


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	
In re: JENNIFER CONVERTIBLES		Case Number: 10-13779	
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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property 25239791001982 TRIBUNE COMP DIBIA 401 CHICAGO 435 N. MICHIGAN AVE 3RD FL CHICAGO IL 60611 76.40TTA		RECEIVED SEP 28 2010 BMC GROUP	
Creditor Telephone Number 312 222 3682 Name and address where payment should be sent (if different from above):			
Payment Telephone Number 312 222 3682		Filed on: _____	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 6510.00 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. 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.			
2. BASIS FOR CLAIM: SERVICES RENDERED		(See Instr #2 and #3a reverse side.) IDENTIFIES DEBTOR: 4702 3a. Debtor may have scheduled account as:	
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 set off and provide the requested information Nature of property or right of setoff: _____ 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: \$ _____ DO NOT include the priority portion of your claim here. Unsecured Claim Amount: \$ 6510.00 NON PRIOR. Amount of arrearage and other charges as of time case filed included in secured claim, \$ _____			
5. PRIORITY CLAIM <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. You MUST 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)(6). Unsecured Priority Claim Amount: \$ _____ Include ONLY the priority portion of your unsecured claim here. <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.			
6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ _____ See instruction #8 on reverse side			
7. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
8. SUPPORTING DOCUMENTS: 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. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.			
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		BY HAND OR OVERNIGHT DELIVERY TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing 18750 Lake Drive East Chanhassen, MN 55317	
THIS SPACE FOR COURT USE ONLY Jennifer Convertibles  00125			
DATE 9/24/10	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. Carol Lotta / Coordinator CAROL LOTTA / COORDINATOR		

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



14848 COLLECTIONS CENTER DRIVE CHICAGO,
 IL 60693-0148
 Tel: 800/435-1232 Fed. ID#: 35-2212352
 Email: HOYCUSTSERV2@TRIBUNE.COM
 ADVERTISING INVOICE and STATEMENT

1 BILLING PERIOD		2 ADVERTISER/CLIENT NAME	
03/01/10 - 03/31/10			
23 TOTAL AMOUNT DUE		UNAPPLIED AMOUNT	3 TERMS OF PAYMENT
2,790.00		0.00	DUE 15 DAYS AFTER BILLING DATE
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
1,860.00	930.00	0.00	0.00

4 PAGE#	5 BILLING DATE	8 BILLED ACCOUNT NAME AND ADDRESS		9 REMITTANCE ADDRESS	
1	03/31/10	JENNIFER CONVERTIBLES ACCT PAYABLE 902 BROADWAY NEW YORK NY 10010-6002		PLEASE REMIT PAYMENT TO: Hoy Chicago 14848 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0148	
6 BILLED ACCOUNT NUMBER	013574702				
7 ADVERTISER/CLIENT NUMBER					

01357470200000000005908999002 00186000 00279000 8

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 PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION OTHER COMMENTS/CHARGES	15 AD SIZE BILLED UNITS	17 TIME RUN RATE	19 GROSS AMOUNT	20 NET AMOUNT
		BALANCE FORWARD				4,590.00
03/22/10		CREDIT CARD PAYMEN			1,860.00CR	
03/05/10		PAYMENT			1,800.00CR	
					TOTAL CASH	3,660.00CR
					NET FORWARD	930.00
03/04/10	WO#: 346203001	AD ID: JENNIFER F	6.00		930.00	
	INV#: 908999001			.00		930.00
03/18/10	WO#: 346203101	AD ID: JENNIFER F	6.00		930.00	
	INV#: 908999002			.00		930.00
	DISPLAY SUBTOTALS	INSERTIONS: 2 SPACE:	12.00 "			1,860.00

STATEMENT OF ACCOUNT AGING OF PAST DUE ACCOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
1,860.00	930.00	0.00	0.00	0.00	2,790.00



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24		25 ADVERTISER INFORMATION			
1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME		
214	03/01/10 - 03/31/10	013574702			



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1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
04/01/10 - 04/30/10			
23 TOTAL AMOUNT DUE		UNAPPLIED AMOUNT	3 TERMS OF PAYMENT
4,650.00		0.00	DUE 15 DAYS AFTER BILLING DATE
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
1,860.00	1,860.00	930.00	0.00

4 PAGE#	5 BILLING DATE	8 BILLED ACCOUNT NAME AND ADDRESS		9 REMITTANCE ADDRESS	
1	04/30/10	JENNIFER CONVERTIBLES ACCT PAYABLE 902 BROADWAY NEW YORK NY 10010-6002		PLEASE REMIT PAYMENT TO: Hoy Chicago 14848 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0148	
6 BILLED ACCOUNT NUMBER					
013574702					
7 ADVERTISER/CLIENT NUMBER					

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PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION OTHER COMMENTS/CHARGES	15 AD SIZE BILLED UNITS	16 TIME RUN RATE	19 GROSS AMOUNT	20 NET AMOUNT
		BALANCE FORWARD				2,790.00
04/08/10	WO#: 349468601 INV#: 922194001	AD ID:FRNT STRP-JENNIFER CONV F	FRONT STRIP 6.00	.00	930.00	930.00
04/29/10	WO#: 349469001 INV#: 922194002	AD ID:FRNT STRP-JENNIFER CONV	1 X TFST 4.00	232.50	930.00	930.00
	DISPLAY SUBTOTALS	INSERTIONS: 2 SPACE:	10.00 "			1,860.00

