

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)**

PROOF OF CLAIM

YOUR CLAIM IS SCHEDULED AS:
Schedule/Claim ID s338

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

Case Number: **10-13779**

Amount/Classification
\$300.00 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.

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

 25239790001893
**B.L.D. FURNITURE SERVICE
2227 MANDARIN WAY
ANTIOCH, CA 94509**

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.

Creditor Telephone Number ()

RECEIVED

THIS SPACE IS FOR COURT USE ONLY

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

**OCT 07 2010
BMC GROUP**

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

Claim Number (if known):
Filed on: _____

Payment Telephone Number ()

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 380.00
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: Authorized, Furniture repair work done - unpaid

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 6660
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:
 Real Estate Motor Vehicle Other _____
Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____
Secured Claim Amount: \$ _____
Unsecured Claim Amount: \$ **380.00**
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
 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: \$ **? 380.00** 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): \$
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
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

THIS SPACE FOR COURT USE ONLY
Jennifer Convertibles

00188

DATE: **10/01/2010**
SIGNATURE: *Robert M. [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.

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>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 item, 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>	<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>
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DEFINITIONS

INFORMATION

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

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

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 07/11/10 Claim: 252110-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: ALBERT MCKEE Order #/Delivery CSM 017412 9/17/09
 481 ALCATRAZ AVE APT: G Home Phone 209 233 4930
 OAKLAND CA 94609 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C SAYS THAT THE SEAT SPRING POPPED OFF
 PLEASE INSPECT AND CORRECT

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
PRIMO UL40-FUTON	SOFA	SEAT DECK	SPRING PROTRUDING

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	completed failed	Spring snap in TURN	2M	

ADDITIONAL COMMENTS: *springs snapped in turns tore through padding and top panels - failure complete cost to repaired would exceed \$200.00*

[] Turn Down Follow-Up [] Complete SERVICE DATE: 7/12/10
 X *Unseller fee* VENDOR CODE: 8B7 AMT: \$ 40.00

Exchange product

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/29/10
TO: B.L.D. Furniture Service
2227 Mandarin Way
bldfurn@gmail.com
Antioch CA 94509
Phone 925 754 6660
Fax 925 754 9405

Claim: 249667-00
FROM: Jennifer Warehouse Claim Ctr.

RE: JABEZ TRUMBO Order #/Delivery CEL 007094 6/26/10
232 29TH ST APT: 21 Home Phone 510 839 2496
OAKLAND CA 94611 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES ARMS & SEAT CASINGS ARE SCRAPED, WILL SEND SVC TECH

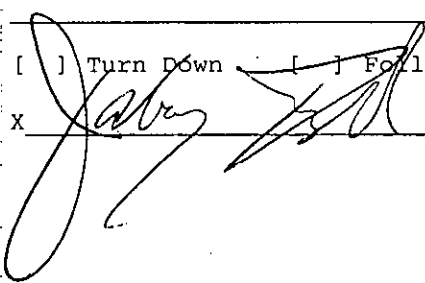
NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC W6215-S	0603 29	S ARM-RAF IN/OUT	SCRATCHED/NICKED
VENIC W6215-S	0603 29	S ARM-LAF IN/OUT	SCRATCHED/NICKED
VENIC W6215-S	0603 29	S ALL SEAT CASINGS	SCRATCHED/NICKED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	top inside back	scratches	5H	touched up
S	end back plates	marks by hammer	5M	" "
C	end back plates	" "	5	" "

ADDITIONAL COMMENTS: stained areas as needed

[] Turn Down [] Follow-Up [X] Complete SERVICE DATE: 7/12/10
 X  VENDOR CODE: 8B7 AMT: \$ 40.00

649-611 2?

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A U T O - F A X Rev 2.10U
Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/23/10 Claim: 248653-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: SUSAN TAW Order #/Delivery CFH 005243 2/25/10
 2351 ROYAL ANN DRIVE Home Phone 510 477 9077
 UNION CITY CA 94587 Work Phone 415 676 1617

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: C/C BECAUSE SHE CAN NOT SIT ON THE CHAIR
 OR THE OTTMAN SHE STAT THAT SHE SLIDE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C2500-OTTO 9115 66	OTTO	ENTIRE PIECE	SLIDING
VENIC C2508-C 9115 66	C	ENTIRE PIECE	SLIDING
VENIC C2555-F 9115 66	F	SEAT CORE	FLAT/UNDERSTUFFED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
C	Polish leather	OK seat		
F	seat cores	flat	2M	

Chair {ottoman
 ADDITIONAL COMMENTS: *customer wrong choice of cover*
wants to trade for fabric
Full sleeper - seat cores flat

[] Turn Down Follow-Up [] Complete SERVICE DATE: 7,06,10
 X *[Signature]* VENDOR CODE: 8B7 AMT: \$ 45.00

order: 2 seat cores for sleeper

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A U T O - F A X Rev 2.10U
Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/21/10 Claim: 247576-00
TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
2227 Mandarin Way
bldfurn@gmail.com
Antioch CA 94509
Phone 925 754 6660
Fax 925 754 9405

RE: LORI BOWLEY Order #/Delivery CD 015355 5/13/10
7303 PARKWOOD CIR. APT: 4 Home Phone 925 698 1680
DUBLIN CA 94568 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES CONNECTORS ARE LOOSE & NOW UNEVEN & IOB IS LEANING WAY TOO BACK, WILL SEND SVC TECH

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C3614RAF-S 0100 35	S	CONNECTORS	UNEVEN
VENIC C3614RAF-S 0100 35	S	BACK-INSIDE/OUTSIDE	LOOSE
VENIC C3634LAF-S 0100 35	S	CONNECTORS	UNEVEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	C3614 arm	TEENUTS STRIPPED	5M	

