


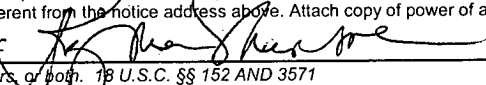


<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID s347
In re: <b>Jennifer Convertibles, Inc.</b>		Case Number: <b>10-13779</b>	Amount/Classification \$18,500.00 Unsecured
NOTE: See Reverse for List of Debtors/Case Numbers/ important details. 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.		<input type="checkbox"/> 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.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. <b>THIS SPACE IS FOR COURT USE ONLY</b>
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property  25239790001630 BOSTON HERALD PO BOX 55843 BOSTON, MA 02205-5843		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Creditor Telephone Number ( ) <b>617-619-6311</b>		<b>RECEIVED</b> <b>SEP 27 2010</b> <b>BMC GROUP</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on: _____
Name and address where payment should be sent (if different from above):		Payment Telephone Number ( ) <b>617-619-6311</b>	
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$</b> 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. If all or part of your claim qualifies as an administrative expense under 11 U.S.C. § 503(b)(9), complete item 6. <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.			
<b>2. BASIS FOR CLAIM:</b> <u>Goods Sold</u>		(See instructions #2 and #3a on reverse side.)	<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <u>5420</u> 3a. Debtor may have scheduled account as:
<b>4. SECURED CLAIM</b> (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information <b>Nature of property or right of setoff:</b> Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____ Secured Claim Amount: \$ _____ <b>DO NOT</b> include the priority portion of your claim here. Unsecured Claim Amount: \$ <u>18,500.00</u> Amount of arrearage and other charges as of time case filed included in secured claim, _____			
<b>5. PRIORITY CLAIM</b> <input type="checkbox"/> 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. <b>You MUST specify the priority of the claim:</b> <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) ( _____ ). * 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. Unsecured Priority Claim Amount: \$ _____ Include <b>ONLY</b> the priority portion of your unsecured claim here.			
<b>6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9):</b> \$ _____ See instruction #6 on reverse side			
<b>7. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
<b>8. SUPPORTING DOCUMENTS:</b> Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 8 and definition of "redacted" on reverse side.) If the documents are not available, please explain. <b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on October 25, 2010 for Non-Governmental Claimants OR on or before 5:00 pm, prevailing Eastern Time on January 18, 2011 for Governmental Units BY MAIL TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY  Jennifer Convertibles  00108	
DATE <b>9/23/2010</b>	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. <b>Regina Munroe, Credit Manager</b> 		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571			

## 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 (IF NOT ALREADY PROPERLY FILLED IN)

<p><b>Court, Name of Debtor, and Case Number:</b> Fill in the name of the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Debtor Name</b></td> <td style="width: 50%;"><b>Case No</b></td> </tr> <tr> <td>See attached sheet</td> <td></td> </tr> </table> <p><b>Creditor's Name and Address:</b> 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).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b> State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item, 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b> 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.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b> 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.</p> <p><b>4. Secured Claim:</b> 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.</p>	<b>Debtor Name</b>	<b>Case No</b>	See attached sheet		<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).</b> 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.</p> <p><b>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9):</b> State the value of any goods received by the debtor within 20 days before the date of commencement for which the goods have been sold to the debtor in the ordinary course of the debtor's business.</p> <p><b>7. Credits:</b> 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.</p> <p><b>8. Supporting Documents:</b> 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). Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>Date and Signature:</b> The person filing this proof of claim <b>must</b> 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.</p> <p><b>Date-Stamped Copy</b> <b>Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed, stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</b></p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
<b>Debtor Name</b>	<b>Case No</b>				
See attached sheet					

### DEFINITIONS

**DEBTOR**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**CREDITOR**

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

**CLAIM**

A claim is the creditor's right to receive payment on a debt that was owed by the debtor 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 form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page

**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 NONPRIORITY CLAIM**

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

**UNSECURED PRIORITY CLAIM 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.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

### INFORMATION

document showing that the lien has been filed or recorded.

**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.

**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.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com](http://www.bmcgroup.com)

Make Checks Payable To:



A Herald Media Company  
 Remit To: P.O. Box 55843  
 Boston, MA 02205-5843

Agency		Advertiser Name		Account #	
		JENNIFER CONVERTIBLES		R245420	
Billing Period			Pay This Amount		
03/01/10 To 03/31/10			\$ 10,200.00		
Current	30 Days	60 Days	Over 90 Days		
6,800.00	3,400.00	0.00	0.00		

Bill Type: Retail

**AMOUNT ENCLOSED: \$**

Billed Account Name and Address	Page	Billing Date
	1	03/31/10
JENNIFER CONVERTIBLES C/O DAVID BORGEN 902 BROADWAY NEW YORK, NY 10010		
Please charge my credit card: Name on Card _____ Account Number: _____ Card expiration date: _____ Amount: _____ Signature: _____		

