

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

**PROOF OF CLAIM**

**YOUR CLAIM IS SCHEDULED AS:**  
Schedule/Claim ID s535

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

Case Number:  
**10-13779**

Amount/Classification  
**\$46,623.29 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.
- 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

 25239790000300

SCI COBB PLACE FUND, LLC  
1801 CENTURY PARK EAST  
CENTURY CITY, CA 90067

Creditor Telephone Number ( )

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

**RECEIVED  
OCT 25 2010**

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

Claim Number (if known):

Filed on: \_\_\_\_\_

Payment Telephone Number ( )

**BMC GROUP**

**1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 211,121.82**

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:**  
Unpaid Rent and Rejection of Shopping Center Lease

**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.)

Secured Claim Amount: \$ \_\_\_\_\_

Unsecured Claim Amount: \$ \_\_\_\_\_

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

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: \_\_\_\_\_

**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: \$ **9,570.25**

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) ( 2 ).

\* 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 #8 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**

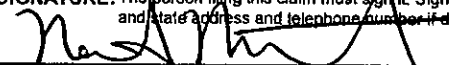
Jennifer Convertibles



00295

DATE: 10/22/2010

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.

 Neil A. Moskowitz, Attorney for SCI Cobb

Penalty for presenting fraudulent claim is a fine of up to \$300,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571

990 Hammond Drive, Suite 990, Atlanta, GA 30328

Place Fund, LLC  
(678) 775-3557

**ATTACHMENT TO PROOF OF CLAIM OF  
SCI COBB PLACE FUND, LLC**

**ITEMIZATION OF UNSECURED PROOF OF CLAIM**

03/16/10	Reconciled CAM, Tax, and Insurance for 2009	\$ 225.79
04/01/10	April 2010 Rent	12,957.89
05/01/10	May 2010 Rent	12,957.89
06/01/10	June 2010 Rent	12,957.89
07/01/10	July 2010 Rent	12,957.89
08/01/10	August 2010 Rent	12,957.89
09/01/10	September 2010 Rent	13,282.43
10/01/10	October 2010 Rent	13,282.43
11/01/10	November 2010 Rent	13,282.43
12/01/10	December 2010 Rent	13,282.43
01/01/11	January 2011 Rent	13,282.43
02/01/11	February 2011 Rent	13,282.43
03/01/11	March 2011 Rent	13,282.43
04/01/11	April 2011 Rent	13,282.43
05/01/11	May 2011 Rent	13,282.43
06/01/11	June 2011 Rent	13,282.43
07/01/11	July 2011 Rent	<u>13,282.43</u>
	<b>TOTAL UNSECURED CLAIM</b>	<b><u>\$211,121.82</u></b>

**ATTACHMENT TO PROOF OF CLAIM OF  
SCI COBB PLACE FUND, LLC**

**ITEMIZATION OF UNSECURED PRIORITY CLAIM  
AS ADMINISTRATIVE EXPENSE**

Pro-rated Rent July 19, 2010 through July 31, 2010	\$ 5,434.00
August 2010 Rent	12,957.86
Pro-rated Rent September 1, 2010 through September 23, 2010	<u>10,183.25</u>
Total Post Petition Pre Lease Rejection Rent	\$28,575.11
Less Payment Dated 8/3/10	<u>(12,957.86)</u>
Subtotal	\$15,617.25
Less Payment Dated 9/2/10	<u>(6,047.00)</u>
TOTAL PRIORITY CLAIM	<u>\$ 9,570.25</u>