

United States Bankruptcy Court of : SOUTHERN DISTRICT OF NEW YORK

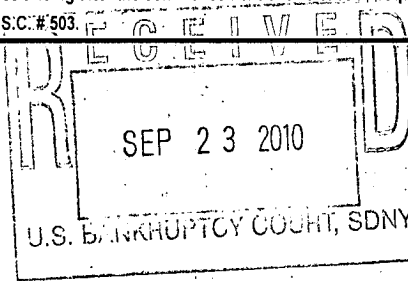
PROOF OF CLAIM

Name of Debtor: JENNIFER CONVERTIBLES, INC

Case Number: 10-13779

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of this case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. # 503.

Name and address where notices should be sent: SOUTHERN CONNECTICUT GAS CO, 855 MAIN STREET, BRIDGEPORT, CT 06605



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

Court claim Number: (if known)

Telephone numl 203-795-7851--MARCIA FANTANO

Filed on:

Name and address where payment should be sent(if different from above)

RECEIVED

OCT 04 2010

BMC GROUP

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

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

Telephone number:

1. Amount of Claims as of Date Case Filed: SEE ATTACHED \$105.66

If all are 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.

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

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BMC GROUP

5 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.

Specify the priority of the claim

Domestic support obligations under 11 U.S.C. #507(s)(1)(A) or(a)(1)(B)

Wages, salaries, or commissions (up-to \$10,950)* 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).

2 Basis for Claim: GAS SERVICE: SEE ATTACHED (see instruction #2 on reverse side)

3 Last four digits of any number by which creditor identifies debtor: 250490

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side)

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 setoff and provide the requested information

Nature of property or right of setoff: Real Estate Motor Vehicle Other

Value of Property \$ Annual Interest Rate %

Amount of arrears and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Contributions to an employee benefit plan - 11 U.S.C.(a)(5)

Up to \$2,425* 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)():

6 Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim

7 Documents: Attach redacted copies of any documents that support this claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgements, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary (See definition of "redacted" on reverse side)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Amount entitled to priority

*Amounts are subject to adjustment on 4/1/10 an every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 9/15/10 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.

FOR C Jennifer Convertibles 00171



Service Address:
JENNIFER CONVERTIBLE, INC
1770 BOSTON POST RD
MILFORD, CT

Account #	250490-132556
Customer Information	1-800-659-8299

Rate	Meter Number		Next Read Date	Bill Date
Residential				

Current Gas Charge Information

BillingDays	
Reading	
Reading	
Total CCF Used	

Account Activity

Previous Balance	\$33.40
Balance Forward	\$33.40
Account Balance	\$33.40

Messages

GAS SERVICE 6/22/2010 TO 7/18/2010

CT LIC.#S1-303125,MEC.1111

Please Return Bottom Portion With Your Payment

Account #	250490-132556
Balance	\$33.40
Please Pay	\$33.40
Payable on Presentation	

Southern Connecticut Gas Co.
P.O. Box 1999
Augusta, ME 04332-1999

JENNIFER CONVERTIBLE, INC
1770 BOSTON POST RD
MILFORD, CT

Make checks payable to: SCG

Gas Emergencies or Leaks – 24 hours

Toll Free 1-800-513-8898

If you smell gas, please call our gas leak emergency phone number immediately. Do not switch lights on or off, but leave the area and call us from a phone safely away from the suspected leak.

Corporate Office

Toll Free 1-866-268-2887

855 Main Street, Bridgeport 06604
www.soconngas.com

Operations Center

Service/Marketing/Sales
60 Marsh Hill Road, Orange 06477

Bill Payment Address

Southern Connecticut Gas Co.
PO Box 1999
Augusta, ME 04332-1999

Customer Service Hours & Telephone

7:30 am – 6:30 pm, Monday-Friday
Toll Free 1-800-659-8299



Call Before You Dig – 24 Hours

Toll Free 1-800-922-4455



If you're digging or excavating in Connecticut, state law requires that you notify the Call Before You Dig (CBYD) Center to have all underground utilities located and marked to avoid damage.

Payment Agent Site Locations

Call **Toll Free 1-800-659-8299** through SCG's Automated Self Service Billing System or Web site access at www.soconngas.com

After Hours Automated Self Service Billing System

Toll Free 1-800-659-8299 (*disponible en español*)

Tip: To enter your account number in the automated self service billing system, be sure to press the "star" (*) key in place of the dash (-) and before the last digit. Example: **123456*78910*6**

E-bill Service

Allows customers to view and pay their gas bills on line. To participate, please enroll by accessing SCG's web site at www.soconngas.com and follow the prompts. If you elect the E-Bill option, paper bills will no longer be mailed.

Before You Move

Toll Free 1-800-659-8299

Call us a few days in advance to allow for scheduling.



Customer Rights

A detailed explanation of your rights is available upon request.

Employee Identification

Company employees carry an official identification card with their name, signature and photograph. Please ask to see it.

Payment Plans

• **Budget Payment Plan** Heating customers can avoid high winter gas bills by requesting to go on the budget plan. Your account balance must be current to participate. Your yearly usage is divided into equal monthly installments.

