


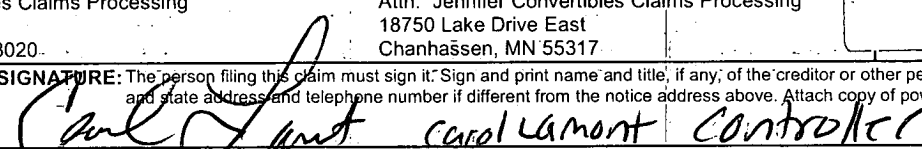


UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s77
In re: Hartsdale Convertibles, Inc.		Case Number: 10-13783	Amount/Classification \$4,257.02 Unsecured
NOTE: See Reverse for List of Debtors/Case Numbers/ important 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	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. THIS SPACE IS FOR COURT USE ONLY
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property  25239790002167 GUARDMASTER 313 POST AVENUE WESTBURY, NY 11590			
Creditor Telephone Number ()		RECEIVED OCT 04 2010 BMC GROUP	
Name and address where payment should be sent (if different from above):			
Payment Telephone Number ()		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): _____ Filed on: _____	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>4,257.02</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 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>Goods Sold</u>		<small>(See instructions #2 and #3a on reverse side.)</small> 3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: _____ 3a. Debtor may have scheduled account as: _____	
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: \$ _____ DO NOT 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, _____			
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: <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  00159 </div>	
DATE <u>9/29/10</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.  Carol Lamont Controller		

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

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.

ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p>Court, Name of Debtor, and Case Number: Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <p>Debtor Name Case No See attached sheet</p>	<p>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a). If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.</p> <p>6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): State the value of any goods received by the debtor within 20 days before the date of commencement for which the goods have been sold to the debtor in the ordinary course of the debtor's business.</p> <p>7. Credits: An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.</p> <p>8. Supporting Documents: Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p>Date and Signature: The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p>Date-Stamped Copy Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>
<p>Creditor's Name and Address: Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p>1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete items 4, 5 and 6. Check the box if interest or other charges are included in the claim.</p> <p>2. Basis for Claim: State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p>3a. Debtor May Have Scheduled Account As: Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p>4. Secured Claim: Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	

DEFINITIONS

DEBTOR

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

CREDITOR

A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.

CLAIM

A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

PROOF OF CLAIM

A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page.

SECURED CLAIM Under 11 U.S.C. §506(a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.

The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.

A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

UNSECURED NONPRIORITY CLAIM

If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.

UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

INFORMATION

document showing that the lien has been filed or recorded.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. §101 et seq.), and any applicable orders of the bankruptcy court.

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com

Guard Master Inc.

110 Bi-County Blvd., Suite 101
 Farmingdale, NY 11735

Invoice

Date	Invoice #
6/24/2010	7780

Bill To
Jennifer Convertibles DBA Ashley Furn LI Jennifer Convertibles 417 Crossways Pk Dr. Woodbury, NY 11797

Ship To
Jennifer Convertibles DBA Ashley Furn LI 558 86th Street Brooklyn, NY 11209 ATTN Ted Besaw

P.O. Number	Terms	Due Date	Rep	Account #	Ship Date	Ship Via	Vendor ID#
700024	Net 30	7/24/2010	FMA	50158	6/23/2010	Estes	

Item	Description	Qty	U/M	Price Each	Backordered	Amount
743477SG	SG 300TC MP w/ Warranty, TWIN (6 per case)	6		23.50	0	141.00
743484SG	SG 300TC MP w/ Warranty, FULL (6 per Case)	6		30.00	0	180.00
743491SG	SG 300TC MP w/ Warranty, QUEEN (4 per Case)	8		33.50	0	268.00
743507SG	SG 300TC MP w/ Warranty, KING (4 per Case)	4		40.50	0	162.00
M32AWFT	SG Adult Plush Touch MP w/ Warranty, TWIN (6 per Case)	6		14.00	0	84.00
M32AWFF	SG Adult Plush Touch MP w/ Warranty, FULL (6 per Case)	12		16.50	0	198.00
M32AWFQ	SG Adult Plush Touch MP w/ Warranty, QUEEN (4 per Case)	28		18.50	0	518.00
M32AWFK	SG Adult Plush Touch MP w/ Warranty, KING (4 per Case)	12		21.00	0	252.00
M03AWFQ	SG Dri-Tec MP w/ Warranty, QUEEN (4 per Case)	16		38.00	0	608.00
M03AWFK	SG Dri-Tec MP w/ Warranty, KING (4 per Case)	8		46.50	0	372.00
P05AWBQ	Sleep Right Pillow Back Sleeper, QUEEN (6 per Case)	6		16.50	0	99.00

Total

Payments/Credits

Balance Due

Phone #	Fax #
(631) 414-7758	(631) 414-7766

ES/MS 032-1701997

7/1

Year	Value	Description	Value
1992	1000
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
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Guard Master Inc.

