

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)		PROOF OF CLAIM		 YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s435 Amount/Classification \$69,828.75 Unsecured	
In re: Jennifer Convertibles, Inc.		Case Number: 10-13779		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	
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 <div style="border: 1px solid black; padding: 5px;"> 25239790002174 VALSPAR CORP 1852 SOLUTIONS CENTER CHICAGO, IL 60677 </div>		Creditor Telephone Number (612 851-7886)			
Name and address where payment should be sent (if different from above):		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> RECEIVED OCT 25 2010 BMC GROUP </div>		<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 ()		1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>49,307.00</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>PLANS SOLD & SERVICES PERFORMED</u>		<small>(See instructions #2 and #3a on reverse side.)</small>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: <u>2626</u> <small>3a. Debtor may have scheduled account as:</small>	
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: \$ _____ Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges <u>as of time case filed</u> included in secured claim,		DO NOT include the priority portion of your claim here.	
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. 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).		Unsecured Priority Claim Amount: \$ _____ <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>		Include ONLY the priority portion of your unsecured claim here.	
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 00298	
DATE <u>10/21/10</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. <u>DAVID HAMBURGER, LEAD CREDIT ANALYST</u>			

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

9TH FLOOR - CREDIT DEPT
PO Box 1461
MINNEAPOLIS MN 55415-1461

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)

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.

Debtor Name

Case No

See attached sheet

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).

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.

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.

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.

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.

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.

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.

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.

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.

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.

Date and Signature:

The person filing this proof of claim must 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.

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.

Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.

Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."

DEFINITIONS

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

INFORMATION

document showing that the lien has been filed or recorded.

Redacted

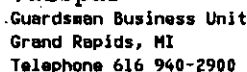
A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's 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(c), 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

25-1A HO	25-1A HO
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I819099

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

REMIT TO		INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008		8/11/10
TERMS		D-U-N-S 601-7438
<p align="center">Net 30 Days</p> <p align="center">All payment terms apply to net pricing</p>		

CUST. NO.	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	Bill 7/24 - 7/30/10		/ 00	04220 Reid & Associates - 00061		

[illegible]

505.00

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



Guardsman Business Unit
Grand Rapids, MI
Telephone 616 940-2900

INVOICE REPRINT**INFORMATION**

I820195

Div: 20

REMIT TO

INVOICE DATE	01/01/2018
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1852 SOLUTIONS CENTER
CHICAGO, IL 60677-1008

8/17/10

D-U-N-S
601-7438

TERMS

Net 30 Days

All payment terms apply to net pricing

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

CUST. NO	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	AUG 17 2010 BILLING		/ 00	04220 Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

7. RETURNS SUBJECT TO RESTOCKING CHARGE.
This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

3033.00

RETURNS SUBJECT TO RESTOCKING CHARGE.
This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

95.00

Div: 20

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

REMIT TO		INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008		8/17/10
TERMS		D-U-N-S 601-7438
<p>Net 30 Days</p> <p>All payment terms apply to net pricing</p>		

CUST.NO	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
04191-000	AUG 17 2010 BILLING		/ 00	04220 Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

7082.00

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



Guardswan Business Unit
Grand Rapids, MI
Telephone 616 940-2900

INVOICE REPRINT

INVOICE NO.
I809549

Div: 20

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



REMIT TO

INVOICE DATE	01/01/2018
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1852 SOLUTIONS CENTER
CHICAGO, IL 60677-1008

7/02/10

D-U-N-S
601-7438

TERMS

Net 30 Days

All payment terms apply to net pricing

JUST NO	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
12626-000	Bill 6/19 - 6/25/10		04220	Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

215.00

Div: 20

REMIT TO		INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008		7/16/10
		D-U-N-S 601-7438
TERMS		
Net 30 Days All payment terms apply to net pricing		

35117.50

JPC
BEC

Jennifer Convertibles
Service Report Payment Remittance

Page: 1

Vendor: JPC8CK Guardsman/Valspar
Invoice: I802878
Amount : 125.00

Invoice Date: 06/03/10
Batch: 48584

<u>Order</u>	<u>Customer</u>	<u>Date of Service</u>	<u>Invoice Amount</u>	<u>Amount Authorized</u>
PK 43208	BURNS	05/22/10	125.00	95.00
OVERBILLED PER PRICE AGREEMENT				
THIS SHOULD BE T 1-				
REMITTANCE TOTAL			125.00	95.00