STATEMENT OF ACCOUNT AGING OF PAST DUE ACCOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
1,860.00	1,860.00	930.00	0.00	0.00	4,650.00



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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24	25 ADVERTISER INFORMATION				
1	BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME	
221	04/01/10 - 04/30/10	013574702			



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1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
05/01/10 - 05/31/10			
23 TOTAL AMOUNT DUE		UNAPPLIED AMOUNT	3 TERMS OF PAYMENT
5,580.00		0.00	DUE 15 DAYS AFTER BILLING DATE
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
1,860.00	1,860.00	1,860.00	0.00

4 PAGE#	5 BILLING DATE	8 BILLED ACCOUNT NAME AND ADDRESS		9 REMITTANCE ADDRESS	
1	05/31/10	JENNIFER CONVERTIBLES ACCT PAYABLE 902 BROADWAY NEW YORK NY 10010-6002		PLEASE REMIT PAYMENT TO: Hoy Chicago 14848 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0148	
6 BILLED ACCOUNT NUMBER					
013574702					
7 ADVERTISER/CLIENT NUMBER					

0135747020000000005935372002 00186000 00558000 0

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PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

10 DATE	11 NEWSPAPER REFERENCE	12	13	14 DESCRIPTION OTHER COMMENTS/CHARGES	15 AD SIZE PILDED UNITS	17 TIME PER RATE	19 GROSS AMOUNT	20 NET AMOUNT
	BALANCE FORWARD							4,650.00
05/13/10	PAYMENT						930.00CR	
							TOTAL CASH	930.00CR
							NET FORWARD	3,720.00
05/20/10	WO#: 349469101 INV#: 935372001			AD ID:FRNT STRP-JENNIFER CONV	1 X TFST 4.00	232.50	930.00	930.00
05/27/10	WO#: 349469401 INV#: 935372002			AD ID:FRNT STRP-JENNIFER CONV	1 X TFST 4.00	232.50	930.00	930.00
	DISPLAY SUBTOTALS			INSERTIONS: 2 SPACE:	8.00 "			1,860.00

STATEMENT OF ACCOUNT AGING OF PAST DUE ACCOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
1,860.00	1,860.00	1,860.00	0.00	0.00	5,580.00



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*UNAPPLIED AMOUNTS ARE INCLUDED IN TOTAL AMOUNT DUE

24	25 ADVERTISER INFORMATION				
206	1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME	
	05/01/10 - 05/31/10	013574702			



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1 BILLING PERIOD		2 ADVERTISER/CLIENT NAME	
06/01/10 - 06/30/10			
23 TOTAL AMOUNT DUE	UNAPPLIED AMOUNT	3 TERMS OF PAYMENT	
6,510.00	0.00	DUE 15 DAYS AFTER BILLING DATE	
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
930.00	1,860.00	1,860.00	1,860.00

4 PAGE#	5 BILLING DATE	8 BILLED ACCOUNT NAME AND ADDRESS	9 REMITTANCE ADDRESS
1	06/30/10	JENNIFER CONVERTIBLES ACCT PAYABLE 902 BROADWAY NEW YORK NY 10010-6002	PLEASE REMIT PAYMENT TO: Hoy Chicago 14848 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693-0148
6 BILLED ACCOUNT NUMBER			
013574702			
7 ADVERTISER/CLIENT NUMBER			

0135747020000000005947743001 00093000 00651000 7

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PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION OTHER COMMENTS/CHARGES	15 AD SIZE 16 BILLED UNITS	17 18 TIMES RUN RATE	19 GROSS AMOUNT	20 NET AMOUNT
		BALANCE FORWARD				5,580.00
06/17/10	WO#: 349469501 INV#: 947743001	AD ID: FRNT STRP-JENNIFER CONV	1 X TFST		930.00	
			4.00	232.50		930.00
	DISPLAY SUBTOTALS	INSERTIONS: 1 SPACE:	4.00 "			930.00

STATEMENT OF ACCOUNT AGING OF PAST DUE ACCOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
930.00	1,860.00	1,860.00	1,860.00	0.00	6,510.00



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24	25	ADVERTISER INFORMATION			
208	1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME	
	06/01/10 - 06/30/10	013574702			

Tribune Company
435 N. Michigan Ave. 3rd fl.
Chicago Illinois 60611

September 24, 2010.

Reg: Jennifer Convertibles
902 Broadway
New York, NY 10010

Dear Sir:

Enclosed please find a Statement of Claim and corresponding Invoice Statement for the above referenced debtor.

Please execute this Claim, and acknowledge receipt via return mail in the attached, Self – addressed stamped envelope.

Respectfully yours,



Carol Liotta/ Collection Coordinator
Tribune Company d/b/a Hoy Chicago
312 – 222 – 3682
email: cliotta@tribune.net