




<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b>
In re: <b>Jennifer Convertibles, Inc.</b>		Case Number: <b>10-13779</b>	Schedule/Claim ID <b>s271</b>  Amount/Classification <b>\$65.00 Unsecured</b>
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.  <b>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</b>  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  25239790002333 SOUTH PACIFIC ATTN: RUBEN GARZA 30619 9TH STREET NUEVO, CA 92567		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Creditor Telephone Number ( )		<b>RECEIVED</b> <b>SEP 30 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>1. AMOUNT OF CLAIM AS OF DATE CASE FILED</b> \$ <u>690<sup>00</sup></u> <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> <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>Services Performed</u>		(See instructions #2 and #3a on reverse side.)	<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> 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: \$ _____ 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) ( _____ ). <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> 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> \$ _____ <small>See instruction #6 on reverse side</small>			
<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> <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. <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>			
<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</b>		<b>THIS SPACE FOR COURT USE ONLY</b>	
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	
DATE <u>9/27/10</u>		 00138	
<b>SIGNATURE:</b> 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. <u>Ruben Garza Owner</u>			

## 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: 70%;"><b>Debtor Name</b> See attached sheet</td> <td style="width: 30%;"><b>Case No</b></td> </tr> <tr> <td style="font-size: 1.2em;">Jennifer Convertibles, Inc</td> <td style="font-size: 1.2em;">#10-13729 (ALB)</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> See attached sheet	<b>Case No</b>	Jennifer Convertibles, Inc	#10-13729 (ALB)	<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 <u>must</u> 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 acknowledgment 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> See attached sheet	<b>Case No</b>				
Jennifer Convertibles, Inc	#10-13729 (ALB)				

### 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)

09/08/10

### South Pacific Open Invoices As of September 8, 2010

*invoices due here*

Type	Date	Num	P. O. #	Terms	Due Date	Aging	Open Balance
<b>Jennifer Convertibles</b>							
Invoice	06/28/10	9548	CG15814	Net 30	07/28/10	42	65.00
Invoice	07/09/10	9558	CG13401	Net 30	08/08/10	31	55.00
Invoice	07/12/10	9579	CG901275	Net 30	08/11/10	28	55.00
Invoice	07/12/10	9580	CB16406	Net 30	08/11/10	28	55.00
Invoice	07/12/10	9581	CT23597	Net 30	08/11/10	28	75.00
Invoice	07/13/10	9593	CCC18188	Net 30	08/12/10	27	65.00
Invoice	07/13/10	9594	CB13834	Net 30	08/12/10	27	55.00
Invoice	07/13/10	9595	CCC17884	Net 30	08/12/10	27	55.00
Invoice	07/14/10	9596	CTO13847	Net 30	08/13/10	26	55.00
Invoice	07/15/10	9592	CLH21123	Net 30	08/14/10	25	100.00
Invoice	07/21/10	9591	CWH 27473	Net 30	08/20/10	19	55.00
Invoice	07/27/10	<del>9652</del>	CT18263	Net 30	08/26/10	13	55.00
Invoice	07/28/10	9653	CMC12474	Net 30	08/27/10	12	65.00
Invoice	08/02/10	<del>9651</del>	CG13855	Net 30	09/01/10	7	55.00
Invoice	08/05/10	<del>9650</del>	CLH20118	Net 30	09/04/10	4	65.00
Invoice	08/17/10	<del>9644</del>	CWH30187	Net 30	09/16/10		65.00
Invoice	08/17/10	<del>9645</del>	CT16804	Net 30	09/16/10		65.00
Invoice	08/18/10	<del>9643</del>	CBW3922	Net 30	09/17/10		65.00
Invoice	08/18/10	<del>9646</del>	CT18994	Net 30	09/17/10		65.00
Invoice	08/18/10	<del>9647</del>	CBW5419	Net 30	09/17/10		55.00
Invoice	08/18/10	<del>9648</del>	CT21062	Net 30	09/17/10		55.00
Invoice	08/18/10	<del>9649</del>	CHB8619	Net 30	09/17/10		55.00
Invoice	08/19/10	9642	CT19166	Net 30	09/18/10		55.00
<b>Total Jennifer Convertibles</b>							<b>1,410.00</b>
<b>TOTAL</b>							<b>1,410.00</b>

