



<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)</b>	<b>PROOF OF CLAIM</b>
In re: <i>Jennifer Convertibles, Inc.</i>	Case Number: <i>10-13779</i>
<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>	
<b>Name of Creditor and Address:</b> 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	<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.
Creditor Telephone Number <i>(508) 436-7365</i>	<b>RECEIVED</b>  <b>OCT 01 2010</b>  <b>BMC GROUP</b>
Name and address where payment should be sent (if different from above):  Payment Telephone Number ( )	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>  <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on:
<b>1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <i>27.81</i></b> <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> <i>goods sold</i>	<b>3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:</b> <i>MV4849</i> <small>3a: Debtor may have scheduled account as:</small>
<b>4. SECURED CLAIM</b> (See instruction #4 on reverse side.) <input type="checkbox"/> 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 <u>as of time case filed</u> 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. <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>	
<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>BY MAIL TO:</b> BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhausen, MN 55317-3020	<b>THIS SPACE FOR COURT USE ONLY</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;">           Jennifer Convertibles              00150         </div>
<b>DATE</b> <i>9/28/10</i>	<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. <i>Melanie Mendonca Melanie Mendonca A/R Recovery Specialist</i>

S.NY

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

CUSTOMER NUMBER: MV4849

DATE: 08/12/2010

SOLD TO:  
JENNIFER CONVERTIBLES

Ch-11  
10-13779  
7-18-10

TERMS: NET 30 DAYS  
MELENIE

1617 WALNUT ST  
PHILADELPHIA, PA 19103

AUG 16 2010

Date	Invoice	Description	Amount	Open Amount
06/11/2008	SHT561	Invoice PO#:	\$27.81	27.81

Total Due: \$27.81

FUTURE: \$0.00  
CURRENT: \$0.00  
30 DAYS: \$0.00  
60 DAYS: \$0.00  
90 DAYS: \$0.00  
120 DAYS: \$27.81  
TOTAL DUE: \$27.81