

| UNITED STATES BANKRUPTCY COURT<br>SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | PROOF OF CLAIM                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| In re:<br><b>JENNIFER CONVERTIBLES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | Case Number:<br><b>10-13779</b>                                                                                                                                                                                                                                                                                                                                                                           |  |
| <small>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.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <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.<br><br><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<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;">           25239791001982<br/> <b>TRIBUNE COMP DIR/A</b><br/> <b>BALTIMORE SUN</b><br/> <b>435 N. MICHIGAN AVE 3RD FL</b><br/> <b>CHICAGO IL 60611 768.4074</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> <b>RECEIVED</b><br/><br/> <b>SEP 28 2010</b><br/><br/> <b>BMC GROUP</b> </div>                                                                                                                                                                                                                                        |  |
| Creditor Telephone Number ( <b>312 222 3682</b> )<br>Name and address where payment should be sent (if different from above):<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>1312 222 3682</b> <b>BMC GROUP</b> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Payment Telephone Number ( <b>312 222 3682</b> )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><b>THIS SPACE IS FOR COURT USE ONLY</b><br><br><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.<br>Claim Number (if known): _____<br>Filed on: _____                                                                                   |  |
| 1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <b>37,623.85</b><br><small>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.</small><br><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:<br><b>SERVICES RENDERED</b> (See Instr #2 and #3a reverse side.) IDENTIFIES DEBTOR: <b>YES</b><br>3a. Debtor may have scheduled account as: <b>0600</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 4. SECURED CLAIM (See instruction #4 on reverse side.)<br>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<br>Nature of property or right of setoff: _____<br>Describe: _____<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Property: \$ _____ Annual Interest Rate: _____ % If any: \$ _____ Basis for Perfection: _____<br>Secured Claim Amount: \$ _____<br>Unsecured Claim Amount: \$ <b>37,623.85</b> <b>DO NOT</b> Include the priority portion of your claim here. <b>NOW - PRIOR.</b><br>Amount of arrearage and other charges as of time case filed Included in secured claim, _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 5. PRIORITY CLAIM<br><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.<br>You <b>MUST</b> specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).<br><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).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6).<br><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).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( _____ ).<br><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><br>Unsecured Priority Claim Amount: \$ _____ Includes <b>ONLY</b> the priority portion of your unsecured claim here. |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ _____<br><small>See instruction #6 on reverse side</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| 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: <u>Attach redacted copies of supporting documents</u> , 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.<br><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.<br>BY MAIL TO:<br>BMC Group, Inc<br>Attn: Jennifer Convertibles Claims Processing<br>PO Box 3020<br>Chanhassen, MN 55317-3020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group, Inc<br>Attn: Jennifer Convertibles Claims Processing<br>18750 Lake Drive East<br>Chanhassen, MN 55317                                                                                                                                                                                                                                                     |  |
| DATE<br><b>9/24/10</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.<br><div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <b>Carol Liotto / Coordinator</b> </div> |  |

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

**CAROL LIOTTA / COORDINATOR**

Jennifer Convertibles



00127



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P.O. Box 3132, Boston, MA 02241-3132

**ADVERTISING INVOICE/STATEMENT**  
 PAGE 1

| NAME / ADVERTISER  | DOCUMENT NUMBER | BILLING PERIOD    | STATEMENT DATE | DUE DATE |
|--------------------|-----------------|-------------------|----------------|----------|
| JENNIFER CONVERTIB | 970             | 04/01/10-04/30/10 | 04/30/10       | 05/15/10 |