*#690.00*

*11 invoices due for a total of \$690.<sup>00</sup> at the time of Jennifer Convertibles filing for bankruptcy.*

33&12a00\033(s0p12h3T0+FNUM19519286068]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

LM6/16

4020  
4012

Wed  
23rd

Wood  
895-7695

10-1

DATE: 06/15/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 246806-00  
FROM: Jennifer Warehouse Claim Ctr.

RE: ANNA MORENO  
449 1/2 SOMERS AVE  
GLASSELL CA 90065

X Kirk Verdugo

Order #/Delivery CG ~~015814~~ 6/09/10  
Home Phone 323 257 5254  
Work Phone 323 385 9026

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC SAID BACK OF SOFA HAD DISCOLOATION SPOT  
INSPECT N CORRECT  
CUST PICKEDUP DO NOT TOUCH HANDLING DMG! MANUPD FCT ONLY

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C6314RAF-S 0010 30	S	BACK-INSIDE/OUTSIDE	DISCOLORATION

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
AS	CHS Casing - CTR Seat	Dirt	1M	

ADDITIONAL COMMENTS:

ASUR

PAST DUE  
PLEASE REMIT

[ ] Turn Down [ ] Follow-Up [ ] Complete

SERVICE DATE: 6/23/10

X VENDOR CODE: 8A6

AMT: \$ 65.00

13&12a00\033(s0p12h3T0+FNUM[19519286068]

AUTO - FAX Rev 2.10U

Jennifer Customer Service

SERVICE REPORT

Fri 9th

DATE: 06/29/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 249554-00  
FROM: Jennifer Warehouse Claim Ctr

Call Cell 8-10  
When Arrive

RE: ROBERT BOULOY  
4651 CAHUENGA BLVD  
TOLUCA LAKE

Hourten

Order #/Delivery CG 013401 3/10/07  
APT: 302 Home Phone 305 877 7271  
Work Phone 818 308 4148

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THERE IS WATER STAINS ON ALL THE S/CAS OF THE SECTIONAL  
PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC A6025LAF-S 7970 32	S	ALL SEAT CASINGS	DRINK/BEVERAGE
VENIC A6083RF-CH 7970 32	CH	ALL SEAT CASINGS	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire Piece	Soil/Bev	ZB	
CH			ZB	

PAST DUE  
PLEASE REMIT

ADDITIONAL COMMENTS: This two piece sectional is in poor condition with 40 accumulated stains & soil build up throughout. It is beyond spot

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7/9/10

X VENDOR CODE: 8A6 AMT: \$ 5500

cleaning & needs a full cleaning. Customer stated all stains occurred ~~with~~ 2 weeks ago. Must look old. No service could be provided

LM 7/6

Jennifer Customer Service

SERVICE REPORT

88384 Mon 12th 8-11

DATE: 06/29/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

FROM: Jennifer Warehouse Claim Ctr  
Claim: 249731-00

50  
1 yr

Gate 6597  
Cherry Hill

Call when Under way Cor better cross st.

