
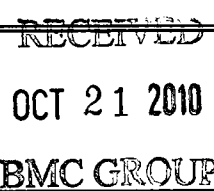

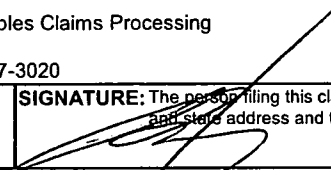


<b>UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)</b>		<b>PROOF OF CLAIM</b>		<b>YOUR CLAIM IS SCHEDULED AS:</b> Schedule/Claim ID s91	
In re: <b>Hartsdale Convertibles, Inc.</b>		Case Number: <b>10-13783</b>		Amount/Classification \$116,721.72 Unsecured	
NOTE: See Reverse for 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.	
Name of Creditor and Address: the person or other entity to whom the debtor owes money or property				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.  <b>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</b>  If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.  <b>THIS SPACE IS FOR COURT USE ONLY</b>	
 25239792000285 <b>ROBINSON BROG LEINWAND GREENE GENOVESE &amp; GLUCK</b> (RE: RESTFUL FURNITURE CORP, NY) <b>RUSSELL P MCRORY</b> 875 THIRD AVE, 9TH FL NEW YORK, NY 10022					
Creditor Telephone Number (212) 603-6300					
Name and address where payment should be sent (if different from above):				<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Claim Number (if known):  Filed on:	
Payment Telephone Number ( )				 <b>OCT 21 2010</b> <b>BMC GROUP</b>	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 119,266.02					
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. <input checked="" 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: Pre-petition commercial lease obligations - see summary attached			(See instructions #2 and #3a on reverse side.)	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 <b>Nature of property or right of setoff:</b> 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.  <b>You MUST specify the priority of the claim:</b> <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): \$ _____ 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. <b>DATE-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>					
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. <b>BY MAIL TO:</b> BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhassen, MN 55317-3020				<b>THIS SPACE FOR COURT USE ONLY</b>  Jennifer Convertibles  00246	
<b>BY HAND OR OVERNIGHT DELIVERY TO:</b> BMC Group, Inc Attn: Jennifer Convertibles Claims Processing 18750 Lake Drive East Chanhassen, MN 55317					
DATE 10/20/2010		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.   <b>Russell P. McRory, Attorney</b>			

**SUMMARY OF PREPETITION  
UNSECURED CLAIM OF  
RESTFUL FURNITURE CORPORATION**

Rent and Additional Rent pursuant to Lease dated as of April 1, 2008 between Restful Furniture Corporation, as owner, and Debtor Hartsdale Convertibles, Inc., as tenant, as modified by Modification Agreements dated as of November 1, 2008 and November 1, 2009 for premises located at 700 Sunrise Highway, Patchogue, New York.

May, 2010 Base Rent	\$43,575.32
May, 2010 Additional Rent (Real Estate Taxes)	\$ 5,370.21
Less: Current Payment on Account	(10,000.00)
Late Charges <sup>1</sup>	200.00
Interest on Rent <sup>2</sup>	1,177.97
June, 2010 Base Rent	\$43,575.32
June, 2010 Additional Rent (Real Estate Taxes)	5,370.21
Late Charges	\$150.00
Interest on Rent	815.29
July, 2010 <sup>3</sup> (Pro-rated 7/1/10 to Petition Date) <sup>4</sup>	25,712.46
July Additional Rent (Pro-rated 7/1/10 to Petition Date) <sup>5</sup>	3,118.14
Late Charges	100.00
Interest on Rent	<u>101.10</u>
<b>Total Unsecured Pre-Petition Claim</b>	<b><u>\$119,266.02</u></b>

<sup>1</sup> See ¶ 44 of the Lease.

<sup>2</sup> See ¶ 44 of the Lease.

<sup>3</sup> Pursuant to Modification Agreement dated as of November 1, 2009, the monthly rent increased to \$44,282.59 beginning July 2010.

<sup>4</sup>  $\$44,282.59/31 = 1,428.47/\text{day} \times 18 \text{ days} = \$25,712.46$

<sup>5</sup>  $\$5,370.21/31 = 173.23/\text{day} \times 18 \text{ days} = \$3,118.14.$