110 Bi-County Blvd., Suite 101
 Farmingdale, NY 11735

Invoice

Date	Invoice #
6/24/2010	7780

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Ship To
Jennifer Convertibles DBA Ashley Furn LI 558 86th Street Brooklyn, NY 11209 ATTN Ted Besaw

P.O. Number	Terms	Due Date	Rep	Account #	Ship Date	Ship Via	Vendor ID#
700024	Net 30	7/24/2010	FMA	50158	6/23/2010	Estes	

Item	Description	Qty	U/M	Price Each	Backordered	Amount
X32AWZQ	SG Plush Touch Pillow Protector, QUEEN (12 per Case)	24		4.25	0	102.00
M02KWFT	SG Kid's Plush Touch MP w/ Warranty, TWIN (6 per Case)	18		13.00	0	234.00
M02KWFF	SG Kid's Plush Touch MP w/ Warranty, FULL (6 per Case)	18		15.00	0	270.00
P78AWCQ	Memory Foam Pillow -- Contour Shape -- Specialized Neck Support (6 per Case)	6		22.00	0	132.00
P78AWTQ	Memory Foam Pillow -- Traditional Shape -- Perfect Posture, Low Profile (6 per Case)	6		24.50	0	147.00
Shipping	Shipping	1		452.04		452.04

Total	\$4,219.04
Payments/Credits	\$0.00
Balance Due	\$4,219.04

Phone #	Fax #
(631) 414-7758	(631) 414-7766



Lynn Traffic Service Inc

Customer Focused Transportation Management

MC. C.B.

7/19

Customer:

Guardmaster Incorporated
313 Post Avenue

Westbury NY 11590
(516) 333-3961

InvoiceNo:	51149
ShipDate:	6/24/2010
InvDate:	7/5/2010
DueDate:	7/19/2010
CustRefNo:	700024
FrTerms:	TPY
ProNo:	34277

Shipper:

Guardmaster Inc

4776 Charlotte Highway
Lancaster SC 29720

Consignee:

Ashley Furniture Homestore

Attn: Ted Besaw
558 86th Street
Brooklyn NY 11209

Shipper No: 700024

ConsigneeRefNo: 700024

Line	Service Description	Amount
1	Less Than Truckload Service	\$871.61
2	Discount	(\$653.71)
3	Fuel Surcharge	\$47.94

Please Pay This Amount: \$265.84

Invoice terms are Net 15 days. Failure to remit within the stated period may result in loss of discount. If invoice becomes overdue the customer's full outstanding balance becomes due and payable. Lynn Traffic reserves the right to charge interest on overdue balances at 3% above the base rate in force calculated on a daily balance. Payment shall be deemed to have been received only when the full amount has been credited to Lynn Traffic's bank account without recourse. Any questions regarding this invoice should be directed to Accts Receivable at:

Note: Liability limitation for loss or damage to this shipment may be applicable. See 49 U.S.C Sec 14706(c)(1)(A) and (B).

Please remit to:

Lynn Traffic Service
5004 Summerwind Way
Bakersfield, CA 93308

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding: _____ per _____"

Lynn Traffic Service, Inc.

5004 Summerwind Way Bakersfield, CA 93308
Phone: (661) 589-5749 Fax: (661) 589-7437
www.lynntraffic.com

Page 1 of 1
 zoom in 10% | zoom out 10% | Print Image

ESTES EXPRESS		RECEIPT		032-1701997	
DATE	ORIGIN	DESTINATION	P.O.#	032-1701997	
6/24/10	COL 032	BRK 178	700024	PRO NUMBER	
SHIPPER B/L OR GBL NUMBER		ESTES REV.	ADV. REV.	BYD. REV.	
277					
CONSIGNEE		APPOINTMENT: 06/30 18:00		ROUTE (CARRIERS F/B #, DATE AND INTERCHANGE POINTS)	
1787777		JUN 29 2010		A B C D E F G H Y Y Y E Y Y N	
ASHLEY FURNITURE HOMESTORE		BROOKLYN, NY 11209		BILL CHARGES TO 0212144	
558 86TH STREET				LYNN TRAFFIC SERVICE	
ATTN TED BESAW				BAKERSFIELD, CA 93308	
SHIPPER 3200777		GUARD MASTERR		<input checked="" type="checkbox"/> SAW SKIDS DEL'D INTACT <input checked="" type="checkbox"/> GOOD ORDER L. SHORT L. OVER L. DAMAGE <input type="checkbox"/> SKIDS DEL'D <input type="checkbox"/> EMPTY SKIDS RET'D DESCRIBE EXCEPTIONS:	
HWY LANCASTER, SC 29720					