RE: ANDREA JOANNOU  
14 LIMETREE LANE X  
RANCHO PALOS VERDE CA 90275

Order #/Delivery CG 901275 9/27/07  
Home Phone 310 272 9208  
Work Phone

808 469-7533 @ 11

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT UNKNOWN BLACK STAIN-PLS INSPECT AND REMOVE ONLY IF FOUND TO BE FOOD OR BEV

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
KLAUS B44905-S KLAU OL	S	CASING-LAF SEAT	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire Piece	Soil/Bev/Pet Stains	ZB	
LS	"	"	ZB	
CH	"	"	ZB	

PAST DUE  
PLEASE REMIT

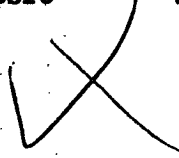
ADDITIONAL COMMENTS: This 3 piece sectional is in poor condition with 60 old accumulated stains & soil build up throughout. It needs a full

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7/12/10

X VENDOR CODE: 8A6 AMT: \$ 55.00

cleaning in order to remove this amount of stains. Customer stated stains are about 1 year old. No service could be provided because of the heavy accumulation.

LM 7/6



Jennifer Customer Service

SERVICE REPORT

Mon 12th 7-9

DATE: 07/04/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 250752-00  
FROM: Jennifer Warehouse Claim Ctr.

Needs Complete

Day Care

SRT/Sara

SO

and

ink highlighter

CA 92567  
Masters

RE: HASMET CUREY  
4069 WILD DUNES CIR  
CORONA CA 92883



Order #/Delivery CB 016406 12/21/08  
Home Phone 408 688 6651  
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: UPD ADD HAND DMG NOT COV-CC TO RPT FOOD AND BEV STAINS-PLS INSPECT AND REMOVE IF COVERED

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B6213RAF-S 7970 32	S	ALL SEAT CASINGS	FOOD
VENIC B6216LAF-S 7970 32	S	ALL SEAT CASINGS	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire Piece	Soil/Food/Bev	ZB	
S	"		ZB	

PAST DUE  
PLEASE PERMIT

ADDITIONAL COMMENTS: This two piece sectional has so old accumulation stains & soil build up throughout. It needs a full cleaning in order to remove

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7/12/10

X VENDOR CODE: 8A6 AMT: \$ 55.00

this amount of stains. Customer stated stains are 6 months old. A few stains are from a yellow ink highlighter on a seat cushion. No service could be provided because of the accumulation.

33&12a00\033(s0p12h3T0+FNUM[19519286068]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

LMG/27

793AS Mon 12th 10-12

DATE: 06/27/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 249013-00  
FROM: Jennifer Warehouse Claim Ctr.

RE: BALRAJ MAHAJAN  
26139 BASSWOOD AVE  
RANCHO PALOS VERDE CA 90275

Order #/Delivery CT 023597 6/17/10  
Home Phone 310 375 7022  
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CUSTOMER FOLLOWED UP TODAY CALLING SHOWROOM. NEED SERVICE FOR STAINS FROM DELIVERY

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC W0447-RS 7750 12	RS	ARM-RAF IN/OUT	DIRT ON DLVRY
VENIC W0447-RS 7750 12	RS	FRONT BOARD (COMP)	DIRT ON DLVRY

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
RS	ARM-RAF	Dirt on DLVRY	1H	
RS	Front Board	"	1H	
RS	ARM-LAF	"	1H	

ADDITIONAL COMMENTS:

ASUR / CAP

PAST DUE  
PLEASE RETURN

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7.12.10

X VENDOR CODE: 8A6 AMT: \$ 75.00



13&12a00\033(s0p12h3T@+FNUM[19519286068]

W/16/23

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

63305

Tue  
13th

~~8/11~~  
10-12

DATE: 06/23/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 248638-00  
FROM: Jennifer Warehouse Claim Ctr.

RE: FAHEEMAH EL-AMIN  
1760 S MANSFIELD AVE  
LOS ANGELES CA 90019

Order #/Delivery CCC 018188 12/03/05  
Home Phone 323 633 6650  
Work Phone

X La Brea

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT FOOD STAIN-PLS INSPECT AND CORRECT IF COVERED MICROFIBER MDSE

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC Z1513RAF-S 7970 21	S	CASING-CTR. SEAT	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
CH	Casing-RAF Seat	FOOD	IC	
S	Casing-LAF Seat	FOOD	IC	

PAST DUE  
PLEASE REPAIR

ADDITIONAL COMMENTS: Every attempt was made but these stains couldn't be removed.

