




UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM	 YOUR CLAIM IS SCHEDULED AS:
In re: Jennifer Convertibles, Inc.		Case Number: 10-13779	Schedule/Claim ID s403 Amount/Classification \$895.00 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.		<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  25239790001677 FOX GLASS OF NEW ENGLAND, INC. 1035 TIFFORD LANE OSTEEN, FL 32764			
Creditor Telephone Number ()		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 25 2010 BMC GROUP </div>	
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>895.00</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>Services performed</u>		(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 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 <u>as of time case filed</u> 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 Jennifer Convertibles  00284	
DATE <u>10/20/10</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.		

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> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Debtor Name</td> <td style="width: 30%;">Case No</td> </tr> <tr> <td colspan="2">See a attached sheet</td> </tr> </table> <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>	Debtor Name	Case No	See a attached sheet		<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>
Debtor Name	Case No				
See a attached sheet					

DEFINITIONS

INFORMATION

<p>DEBTOR A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>Evidence of Perfection Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p>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.</p> <p>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.</p>
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ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING www.bmcgroup.com



Fox Glass of New England, Inc.
1035 Tifford Lane
Osteen, FL 32764

Invoice

DATE	INVOICE #
5/26/2010	100242

BILL TO:

JENNIFER CONVERTIBLES
 ATTN: ACCTS PAYABLE
 417 CROSSWAYS PARK DR
 WOODBURY, NY 11797-2061

JOB LOCATION:

JENNIFER CONVERTIBLE
 STORE #291
 291 S BROADWAY
 SALEM, NH

P.O. NUMBER	TERMS	ORDER DATE	ORDERED BY	JOB NO.	REP
NSA JANEY	NET 45 DAYS	5/24/2010	JANET		
QTY	DESCRIPTION			PRICE EACH	AMOUNT
2	FURNISHED AND INSTALLED: 1 NEW LCN 4041 SURFACE MOUNT DOOR CLOSER AND CLOSER ARM.			225.00	225.00
	LABOR			55.00	110.00
	Sales Tax			0.00%	0.00
PAST DUE Please Remit					
Parts and Labor included.					
Should you have any questions, please do not hesitate to contact us at 1-800-690-6157.				TOTAL	\$335.00

THANK YOU!



FOX GLASS OF NEW ENGLAND, INC.

"The Emergency Co."

1-800-690-6157

www.foxglassinc.com

JOB NUMBER

100242

FAXED
5/25

WORK ORDER AND SATISFACTION RELEASE

SERVICE PERFORMED FOR			DATE OF ORDER
JOB NAME	LOCATION #	CONTACT NAME	JOB PHONE
JOB ADDRESS			TECHNICIAN
CITY & STATE			TIME IN: TIME OUT:
CUSTOMER W.O. / P.O.#			DATE OF COMPLETION

SERVICE TYPE <input checked="" type="checkbox"/> Reg. Hrs. <input type="checkbox"/> E/S Call <input type="checkbox"/> After Hours <input type="checkbox"/> Board Up Size _____	GLASS REPLACEMENT <input type="checkbox"/> Annealed <input type="checkbox"/> Lami <input type="checkbox"/> Temp <input type="checkbox"/> I.G. Unit <input type="checkbox"/> Specify Color _____ <input type="checkbox"/> Size _____ Thickness <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> Other _____	LOCKS <input type="checkbox"/> Key Cylinder <input type="checkbox"/> Thumb Turn <input type="checkbox"/> Hook or Straight throw <input type="checkbox"/> Other _____ <input type="checkbox"/> Paddle device <input type="checkbox"/> Panic Hardware (specify type) _____
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DOOR REPAIRS <input checked="" type="checkbox"/> Door Type <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Wood	<input checked="" type="checkbox"/> ACTIVE LEAF <input type="checkbox"/> INACTIVE LEAF <input checked="" type="checkbox"/> Closers <input checked="" type="checkbox"/> Surface Mount <input type="checkbox"/> COC _____ <input checked="" type="checkbox"/> Specialty Closers (Specify Type) <u>LCN4041</u> <input type="checkbox"/> Closer Arm (Specify Type) _____	**Specify Entrance Location <u>FRONT MAIN</u> <input type="checkbox"/> Pivots <input type="checkbox"/> Offset <input type="checkbox"/> Center Hung <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Other _____	<input type="checkbox"/> Hinges <input type="checkbox"/> Butt <input type="checkbox"/> Spring Loaded <input type="checkbox"/> Continuous <input type="checkbox"/> Other _____
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SERVICES PERFORMED: Remove AND DISCARD THE EXISTING BROKEN DOOR CLOSER. REMOVE IT AND INSTALLED ONE NEW SURFACE MOUNTED LCN 4041 DOOR CLOSER UNIT ADJUST LOCK, LATCH, SWEEP AND BACK CHECK. DOOR IS IN PROPER WORKING ORDER. ALL WORK IS COMPLETE.

This is to certify that Fox Glass of New England, Inc. has repaired or replaced the part(s) as specified above, and has completed the job satisfactorily in all respects. Do not sign this Work Order/Satisfaction Release until you have carefully examined the work performed and are positive that it contains no defects. The insurance check is to be made payable solely to the order of Fox Glass of New England, Inc. If this job is not covered by insurance, or if an insurance carrier disputes the claim, then the undersigned will be responsible for payment of the job on demand.