SL203

US - Valspar

User HAMBURGD 10/21/10

11:02:13

Customer Inquiry...Event Details

Account: 02626 JENNIFER CONVERTIBLES

Item/ref: DN A0124295

Txn . . . : L

Doc	Perd	Original	Discount	Allowed
71210	1009	30.00		.00

Outstanding	Due
.00	91010

Itm	Typ/Ref	Txn	Typ/Ref	Doc	Perd	Original	Discount	Taken	Rsn
UC	20571040	UC		7/12/10	1009	340.00-		.00	
DN	A0124295	AL		7/12/10	1009	30.00		.00	
IN	I802878	AL		7/12/10	1009	125.00-		.00	
IN	I804304	AL		7/12/10	1009	245.00-		.00	
UC	20571040	AL		7/12/10	1009	340.00		.00	

F3=Exit F12=Previous F21=Event text

65.00

3728.25

4188.75

CREDIT	85.00CR
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JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



Guardsman Business Unit
Grand Rapids, MI
Telephone 616 940-2900

INVOICE REPRINT**INVOICE NO.**

I807910

Div: 20

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

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REMIT TO

1852 SOLUTIONS CENTER
CHICAGO, IL
60677-1008

60677-1008

TERMS

Net 30 Days

All payment terms apply to net pricing

INVOICE DATE

6/25/10

D-U-N-S
601-7438

CUST. NO.	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	Tue Jun 22 20:03:02		04220	Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

3850.50

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

Div: 20

SOLD JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

REMIT TO		INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008		7/02/10
TERMS		D-U-N-S 601-7438
Net 30 Days All payment terms apply to net pricing		

CUST. NO.	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	Mon Jun 28 22:54:55		/ 00	04220 Reid & Associates - 00061		

[illegible]

4900.50

REMITTANCE ADVICE

Page: 1

VENDOR: Guardsman/Valspar

OUR REF	YOUR INV	P.O.	INV DATE	INV AMOUNT	AMOUNT PAID	DISCOUNT	CHECK AMOUNT
335933	I795217		04/30/10	745.00	745.00	.00	745.00
335941	I796702		05/06/10	825.00	825.00	.00	825.00
335950	I797975	DN	05/12/10	65.00	65.00	.00	65.00
CHECK TOTAL							1,635.00

DN SHORT PAID \$85.00

00s0b: /usr/env1/data/lb/771852/rd/20100612/outputs/p0.8321-CTRL/CHI-771852-p0-wf.g1 WU: B-8321 on 06/12/2010 Page C-25
 Valspar Corporation CHI-771852 Ledger Date 06/14/2010

JENNIFER PURCHASING CORP.
 417 CROSWAY PARK DRIVE
 WOODBURY, NY 11797

CHASE MANHATTAN BANK, N.A.
 270 N. WALL STREET
 WILMINGTON, DE 19801

323918

DATE: 05/28/10 AMOUNT: \$1,635.00

ONE THOUSAND SIX HUNDRED THIRTY FIVE AND 00/100 DOLLARS

Pay to the Order of: Guardsman/Valspar
 Valspar Corp. Lockbox 771852
 1800 Calhoun Center
 Chicago, IL 60677

00323918 031100267 6301485573509 00323918

TR#	031100267	Acct#	6301485573509	Ser#	00323918	Check Amount	\$1,635.00
TID	R-8321025	Batch		1	Item	25	Batch Total
						Trans Source	Check

From: Jennifer Purchasing Corp. Check Date: 05/28/10 Check Amount: \$1,635.00 Check Number: 323918

To: Guardsman/Valspar JPC8CK

Our Ref#	Your Inv#	P.O.	Invoice Date	Invoice Amt	Amt Paid	Discount	Net A
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SEE ATTACHED REMITTANCE ADVICE

