UNITED STATES BANKRUPTC	Y COURT Southern D	istrict of New York		PROOF OF CLAIM
Name of Debtor: Jennifer Convertibles, Inc.			Case Numbe 10-1377	
NOTE: This form should not be used to		expense arising after the commencement of e filed pursuant to 11 U.S.C. § 503.	the case. A r	equest for payment of an
Name of Creditor (the person or other entity Miami Herald Media Company	to whom the debtor owes money or		claim am	s box to indicate that this ends a previously filed
Name and address where notices should be so Miami Herald Media Company Credit Dept. One Herald Plaza, 2nd FI, Miami, F		RECEIVED SEP 0 9 2010	claim. Court Clain (If known)	
Telephone number: (305) 376-2650		BMC GROUP	Filed on:	······
Name and address where payment should be Miami Herald Media Company Credit Dept. One Herald Plaza, 2nd Fl, Miami, I		DIVIC GIROOJ	anyone el relating to statement	s box if you are aware that se has filed a proof of claim by your claim. Attach copy of giving particulars.
Telephone number: (305) 376-2650 1. Amount of Claim as of Date Case Filed:	: \$	53,285.00	or trustee	in this case. of Claim Entitled to
If all or part of your claim is secured, compleitem 4. If all or part of your claim is entitled to priori	ete item 4 below; however, if all of y		Priority any port	inder 11 U.S.C. §507(a). If i ion of your claim falls in e following categories, box and state the
☐ Check this box if claim includes interest or statement of interest or charges.	r other charges in addition to the pri	ncipal amount of claim. Attach itemized		oriority of the claim.
2. Basis for Claim: Unpaid advertising (See instruction #2 on reverse side.)	ng			support obligations under §507(a)(1)(A) or (a)(1)(B).
3a. Debtor may have scheduled acco (See instruction #3a on reverse sid 4. Secured Claim (See instruction #4 on rev Check the appropriate box if your claim is information.	unt as: le.) /erse side.)		to \$11,72 before fil petition of business, U.S.C. §	plaries, or commissions (up 15*) earned within 180 days ing of the bankruptcy or cessation of the debtor's whichever is earlier – 11 507 (a)(4).
Nature of property or right of setoff: Describe:	☐ Real Estate ☐ Motor Vehicl	le 🗆 Other	plan – 11	ions to an employee benefit U.S.C. §507 (a)(5).
Value of Property:\$ Amount of arrearage and other charge	Annual Interest Rate		purchase, or service	600* of deposits toward lease, or rental of property s for personal, family, or d use – 11 U.S.C. §507
Amount of Secured Claim: \$: \$		penalties owed to ental units – 11 U.S.C. §507
6. Credits: The amount of all payments on 7. Documents: Attach redacted copies of ar orders, invoices, itemized statements of runn You may also attach a summary. Attach reda a security interest. You may also attach a sur	ny documents that support the claim ing accounts, contracts, judgments, acted copies of documents providing	s, such as promissory notes, purchase mortgages, and security agreements.	of 11 U.S	pecify applicable paragraph 6.C. §507 (a)). nt entitled to priority:
DO NOT SEND ORIGINAL DOCUMENTS SCANNING. If the documents are not available, please exp		AY BE DESTROYED AFTER	4/1/13 and e	e subject to adjustment on very 3 years thereafter with ses commenced on or after diustment.
09/01/2010 other person authoriz		gn and print name and title, if any, of the crass and telephone number if different from the	editor or	FOR COURT USE ONLY Jennifer Convertibles 00067
Talla Date Ordan manager	Carry			

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.

