

In re: **Jennifer Convertibles, Inc.**

Case Number:
10-13779

Amount/Classification
\$4,776.00 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.

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.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

Check this box if you are the debtor or trustee in this case.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

25239790001736
M REIS
32 LARK COURT
OLD BETHPAGE, NY 11804

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 ()

Check this box to indicate that this claim amends a previously filed claim.

Name and address where payment should be sent (if different from above):
32 LARK CT. OLD BETHPAGE N.Y. 11804

Claim Number (if known):
 Filed on:

Payment Telephone Number **516 249-4630**

BMC GROUP

1. AMOUNT OF CLAIM AS OF DATE CASE FILED **\$4,776.00**

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.

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:
UNPAID PAYMENTS (SERVICES + MATERIAL PURCHASED)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: **4894**

4. SECURED CLAIM (See instruction #4 on reverse side.)
 Secured Claim Amount: \$ _____
 Unsecured Claim Amount: **\$4,776.00 TOTAL**

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. Do NOT include the priority portion of your claim here.

Nature of property or right of setoff: Describe:
 Real Estate Motor Vehicle Other _____
 Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____

6. PRIORITY CLAIM
 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a):
 Unsecured Priority Claim Amount: **\$2,940.00 MH**

If any portion of your claim falls in one of the following categories, check the box and state the amount. Include ONLY the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:
 Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
 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).
 Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
 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).
 Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
 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.

6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): **\$2,940.00**

See instruction #6 on reverse side

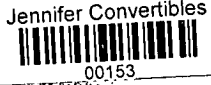
7. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

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

THIS SPACE FOR COURT USE ONLY
 Jennifer Convertibles

 00153

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 **9/29/10** **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.
Michelle Reis