



UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	
In re: Jennifer Convertibles, Inc.		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  25239791001830 W B MASON CO., INC. PO BOX 55840 BOSTON, MA 02205-5840		If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number (800) 436-8365		RECEIVED	
Name and address where payment should be sent (if different from above):		OCT 01 2010	
Payment Telephone Number ():		BMC GROUP	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 19.05 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: goods sold		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: MX1411 <small>3a: Debtor may have scheduled account as:</small>	
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 checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Secured Claim Amount: \$ _____ Unsecured Claim Amount: \$ 19.05 Amount of arrearage and other charges as of time case filed included in secured claim: _____ Basis for Perfection: _____			
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. Unsecured Priority Claim Amount: \$ _____ Include ONLY the priority portion of your unsecured claim here. 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)(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>			
6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ _____ <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: 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 Chanhausen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY Jennifer Convertibles  00147	
DATE 9/28/10		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. Melanie Mendonca Melanie Mendonca A/R Recovery Specialist	

S. NY

STATEMENT
W.B. MASON COMPANY, INC.
59 CENTRE ST
BROCKTON, MA 02301-4014
800-242-5892

CUSTOMER NUMBER: MX1441

DATE: 08/12/2010

SOLD TO:
JENNIFER CONVERTIBLES
ATTN: LEA
470 RT 211 EAST
MIDDLETOWN, NY 10940

Ch. 11
10-13779
7-18-10

TERMS: NET 30 DAYS
MELENIE
AUG 16 2010

Date	Invoice	Description	Amount	Open Amount
01/12/2009	BNN751	Invoice PO#: REP	\$5.40	5.40
01/08/2009	SAI301	Invoice PO#: REP	\$9.64	7.49
09/25/2008	SKV593	Invoice PO#: REP	\$6.93	6.93
02/24/2009	SMT813	Invoice PO#:	\$1.07	1.07
02/26/2009	SNM280	Invoice PO#:	\$13.85	13.85
10/08/2008	SOG704	Invoice PO#: REP	\$44.31	44.31

Total Due: \$79.05

FUTURE: \$0.00
CURRENT: \$0.00
30 DAYS: \$0.00
60 DAYS: \$0.00
90 DAYS: \$0.00
120 DAYS: \$79.05
TOTAL DUE: \$79.05