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Pub	Order No.	Ad Description	Rep	Ad Size	# modules	Rate	Amount
			Previous Balance					14,550.00
03/04/10	BHR	1420685	PG 3	R470	6 cols by 3 mods	18		0.00
		1420685	Special Rate D					1,500.00
03/05/10	BHR	1420772	INSIDE TRACK	R470	Half page/V	30		0.00
		1420772	Special Rate D					950.00
03/12/10	BHR	1421878	INSIDE TRACK - JENNIFER	R470	Half page/H	30		0.00
		1421878	Special Rate D					950.00
03/18/10	BHR	1422004	PAGE 3 - JENNIFER CONVERT	R470	6 cols by 3 mods	18		0.00
		1422004	Special Rate D					1,500.00
03/19/10	BHR	1422008	INSIDE TRACK	R470	Half page/H	30		0.00
		1422008	Special Rate D					950.00
03/26/10	BHR	1422712	INSIDE TRACK	R470	Half page/H	30		0.00
		1422712	Special Rate D					950.00
03/03/10		1410060	PD-Check71886					-2,450.00
03/10/10		1417027	1417027 SALES ADJ		0 cols x 0.00 "			-950.00
03/22/10		1414651	PD-CreditCard					-7,750.00



A Herald Media Company

P.O. Box 55843  
 Boston, MA 02205-5843  
 Tel: (617) 426-3000

Bill Type: Retail

Total Amount Due: 10,200.00



For Customer Service Please Call: 1 (800) 274-4555

**TERMS: Payable 30 Days From Billing Date**

We accept payment by the above charge cards made within our 30 day terms. Any payment by charge card for account balances greater than 30 days will be assessed an additional 3% service fee.  
 Billing disputes must be presented within 30 days of invoice date. Disputes not presented within that time will not be considered and invoice will be considered payable in full.

**AGING OF PAST DUE AMOUNTS:**

Current	30 days	60 Days	Over 90 Days	Total Amount Due
6,800.00	3,400.00	0.00	0.00	10,200.00

Billing Period	Agency	Advertiser's Name	Account Number	Pay This Amount
03/01/10 To 03/31/10		JENNIFER CONVERTIBLES	R245420	\$ 10,200.00

Make Checks Payable To:



A Herald Media Company  
Remit To: P.O. Box 55843  
Boston, MA 02205-5843

Agency	Advertiser Name		Account #
	JENNIFER CONVERTIBLES		R245420
Billing Period	04/01/10 To 04/30/10		Pay This Amount
			\$ 15,100.00
Current	30 Days	60 Days	Over 90 Days
4,900.00	6,800.00	3,400.00	0.00

Bill Type: Retail

**AMOUNT ENCLOSED: \$**

Billed Account Name and Address	Page	Billing Date
JENNIFER CONVERTIBLES C/O DAVID BORGEN 902 BROADWAY NEW YORK, NY 10010	1	04/30/10
	Please charge my credit card: Name on Card _____ Account Number: _____ Card expiration date: _____ Amount: _____ Signature: _____	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Pub	Order No.	Ad Description	Rep	Ad Size	# modules	Rate	Amount
			Previous Balance					10,200.00
04/09/10	BHR	1425699	INSIDE TRACK	R470	Half page/H	30		0.00
		1425699	Special Rate D					950.00
04/08/10	BHR	1425700	BACK PG	R470	6 cols by 3 mods	18		0.00
		1425700	Special Rate D					1,500.00
04/29/10	BHR	1429436	INSIDE TRACK	R470	Half page/H	30		0.00
		1429436	Special Rate D					950.00
04/30/10	BHR	1429437	PAGE 3 - JENNIFER CONVERT	R470	6 cols by 3 mods	18		0.00
		1429437	Special Rate D					1,500.00



A Herald Media Company

P.O. Box 55843  
Boston, MA 02205-5843  
Tel: (617) 426-3000

Bill Type: Retail

Total Amount Due: 15,100.00



For Customer Service Please Call: 1 (800) 274-4555

**TERMS: Payable 30 Days From Billing Date**

We accept payment by the above charge cards made within our 30 day terms. Any payment by charge card for account balances greater than 30 days will be assessed an additional 3% service fee.

Billing disputes must be presented within 30 days of invoice date. Disputes not presented within that time will not be considered and invoice will be considered payable in full.