# PCS.	HM	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT/LBS	RATE	TOTAL CHARGES
2		PT MATTRESS PADS OR PILLOWS PC 00035 PC ON SHIPPER WRAPPED SKIDS Fuel Surcharge added at 20.00% BL--34277 PO--700024 ID--0008802629 ID--700024 S/N-700024	525		
2		Thanks for shipping ESTES EXPRESS LINES Call (201) 869-4238 for inquiries regarding this freight bill	525		

* If the above property is gone consider stored RM	* Shipments taking more than 30 minutes to load/unload may be subject to additional charges-see code. BY	Address Recipient Construction Est.	Inside Del. L/R Date PC WGT	Date 07-2-10	DO NOT WRITE IN RED AREA JOYCE #123 ABALD
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Tools

- [Address Book](#)

- [Bill of Lading](#)

- [Claims](#)

- [Density Calculator](#)

- [EDI](#)

- [Estes Forwarding Waybill](#)

- [Image Viewing](#)

- [Invoice Inquiry](#)

- [My Estes](#)

- [Points Inquiry](#)

- [Pickup Request](#)

- [Rates](#)

- [Shipment Status Report](#)

- [▶ Shipment Tracking](#)

- [Shipment Manifest](#)

- [Web Services](#)

PRO Number	032-1701997
Status	Delivered
First Delivery Attempt	07/01/2010
Delivery Date	07/02/2010
Delivery Time**	01:20 PM
Appointment Date	07/01/2010
Received by	HERBERT MAYES
	View results as XML <input style="font-size: 8px; border: 1px solid black; padding: 0 2px;" type="button" value="?"/>

Proof of Delivery

Still have some questions about this shipment? [Request more information.](#)

**Reported delivery time is subject to change based upon verification.

Enter one or more PRO, Bill of Lading, Purchase Order or Interline PRO numbers per line in the form below.

Required fields are in yellow. [View accessibility information.](#)

Shipment Tracking	
Search by	PRO Number <input type="text"/>
PRO/BOL/PO/Interline PRO Numbers (One number per line)	<input style="background-color: yellow;" type="text" value="032-1701997"/>

View in XML format

Guard Master Inc.

110 Bi-County Blvd., Suite 101
 Farmingdale, NY 11735

Invoice

Date	Invoice #
6/24/2010	7786

Bill To
Jennifer Convertibles DBA Ashley Furn LI Jennifer Convertibles 417 Crossways Pk Dr. Woodbury, NY 11797

Ship To
Jennifer Convertibles DBA Ashley Furn LI 558 86th Street Brooklyn, NY 11209 ATTN Ted Besaw

P.O. Number	Terms	Due Date	Rep	Account #	Ship Date	Ship Via	Vendor ID#
E61810	Net 30	7/24/2010	FMA	50158	6/19/2010	UPS	
Item	Description	Qty	U/M	Price Each	Backordered	Amount	
MM-42	MM-42 Frame with 7x11 sign frame.	2		0.00	0	0.00	
MMSS-24-12	Slanted Shelf	1		0.00	0	0.00	
MM-B-24-12-4	Basket	7		0.00	0	0.00	
D23AWRS	Clean Nap Covers - 500/Roll in Color Box	1		0.00	0	0.00	
Shipping	Shipping	1		37.98		37.98	
Total						\$37.98	
Payments/Credits						\$0.00	
Balance Due						\$37.98	

Phone #	Fax #
(631) 414-7758	(631) 414-7766

12T8TS82 0368592043



Proof of Delivery

Dear Customer,

This notice serves as proof of delivery for the shipment listed below.

Tracking Number: 1ZT8T5820368592043
Service: GROUND
Weight: 13.90 Lbs
Shipped/Billed On: 06/24/2010
Delivered On: 06/25/2010 12:54 P.M.
Delivered To: BROOKLYN, NY, US
Signed By: FORTMEYER

Location: RECEIVER

Thank you for giving us this opportunity to serve you.

Sincerely,

UPS

Tracking results provided by UPS: 09/29/2010 9:10 A.M. ET