order 681815

Description: Work Order 681815 Extinguisher Insp

Terms:

Item	Description	Quantity	Unit Price	Amount
Miscellaneous				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	5lb ABC Ext Inspection	2.00	\$0.0000	\$0.00
	Add't Extinguisher Inspections	2.00	\$6.5000	\$13.00
Miscellaneous Subtotal:				\$58.00

Subtotal:	\$58.00
Sales Tax:	\$0.00
Payments:	\$0.00
Total Due:	\$58.00

WORK ORDER ISSUED BY:

Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200

Fax: (347) 473-7335

WO#: 681815

E.T.A. 06/01/2010

WORK TO BE PERFORMED AT:

Cust #17651

Jennifer Convertibles #CRP
5673 Redwood Drive
Rohnert Park, CA 94928

Ph: (707) 588-8051

County CA SONOMA

Price Code: Jennifer Convertibles FE3
Cust PO CRP/Janet

Call Type: Service Call
Problem: Extinguisher Insp
Assignment: Yonits Aldea

V: 10010

Comment: 5 Fire extinguishers at this location require service.

Lift Used _____

WO Notes

Documentation				Testing Y/N						New products supplied Y/N						
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	MSF	RECH	HYD	HYDRO	CONDEN	INSTALL	NEW UNIT	NEW VALVE	OTHER NAME	PULL PART	PH	OTHER
5#	ABC		Front	4/09	Y											
5#	ABC		Back	4/09	Y											

606136

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA**PLACE STORE STAMP BELOW**

Date Completed: 5/29/10

MANAGER'S SIGNATURE:

Print Name:

Sandra Crawford

By signing above, you confirm showing our technician all of the extinguishers in the store

Invoice

Academy Fire Protection

Date: 6/29/2010
Invoice No.: 622846

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200 (347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #NMI
27793 Novi Road
Novi, MI 48377

Customer ID: 17718

Date of Service: 6/11/2010
Reference: Work Order 687808
Jennifer Con FE3
PO Number:

Description: Work Order 687808 Extinguisher Insp

Billed By: 311

Terms: Net 30 days

Item	Description	Quantity	Unit Price	Amount
Parts				
	FE10ABC New Fire Extinguisher 10lb ABC	1.00	\$98.0000	\$98.00
Parts Subtotal:				\$98.00
Service / Labor				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	Install Standard	1.00	\$9.9500	\$9.95
Service / Labor Subtotal:				\$54.95

Subtotal:	\$152.95
Sales Tax:	\$0.00
Payments:	\$0.00
Total Due:	\$152.95

Jun-11-2010 9:31AM

No. 2471 P. 2

WORK ORDER ISSUED BY:

Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200

Fax: (347) 473-7335

WO#: 687808

E.T.A. 06/11/2010

WORK TO BE PERFORMED AT:

Jennifer Convertibles #NMI
27793 Novi Road
Novi, MI 48377

Ph: (248) 347-3555

County MI OAKLAND

Cust #17718

Price Code: Jennifer Convertibles FE3
Cust PO Contract - No P.O. Nee

Call Type: Violation
Problem: Extinguisher Insp
Assignment: Marc Tognetti

V: 2458

Comments: E - Perform inspection/Service on fire extinguishers is due per the Fire Marshal. Provide quote for Emergency lighting.

Lift Used N

WO Notes

#5107107 Conf#

Documentation				Testing Y/N						New products supplied Y/N						
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	INSP	RECH	BYR	HYDRO	CONDEN	INSTALL	NEW UNIT	NEW VALVE	OTHER NAME	PULL PIN	O/RING	
10	ABC	MM-240434	Front Door	2003	X			X	X				Service		X	
10	ABC	N-157573	Front Door	2010	X					X	X					

622546

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA

PLACE STORE STAMP BELOW

Date Completed:

6/11/2010

MANAGER'S SIGNATURE:

[Signature]

Print Name:

J. Christine Bengtson

By signing above, you confirm showing our technician all of the extinguishers in the store

No Store Stamp

JENNIFER
Convertibles

Sales Associate: _____
Phone: 248-347-3555

Christine Bengtson

FIRE EXTINGUISHER INSPECTION REPORT

NAME: Jennifers Convertibles

ADDRESS: 27793 Novi Road

CITY / STATE: Novi, Mich. 48327

DATE: 6-11-10

TECH: [Signature]

