


UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>JENNIFER CONVERTIBLES</u>		Case Number: <u>10-13779</u>
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): <u>FOX GLASS OR BROOKLYN INC</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <u>Fox Glass of Brooklyn Inc</u> <u>141 20th St</u> <u>Brooklyn NY 11234</u> Telephone number: <u>718-499-0100</u>		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <u>Same</u>		Filed on: _____
1. Amount of Claim as of Date Case Filed: <u>\$ 484.95</u>		<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.
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.		
2. Basis for Claim: <u>Material - Labor</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>N/A</u>		
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		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)(____). Amount entitled to priority: \$ _____ <small>*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.</small>
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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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: \$ <u>484.95</u>		
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: _____	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  00106



FOX GLASS OF BROOKLYN, INC.

141 20th STREET
BROOKLYN, NEW YORK 11232

Invoice

ID#113249615

DATE	INVOICE #
6/30/2010	2090

BILL TO

JENNIFER CONVERTIBLES
ATT: JANET
417 CROSSWAYS PARK DRIVE
WOODBURY, N.Y. 11797

JOB LOCATION

JENNIFER CONVERTIBLES
STORE # RS
807 POST ROAD EAST
WESTPORT, CONN

P.O. NO.	TERMS	ORDER DATE	TRUCK	JOB NO.	ORDERED BY
88	NET 30 DAYS			3412	607

DESCRIPTION	AMOUNT
1 SURFACE MOUNT DOOR CLOSER	192.50
1 BUTT HINGES	155.00
2 LABOR FOR TWO MEN	53.00
FURNISHED AND INSTALLED	
ONE SURFACE MOUNT DOOR CHECK, TWO (2) NEW BUTT HINGES, ADJUSTED AND ALIGNED DOOR, TWO MEN LABOR	
Sales Tax	6.00%
	27.00

Should you have any questions, please do not hesitate to contact us at 1-800-874-9393.	TOTAL	\$484.95
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THANK YOU!