

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor
Danbry Convert 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

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.

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**

Check box if you have never received any notices from the bankruptcy court in this case.
 Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Last four digits of account or other number by which creditor identifies debtor:
0077

Check here replaces if this claim amends a previously filed claim, dated: _____

- 1. Basis for Claim
- Goods sold
- Services performed
- Money loaned

RECEIVED

SEP 13 2010

BMC GROUP

- Personal injury/wrongful death
- Taxes
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Other _____

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 \$ _____

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.

Unsecured Priority Claim

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:

- 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).

Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- Real Estate
- Motor Vehicle
- Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

- 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)(____).

*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: \$ 178.94 (unsecured) (secured) (priority) 178.94

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of charges.

Jennifer Convertibles



00078

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

FILED
U.S. BANKRUPTCY COURT
2010 AUG 23 P 3:40
S.D. OF N.Y.



The Northeast Utilities System

Customer Services
PO Box 150492
Hartford CT 06115

August 10, 2010

DANBRY CONVERT INC
417 CROSSWAYS PARK DR
WOODBURY NY 11797 2061

RE: Statement History
Billing Account: 0077

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: 13 BACKUS AVE BLDG 14-A DANBURY CT 06810

Service Type: GAS

Meter #: 0000320125 **Rate:** R10-COMP STD SUPPLY-ERT

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
07-07-2010	07-18-2010	11	0.0	0.0	22.6	\$27.08
06-07-2010	07-07-2010	30	53.0	1.8	22.6	\$151.86
05-06-2010	06-07-2010	32	64.0	9.8	22.6	\$167.02
04-07-2010	05-06-2010	29	95.0	6.6	22.6	\$212.48
03-08-2010	04-07-2010	30	142.0	8.8	22.6	\$290.66
02-04-2010	03-08-2010	32	467.0	22.0	22.6	\$686.57
01-07-2010	02-04-2010	28	336.0	18.4	22.6	\$535.53
12-04-2009	01-07-2010	34	541.0	22.6	26.7	\$700.70
11-04-2009	12-04-2009	30	97.0	6.0	26.7	\$192.75
10-09-2009	11-04-2009	26	62.0	4.1	26.7	\$153.24
09-04-2009	10-09-2009	35	9.0	0.7	26.7	\$89.82
08-10-2009	09-04-2009	25	1.0	0.4	26.7	\$80.37
07-09-2009	08-10-2009	32	0.0	0.0	26.7	\$79.19
06-08-2009	07-09-2009	31	13.0	0.4	26.7	\$95.42
05-06-2009	06-08-2009	33	28.0	2.9	26.7	\$114.17
04-30-2009	05-06-2009	6	14.8	8.4	26.7	\$34.30
04-06-2009	04-30-2009	24	98.2	8.4	26.7	\$179.31
03-09-2009	04-06-2009	28	213.0	12.1	26.7	\$383.65
02-06-2009	03-09-2009	31	398.0	18.6	26.7	\$670.06

Payments/Adjustments

Date	Amount		Date	Amount		Date	Amount	
08-10-2010	-\$55.04	MC	08-06-2010	\$206.90	MC	08-05-2010	-\$206.90	MC
		C			C			C
08-04-2010	\$151.86	TRF	07-29-2010	-\$151.86	PAY	06-28-2010	-\$167.02	PAY
06-01-2010	-\$212.48	PAY	04-28-2010	-\$290.66	PAY	04-01-2010	-\$686.57	PAY
03-02-2010	-\$535.53	PAY	02-01-2010	-\$700.70	PAY	12-28-2009	-\$192.75	PAY
11-25-2009	-\$153.24	PAY	11-02-2009	-\$89.82	PAY	09-28-2009	-\$80.37	PAY
09-02-2009	-\$79.19	PAY	08-03-2009	-\$95.42	PAY	07-02-2009	-\$114.17	PAY
05-29-2009	-\$213.61	PAY	04-30-2009	-\$60.08	PAY	03-05-2009	-\$2,000.64	PAY

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

Current Balance: \$178.94