[ ] Turn Down [ 1 ] Follow-Up [ ] Complete SERVICE DATE: 7/13/10  
X VENDOR CODE: 8A6 AMT: \$ 65<sup>00</sup>

33&l2a0\033(s0p12h3T0+FNUM[19519286068]

AUTO - FAX Rev 2.10U

Jennifer Customer Service

SERVICE REPORT

507

Tue 13th

78

LM 7/6 @w#

DATE: 07/04/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 250606-00  
FROM: Jennifer Warehouse Claim Ctr.

RE: CARRIE ORIIZ  
10455 NASHVILLE AVE  
562-903-2305  
WHITTIER CA 90604

Order #/Delivery CB 013834 9/20/06  
Home Phone 562 903 2305 7/6 Fax  
Work Phone 562 631 1430

Soil

lyr

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER CE FRESH FOOD AND BEVERAGE STAINS, HANDLING DAMAGE NOT COVERED

Front Board & Corner 15

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC Z7375-Q	6098 90	Q ALL SEAT CASINGS	FOOD
VENIC Z7365-LS	6098 90	LS ALL SEAT CASINGS	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	Entire Piece	Soil	ZB	
LS			ZB	

PAST DUE PLEASE REMIT

ADDITIONAL COMMENTS: This sofa & loveseat have no stains from food or beverage, only old soil build up along the front board & corner areas. Customer stated this is

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7, 13, 10

X VENDOR CODE: 8A6 AMT: \$ 5500

soil build up from her dog which rubs against the furniture. She also said this problem is about 1 year old. No service could be provided.

33&12a00\033(s0p12h3T0+FNUM[19519286068]

A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

Tae  
13th  
8-11  
593 H7

DATE: 07/08/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 251769-00  
FROM: Jennifer Warehouse Claim Ctr.

Ping Manager

RE: ATTHEA REYNOLDS  
4919 ROSEWOOD AVE  
LOS ANGELES

Wilton  
Westren

Order #/Delivery CCC 017884 10/27/05  
APT: 208 Home Phone 323 202 0729  
CA 90004 Work Phone 323 936 7830

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THERE ARE FOOD STAINS ON ALL S/CAS OF THE CHAISE AND THE AR-S AND THE LAF-S LF IOA  
PLEASE INSPECT AND CORRECT AND TAKE PICS

Photos taken

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC Z4016LAF-S 7970 12	S	ARM-LAF IN/OUT	FOOD
VENIC Z4021AR-S 7970 12	S	ALL SEAT CASINGS	FOOD
VENIC Z4083RF-CH 7970 12	CH	ALL SEAT CASINGS	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire Piece	Soil/Food/Bev	ZB	
S	"	"	ZB	
CH	"	"	ZB	

PAST DUE  
PLEASE REMIT

ADDITIONAL COMMENTS: This 3 piece sectional has 45 old accumulated stains & soil build up, it needs a full cleaning in order to remove this amount

[  ] Turn Down [  ] Follow-Up [  ] Complete SERVICE DATE: 7.13.10

X VENDOR CODE: 8A6 AMT: \$ 55.00

of stains. Customer stated stains are 2 years old. No service could be provided because of the old accumulation. Photos were taken &

3&12a00\033(s0p12h3T@+FNUM[19519286068]

AUTO - FAX Rev 2.10U

Jennifer Customer Service

SERVICE REPORT

Wed  
14th  
9-12

LM 7/6  
10  
5:1  
1 yr

DATE: 07/01/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068  
RE: MAURICIO GALLEGO X  
4064 YANKEE DR  
AGOURA HILLS CA 91301

FROM: Jennifer Warehouse Claim Ctr.  
Claim: 250555-00

Order #/Delivery CTO 013847 5/30/07  
Home Phone 818 300 3890  
Work Phone 818 292 8664

