

UNITED STATES BANKRUPTCY COURT Northern District of New York

PROOF OF CLAIM

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):
Anthony Pellerito LLP SERVICES OF CT LLC

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
91A Soundview ave Norwalk CT. 06854

RECEIVED

Court Claim Number: _____
(if known)

Telephone number:
(203) 524-0327

SEP 20 2010

Filed on: _____

BMC GROUP

Name and address where payment should be sent (if different from above):

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.

Telephone number:
(203) 524-0327

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 645.00

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.

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.

Specify the priority of the claim.

2. Basis for Claim: NON PAYMENT
(See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 8 BW

3a. Debtor may have scheduled account as: LLP SERVICES
(See instruction #3a on reverse side.)

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).

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.

Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

Nature of property or right of setoff: Real Estate Motor Vehicle Other
Describe: **TECH**

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).

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: \$ _____

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)(____).

Amount entitled to priority:

\$ 645.00

*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.

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:
09/14/2010

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.

FOR COURT USE ONLY

Jennifer Convertibles



00090

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

Mail original proof of claim form and copies of supporting documentation to:

If by regular mail:

BMC Group Inc
Attn: Jennifer Convertibles Claims Processing
PO Box 3020
Chanhassen, MN 55317-3020

If by messenger or overnight delivery:

BMC Group Inc
Attn: Jennifer Convertibles Claims Processing
18750 Lake Drive East
Chanhassen, MN 55317

Be sure to follow the instructions for Proof of Claim Form. The following Debtor Names and Case Numbers are provided for your ease of reference in properly completing Proofs of Claim.

Debtor Name	Case Number
Jennifer Convertibles, Inc.	10-13779
Jennifer Convertibles Boylston MA, Inc.	10-13780
Jennifer Chicago, Ltd.	10-13781
Elegant Living Management, Ltd.	10-13782
Hartsdale Convertibles, Inc.	10-13783
Jennifer Management III Corp.	10-13784
Jennifer Purchasing Corp.	10-13785
Jennifer Management II Corp.	10-13786
Jennifer Management V Ltd.	10-13787
Jennifer Convertibles Natick, Inc.	10-13788
Nicole Convertibles, Inc.	10-13789
Washington Heights Convertibles, Inc.	10-13790

Once received by BMC Group, a "Received" stamped copy of the proof of claim will be returned to the claimant within (3) business days of docketing **only** if the claimant encloses a stamped, self addressed envelope with a copy of the proof of claim.

JENNIFER CONVERTIBLES CLAIM CENTER

FAX# 206-309-0432 Service Report Cover Sheet
Facsimile:

Service Company: LLP SERVICES OF CT LLC

Vendor Code: 8BW Date Faxed: _____ Date Received: _____



STORE/ORDER #	CLAIM #	CUSTOMER	SVC DATE	AMT	RECEIVED
<u>RS040676</u>	<u>250508-00</u>	<u>Samuel</u>	<u>7/2/10</u>	<u>\$75.00</u>	<input type="checkbox"/>
<u>BP044179</u>	<u>249513-00</u>	<u>Austin</u>	<u>7/2/10</u>	<u>\$75.00</u>	<input type="checkbox"/>
<u>RS042191</u>	<u>246351-00</u>	<u>Huzya</u>	<u>7/2/10</u>	<u>\$45.00</u>	<input type="checkbox"/>
<u>RS036545</u>	<u>246839-00</u>	<u>Jedue</u>	<u>7/2/10</u>	<u>\$90.00</u>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
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_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

FOR OFFICE USE ONLY
AUTHORIZED SIGNATURE: _____ DATE: _____

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/15/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 246839-00
FROM: Jennifer Warehouse Claim Ctr.