\*\*\*\*\* R E M I N D E R \*\*\*\*\*  
 YOUR ACCOUNT IS NOW DELINQUENT AND WE REGRET TO ADVISE THAT WE  
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| PUBLICATION DATE             | INVOICE NO | TYPE CLASS | DESCRIPTION                               | TIMES   | AD SIZE / LINES | RATE                                                           | GROSS AMOUNT | NET AMOUNT  |
|------------------------------|------------|------------|-------------------------------------------|---------|-----------------|----------------------------------------------------------------|--------------|-------------|
| 04/23                        |            |            | BALANCE FORWARD                           |         |                 |                                                                |              | 27,118.81   |
|                              |            |            | PAYMENT                                   |         |                 |                                                                |              | 17,983.44CR |
| ROP 02/14                    | 183077001  | DIJ        | ADJ TO CORRECT RA                         |         |                 |                                                                |              | 1,727.14CR  |
| ROP 02/27                    | 186664001  | DIJ        | ADJ TO CORRECT RA                         |         |                 |                                                                |              | 1,727.14CR  |
| ROP 04/10                    | 198647001  | RET FULL   | MAIN NEWS FRT STR<br>MAINR<br>FRONT STRIP |         | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00    |
| A TRIBUNE PUBLISHING COMPANY |            |            |                                           |         |                 |                                                                |              |             |
| THIS MONTHS INSERTIONS       |            |            | CLASSIFIED                                | DISPLAY | AMT PAID        | THE BALTIMORE SUN<br>P.O. BOX 3132<br>BOSTON, MA<br>02241-3132 |              |             |
| THIS MONTHS SPACE            |            |            | 0                                         | 1       |                 |                                                                |              |             |
| CUSTOMER SERVICE             |            |            | 0.00                                      | 0.00    | ACCT NO         | TOTAL AMOUNT DUE                                               |              |             |
|                              |            |            | 866-420-9017                              |         | 018380600       |                                                                |              |             |
|                              |            |            |                                           |         |                 | 8,181.09                                                       |              |             |

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| DOCUMENT NUMBER | BILLING PERIOD    | STATEMENT DATE | DUE DATE | BILLED ACCOUNT NO. | ADVERTISER ACCOUNT NO. | NAME OF ADVERTISER |
|-----------------|-------------------|----------------|----------|--------------------|------------------------|--------------------|
| 970             | 04/01/10-04/30/10 | 04/30/10       | 05/15/10 | 018380600          |                        |                    |

JENNIFER CONVERTIBLES INC  
 ATTN: DAVID BORGES  
 902 BROADWAY  
 NEW YORK NY 100106002

**CURRENT NET CHARGES** ► 2,500.00  
**PAST DUE** ► 5,681.09  
**TOTAL AMOUNT DUE** ► 8,181.09  
**AMOUNT PAID \$** \_\_\_\_\_

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**ADVERTISING INVOICE/STATEMENT**  
 PAGE 1

| NAME / ADVERTISER  | DOCUMENT NUMBER | BILLING PERIOD    | STATEMENT DATE | DUE DATE |
|--------------------|-----------------|-------------------|----------------|----------|
| JENNIFER CONVERTIB | 979             | 05/01/10-05/31/10 | 05/31/10       | 06/15/10 |