818 519-3172 Cell

Liberty Cyn

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT FOOD & GEN SOILING--PLS INSPECT AND REMOVE ONLY FRESH FOOD/BEV STAINS

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M5634LAF-S 6098 21	S	ALL SEAT CASINGS	FOOD

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire Piece	Soil/Food/Bev	2B	
CM			2B	

PAST DUE  
PLEASE REMIT

ADDITIONAL COMMENTS: This two piece sectional is in poor condition with 40 old accumulated stains & soil build up all over. It needs a full cleaning

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7/14/10  
X VENDOR CODE: 8A6 AMT: \$ 55<sup>00</sup>

in order to remove this amount of stains. Customer stated stains are 1 year old. No service could be provided because of the many old stains.

33&12a00\033(s0p12h3T@+FNUM[19519286068]

AUTO - FAX Rev 2.10U

Jennifer Customer Service

SERVICE REPORT

Thur  
15th  
8-11

DATE: 07/06/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 249891-00  
FROM: Jennifer Warehouse Claim Ctr.

12/13/10  
SPT Jennifer  
Approved #100

X Gatt#3

RE: ELIZABETH MILLER Order #/Delivery CLH 021123 4/30/10  
717 AVENIDA MAJORCA APT: B Home Phone 949 951 1880  
LAGUNA WOODS CA 92637 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: REVIEW:BS1): TECH WANTS AUTH FOR \$100 FOR FULL CLEANING AND DEODORIZE FOR ODOR. IF OK R/S TECH. PLEASE ADVISE OK TO SEND TECH

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B5255-F	6056 00	F ENTIRE PIECE	ODOR

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
F	Entire Piece	ODOR	IM	

PAST DUE  
PLEASE REMIT

ADDITIONAL COMMENTS: This piece was ~~be~~ completely cleaned & deodorized.

[ ] Turn Down [ ] Follow-Up [ ] Complete SERVICE DATE: 7, 15, 10  
X \_\_\_\_\_ VENDOR CODE: 8A6 AMT: \$ 100<sup>00</sup>

=====

3&12a00\033(s0p12h3T@+FNUM[19519286068]

LM 6/23

AUTO - FAX Rev 2.10U

Jennifer Customer Service

SERVICE REPORT

Tue  
1344  
12-2

DATE: 06/22/10  
TO: South Pacific  
southpacificcal@verizon.net  
30619 9th Street  
NUEVO CA 92567  
Phone 714 396 7300  
Fax 951 928 6068

Claim: 248259-00  
FROM: Jennifer Warehouse Claim Ctr.

30

S of Honda  
X of Long Beach

Call  
Cell 1st  
Call

RE: DONNA DIXON  
4002 E. PAULINE ST  
COMPTON CA 90221  
Order #/Delivery CWH 027473 5/30/08  
Home Phone 310 632 0887  
Work Phone 310 920 1236

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432  
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THERE ARE BEVERAGE STAINS ON THE RAF-S ON THE S/CAS  
PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Upholstery Shield

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC A6713RAF-S 7970 12	S	FB W/ATT S/CAS	DRINK/BEVERAGE
VENIC A6716LAF-S 7970 12	CHS	FB W/ATT S/CAS	DRINK/BEVERAGE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	Entire piece	Food/Bev	ZB	
CHS	"	"	ZB	

PAST DUE  
PLEASE REMIT

ADDITIONAL COMMENTS: This two piece sectional has ~~many~~ <sup>30</sup> old accumulated stains on all seat cushions, arm & 2 back pillows. These areas need a full

[ ] Turn Down [ Follow-Up ] Complete SERVICE DATE: 7.13.10

X \_\_\_\_\_ VENDOR CODE: 8A6 AMT: \$ 55<sup>00</sup>

cleaning in order to remove this many stains. No service could be provided because of the accumulation.