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 clerk 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 taxidentification, 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 access the court's PACER system (www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

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(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISER / CLIENT NAME BILLING PERIOD 2 03/01/10 - 03/31/10 JENNIFER CONVERTIBLES *UNAPPLIED AMOUNT TOTAL AMOUNT DUE TERMS OF PAYMENT 3 0.00 39, 505. 00 NET 20 DAYS 60 DAYS 21 CURRENT NET AMOUNT DUE | 22 30 DAYS OVER 90 DAYS 16, 477, 50 23, 027, 50 0.00 0.00

ADVERTISING STATEMENT/INVOICE

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BILLED ACCOUNT NAME AND ADDRESS

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

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For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

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EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

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- Please write our billing number on your check.
- Please do not staple your check to your stub.
- Please do not enclose correspondence.
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Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135

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- BILLING PERIOD "FROM" "TO" DATES FOR THIS STATEMENT.
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- 4. PAGE NUMBER PAGE NUMBER FOR MULTI PAGE STATEMENTS.
- 5. BILLING DATE DATE STATEMENT WAS PREPARED.
- 6. BILLED ACCOUNT NUMBER

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- 8. BILLED ACCOUNT NAME AND ADDRESS COMPANY RECEIVING INVOICE.
- REMITTANCE ADDRESS ADDRESS USED WHEN SENDING PAYMENT.
- 10. DATE

 INSERTION DATE OF AD OR TRANSACTION DATE.
- 11. NEWSPAPER REFERENCE NEWSPAPER'S INTERNAL REFERENCE NUMBER.
- 12. DESCRIPTION, OTHER COMMENTS
- 13. PRODUCT/SERVICE CODE

- 14. OTHER CHARGES OR CREDIT
 ALL INFORMATION RELATING TO AD INCLUDING PURCHASE ORDER
 NUMBER, DETAIL OF ALL DISCOUNTS/CHARGES RELATING TO AD.
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- BILLED UNITS
 MEASUREMENT OF AD (COLUMNS X DEPTH)
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- 17. TIMES RUN NUMBER OF INSERT DAYS FOR THIS AD.
- 18. RATE

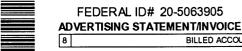
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- 22. 30/60 OVER 90/UNAPPLIED AMOUNT AGING OF PAST DUE BALANCES FOR ADVERTISER
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 (7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

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BILLED ACCOUNT NAME AND ADDRESS

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

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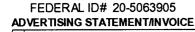
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MIAMI, FL 33132

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NEW YORK, NY 10010-6002

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OTOTTI RETAIL L	CLLAR	200	J	o o	U		•	•	J

For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.

52I''

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

ſ	21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
	16, 477. 50	23, 027. 50	0. 00	0. 00	0. 00	39, 505. 00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

	24	25		ADVERTISER INFORMATION									
ı		1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME				
		O	3/01/10 - 03/31/10		032679006		032679006		JENNIFER CONVERTIBLE				

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- Please do not enclose correspondence.
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 (Ext. 2600) or 800.234.4803 in all other areas.

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THE MIAMI HERALD PO BOX 019135 MIAMI, FLORIDA 33101-9135

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- 1. BILLING PERIOD "FROM" "TO" DATES FOR THIS STATEMENT.
- ADVERTISING/CLIENT NAME NAME OF ADVERTISER (IF AGENCY, CLIENT NAME).
- 3. TERMS OF PAYMENT WHEN PAYMENT IS DUE.
- 4. PAGE NUMBER PAGE NUMBER FOR MULTI PAGE STATEMENTS.
- 5. BILLING DATE DATE STATEMENT WAS PREPARED.
- 6. BILLED ACCOUNT NUMBER NEWSPAPER ACCOUNT NUMBER CORRESPONDING TO ELEMENT 8.
- 7. ADVERTISER/CLIENT NUMBER
 BILLED ACCOUNT NUMBER CORRESPONDING
 TO ELEMENT?
- 8. BILLED ACCOUNT NAME AND ADDRESS COMPANY RECEIVING INVOICE.
- 9. REMITTANCE ADDRESS ADDRESS USED WHEN SENDING PAYMENT.
- 10. DATE INSERTION DATE OF AD OR TRANSACTION DATE.
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- 12. DESCRIPTION, OTHER COMMENTS
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- 14. OTHER CHARGES OR CREDIT
 ALL INFORMATION RELATING TO AD INCLUDING PURCHASE ORDER
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- SAU SIZE STANDARD ADVERTISING UNIT AD SIZE (FOR CLASSIFIED, SINGLE INSERTION LINES).
- 16. BILLED UNITS