FE #	SIZE	AGENT	LOCATION	TAG #	REPLACEMENT SVC	ANNUAL INSP	RECHARGE	5 YR MAINT	HYDROTEST	NEW	M - MOUNT	B - BRACKET	S - SIGN	G - GAUGE	OTHER
1	10	ABC	Front door			A	R	G	H	N					
2															
3															
4															
5															
6															
7															
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35															
36															

AS PER STATE AND LOCAL REGULATIONS, A COPY OF THIS REPORT WILL BE SENT TO THE FIRE INSPECTORS OFFICE



EMERGENCY EXIT LIGHTS INSPECTION REPORT

COMPANY NAME: Jennifer Convertibles

ADDRESS: 2293 Novi Road

CITY/STATE: Novi, Mich, 48377

DATE: 6-11-10

BY: MD

TYPE						CHARGING		BATTERY					BULB					
NUMBER	EMERGENCY	EXIT	COMBO	POWER PACK	REMOTE	LOCATION	BOARD		SIZE	TEST			REPLACED	SIZE	PASS	FAIL	REPLACED	EXIT REPLACED
							PASS	FAIL		LOAD	QUICK	PASS						
1		X				Front door					X	X			X			
2		X				Front door					X	X			X			
3		X				East exit					X	X			X			
4	X					north east wall					X	X			X			
5	X					front door					X	X			X			
6		X				west exit					X	X			X			
7	X					west exit					X	X			X			
8	X					south exit					X	X			X			
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		

NOTES: (BREAKER LOCATION, DEFICIENCIES, ETC.)

State Certification #AS0046 / Elec. Certification 52-01415 / Mech. Certification #71-07058 / Hydrostatic Certification #C427

AS PER STATE AND LOCAL REGULATIONS, A COPY OF THIS REPORT WILL BE SENT TO THE FIRE INSPECTORS BY 3/07

Notes

6/28/2010 3:10PM

Page 1 of 1

Date	Number	Employee	Properties	Subject
6/25/2010	5159840	Melissa Garayua		Janet [C] approved the work below

From: Janet Dawber [mailto:jdawber@jenniferfurniture.com]
 Sent: Friday, June 25, 2010 10:32 AM
 To: Melissa Garayua
 Subject: RE: Jennifer Convertibles - Novi, MI

Melissa,

Yes, this is approved. The store emailed me last week and advised that a new fire extinguisher was put in place.

THanks,

Janet Dawber
 Executive Assistant
 Jennifer Convertibles
 417 Crossways Park Drive
 Woodbury, NY 11797
 Tel: 516-496-1900, ext. 3275
 Fax: 516-496-0008
 E-Mail: jdawber@jenniferfurniture.com

-----Original Message-----

From: Melissa Garayua [mailto:MGarayua@academyfire.com]
 Sent: Friday, June 25, 2010 9:38 AM
 To: jdawber@jenniferfurniture.com
 Subject: Jennifer Convertibles - Novi, MI
 Janet,

We are dosing out the below for the extinguisher portion only.

Please advise if we are approved to proceed as follows as the tech needed to replace [1] fire extinguisher.

1.00 Service Charge Extinguishers @ \$45.00
 1.00 Install Standard @ \$9.95
 1.00 FE10ABC New Fire Extinguisher 10lb ABC @ \$98.00

Total 152.95

Thank you,
 Melissa Garayua Sepulveda
 Project Coordinator / Customer Service Representative
 Academy Fire Protection
 Phone # (800) 773-4736 Ext:244
 Office Direct # (347) 473-7244
 Fax # (347) 473-7345
 MGarayua@academyfire.com

"Past Winner of the Vendor of the Year awards for PRSM and the Bank Facilities Forum"

From: Melissa Garayua
 Sent: Thursday, June 10, 2010 10:12 AM
 To: Janet Dawber
 Cc: NMI@jenniferfurniture.com; Adam West; Les Falchook; Customer Service
 Subject: RE: Jennifer Convertibles - Novi, MI

Received, we will have this taken care of for you.

Thank you,
 Melissa Garayua Sepulveda
 Project Coor

Invoice

Academy Fire Protection

Date: 7/14/2010
Invoice No.: 626258

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200 (347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #FWB
20665 Lyons Road
Boca Raton, FL 33434

Date of Service: 5/27/2010
Reference: Work Order 681886
Jennifer Con FE3

Customer ID: 71721

PO Number:

Description: Work Order 681886 Extinguisher Insp

Billed By: 453

Terms: Net 30 days

Item	Description	Quantity	Unit Price	Amount
Service / Labor				
	Service Charge Extinguishers	1.00	\$45.0000	\$45.00
	Add't Extinguisher Inspections	2.00	\$6.5000	\$13.00
	10lb ABC Ext Recharge	2.00	\$18.9500	\$37.90
	10lb ABC Ext 6 Yr Maint	2.00	\$24.0000	\$48.00
Service / Labor Subtotal:				\$143.90