BR
7/3

RE: ROBERT LEDUC
17 RIDGEDALE RD
FAIRFIELD CT 06430

06824

Order #/Delivery RS 036545 6/16/02
Home Phone 203 259 6981
Work Phone

10:30-11:30

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: SCRATCHES ON SOFA

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
FIF 3530-SO3-S GY 1	SOFA	CASING-CTR. SEAT	SCRATCHED/NICKED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Casing	Hole, Scratches	7C	
LS	Casing	Scratches	7C	
LS	Right arm	Scratches	7C	

ADDITIONAL COMMENTS: Furniture in great shape, however had to fix 2 holes on right seat casing on sofa, and 2 scratches on right seat casing caused by someone's keys

[] Turn Down [] Follow-Up [x] Complete SERVICE DATE: 7/2/10
x Charotay Leduc VENDOR CODE: 8BW AMT: \$ 90.00

at a party that they had. Also fixed scratches on love seat right arm and love seat right seat casing. Spent 1.5 hr time there.

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/01/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 250508-00
FROM: Jennifer Warehouse Claim Ctr.

7:30 RE: CHRISTINE SAMUEL
75 CLARKSON ST
BRIDGEPORT CT 06605

Order #/Delivery RS 040676 9/16/07
Home Phone 203 870 6280
Work Phone 203 258 4894

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER EMAIL NEEDS CLENAING FROM PARTY, CLEAN FRESH FOOD AND DDRINK ONLY. ASK FOR FRANK
UPDATED PHONE NUMBERS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
KLAUS 4102LR-F CROS SD	F	CASING-CTR. SEAT	FOOD
KLAUS 4108R-CHS CROS SD	CHS	CASING-CTR. SEAT	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	Casing	food/beer	1C	
CHS	Casing	food/beer	1C	

ADDITIONAL COMMENTS:

Cleaned all seat Casings that had milk and coffee stains. Fresh stains only. Cased for. Old stains still there.

[] Turn Down [] Follow-Up

[/] Complete SERVICE DATE: 7/2/10

X

VENDOR CODE: 8BW AMT: \$

Not Report

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

Service rudge

S E R V I C E R E P O R T

DATE: 06/29/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 249513-00
FROM: Jennifer Warehouse Claim Ctr.

RE: VERONICA AUSTIN Order #/Delivery BP 044179 10/02/05
38 BLUE CLIFF TERRACE APT: 290 Home Phone 203 850 5554
NEW HAVEN CT 06450 Work Phone

*BR
7/3
830-9-00*

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: UPD ADD HAND DMG NOT COV-CC TO RPT FOOD STAINS ALL OVER FROM PARTY-PLS INSPECT AND REMOVE IF COVERED
MICROFIBER MDSE

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
STRAT F2313RAF-S 7970 12	S	ALL SEAT CASINGS	FOOD
STRAT F2316LAF-S 7970 12	S	ALL SEAT CASINGS	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
<i>5</i>	<i>Casings</i>	<i>food / Sew</i>	<i>1C</i>	

ADDITIONAL COMMENTS: *Cleaned all seat Casings that had juice stains. Only fresh stains covered for.*

[Turn Down] [Follow-Up] [Complete] SERVICE DATE: *7/2/10*
X *V. Allister* VENDOR CODE: 8BW AMT: \$ *75.00*

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/15/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 246351-00
FROM: Jennifer Warehouse Claim Ctr.

RE: EDWARD HUGYA
255 LUANNE RD
STRATFORD CT 06614

Order #/Delivery RS 042191 12/16/09
Home Phone 203 377 4327
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT SPRING PROTRUDING THROUGH SEAT DECK AND LEATHER CRACKING-PLS INSPECT AND CORRECT -NEED COMBO TECH LEATHERBLEND MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENNJ B2851-S 0611 10	S	SEAT DECK	SPRING PROTRUDING
VENNJ B2851-S 0611 10	S	CASING-RAF SEAT	PEELING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Right Casing	peeling / hole	2M	Right Casing
S	Bottom Spring	Spring / Hole	2M	Bottom Spring right side.
S	left arm	scratch	7C	

ADDITIONAL COMMENTS: Serious defect on right side of sofa. Right seat casing is peeling and a huge hole has formed. Also under the right side of sofa a spring

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/2/10
X Lorann Hugya VENDOR CODE: 8BW AMT: \$ 45.00

has protruded out of the sofa and is hitting the floor. Fixed scratch on left arm of sofa. Please charge and care for the above components.