 MEASUREMENT OF AD (COLUMNS X DEPTH)

 (FOR CLASSIFIED: TOTAL LINES IN AD SCHEDULE).
- 17. TIMES RUN NUMBER OF INSERT DAYS FOR THIS AD.
- 18. RATE
 APPLICABLE NEWSPAPER ASSIGNED RATE PRIOR
 TO ANY DISCOUNTS OF CHARGES.
- 19. GROSS AMOUNT
 CALCULATION OF AD PRICING
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 BEFORE AGENCY COMMISSION AND ANY DISCOUNTS.
- 20. NET AMOUNT FINAL NET COST OF AD.
- 21. CURRENT NET AMOUNT DUE SUM OF ELEMENT 20.
- 22. 30/60 OVER 90/UNAPPLIED AMOUNT AGING OF PAST DUE BALANCES FOR ADVERTISER
- 23. TOTAL AMOUNT DUE SUM OF ELEMENTS 21 AND 22.
- 24. INVOICE NUMBER NEWSPAPER'S INVOICE/DOCUMENT NUMBER.
- 25. ADVERTISER INFORMATION
 (1) BILLING PERIOD, (6) BILLED ACCOUNT
 (7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME

ONE HERALD PLAZA

MIAMI, FL 33132

ADVERTISER / CLIENT NAME BILLING PERIOD JENNIFER CONVERTIBLES 04/01/10 -04/30/10 *UNAPPLIED AMOUNT TOTAL AMOUNT DUE TERMS OF PAYMENT 0.00 49, 082. 50 NET 20 DAYS 21 CURRENT NET AMOUNT DUE 22 OVER 90 DAYS 60 DAYS 30 DAYS 9, 577. 50 16, 477. 50 23, 027. 50 0.00

FEDERAL ID# 20-5063905 ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

1 000000000 000000000 032679006 0004908250

loz 2526362 00 00002252 00005439

JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY 10010-6002 NEW YORK, NY

4	PAGE #	5	BILLING DATE						
	1		04/30/10						
6	6 BILLED ACCOUNT NUMBER								
	032679006 7 ADVERTISER/CLIENT NUMBER								
7									
032679006									

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	121314	DESCRIPTION-OTHER COM	MENTS/CHARGES	S 15 SAU SIZE BILLED UNITS	18 RATE 17 TIMES RUN	19 GROSS AMOUNT 20	NET AMOUNT
		<u> </u>		BALA	NCE FROM PREVIOL	IS STATEME				39, 505. 00
Ω.	1001 O	. 10	46875401	JENN	rcco		1 4. OOI			
U2	+0610		46675401 1 5593001		RUN A SECTION	PG 008	1 DLY	58. 93	825. 00	
			. 55555							825. 00
O4	41 O1 O	J8	46876201	JENN	IFER 6X10.5		63. 00I			
		18	1 6860001	FULL	RUN A SECTION	PG 011	1 DLY		1, 500. 00	
_							4.4.007			1, 500. 00
O ₄	41 01 0		468771 01		IFER PG3A	DO 000	1 4. OOI		050.00	
		18	16860002	PANO	RAMA	PG 002	1 DLY		250. 00	250. 00
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_	*. 0. 0		1 9592001		AY COMICS	PG 007	1 SUN		4, 700. 00	
										4, 700. 00
O4	42 9 1 0	J8	46875701	JENN	IFER		1 4. OOI			
		18	22843001	FULL	RUN A SECTION	PG 008	1 DLY	58. 93	825. 00	
										825. 00
O ₄	4291 0		48531101		LD VALUES EAR		5. 00I		1. 477. 50	
		18	22843002	HER	VALUES FULL RUN		1 DLY		1, 4/7. 50	1. 477. 50
										1, 4, 7. 50
	TOTAL	СН	ARGES THI	S BIL	LING PERIOD INCL	.UDING AD.	JUSTMENTS	•		9, 577. 50

For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.

STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

OTAL AMOUNT DUE	

•	51711EIIIEI11					
	21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT 2	3 TOTAL AMOUNT DUE
	9, 577. 50	16, 477. 50	23, 027. 50	0. 00	0. 00	49, 082. 50

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

24	25	ADVERTISER INFORMATION								
	1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME		
	04/0	01/10 - 04/30/10		032679006		032679006		JENNIFER CONVERTIBLE		

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PO BOX 019135
MIAMI, FLORIDA 33101-9135

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 (7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME

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MIAMI, FL 33132

FEDERAL ID# 20-5063905

	1 BILLIN	IG PERIOD		2	ADVER	RTISER / CLIENT NAME					
	04/01/10	- 04/30/10			JENNIFER CONVERTIBLES						
	*UNAPPLIED A	MOUNT	23	TOT	AL AMOUNT DUE	3	TERMS OF PAYMENT				
		0. 00			49, 082. 50	NET	20 DAYS				
21	CURRENT NET AMOUNT DUE	22 30	DAYS		60 DAYS		OVER 90 DAYS				
	9, 577. 50	16,	477. !	50	23, 027.	50	0, 00)			



ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 000000000 000000000 032679006 0004908250

loz 2526362 00 00002252 00005441

JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

4	PAGE #	5	BILLING DATE						
	2		04/30/10						
6	6 BILLED ACCOUNT NUMBER								
	0	32	679006						
7	7 ADVERTISER/CLIENT NUMBER								
032679006									

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10 DATE 11 NEWSPAPER REFERENCE 121	DESCRIPTION-OTHER COMMENTS/CHAR	GES 15 SAU SIZE 18 BILLED 17	RATE TIMES RUN 19 GROS	S AMOUNT 20	NET AMOUNT
***	CONTRACT PERFORMANC	E STATISTICS			akakak
	ADVERTI SI N	G		CONTRAC	т
	THIS PERIO	D		TO DATE	Ε
RENEWAL DATE TYPE	LEVEL SHR NON-S	HR TOTAL	SHR NO	ON-SHR	TOTAL
DOLLAR CONTRACTS 010111 RETAIL DOLL	AR 200 O	о о	o	o	o

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

•	DIAILMENT OF ACCO	0111	A01110 01 17101 D01	- / 100001110				
	21 CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	9, 577. 50		16, 477. 50	23, 027. 50	0. 00	0. 00		49, 082. 50

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24	25	ADVERTISER INFORMATION								
	1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME		
	04/01/10 - 04/30/10			032679006		032679006		JENNIFER CONVERTIBLE		

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MIAMI, FL 33132

FEDERAL ID# 20-5063905
ADVERTISING STATEMENT/INVOICE

063905 20, 852. 50

NT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

BILLING PERIOD 2 ADVERTISER / CLIENT NAME 05/01/10 - 05/31/10 JENNIFER CONVERTIBLES *UNAPPLIED AMOUNT TOTAL AMOUNT DUE TERMS OF PAYMENT 0.00 69, 935. 00 NET 20 DAYS 21 CURRENT NET AMOUNT DUE 22 30 DAYS 60 DAYS OVER 90 DAYS 9, 577. 50 16, 477. 50 23, 027. 50



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loz 2531075 00 00002240 00005511

JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

4	PAGE #	5	BILLING DATE						
	1		05/31/10						
6	BILLI	ΞD	ACCOUNT NUMBER						
	032679006								
7	ADVEF	₹TIS	SER/CLIENT NUMBER						
	032679006								