PNC Bank

02626

SL203

US - Valspar

User HAMBURGD 10/21/10
08:53:05

Customer Inquiry...Event Details

Account: 02626 JENNIFER CONVERTIBLES

Item/ref: DN A0123662

Txn . . . : L

Doc	Perd	Original	Discount	Allowed
61410	1008	85.00		.00

Outstanding	Due
.00	81310

Itm	Typ/Ref	Txn	Typ/Ref	Doc	Perd	Original	Discount	Taken	Rsn
UC	20567879	UC		6/14/10	1008	1635.00-		.00	
DN	A0123662	AL		6/14/10	1008	85.00		.00	
IN	I795217	AL		6/14/10	1008	745.00-		.00	
IN	I796702	AL		6/14/10	1008	825.00-		.00	
IN	I797975	AL		6/14/10	1008	150.00-		.00	
UC	20567879	AL		6/14/10	1008	1635.00		.00	

F3=Exit F12=Previous F21=Event text

215.00

REMIT TO		INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008		8/27/10
TERMS		D-U-N-S 601-7438
<p>Net 30 Days</p> <p>All payment terms apply to net pricing</p>		

CUST. NO	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO:	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	AUG 25, 2010 PRE-PET		/ 00	04220 Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

702.00

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



Guardsmen Business Unit
Grand Rapids, MI
Telephone 616 940-2900

INVOICE REPRINT

INVOICE NO.
I827821

Div: 20

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



REMIT TO

INVOICE DATE

1852 SOLUTIONS CENTER
CHICAGO, IL 60677-1008

9/24/10

D-U-N-S
601-7438

TERMS

Net 30 Days

All payment terms apply to net pricing

CUST. NO.	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	SEPT 14 2010 PRE PET		04220	Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

575.25

813.00

REMITTANCE ADVICE

Page: 1

VENDOR: Guardsman/Valspar

OUR REF	YOUR INV	P.O.	INV DATE	INV AMOUNT	AMOUNT PAID	DISCOUNT	CHECK AMOUNT
339400	I819099		08/11/10	505.00	505.00	.00	505.00
339743	I819099				145.00CR	.00	145.00CR
339576	I820860		08/19/10	95.00	95.00	.00	95.00
					CHECK TOTAL		455.00

-DN

SL203

US - Valspar

User HAMBURGD 10/21/10

09:08:31

Customer Inquiry...Event Details

Account: 02626 JENNIFER CONVERTIBLES

Item/ref: DN A0125630

Txn . . . : L

Doc	Perd	Original	Discount	Allowed
90110	1011	145.00		.00

Outstanding	Due
.00	103110

Itm	Typ/Ref	Txn	Typ/Ref	Doc	Perd	Original	Discount	Taken	Rsn
UC	20577171	UC		9/01/10	1011	455.00-		.00	
DN	A0125630	AL		9/01/10	1011	145.00		.00	
IN	I819099	AL		9/01/10	1011	505.00-		.00	
IN	I820860	AL		9/01/10	1011	95.00-		.00	
UC	20577171	AL		9/01/10	1011	455.00		.00	

F3=Exit F12=Previous F21=Event text

~~JENNIFER CONVERTIBLES~~
417 CROSSWAYS PARK DR
WOODBURY, NY 11797



Guardswan Business Unit
Grand Rapids, MI
Telephone 616 940-2900

INVOICE REPRINT

INVOICE NO.
I806195

Div: 20

JENNIFER CONVERTIBLES
417 CROSSWAYS PARK DR
WOODBURY, NY 11797

REMIT TO

1852 SOLUTIONS CENTER
CHICAGO, IL
60677-1008

60677-1008

INVOICE DATE	01/01/2018
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6/17/10

D-U-N-S
601-7438

TERMS

Net 30 Days

All payment terms apply to net pricing

CUST.NO	CUSTOMER PURCHASE ORDER	B/L NO.	VALSPAR ORDER NO.	SALESMAN	SHIP VIA	TRACKING NUMBER
02626-000	Bill 6/5 - 6/11/10		/ 00	04220 Reid & Associates - 00061		

[illegible]

1 1/2 % PER MONTH OR 18% PER YEAR WILL BE CHARGED ON ACCOUNTS PAST DUE.
RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

445.00

13

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

330.00