JENNIFER CONVERTIBLES CLAIM CENTER

FAX# 206-309-0432 Service Report Cover Sheet
Facsimile:

Service Company: LLP SERVICES OF CT LLC

Vendor Code: 8BW Date Faxed: _____ Date Received: _____



STORE/ ORDER #	CLAIM #	CUSTOMER	SVC DATE	AMT	RECEIVED
AC100643	248344-00	Ballella	7/15/10	\$75.00	<input type="checkbox"/>
BED004218	245600-00	Quinn	7/15/10	\$90.00	<input type="checkbox"/>
HR049602	252626-00	Maita	7/15/10	\$75.00	<input type="checkbox"/>
RP041475	246906-00	Votta	7/15/10	\$75.00	<input type="checkbox"/>
BED004218	242979-00	Chloe Quinn	7/15/10	\$45.00	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
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_____	_____	_____	_____	_____	<input type="checkbox"/>

FOR OFFICE USE ONLY

AUTHORIZED SIGNATURE: _____ DATE: _____

TOTAL: \$ _____ TOTAL REPORTS: _____ INVOICED: _____ INITIALS: _____

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/23/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 248344-00

FROM: Jennifer Warehouse Claim Ctr.

RE: MARTHA BOLLELLA
105 SHIPMAN DRIVE
GLASTONBURY CT 06033

Order #/Delivery AC 100643 7/07/07

Home Phone 860 430 5929

Work Phone 860 539 6459

*RR
7/15
9:00-10:00*

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER CE MULTIPLE JUICE STAINS FROM KIDS AGAIN.PLS.ONLY FRESG BEVERAGE STAINS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENNJ G8116LAF-S 7970 21	S	ALL SEAT CASINGS	DRINK/BEVERAGE
VENNJ G8117RAF-Q 7970 21	Q	ALL BACK CASINGS	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Seat Casings	Rev	1C	
Q	Back Casings	Rev	1C	

ADDITIONAL COMMENTS:

Cleaned seat and back Casings that had juice and milk stains. Only fresh stains cared for

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/15/10

X *Murphy* VENDOR CODE: 8BW AMT: \$ 75.00

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

Paul B
6.15

3> left

Claim: 245600-00

DATE: 06/09/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

FROM: Jennifer Warehouse Claim Ctr.

apt # 1618

RE: ELSIE QUINN *St.*
345 BUCKLAND HILLS DRIVE
718-919-1366
MANCHESTER CT 06042

Order #/Delivery BED 004218 11/07/06
APT: 16133 Home Phone 860 432 5454

Cell # 16 Work Phone 347 598 9063 CELL

L.M.
6/18
10:55
midwest

Paul
7/15
8.00

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT TEAR-PLS INSPECT AND CORRECT IF COVERED

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENNJ M2765-LS 0680 29	LS	CASING-RAF SEAT	HOLE (UPH.SHIELD)
VENNJ M2765-LS 0680 29	LS	CASING-RAF BACK	HOLE (UPH.SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
LS	left Chair	Scratch/Mark	7C	
LS	left arm	Hole	7C	
ott	top	Scratch/Mark	7C	
C	Chair	Scratch	7C	

ADDITIONAL COMMENTS: *fixed scratches on left seat*
Chair of Javel seat, scratches on left arm, scratches
on small hole on ottoman and scratches on

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: *7/15/10*

X *Elsie Quinn* VENDOR CODE: 8BW AMT: \$ *90.00*

Seat Chair on chair. spent 1 hr 5 mi.

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/13/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 252626-00
FROM: Jennifer Warehouse Claim Ctr.