Signature X Leisha Dingali Date 5/24/10
 Print Name Leisha Dingali Date 5/24/10

COMPANY OR STORE STAMP:
 NSA
 291 South Broadway
 Salem, NH 03079



Fox Glass of New England, Inc.
1035 Tifford Lane
Osteen, FL 32764

Invoice

DATE	INVOICE #
4/15/2010	100201

BILL TO:

JOB LOCATION:

JENNIFER CONVERTIBLES
 ATTN: ACCTS PAYABLE
 417 CROSSWAYS PARK DR
 WOODBURY, NY 11797-2061

JENNIFER CONVERTIBLES
 STORE #BWR
 1524 VFW PKWAY
 W ROXBURY, MA

P.O. NUMBER	TERMS	ORDER DATE	ORDERED BY	JOB NO.	REP
BWR	NET 45 DAYS	4/12/2010			
QTY	DESCRIPTION			PRICE EACH	AMOUNT
2	FURNISHED AND INSTALLED: 1 NEW LCN 4041 SURFACE MOUNT DOOR CLOSER AND CLOSER ARM.			225.00	450.00
2	LABOR			55.00	110.00
	Sales Tax			0.00%	0.00
Parts and Labor included.					
Should you have any questions, please do not hesitate to contact us at 1-800-690-6157.				TOTAL	\$560.00

THANK YOU!



FOX GLASS OF NEW ENGLAND, INC.

"The Emergency Co."

1-800-690-6157

www.foxglassinc.com

JOB NUMBER

100201

FAXED
4113

WORK ORDER AND SATISFACTION RELEASE

SERVICE PERFORMED FOR			DATE OF ORDER
JOB NAME <u>Jennifer Convertible BWR MOD</u>			<u>4-12-10</u>
JOB ADDRESS		LOCATION #	CONTACT NAME
<u>1524 VFW PARKWAY</u>			
CITY & STATE		TECHNICIAN	JOB PHONE
<u>WEST ROXBURY MA</u>		<u>RC-REIT</u>	<u>617-325-4891</u>
CUSTOMER W.O. / P.O.		TIME IN	TIME OUT
<u>BWR</u>		<u>1:30</u>	<u>2:30</u>
			DATE OF COMPLETION
			<u>4-13-10</u>

SERVICE TYPE <input checked="" type="checkbox"/> Reg. Hrs. <input type="checkbox"/> E/S Call <input type="checkbox"/> After Hours <input type="checkbox"/> Board Up Size _____	GLASS REPLACEMENT <input type="checkbox"/> Annealed <input type="checkbox"/> Lami <input type="checkbox"/> Temp <input type="checkbox"/> I.G. Unit <input type="checkbox"/> Specify Color _____ <input type="checkbox"/> Size _____ Thickness <input type="checkbox"/> 1/8 <input type="checkbox"/> 1/4 <input type="checkbox"/> 3/8 <input type="checkbox"/> 1/2 <input type="checkbox"/> Other _____	LOCKS <input type="checkbox"/> Key Cylinder <input type="checkbox"/> Thumb Turn <input type="checkbox"/> Hook or Straight throw <input type="checkbox"/> Other _____ <input type="checkbox"/> Paddle device <input type="checkbox"/> Panic Hardware (specify type) _____
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DOOR REPAIRS ACTIVE INACTIVE **Specify Entrance Location Front Exterior (2)

<input checked="" type="checkbox"/> Door Type <input checked="" type="checkbox"/> Aluminum <input type="checkbox"/> Steel (two) <input type="checkbox"/> Wood	<input checked="" type="checkbox"/> Closers (both) <input type="checkbox"/> Surface Mount <input type="checkbox"/> COC _____ <input checked="" type="checkbox"/> Specialty Closers (Specify Type) <u>LCN 4041</u> <input type="checkbox"/> Closer Arm (Specify Type) _____	<input type="checkbox"/> Pivots <input type="checkbox"/> Offset <input type="checkbox"/> Center Hung <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Other _____	<input type="checkbox"/> Hinges <input type="checkbox"/> Butt <input type="checkbox"/> Spring Loaded <input type="checkbox"/> Continuous <input type="checkbox"/> Other _____
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SERVICES PERFORMED: ON BOTH EXTERIOR ENTRANCE DOORS,
REMOVE AND DISCARD EXISTING FAILED DOOR
CLOSERS. FURNISHED + INSTALLED TWO NEW
CLOSER LCN 4041 DOOR CLOSERS. BOTH
DOORS ARE IN PROPER WORKING + LOCKING ORDER
ALL WORK IS COMPLETED

This is to certify that Fox Glass of New England, Inc. has repaired or replaced the part(s) as specified above, and has completed the job satisfactorily in all respects. Do not sign this Work Order/Satisfaction Release until you have carefully examined the work performed and are positive that it contains no defects. The insurance check is to be made payable solely to the order of Fox Glass of New England, Inc. If this job is not covered by insurance, or if an insurance carrier disputes the claim, then the undersigned will be responsible for payment of the job on demand.

Signature [Signature] Date _____
 Print Name MAURICE BAKER Date _____

COMPANY OR STORE STAMP:
JENNIFER CONVERTIBLES
 1524 VFW PARKWAY-ROUTE ONE
 WEST ROXBURY, MA 02132