

413280-01

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT Southern DISTRICT OF New York
New York

PROOF OF CLAIM
CH 11 7/28/10

Name of Debtor: Jennifer Convertibles Case Number: 10-13779

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): WPTV Television (1018)
Name and address where notices should be sent:
c/o Szabo Associates, Inc.
3355 Lenox Road NE, 9th Floor
Atlanta, Georgia 30326
Telephone number: (404) 266-2464

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): RECEIVED
SEP 08 2010
BMC GROUP
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: \$ 2613.75
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 \$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)(____).

2. Basis for Claim: services performed
(See instruction #2 on reverse side.)

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

Amount entitled to priority:
\$ _____
*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.

Date: 9-3-2010
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.
Szabo Associates, Inc., Agent
By: Sandi M. Garris S. Garris

FOR COURT USE ONLY
Jennifer Convertibles

00066

Southern District of New York Claims Register

10-13779-alg Jennifer Convertibles, Inc.

Judge: Allan L. Gropper **Chapter:** 11
Office: Manhattan **Last Date to file claims:**
Trustee: **Last Date to file (Govt):**

<i>Creditor:</i> (5291021) WPTV Television (1018) c/o Szabo Associates, Inc. 3355 Lenox Road NE, Suite 945 Atlanta GA 30326	Claim No: 2 <i>Original Filed</i> <i>Date:</i> 09/03/2010 <i>Original Entered</i> <i>Date:</i> 09/03/2010 <i>Last Amendment</i> <i>Filed:</i> 09/03/2010 <i>Last Amendment</i> <i>Entered:</i> 09/03/2010	<i>Status:</i> <i>Filed by:</i> CR <i>Entered by:</i> Toolan, Jennifer <i>Modified:</i>
Unsecured claimed: \$2613.75 Total claimed: \$2613.75		
<i>History:</i> <u>Details</u> <u>2-2</u> 09/03/2010 Amended Claim #2 filed by WPTV Television (1018), total amount claimed: \$2613.75 (Toolan, Jennifer) <u>Details</u> <u>2-1</u> 09/03/2010 Claim #2 filed by WPTV Television (1018), total amount claimed: \$2613.75 (Toolan, Jennifer)		
<i>Description:</i>		
<i>Remarks:</i>		

Claims Register Summary

Case Name: Jennifer Convertibles, Inc.
Case Number: 10-13779-alg
Chapter: 11
Date Filed: 07/18/2010
Total Number Of Claims: 1

	Total Amount Claimed	Total Amount Allowed
Unsecured	\$2613.75	
Secured		
Priority		
Unknown		
Administrative		
Total	\$2613.75	\$0.00