\*\*\*\*\* T H I R D N O T I C E \*\*\*\*\*  
 THIS BALANCE IS NOW SERIOUSLY DELINQUENT. WE ARE UNABLE TO  
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|---------------------------------------------|-------------|--------------|------------------------------------------------------|-----------------------|-----------------|----------------------------------------------------------------|--------------|-------------------------------|
|                                             |             |              | BALANCE FORWARD                                      |                       |                 |                                                                |              | 8,181.09                      |
| ROP 02/27                                   | 204603      | DIJ 001      | ADJ TO CORRECT RA                                    |                       |                 |                                                                |              | 1,727.14                      |
| ROP 05/01                                   | 205458      | RET 001 FULL | MAIN NEWS FRT STR<br>MAINR<br>FRONT PAGE             |                       | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00                      |
| ROP 05/15                                   | 209578      | RET 001 FULL | MAIN NEWS FRT STR<br>MAINR<br>FRONT PAGE<br>2364792  |                       | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00                      |
| ROP 05/22                                   | 211815      | RET 001 FULL | MAIN NEWS FRT STR<br>MAINR<br>FRONT STRIP            |                       | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00                      |
| ROP 05/23                                   | 212198      | RET 001 FULL | MAINR<br>SPADEA FRONT                                |                       | 1XSPAD          | 4750.00                                                        | 4,750.00     | 4,750.00                      |
| ROP 05/23                                   | 212198      | RET 002 FULL | MAINR<br>SPADEA BACK                                 |                       | 1XSPAB          | 4750.00                                                        | 4,750.00     | 4,750.00                      |
| ROP 05/29                                   | 214175      | RET 001 FULL | MAIN NEWS FRT STR<br>MAINR<br>FRONT STRIP<br>2368949 |                       | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00                      |
| ROP 05/30                                   | 214460      | RPS 001 SUZ  | PREPRINT<br>CIRC 131873<br>JENNIFER C                |                       | 1XFLY<br>95.00  | 5525.48                                                        | 5,525.48     | 5,525.48                      |
| THIS MONTHS INSERTIONS<br>THIS MONTHS SPACE |             |              | CLASSIFIED<br>0<br>0.00                              | DISPLAY<br>7<br>95.00 | AMT PAID        | THE BALTIMORE SUN<br>P.O. BOX 3132<br>BOSTON, MA<br>02241-3132 |              | TOTAL AMOUNT DUE<br>34,933.71 |
| CUSTOMER SERVICE                            |             |              | 866-420-9017                                         | ACCT NO.              | 018380600       |                                                                |              |                               |

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| DOCUMENT NUMBER | BILLING PERIOD    | STATEMENT DATE | DUE DATE | BILLED ACCOUNT NO. | ADVERTISER ACCOUNT NO. | NAME OF ADVERTISER |
|-----------------|-------------------|----------------|----------|--------------------|------------------------|--------------------|
| 979             | 05/01/10-05/31/10 | 05/31/10       | 06/15/10 | 018380600          |                        |                    |

JENNIFER CONVERTIBLES INC  
 ATTN: DAVID BORGES  
 902 BROADWAY  
 NEW YORK NY 100106002

**CURRENT NET CHARGES** ► 26,752.62  
**PAST DUE** ► 8,181.09  
**TOTAL AMOUNT DUE** ► 34,933.71  
**AMOUNT PAID \$** \_\_\_\_\_

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| NAME / ADVERTISER  |                    | ADVERTISING INVOICE/STATEMENT<br>PAGE 1 |                   |          |  |
|--------------------|--------------------|-----------------------------------------|-------------------|----------|--|
| JENNIFER CONVERTIB | DOCUMENT<br>NUMBER | BILLING PERIOD                          | STATEMENT<br>DATE | DUE DATE |  |
|                    | 932                | 06/01/10-06/30/10                       | 06/30/10          | 07/15/10 |  |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-------------------------------------------|-------|------------------------------------------------------------------------------|---------|--------------|--------------------------------------------------|
| 06/09                                                                                                                                                                                                            |                |               | BALANCE FORWARD<br>PAYMENT                |       |                                                                              |         |              | 34,933.71<br>7,500.00CR                          |
| ROP<br>05/30                                                                                                                                                                                                     | 214460<br>001  | DIJ           | ADJ TO CORRECT RA                         |       |                                                                              |         |              | 2,059.86CR                                       |
| ROP<br>06/12                                                                                                                                                                                                     | 218125<br>001  | RET<br>FULL   | MAIN NEWS FRT STR<br>MAINR<br>FRONT STRIP |       | 1XBLKM                                                                       | 2500.00 | 2,500.00     | 2,500.00                                         |
| ROP<br>06/26                                                                                                                                                                                                     | 221670<br>001  | RET<br>FULL   | MAIN NEWS FRT STR<br>MAINR<br>FRONT STRIP |       | 1XBLKM                                                                       | 2500.00 | 2,500.00     | 2,500.00                                         |
| <div> <div>THIS MONTHS INSERTIONS<br/>THIS MONTHS SPACE</div> <div>CLASSIFIED<br/>0<br/>0.00</div> <div>DISPLAY<br/>2<br/>0.00</div> <div>AMT<br/>PAID</div> <div>ACCT<br/>NO.</div> <div>018380600</div> </div> |                |               |                                           |       |                                                                              |         |              | <div>TOTAL AMOUNT DUE</div> <div>30,373.85</div> |
| CUSTOMER SERVICE                                                                                                                                                                                                 |                |               | 866-420-9017                              |       | <div>THE BALTIMORE SUN<br/>P.O. BOX 3132<br/>BOSTON, MA<br/>02241-3132</div> |         |              |                                                  |

