

UNITED STATES BANKRUPTCY COURT THE SOUTHERN DISTRICT OF NEW YORK	PROOF OF CLAIM
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Name of Debtor: Jennifer Convertibles, Inc.	Case Number: 10-13779
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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): Star Community Publishing	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known)
Name and address where notices should be sent: Star Community Publishing Group 235 Pinelawn Road Melville, NY 11747	Filed on: _____
Telephone number: (631) 843-2033	

Name and address where payment should be sent (if different from above): BMC GROUP	<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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1. Amount of Claim as of Date Case Filed: \$ \$8,000.00 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. <input type="checkbox"/> 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.	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. <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 \$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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <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)().
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2. Basis for Claim: Media - print
(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 5130

 3a. Debtor may have scheduled account as: Star is owned by Newsday Media
(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: \$ 8,000

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: 9/17/10	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. Leola Aiello / Mgr Credit & Collection	FOR COURT USE ONLY Jennifer Convertibles  00105
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STAR COMMUNITY PUBLISHING GROUP

235 PINELAWN ROAD, MELVILLE NY 11747
Advertising & General Business:
(631) 843-4050

PLEASE SEND REMITTANCES TO:
235 PINELAWN ROAD
MELVILLE, NY 11747

INVOICE

JENNIFER CONVERTIBLES

902 BROADWAY
NEW YORK NY 10010

Account No.: 895130

Invoice Date: 07/04/2010

Payment Due Upon Receipt

Date Published	Invoice No.	Description...	Amount
06/30/10	9023366	Display Ad FRONT COVER Listing Number 3453850 Shop Shore to Shore - 13 ,14 ,	1832 8,000.00

Invoice Total : 8,000.00

If Paid Please Disregard this Notice