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PLE	ASE DETACH AND	RETURN UPPER PORTION WIT	H YOUR REMI			PRINTED ON REV	EKSE SIDE
10 DATE	11 NEWSPAPER REFERENCE	121314 DESCRIPTION-OTHER COM	MENTS/CHARGES	15 SAU SIZE BILLED UNITS	18 RATE 17 TIMES RUN	19 GROSS AMOUNT 2	0 NET AMOUNT
		BALANCE FROM PREVIOU	S STATEME				49, 082. 50
050110	J846876501	JENNIFER 6X10.5		63. 00I			
İ	I 824445001	FULL RUN A SECTION	PG 011	1 DLY		1, 500. 00	
							1, 500. 00
050110	J849254901	JENNI FER		1 4. OOI			
	I 824445002	PANORAMA	PG 003	1 DLY	17. 86	250. 00	
							250. 00
051 31 0	J846875801	JENNI FER		1 4. OOI			
	I 827991 001	FULL RUN A SECTION	PG 008	1 DLY	58. 93	825. 00	
							825. 00
051 51 0	J846876601	JENNIFER 6X10.5		63. 00I			
	I 829546001	FULL RUN A SECTION	PG 014	1 DLY		1, 500. 00	
							1, 500. 00
051 51 0	J849256601	JENNI FER		1 4. OOI			
	I 82 9546 002	PANORAMA	PG 002	1 DLY	17. 86	250. 00	
1							250. 00
052010	J846875901	JENNI FER		1 4. OOI			
	I 830470001	FULL RUN A SECTION	PG 008	1 DLY	58. 93	825. 00	
							825. 00
052010	J848531 201	HERALD VALUES EAR		5. OOI			
	I 830470002	HER VALUES FULL RUN		1 DLY		1, 477. 50	
							1, 477. 50
052210	J846876801	JENNIFER 6X10.5		63 . 00I			
	I 831 506001	FULL RUN A SECTION	PG 012	1 DLY		1, 500. 00	

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STATEMENT	ΓOF	ACCOUNT	AGING OF PAST DUE AMOUNTS
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•	DIAILMENT OF ACCOU	THE ADDITION FACE DOL	- Alloonio			
	21 CURRENT NET AMOUNT DUE 2	2 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT 2:	TOTAL AMOUNT DUE
	20, 852. 50	9, 577. 50	16, 477. 50	23, 027. 50	0. 00	69, 935. 00

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2	4	25	ADVERTISER INFORMATION								
		1	BILLING PERIOD	6	BILLED ACCOUNT NUMBER	7	ADVERTISER/CLIENT NUMBER	2	ADVERTISER/CLIENT NAME		
		05/01/	10 - 05/31/10		032679006		032679006		JENNIFER CONVERTIBLE		

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The Miami Herald Media Company ONE HERALD PLAZA

MIAMI, FL 33132

05/01/10 - 05/31/10 JENNIFER CONVERTIBLES *UNAPPLIED AMOUNT TOTAL AMOUNT DUE TERMS OF PAYMENT 0.00 69. 935. 00 NET 20 DAYS CURRENT NET AMOUNT DUE 30 DAYS 60 DAYS 22 20, 852. 50 9, 577. 50 16, 477. 50

BILLING PERIOD

FEDERAL ID# 20-5063905 ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

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loz 2531075 00 00002240 00005513

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

4	PAGE #	5	BILLING DATE						
	2		05/31/10						
6	BILLI	ΞD	ACCOUNT NUMBER						
	032679006								
7	ADVER	≀n:	SER/CLIENT NUMBER						
	032679006								

OVER 90 DAYS

23, 027. 50

ADVERTISER / CLIENT NAME

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

PLE	ASE DE LACH ANL	RETURN OPPER PORTION WIT	H TOOK KEINI			PRIMIED ON KEAL	-NOL SIDE
10 DATE	11 NEWSPAPER REFERENCE	121314 DESCRIPTION-OTHER COM	MENTS/CHARGES	15 SAU SIZE BILLED UNITS	18 RATE 17 TIMES RUN	19 GROSS AMOUNT 20	NET AMOUNT
							1, 500. 00
052210	J849256701	JENNI FER		1 4. OOI			
	I 831 506002	PANORAMA	PG 002	1 DLY	17. 86	250. 00	
							250. 00
052710	J846876001	JENNI FER		1 4. OOI			
ľ	I 833083001	FULL RUN A SECTION	PG 008	1 DLY	58. 93	825. 00	
					i.		825. 00
052910	J846876901	JENNIFER 6X10.5		63. 00I			
	I 834677001	FULL RUN A SECTION	PG 016	1 DLY		1, 500. 00	
							1, 500. 00
052910	J84925 6 801	JENNI FER		1 4. OOI			
	I 83467700 2	PANORAMA	PG 002	1 DLY	17. 86	250. 00	
							250. 00
053010	J849374301	MAY P&D	1	10. OOI			
	I 834677003	ELN SUBS CUSTOM PRT	71720	1 SUN		2 , 366. 76	
							2, 366. 76
053010	J8493743 02	MAY P&D	1	10. OOI			
	I 834677004	FR SUBS CUSTOM PRT	228280	1 SUN		7, 533. 24	
							7, 533. 24
TOTAL	CHARGES THI	S BILLING PERIOD INCL	UDING ADJI	JSTMENTS			20, 852. 50

