

UNITED STATES BANKRUPTCY COURT *Southern District of New York* PROOF OF CLAIM

Name of Debtor: *Jennifer Convertibles, Inc* Case Number: *10-13579*

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): Name and address where notices should be sent: Name of Creditor: Atlantic City Electric Send Notices To: Pepco Holdings Inc Bankruptcy Div 5 Collins Drive, Suite 2133 Carneys Point, NJ 08069 Send Payments To: Atlantic City Electric Po Box 4875 Trenton, NJ 08650 Telephone number: RECEIVED SEP 20 2010 BMC GROUP Court Claim Number: (If known) Filed on:

1. Amount of Claim as of Date Case Filed: \$ *94.15* 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.

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

3. Last four digits of any number by which creditor identifies debtor: *4640* 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: \$ *94.15*

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 \$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). Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). 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). 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: \$ Jennifer Convertibles 4/1/1 resp the a 00093

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: *9/9/2010* 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. *Rachelle Hester* *Rachelle Hester* SEP 14 2010

V/ARHST
COMMAND:

ICS VIEW ACCOUNTS RECEIVABLE HISTO - AELDC

09/09/10 15:47:56

LEVEL A

OCA148

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ACCT STA: INA

TYPE: M

~~XXXXXXXXXX~~ 9997-6 JENNIFER CONVERTIBLES-NC
270 CONSUMER SQ #14
MAYS LANDING NJ

ACTION==> _ (A=ADJUST V=VIEW)

SUPPLIER ATLANTIC CITY ELECTRIC (N PAYMENT RATING E 000 000 000 000

SERVICE TYPE: ELECTRIC RATE SCHEDULE: MGSSECOND N/E OFFER: N

S/R 21/MGS RATE CODE: SIC 500 LLN LLNO PHASE IN: N

LAST MO BILLED 07/10 BILL CLOSING DATE 07/29/10

ASSOC ACCT: BALANCE: 0.00 PHASE IN BAL: 0.00

TRANS DATE	BILL MONTH	DESCRIPTION	TRANS AMOUNT	BALANCE
08/18/10		A/R DEBIT TRANSFER	94.12	94.12
07/29/10	JUL	DISTRIBUTION CHARGES	0.00	0.00
07/29/10		PAYMENT	957.70-	0.00
07/14/10	JUL	DISTRIBUTION CHARGES	957.70	957.70
07/02/10		PAYMENT	885.07-	0.00
06/14/10	JUN	DISTRIBUTION CHARGES	885.07	885.07
06/01/10		PAYMENT	502.63-	0.00
05/13/10	MAY	DISTRIBUTION CHARGES	502.63	502.63
04/29/10		PAYMENT	587.30-	0.00
04/14/10	APR	DISTRIBUTION CHARGES	587.30	587.30
04/01/10		PAYMENT	501.17-	0.00
03/15/10	MAR	DISTRIBUTION CHARGES	501.17	501.17
03/02/10		PAYMENT	490.23-	0.00

PF KEYS: PF13=HELP PF14=REMARKS PF15=ADJ/VIEW PF19=PRIOR PF20=NEXT PF21=CANCEL