Subtotal:	\$143.90
Sales Tax:	\$9.35
Payments:	\$0.00
Total Due:	\$153.25

E.T.A. 06/01/2010

County FL PALM BEACH

****All additional work (Time and Material) must be approved before service by Academy Fire Protection****

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no stamp

voice

Academy Fire Protection

ie: 7/26/2010
oice No.: 629874

48-81 Maspeth Avenue
Maspeth, NY 11378

(347) 473-7200 (347) 473-7335 (fax)

Bill to: Jennifer Convertibles
417 Crossways Park Drive
Woodbury, NY 11797-2061

Service at: Jennifer Convertibles #NMI
27793 Novi Road
Novi, MI 48377

Date of Service: 6/24/2010
Reference: Work Order 688633
Jennifer Con FE3

Customer ID: 17718

PO Number:

Description: Work Order 688633 Lighting Service

Billed By: 651

Terms: Net 30 days

am	Description	Quantity	Unit Price	Amount
arts	ELBAT Battery for Emergency Light	6.00	\$44.5000	\$267.00
			Parts Subtotal:	\$267.00
ervice / Labor	Service Charge Lighting	1.00	\$0.0000	\$0.00
	Labor Electrical 1st Technician	2.00	\$95.0000	\$190.00
	Exit / Emerg Light 90 Minute Pre test	1.00	\$175.0000	\$175.00
			Service / Labor Subtotal:	\$365.00

Subtotal:	\$632.00
Sales Tax:	\$0.00
Payments:	\$0.00
Total Due:	\$632.00

WORK ORDER ISSUED BY:
Academy Fire Protection
48-81 Maspeth Avenue
Maspeth, NY 11378

Ph: (347) 473-7200

Fax: (347) 473-7335

WO#: 688633

E.T.A. 06/30/2010

WORK TO BE PERFORMED AT:
Jennifer Convertibles #NMI
27793 Novi Road
Novi, MI 48377

Ph: (248) 347-3555

County MI OAKLAND

Cust #17718

Price Code: Jennifer Convertibles FE3
Cust PO Contract - No P.O. Nee

Call Type: High Priority
Problems: Lighting Service
Assignment: Marisol Mielles

V: 2468

Comments: E - Perform 90 Minute lighting test at this location.

LIR Used _____

WO Notes

Documentation				Testing Y/N _____						New products supplied Y/N _____						
SIZE	TYPE	SERIAL	LOCATION	LAST TESTED	INSP	RECH	SVR	HYDRO	CONDEM	INSTALL	NEW UNIT	NEW SIGN	VALVE ITEM	OTHER NAME PART	PULL PIN	ORING

MUST GET THE STORE STAMP & SIGNATURE FROM THE MANAGER ON THIS TICKET

CUSTOMER INFORMATION AREA

PLACE STORE STAMP BELOW

Date Completed: 6/24/10

MANAGER'S SIGNATURE: [Signature]

Print Name: J. Christine Benguian

By signing above, client representative confirms that all work has been completed

No store stamp

~~Return to Lish~~

~~6/24/10~~

629874



EMERGENCY/EXIT LIGHTS INSPECTION REPORT

COMPANY NAME: Jennifer Convertibles
ADDRESS: 27793 Novi Rd
CITY/STATE: Novi MI 48377
DATE: 6/24/10 BY: JZ

TYPE						CHARGING BOARD		BATTERY TEST						BULB			
						PASS	FAIL	SIZE	LOAD	ELUTE	PASS	FAIL	REPLACED	SIZE	PASS	FAIL	REPLACED
NUMBER	EMERGENCY	EXIT	COMBO	POWER PACK	REMOTE	LOCATION											
1	X					Front Doors						X		6V 10A	X		①
2	X	X				Front Entrance						X		6V 5A	X		①
3	X	X				TO REAR Rear Store						X		6V 5A	X		①
4	X	X				By Side Exit						X		6V 5A	X		①
5	X	X				Side Exit						X		4.8V 7A	X		①
6	X	X				Rear Store						X		6V 5A	X		①
7	X	X				Wall By electrical closet						X		6V 5A	X		①
8	X	X				side exit						X		6V 5A	X		①
9	X	X				Front exit						X		6V 5A	X		①
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	
20																	

NOTES: (BREAKER LOCATION, DEFICIENCIES, ETC.)