ADDITIONAL COMMENTS: *loosen upholstery, replaced teenuts and bolts to receivers, reattach upholstery, reattach arm*

[] Turn Down [] Follow-Up Complete SERVICE DATE: 7/06/10
Lori Bowley VENDOR CODE: 8B7 AMT: \$ 45.00

694A2

9:00 7/6

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/29/10 Claim: 249533-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: SCOTT COOKIE Order #/Delivery CD 015406 5/27/10
 4255 MARIETTA COURT Home Phone 925 687 7495
 CONCORD CA 94518 Work Phone 925 212 6736 CELL

Jennifer Called

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC STATES RAF IOB IS LOOSE, WILL SEND SVC TECH
 PLS CALL CELL #

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC C3614RAF-S 0100 35	S	BACK-INSIDE/OUTSIDE	LOOSE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	C3614RAF	back post	5M	
S	C3616LAF	LOOSE	5M	

ADDITIONAL COMMENTS: *tighten all six post on unit*

[] Turn Down [] Follow-Up Complete SERVICE DATE: 6/30/10
 X. *J. Coone* VENDOR CODE: 8B7 AMT: \$ 40.00

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/21/10
TO: B.L.D. Furniture Service
2227 Mandarin Way
bldfurn@gmail.com
Antioch CA 94509
Phone 925 754 6660
Fax 925 754 9405

Claim: 247686-00
FROM: Jennifer Warehouse Claim Ctr.

RE: ROBERT FARRIS
6 MONTICITO BLVD
NAPA CA 94559

Order #/Delivery CRP 015336 4/30/09
Home Phone 707 337 6229
Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: PER EMAIL HAS OPEN SEAMS AND STAINS. OK TO SERV OPEN SAMS IF MANUF DFCT, COURTESY ONLY 3 MONTHS GRACE.
CUST TO CONTACT GUARDSMAN FOR SERV FOR STAINS

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B6213RAF-S 7970 32	S	CASING-CTR. SEAT	SEAM(S) DEFECTIVE
VENIC B6216LAF-S 7970 32	S	CASING-CTR. SEAT	SEAM(S) DEFECTIVE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	LAF center	SEAM	5M	

ADDITIONAL COMMENTS: *front to rear center top seat panel sewn*

[] Turn Down [] Follow-Up Complete SERVICE DATE: 6/30/10
X *[Signature]* VENDOR CODE: 8B7 AMT: \$ 45.06

11 to 12

449 HS

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/22/10 Claim: 248173-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: ROBERT HAMMOND Order #/Delivery CD 015408 6/10/10
 1920 CAMINO VERDE APT: C Home Phone 415 999 1077
 WALNUT CREEK CA 94597 Work Phone 510 677 5258

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC WITH SCUFF MARK
 PLZ INSPECT AND CORRECT
 BICAST & MICROFIBER COMBO MDSE

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC M9815-S	6098 21	S BACK-INSIDE/OUTSIDE	SCRATCHED/NICKED

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
S	back inside outside back	rubbed	2H	

ADDITIONAL COMMENTS: *rubbed on door way*

Turn Down Follow-Up Complete SERVICE DATE: 6, 29, 10
 X  VENDOR CODE: 8B7 AMT: \$ 40,00

*order inside back cut & sewn
 order outside back panel*

6113

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/27/10 Claim: 249007-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: ED DUARTE Order #/Delivery CD 015235 5/13/10
 9725 THUNDERBRID DRIVE Home Phone 925 828 7188
 SAN RAMON CA 94583 Work Phone

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CUSTOMER RECLINING SOFA MEC HAS BROKEN

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC W0647-RS 0692 28	RS	MECHANISM HANDLE	BROKEN
VENIC W0647-RS 0692 28	RS	MECHANISM HANDLE	BROKEN

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
RS	cable	pop loose	SM	
RS	assembly		SM	

ADDITIONAL COMMENTS: *reattach cables to trigger assembly, adjusted all 4 unit to close easy*

[] Turn Down [] Follow-Up [x] Complete SERVICE DATE: 6/29/10
 X *[Signature]* VENDOR CODE: 8B7 AMT: \$ 45.00

673 H6

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A U T O - F A X Rev 2.10U

Jennifer Customer Service

S E R V I C E R E P O R T

DATE: 06/24/10 Claim: 248883-00
 TO: B.L.D. Furniture Service FROM: Jennifer Warehouse Claim Ctr.
 2227 Mandarin Way
 bldfurn@gmail.com
 Antioch CA 94509
 Phone 925 754 6660
 Fax 925 754 9405

RE: NATALIE JOHNSON Order #/Delivery CD 901475 8/06/09
 2333 AVALON WAY Home Phone 510 427 9579
 SAN RAMON CA 94582 Work Phone 925 833 8169

INSTRUCTIONS: Please schedule the above customer for service and fax back the written report or any concerns to 206-309-0432
 Attn: Jennifer Claim Center. Please remember to include serial numbers with your report. MAKE NOTE OF THE NEW FAX NUMBER.

COMMENTS: CC TO RPT MECH WON'T CLOSE-PLS INSPECT AND CORRECT IF COVERED

NATURE OF COMPLAINT: Warranty

ITEM	SIZE	AREA AFFECTED	TYPE OF DEFECT
VENIC B7075-Q	0634 09	Q MECHANISM	WON'T OPEN/CLOSE

TECHNICIAN'S REPORT

SIZE	AREA	TYPE	CODE	COMPONENTS
Q	mechanism	failure	2M	

ADDITIONAL COMMENTS: *pilot arms collapsed metal fatigue*

Turn Down Follow-Up Complete SERVICE DATE: 6/29/10
 X *[Signature]* VENDOR CODE: 8B7 AMT: \$ 40.00

674D4

11:50