

<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)</b>		<b>PROOF OF CLAIM</b>	 <b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID s280
In re: <b>Jennifer Convertibles, Inc.</b>		Case Number: <b>10-13779</b>	Amount/Classification \$16,760.00 Unsecured
NOTE: See Reverse for List of Debtors/Case Numbers/ Important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.  If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property.  25239790002342 TITAN OUTDOOR LLC. PO BOX 5179 NEW YORK, NY 10087  <b>CORRECT ADDRESS: 850 THIRD AVE, 2ND FLOOR New York, NY 10022</b>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case. <b>2ND FLOOR</b>	
Creditor Telephone Number (A12) <b>644-6200</b>		<b>RECEIVED</b> <b>OCT 01 2010</b> <b>BMC GROUP</b>	
Name and address where payment should be sent (if different from above): <b>TITAN OUTDOOR LLC 850 THIRD AVE New York, NY 10022</b>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Claim Number (if known):  Filed on:	
Payment Telephone Number ( ) <b>212-418-1040 CREDIT + COLLECTION DEPT</b>			
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 16,760.00</b> If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim qualifies as an administrative expense under 11 U.S.C. § 503(b)(9), complete item 6.			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.			
<b>2. BASIS FOR CLAIM:</b> <b>Advertising Services Owed</b>		(See instructions #2 and #3a on reverse side.)	<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <b>JENCON</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. 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: \$ _____ <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. Unsecured Priority Claim Amount: \$ _____ Include <u>ONLY</u> the priority portion of your unsecured claim here.  You <b>MUST</b> specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,800* 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.			
<b>6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ _____</b> See instruction #6 on reverse side			
<b>7. CREDITS:</b> The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
<b>8. SUPPORTING DOCUMENTS:</b> Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 8 and definition of "redacted" on reverse side.) If the documents are not available, please explain.  <b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on October 25, 2010 for Non-Governmental Claimants OR on or before 5:00 pm, prevailing Eastern Time on January 18, 2011 for Governmental Units BY MAIL TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY  Jennifer Convertibles  00145	
DATE <b>9/27/10</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. <b>Bill Vogts, Sr Financial Analyst, Titan Outdoor LLC</b>		
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571			



Please attach remittance to payment and mail to the following lockbox address:

Titan Outdoor, LLC  
PO Box 5179  
New York, NY 10087-5179

**INVOICE**

Please direct questions regarding this invoice to:

Titan New York  
850 Third Avenue  
New York, NY 10022  
Tel: 212-644-6200  
EMail: AR@Titan360.com

David Borgen  
Jennifer Convertibles  
902 Broadway  
New York, NY 10010  
US

**Invoice Number: 77376**  
Invoice Date: 3/10/2010  
Terms: Payable Upon Receipt  
Agency:  
P/O #:  
Account Executive: Meredith Geier  
Invoice Period 03/01/2010 03/28/2010

Contact: David Borgen

Contract Number	Advertiser Name	Program Name
21022191	Jennifer Convertibles	

  

Description	# of Units	Amount
Boston - Subway - 2 Sheet	50	\$8,760.00
Chicago Platform - 1 Sheet	90	\$8,000.00
GB- Boston - Subway - 2 Sheet	25	\$0.00
GB- Chicago Platform - 1 Sheet	45	\$0.00

**PAST DUE**

Gross Total: \$16,760.00

Net Amount Due: \$16,760.00



**REMITTANCE**

Invoice Date: 03/10/2010  
Customer Name: Jennifer Convertibles  
Customer Number: JENCON01350  
Advertiser: Jennifer Convertibles  
Invoice Number: 77376

Contract Number: 21022191  
Remittance Amount: \$16,760.00  
 Update Your Billing Address  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City / State / Zip \_\_\_\_\_

To ensure proper credit for your payment, please include this remittance.

Please mail to: Titan Outdoor, LLC  
PO Box 5179  
New York, NY 10087-5179