**AGING OF PAST DUE AMOUNTS:**

Current	30 days	60 Days	Over 90 Days	Total Amount Due
4,900.00	6,800.00	3,400.00	0.00	15,100.00

Billing Period	Agency	Advertiser's Name	Account Number	Pay This Amount
04/01/10 To 04/30/10		JENNIFER CONVERTIBLES	R245420	\$ 15,100.00

Make Checks Payable To:



A Herald Media Company  
 Remit To: P.O. Box 55843  
 Boston, MA 02205-5843

Agency	Advertiser Name		Account #
	JENNIFER CONVERTIBLES		R245420
Billing Period	Pay This Amount		
05/01/10 To 05/31/10	\$ 20,950.00		
Current	30 Days	60 Days	Over 90 Days
5,850.00	4,900.00	6,800.00	3,400.00

Bill Type: Retail

**AMOUNT ENCLOSED: \$**

Billed Account Name and Address	Page	Billing Date
JENNIFER CONVERTIBLES C/O DAVID BORGEN 902 BROADWAY NEW YORK, NY 10010	1	05/31/10
Please charge my credit card:		
Name on Card _____		
Account Number: _____		
Card expiration date: _____ Amount: _____		
Signature: _____		

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Pub	Order No.	Ad Description	Rep	Ad Size	# modules	Rate	Amount
			Previous Balance					15,100.00
05/14/10	BHR	1431468	INSIDE TRACK	R470	Half page/H	30		0.00
		1431468	Special Rate D					950.00
05/13/10	BHR	1431470	PAGE 3	R470	6 cols by 3 mods	18		0.00
		1431470	Special Rate D					1,500.00
05/21/10	BHR	1432837	RACK	R470	Half page/H	30		0.00
		1432837	Special Rate D					950.00
05/27/10	BHR	1433874	JENNIFER CONVERT	R470	Half page/H	30		0.00
		1433874	Special Rate D					1,500.00
05/28/10	BHR	1433876	INSIDE TRACK - JENNIFER C	R470	Half page/H	30		0.00
		1433876	Special Rate D					950.00



A Herald Media Company

P.O. Box 55843  
 Boston, MA 02205-5843  
 Tel: (617) 426-3000

Bill Type: Retail

Total Amount Due: 20,950.00



For Customer Service Please Call: 1 (800) 274-4555

**TERMS: Payable 30 Days From Billing Date**

We accept payment by the above charge cards made within our 30 day terms. Any payment by charge card for account balances greater than 30 days will be assessed an additional 3% service fee.  
 Billing disputes must be presented within 30 days of invoice date. Disputes not presented within that time will not be considered and invoice will be considered payable in full.

**AGING OF PAST DUE AMOUNTS:**

Current	30 days	60 Days	Over 90 Days	Total Amount Due
5,850.00	4,900.00	6,800.00	3,400.00	20,950.00

Billing Period	Agency	Advertiser's Name	Account Number	Pay This Amount
05/01/10 To 05/31/10		JENNIFER CONVERTIBLES	R245420	\$ 20,950.00

Make Checks Payable To:



A Herald Media Company  
 P.O. Box 55843  
 Boston, MA 02205-5843

Agency	Advertiser Name		Account #
	JENNIFER CONVERTIBLES		R245420
Billing Period	Pay This Amount		
06/01/10 To 06/30/10	\$ 18,500.00		
Current	30 Days	60 Days	Over 90 Days
950.00	5,850.00	4,900.00	6,800.00

Bill Type: Retail

**AMOUNT ENCLOSED: \$**

Billed Account Name and Address	Page	Billing Date
JENNIFER CONVERTIBLES C/O DAVID BORGEN 902 BROADWAY NEW YORK, NY 10010	1	06/30/10
Please charge my credit card:		
Name on Card _____		
Account Number: _____		
Card expiration date: _____ Amount: _____		
Signature: _____		

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

Date	Pub	Order No.	Ad Description	Rep	Ad Size	# modules	Rate	Amount
			Previous Balance					20,950.00
06/11/10	BHR	1436214	INSIDE TRACK	R470	Half page/V	30		0.00
		1436214	Special Rate D					950.00
06/14/10		1419500	PD-Check74033					-3,400.00



A Herald Media Company

P.O. Box 55843  
 Boston, MA 02205-5843  
 Tel: (617) 426-3000

Bill Type: Retail

Total Amount Due: 18,500.00



For Customer Service Please Call: 1 (800) 274-4555

**TERMS: Payable 30 Days From Billing Date**

We accept payment by the above charge cards made within our 30 day terms. Any payment by charge card for account balances greater than 30 days will be assessed an additional 3% service fee.

Billing disputes must be presented within 30 days of invoice date. Disputes not presented within that time will not be considered and invoice will be considered payable in full.

**AGING OF PAST DUE AMOUNTS:**

Current	30 days	60 Days	Over 90 Days	Total Amount Due
950.00	5,850.00	4,900.00	6,800.00	18,500.00

Billing Period	Agency	Advertiser's Name	Account Number	Pay This Amount
06/01/10 To 06/30/10		JENNIFER CONVERTIBLES	R245420	\$ 18,500.00