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| DOCUMENT<br>NUMBER | BILLING PERIOD    | STATEMENT<br>DATE | DUE DATE | BILLED<br>ACCOUNT NO. | ADVERTISER<br>ACCOUNT NO. | NAME OF ADVERTISER |
|--------------------|-------------------|-------------------|----------|-----------------------|---------------------------|--------------------|
| 9320               | 06/01/10-06/30/10 | 06/30/10          | 07/15/10 | 018380600             |                           |                    |

JENNIFER CONVERTIBLES, INC  
 ATTN: DAVID BORGES  
 902 BROADWAY  
 NEW YORK NY 100106002

CURRENT NET CHARGES ► 5,000.00  
 PAST DUE ► 25,373.85  
 TOTAL AMOUNT DUE ► 30,373.85  
 AMOUNT PAID \$ \_\_\_\_\_

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# ADVERTISING INVOICE/STATEMENT

PAGE 1

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| NAME / ADVERTISER  | DOCUMENT NUMBER | BILLING PERIOD    | STATEMENT DATE | DUE DATE |
| JENNIFER CONVERTIB | 3               | 07/01/10-07/31/10 | 07/31/10       | 08/15/10 |

\*\*\*\*\* FOURTH NOTICE \*\*\*\*\*  
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|------------------------|-------------|------------|-----------------------------------------------|----------|-----------------|----------------------------------------------------------------|--------------|------------|
|                        |             |            | BALANCE FORWARD                               |          |                 |                                                                |              | 30,373.85  |
| ROP 07/02              | 223187001   | RET FULL   | MAINR 1/2PG 3CLR                              |          | 1XR1/2          |                                                                | 2,250.00     | 2,250.00   |
| ROP 07/03              | 223439001   | RET FULL   | MAIN NEWS FRT STRIP MAINR FRONT STRIP 2382171 |          | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00   |
| ROP 07/17              | 226453001   | RET FULL   | MAIN NEWS FRT STRIP MAINR FRONT STRIP         |          | 1XBLKM          | 2500.00                                                        | 2,500.00     | 2,500.00   |
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| THIS MONTHS SPACE      |             |            | 0                                             | 3        | 0.00            |                                                                |              |            |
| CUSTOMER SERVICE       |             |            | 866-874-3043                                  | ACCT NO. | 018380600       | TOTAL AMOUNT DUE                                               |              |            |
|                        |             |            |                                               |          |                 | 37,623.85                                                      |              |            |

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| DOCUMENT NUMBER    | BILLING PERIOD | STATEMENT DATE | DUE DATE  | BILLED ACCOUNT NO. | ADVERTISER ACCOUNT NO. | NAME OF ADVERTISER |
|--------------------|----------------|----------------|-----------|--------------------|------------------------|--------------------|
| 307/01/10-07/31/10 | 07/31/10       | 08/15/10       | 018380600 |                    |                        |                    |

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 JENNIFER CONVERTIBLES INC  
 ATTN: DAVID BORDEN  
 902 BROADWAY  
 NEW YORK NY 100106002

CURRENT NET CHARGES ► 7,250.00  
 PAST DUE ► 30,373.85  
 TOTAL AMOUNT DUE ► 37,623.85  
 AMOUNT PAID \$ \_\_\_\_\_

000000003762385007250000303738501838060000000000007

Tribune Company  
435 N. Michigan Ave. 3<sup>rd</sup> 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,

A handwritten signature in black ink, appearing to read "Carol Liotta", with a stylized, cursive script.

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