• **Monthly Payment Arrangements** on past due balances are also available.

• **Matching Payment Plan** Hardship, residential heating customers may inquire to see if they qualify.

BILLING GLOSSARY

Next Read Date

The approximate date we will read your meter.



Meter Readings

We make every effort to read your meter each month. Bad weather or other circumstances may require that we estimate your bill. Estimated readings are clearly shown on your bill. To ensure proper billing and to avoid estimated bills, please provide access to the meter and/or provide an actual meter reading to the company. Call 1-800-659-8299 for details.

Correction Factor

Some meters require a correction factor based on the pressure at your location. This factor converts your readings to actual CCF used.

Billing Days

The number of days in the billing period. Bills less than 28 days or more than 34 days will be prorated.

Customer Charge

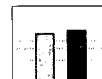
The basic charge for providing gas service to you.

Degree Days

The established method to measure cold weather, the colder the weather, the higher number of heating degree days.

Usage Comparison

This graph compares your gas usage with your previous 12-month period.



Sales Tax

The company is required to charge state sales tax on certain services. Exemption forms are available upon request.

CODES & ABBREVIATIONS*

CR	Credit
ACT	Actual Meter Read
EST	Estimated Meter Read
CCF	One hundred cubic feet, a standard measurement of gas quantity.
PGA	Purchased Gas Adjustment. This amount reflects the total unit cost of gas purchased.
WNA	Weather Normalization Adjustment: This amount is determined based on the difference between actual and normal degree days.
DEL	Delivery charge is what customers pay to have natural gas transported to their homes and businesses through SCG's distribution system.
PEAK	A charge applied to a customer's highest daily (one day) usage for system capacity made available for that customer.
Meter Charge	Meter Charge is the monthly fee for a daily demand meter device at the site.
CAM	Conservation Adjustment Mechanism
TSC	Transportation Services Charge
SSC	Sales Services Charge

“Thank you for using Natural Gas!”



Service Address:
JENNIFER CONVERTIBLE, INC
1770 BOSTON POST RD
MILFORD, CT

Account #	250490-204009
Customer Information	1-800-659-8299

Rate	Meter Number		Next Read Date	Bill Date
Residential				

Current Gas Charge Information

BillingDays
Reading
Reading
Total CCF Used

Account Activity

Previous Balance	\$35.13
Balance Forward	\$35.13
Account Balance	\$35.13

Messages

GAS SERVICE 6/19/2010 TO 7/18/2010

CT LIC.#S1-303125,MEC.1111

Please Return Bottom Portion With Your Payment

Account #	250490-204009
Balance	\$35.13
Please Pay	\$35.13
Payable on Presentation	

Southern Connecticut Gas Co.
P.O. Box 1999
Augusta, ME 04332-1999

JENNIFER CONVERTIBLE, INC
1770 BOSTON POST RD
MILFORD, CT

Make checks payable to: SCG

Gas Emergencies or Leaks – 24 hours

Toll Free 1-800-513-8898

If you smell gas, please call our gas leak emergency phone number immediately. Do not switch lights on or off, but leave the area and call us from a phone safely away from the suspected leak.

Corporate Office

Toll Free 1-866-268-2887

855 Main Street, Bridgeport 06604

www.soconngas.com

Operations Center

Service/Marketing/Sales

60 Marsh Hill Road, Orange 06477

Bill Payment Address

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PO Box 1999

Augusta, ME 04332-1999

Customer Service Hours & Telephone

7:30 am – 6:30 pm, Monday-Friday

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Payment Agent Site Locations

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www.soconngas.com

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Toll Free 1-800-659-8299 (disponible en español)

Tip: To enter your account number in the automated self service billing system, be sure to press the "star" (*) key in place of the dash (-) and before the last digit. Example:

123456*78910*6

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Correction Factor

Some meters require a correction factor based on the pressure at your location. This factor converts your readings to actual CCF used.

Billing Days

The number of days in the billing period. Bills less than 28 days or more than 34 days will be prorated.

Customer Charge

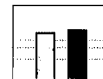
The basic charge for providing gas service to you.

Degree Days

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“Thank you for using
Natural Gas!”



Service Address:
JENNIFER CONVERTIBLE, INC
1807 POST RD E #RS-152
WESTPORT, CT

Account #	250489-73709
Customer Information	1-800-659-8299

Rate	Meter Number		Next Read Date	Bill Date
Residential				

Current Gas Charge Information

BillingDays
Reading
Reading
Total CCF Used

Account Activity

Previous Balance	\$37.13
Balance Forward	\$37.13
Late Charge	(\$0.37)
Account Balance	\$36.76

Messages

GAS SERVICE 6/15/2010 TO 7/18/2010

CT LIC.#S1-303125,MEC.1111

Please Return Bottom Portion With Your Payment

Account #	250489-73709
Balance	\$36.76
Please Pay	\$36.76
Payable on Presentation	

Southern Connecticut Gas Co.
P.O. Box 1999
Augusta, ME 04332-1999

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1807 POST RD E #RS-152
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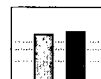
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