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S	IΑ	IE	MFL	4 I	OF	ACC	OUN I	AGING	OF PAST	DUE AMOUN	TS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT 2:	TOTAL AMOUNT DUE
20, 852. 50	9, 577. 50	16, 477. 50	23, 027. 50	0. 00	69, 935. 00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

24	25	ADVERTISER INFORMATION							
	1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME					
İ	05/01/10 - 05/31,	/10 032679006	032679006	JENNIFER CONVERTIBLE					



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 (Ext. 2600) or 800.234.4803 in all other areas.

Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135

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ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

BILLING PERIOD 2 ADVERTISER / CLIENT NAME 05/01/10 - 05/31/10 JENNIFER CONVERTIBLES *UNAPPLIED AMOUNT TERMS OF PAYMENT 23 TOTAL AMOUNT DUE 3 0.00 69, 935. 00 NET 20 DAYS OVER 90 DAYS 21 CURRENT NET AMOUNT DUE 22 30 DAYS 60 DAYS 9, 577. 50 16, 477. 50 23, 027. 50 20, 852. 50

ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY

NEW YORK, NY 10010-6002

4	PAGE #	5	BILLING DATE						
	3		05/31/10						
6	6 BILLED ACCOUNT NUMBER								
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PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

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ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

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ADVERTISING STATEMENT/INVOICE

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BILLED ACCOUNT NAME AND ADDRESS

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

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7	ADVEF	₹TIS	SER/CLIENT NUMBER					
	032679006							

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STATEMENT OF ACCOUNT	AGING OF PAST DUE AMOUNTS
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The Miami Herald Media Company ONE HERALD PLAZA

MIAMI, FL 33132

BILLING PERIOD 2 ADVERTISER / CLIENT NAME 06/01/10 - 06/30/10 JENNIFER CONVERTIBLES *UNAPPLIED AMOUNT TOTAL AMOUNT DUE TERMS OF PAYMENT 0.00 51, 807. 50 NET 20 DAYS 21 CURRENT NET AMOUNT DUE 22 30 DAYS 60 DAYS OVER 90 DAYS 4, 900.00 20, 852, 50 9, 577. 50 16, 477, 50

FEDERAL ID# 20-5063905 ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

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loz 2535902 00 00002184 00005283

JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

4	PAGE #	5	BILLING DATE						
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	NEWSPAPER REFERENCE 121314	DESCRIPTION-OTHE	R COMME	NTS/CHARGES	15 SAU SIZE 18 16 BILLED 17 TI	RATE MES RUN 19 G	ROSS AMOUNT	20 NET AMOUNT
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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

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ONE HERALD PLAZA MIAMI, FL 33132 FEDERAL ID# 20-5063905

BILLING PERIOD ADVERTISER / CLIENT NAME 2 JENNIFER CONVERTIBLES 07/01/10 - 07/31/10 TERMS OF PAYMENT *UNAPPLIED AMOUNT TOTAL AMOUNT DUE 23 3 0.00 0.00 NET 20 DAYS 21 CURRENT NET AMOUNT DUE 22 30 DAYS 60 DAYS OVER 90 DAYS 0.00 0.00 0.00 0.00

ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS 8

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JENNIFER CONVERTIBLES DAVID BORGAN 902 BROADWAY NEW YORK, NY 10010-6002

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