

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor:
Jennifer Convertibles Inc

Case Number:
10-13779-ALG

NOTE: 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property):
Broadview Networks

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

Name and address where notices should be sent:
**Broadview Networks
500 7th Avenue, 2nd Floor, New York, NY 10018, Attn: Lisa LaCalle**

Court Claim Number: _____
(If known)

Telephone number:
(212) 400-1839

Filed on: _____

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

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.

OCT 07 2010

Telephone number:

BMC GROUP

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

1. Amount of Claim as of Date Case Filed: \$ 39.94

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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: Services Performed
(See instruction #2 on reverse side.)

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

3. Last four digits of any number, by which creditor identifies debtor: 4519

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

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).

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
Describe:

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

Value of Property: \$ _____ Annual Interest Rate: %

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).

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

if any: \$ _____ Basis for perfection: _____

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

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

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.


Amount entitled to priority:

\$ _____

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, 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.

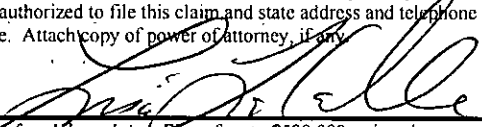
If the documents are not available, please explain:

*A
4/
re:
the
Jennifer Convertibles

00193

Date:
09/29/2010

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.

Lisa LaCalle



FOR COURT USE ONLY
OCT - 4 - 2010
U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK



P.O.Box 1191
Port Chester, NY 10573-1191

Account Number: 845-298-4519 712
Invoice Number: 13359901
Invoice Date: 9/22/10
Due Date: 10/11/10

TOTAL AMOUNT DUE: \$92.55
BILL PERIOD: 8/22/10 - 9/21/10

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

BILLING SUMMARY DESCRIPTIONS

<p>Broadview Networks Services</p> <ul style="list-style-type: none"> • Dynamic Voice and Data • High Speed Internet • Professional Services • Security Services • Firewall/Network Security • Data Backup • E-mail Security • Hosted and Premises-based Phone Systems

Previous Balance	\$94.38
Payment Received - Thank You!	(\$54.44)
Adjustments	\$0.00
Balance Forward	\$39.94
Services	
Line Charges, Features & Fees	\$38.93
Usage	\$0.67
Taxes & Surcharges	\$13.01
Total Current Charges	\$52.61
Total Amount Due	\$92.55

Your Account is past due. Please remit your payment immediately.

For questions about your bill or service, call (800) 276-2384

Special Messages This Month

- ◆ Did you know that you can review and pay your bill by telephone? Try Broadview Networks Express Care at 1-800-BROADVIEW (1-800-276-2384).
- ◆ Broadview Networks services for business customers are provided under contract, and early termination could result in certain penalties and charges.
- ◆ Broadview Networks offers Voice, Data, VoIP, managed security services, professional services and a full line of hosted IP & PBX telephone systems.
- ◆ Visit us at broadviewnet.com. Click on e-Care Center. Access your account, review and pay your bill and reach our Customer Care Center online-anytime.
- ◆ This invoice complies with Federal requirements for Form W-9. The Federal EIN is 16-1401082.
- ◆ To avoid delays in payment processing, please be sure to mail your payment to the address on the remittance portion of this bill.

Visit us online at www.broadviewnet.com

Invoice# 13359901

Remittance

Name:	JENNIFER CONVERTIBLES
Account Number:	845-298-4519
Payment due on/before:	10/11/10
Total Amount Due	\$92.55
Amount Enclosed	

Please return this stub with your check made payable to "Broadview Networks" by **10/11/10**

Please note your account number 845-298-4519 on your check.

BROADVIEW NETWORKS
PO BOX 9242
UNIONDALE NY 11555-9242

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