

UNITED STATES BANKRUPTCY COURT <u>SOUTHERN</u> DISTRICT OF <u>NEW YORK</u>		PROOF OF CLAIM
Name of Debtor Jennifer Convertables 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): Yankee Gas		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: Northeast Utilities, Credit and Collection Center P.O. Box 2899 Hartford, CT 06101-8307 Telephone number: (800) 286-2828		
Last four digits of account or other number by which creditor identifies debtor: 0034		
1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
RECEIVED SEP 13 2010 BMC GROUP		<input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed From _____ to _____ (date) (date)
2. Date debt was incurred:		3. If court judgment, date obtained:
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.		
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.		Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other _____ <input type="checkbox"/> Motor Vehicle Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ 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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		<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). <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)(____). *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.
5. Total Amount of Claim at Time Case Filed:		
\$ <u>114.24</u> 114.24 (unsecured) (secured) (priority) (total)		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date 08/10/2010	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Melissa Kolodziej, Team Lead, Credit & Collection Center	

Jennifer Convertables
00076
2010 AUG 23 P 4:42
FILED
U.S. BANKRUPTCY COURT



The Northeast Utilities System

Customer Services
PO Box 150492
Hartford CT 06115

August 3, 2010

JENNIFER CONVERTABLES INC
417 CROSSWAYS PARK DR
WOODBURY NY 11797 2061

RE: Statement History
Billing Account: 0034

Dear Valued Customer:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account as well as your account balance.

If you have any questions, please call our Customer Service Center at 1-800-989-0900. For your convenience, our customer service representatives are available to assist you Monday through Friday from 7:00 a.m. - 7:00 p.m. and Saturday from 10:00 a.m. - 3:30 p.m. .

Sincerely,

Yankee Gas
Customer Service Center

Service Account #:

Address: 1141 HIGH RIDGE RD STE A STAMFORD CT 06905

Service Type: GAS

Meter #: 0000297101 Rate: R10-COMP STD SUPPLY-ERT

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
07-08-2010	07-18-2010	10	0.0	0.0	31.7	\$28.56
06-08-2010	07-08-2010	30	0.0	0.0	31.7	\$85.68
05-07-2010	06-08-2010	32	32.0	5.0	31.7	\$132.26
04-08-2010	05-07-2010	29	76.0	5.2	31.7	\$196.58
03-09-2010	04-08-2010	30	109.0	7.1	31.7	\$252.11
02-05-2010	03-09-2010	32	573.0	27.0	31.7	\$827.23
01-08-2010	02-05-2010	28	592.0	31.7	31.7	\$864.76
12-07-2009	01-08-2010	32	559.0	24.5	30.9	\$725.34
11-05-2009	12-07-2009	32	56.0	3.1	30.9	\$150.21
10-10-2009	11-05-2009	26	54.0	3.5	30.9	\$149.13
09-08-2009	10-10-2009	32	0.0	0.0	30.9	\$84.64
08-07-2009	09-08-2009	32	0.0	0.0	30.9	\$84.64
07-09-2009	08-07-2009	29	0.0	0.0	30.9	\$84.64
06-08-2009	07-09-2009	31	12.0	0.4	30.9	\$99.63
05-07-2009	06-08-2009	32	38.0	4.1	30.9	\$132.10
04-30-2009	05-07-2009	7	15.4	8.0	30.9	\$38.94
04-07-2009	04-30-2009	23	86.6	8.0	30.9	\$161.64
03-11-2009	04-07-2009	27	221.0	13.1	30.9	\$394.43
02-06-2009	03-11-2009	33	446.0	21.6	30.9	\$737.76
01-08-2009	02-06-2009	29	648.0	30.9	33.6	\$1,066.83

Payments/Adjustments

Date	Amount		Date	Amount		Date	Amount	
08-03-2010	\$85.68	TRF	07-29-2010	-\$85.68	PAY	07-01-2010	-\$132.26	PAY
06-01-2010	-\$196.58	PAY	04-28-2010	-\$252.11	PAY	04-01-2010	-\$827.23	PAY
03-02-2010	-\$864.76	PAY	02-01-2010	-\$725.34	PAY	12-31-2009	-\$150.21	PAY
11-30-2009	-\$149.13	PAY	11-05-2009	-\$84.64	PAY	09-30-2009	-\$84.64	PAY
08-31-2009	-\$84.64	PAY	08-03-2009	-\$99.63	PAY	07-02-2009	-\$132.10	PAY
05-29-2009	-\$200.58	PAY	04-30-2009	-\$394.43	PAY	04-02-2009	-\$737.76	PAY
03-05-2009	-\$1,066.83	PAY	02-04-2009	-\$870.84	PAY			

Legend: PAY = Payment, TRF = Transfer, DPC = Late Payment Charge, MCC = Adjustment, TTX = Tax

Current Balance: \$114.24