RE: MICHAEL GAITO
6 SCOTT RD
GLENVILLE LANE CT 06831

Order #/Delivery HR 049602 7/11/10
Home Phone 203 661 1983
Work Phone 203 561 0410

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES SOFA WAS DELIVERED W/ STAINS, WILL SEND SVC TECH

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENNJ B5155-F	7850 12 F	ALL BACK CASINGS	DIRT ON DLVRY
VENNJ B5155-F	7850 12 F	ARM PILLOW COMPLETE	DIRT ON DLVRY
VENNJ B5155-F	7850 12 F	FRONT BOARD (COMP)	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	Back	Dirt on Dlvry	1H	
F	Seat Case	" " "	1H	
F	Pillows	" " "	1H	

ADDITIONAL COMMENTS: Cleaned dirt on Dlvry on back of sofa, 1 seat case and 2 pillows. (Please note) Customer would like to exchange set if possible

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/15/10

Louise Jant

VENDOR CODE: 8BW

AMT: \$ 75.00

it is possible for a darker color set.

033&l2a00\033 (s0p12h3T@+FNUM[12038401937])

A U T O - F A X Rev 2.10U
Jennifer Customer Service

right on timber st.

2 down the st.

S E R V I C E R E P O R T

Valley at timber st.

DATE: 06/16/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

FROM: Jennifer Warehouse Claim Ctr.
Claim: 246906-00

*7/1/15
Mon?*

RE: THERESE VOTTO
3 SAMPSON TERRACE
DANBURY CT 06810

Rt 53

Order #/Delivery BP 041475 11/17/02
Home Phone 203 826 7264
Work Phone 203 856 0378

*Mr.
needs
week*

10:45 - 11:45

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THERE IS A WATER STAIN ON THE B/CAS OF THE SOFA
PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
FIF 3903-SB3-F FO 6	SOFA	ALL BACK CASINGS	DRINK/BEVERAGE
FIF 3903-SB3-F FO 6	F	CASING-RAF SEAT	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	<i>Seat Casings</i>	<i>BW</i>	<i>IC</i>	
S	<i>Back Casings</i>	<i>BW</i>	<i>IC</i>	

ADDITIONAL COMMENTS: *Cleaned all seat and back casings on sofa coffee stains. Only fresh stains covered for.*

[] Turn Down [] Follow-Up [] Complete SERVICE DATE: 7/15/10
X *Theresa Votto* VENDOR CODE: 8BW AMT: \$ 75.00

033&l2a00\033(s0p12h3T@+FNUM[12038401937]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 05/27/10
TO: LLP Services of CT LLC
91A Soundview Avenue
tony.pellerito@yahoo.com
Norwalk CT 06854
Phone 203 524 0327
Fax 203 840 1937

Claim: 242979-00
FROM: Jennifer Warehouse Claim Ctr.

RE: ELSIE QUINN
345 BUCKLAND HILLS DRIVE
718-919-1366
MANCHESTER CT 06042

Order #/Delivery BED 004218 11/07/06
APT: 16133 Home Phone 860 432 5454
Work Phone 347 598 9063 CELL

L.M
6/18
1055

DR
7/15
8:30

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/E SAYS THERE IS A TEAR IN LOVESEAT & LEATHER IS STARTING TO PEEL PLS INSPECT & ADVISE IN DETAIL OOW FOR PEELING BUT
068029 LEATHER PLS ADVISE LAF OR ARF CAS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENNJ M2765-LS 0680 29	LS	CASING-LAF SEAT	HOLE (UPH. SHIELD)

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
LS	right Carig	Holes	2C	right Carig
LS	right arm	peeling	2B	
S	right arm	tear	2C	right arm
S	Carig	scratches	7C	

ADDITIONAL COMMENTS:

Love seat right seat Carig has 2 holes that cannot be repaired. Love seat right arm is peeling, not covered. Sofa right arm has a tear caused by

Turn Down

Follow-Up

Complete

SERVICE DATE: 7/15/10

X

Glenn Quinn

VENDOR CODE: 8BW

AMT: \$ 45.00

Rep that cannot be repaired. Fixed scratches on 2 seat Carigs on sofa.