

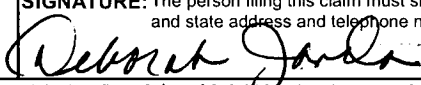


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	
In re:		Case Number:	
NOTE: See Reverse for List of Debtors/Case Numbers/ important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. 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.	
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property  25239791002053 DETROIT MEDIA PARTNERSHIP 615 W LAFAYETTE BLVD DETROIT, MI 48226		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Creditor Telephone Number <u>313 222-6652</u>		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	
Name and address where payment should be sent (if different from above): DETROIT MEDIA PARTNERSHIP 615 W LAFAYETTE BLVD DETROIT, MI 48226			
Payment Telephone Number <u>(313) 313-222-6652</u>		RECEIVED OCT 01 2010 BMC GROUP	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>22,759.90</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 to indicate that this claim amends a previously filed claim. Claim Number (if known): _____ Filed on: <u>10-13779</u>	
<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: <u>SERVICES PERFORMED</u>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3a. Debtor may have scheduled account as: <u>064 731 100</u>	
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 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: \$ _____ Unsecured Claim Amount: \$ <u>22,759.90</u> Amount of arrearage and other charges as of time case filed included in secured claim, \$ _____ DO NOT include the priority portion of your claim here.	
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. 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).		Unsecured Priority Claim Amount: \$ _____ Include ONLY the priority portion of your unsecured claim here. <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: <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. 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 Chanhassen, MN 55317-3020		THIS SPACE FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">  Jennifer Convertibles 00156 </div>	
DATE <u>9-23-10</u>	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. 		

DETROIT MEDIA PARTNERSHIP

04/01/10-04/30/10

JENNIFER CONVERTIBLES

TEL: (313) 222-8739 FAX: (313) 496-4848

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1 04/30/10

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C/O DAVID BORGER

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NEW YORK

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DETROIT MEDIA PARTNERSHIP

16304 COLLECTIONS CENTER DRIVE

CHICAGO, IL 60693

064731100

DETROIT MEDIA PARTNERSHIP THANKS YOU FOR YOUR BUSINESS

SALES # 775

THE CHARGES ON THIS STATEMENT ARE AT CURRENT CONTRACT RATES AND MAY NOT REFLECT REBATES EARNED.

	BALANCE FORWARD		0.00
25	ADJ 133,494 @ \$59.00/M ROP SHORT RATE		1180.01
24	ADJ FROM952576X TO 750X ROP SHORT RATE		6411.60
22	ADJ FROM 24X TO 13X ROP SHORT RATE		4088.00
21	ADJ DVC SHORT RATE ROP SHORT RATE		982.80
30	ADJ FROM 500X TO 200X ROP SHORT RATE		819.00
9	ADJ FROM952576X TO 48X TV SHORT RATE		9278.49

PLEASE INCLUDE ACCOUNT NUMBER 064731100 WITH YOUR PAYMENT TO ENSURE PROMPT PROCESSING.

QUESTIONS? EMAIL US AT: adbilling@dnps.com

22759.90

0.00

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22759.90

CREDIT DEPARTMENT: (313) 222-6658 SALES: (313) 222-2370



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Michigan's Information Leader

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BMC GROUP

BMC Group Inc

Attn: Jennifer Lovestick Clark

18750 Duke Dr. East

Greenwood, MI 48150

GAHHS11 55317

