UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)	PRO	OOF (	OF CLAIM		IM IS SCHEDULED AS:
In re:	Case Nu	ımber:		Amount/Classification	an
Jennifer Convertibles, Inc.	10-1	3779		\$69,828.75 Unsecui	
NOTE: See Reverse for List of Debtors/Case Numbers/ important details. This for not be used to make a claim for an administrative expense arising after the comme of the case. A "request" for payment of an administrative expense may be filed put 11 U.S.C. § 503.	encement	aware th	ck box if you are at anyone else has oof of claim relating to	The amounts reflect	ed above constitute your claim as
Name of Creditor and Address: the person or other entity to whom the owes money or property	ne debtor		m. Attach copy of nt giving particulars.	scheduled by the De	ebtor or pursuant to a filed claim. If immounts set forth herein, and have no
VALSPAR CORP 25239790002	2174	☐ Che	ck this box if you are	other claim against	the Debtor, you do not need to file this PT as stated below.
1852 SOLUTIONS CENTER CHICAGO, IL 60677		case.	or or dustee in day		wn above are listed as Contingent, sputed, a proof of claim must be
				Bankruptcy Court of	ady filed a proof of claim with the r BMC, you do not need to file again.
Creditor Telephone Number (6/2 85) 7886  Name and address where payment should be sent (if different from	abouta):	LRE	CEIVED	\	IS FOR COURT USE ONLY
Name and address where payment should be sent (if different from	above).	חרד	2 5 2010	claim amend	ox to indicate that this s a previously filed claim.
		001	~ 0 20.0	Claim Numbe	er (Irrknown):
Payment Telephone Number ( )		<u>  BM</u>	C GROUP	Filed on:	
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 49, 3	307 5	00	<del></del>		
1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$  If all or part of your claim is secured, complete item 4 below; however, if all or lif 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.  Check this box if claim includes interest or other charges in addition to the priority.	of your claim S.C. § 503( rincinal amo	n is unsecu (b)(9), com ount of clai	ired, do not complete it plete item 6. m. Attach itemized stal	em 4.	charges.
2. BASIS FOR CLAIM:	(See inst	tructions			MBER BY WHICH CREDITOR
PLANS SOLD & SERVICES AGREGAMED	#2 and # reverse s		IDENTIFIES DEBT	'OR: e scheduled account	2626
4. SECURED CLAIM (See instruction #4 on reverse side.)	<del></del>		<u> </u>		
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	ecured Clai ecured Clair	m Amount:	\$	you	NOT include the priority portion of ir claim here.
Real Estate Motor Vehicle Other  Value of Property: \$ Annual Interest Rate:		Amount % if any:		•	case filed included in secured claim, is for Perfection:
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.	Priority Clair	n Amount:	\$		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,		service. Taxes o	2,600* of deposits towns for personal, family, or penalties owed to go	or household use -11 vemmental units - 11	U.S.C. § 507(a)(7). U.S.C. § 507(a)(8).
whichever is earlier - 11 U.S.C. § 507(a)(4).	L	_	Specify applicable par	= :	§ 507(a) (). every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		with res	spect to cases commer	ced on or after the d	ate of adjustment.
6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINIST See instruction #6 on reverse side	RATIVE	EXPEN	SE UNDER 11 U	.S.C. § 503(b)(9	): \$
7. CREDITS: The amount of all payments on this claim has been cree 8. SUPPORTING DOCUMENTS: <u>Attach redacted copies of suppostatements of running accounts, contracts, court judgments, mortgated of evidence of perfection of a security interest.</u> (See instruction 8 are	<i>rting docu</i> ages, and ad definition	<i>iments</i> , s security on of "red	uch as promissory agreements. You m	notes, purchase o ay also attach a s	ummary. Attach redacted copies
DATE-STAMPED COPY: To receive an acknowledgment of the claim, enclose a stamped, self-addressed envelope and copy of this	s proof of	claim.	DOC	UMENTS MAY BE D	L DOCUMENTS, ATTACHED DESTROYED AFTER SCANNING.
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm Non-Governmental Claimants OR on or before 5:00 pm, prevai	ı, prevaili	ng Easte	ern Time on Octob	er 25, 2010 for	THIS SPACE FOR COURT USE ONLY
Governmental Units BY MAIL TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing	BMC Gro	oup, Inc	RNIGHT DELIVERY TO		Jennifer Convertibles
PO Box 3020	18750 La Chanhas				
Chanhassen, MN 55317-3020  DATE  SIGNATURE: The person filing this claim mus and state address and telephon	t sign it. Sig	an and orin	it name and title, if any	, of the creditor or oth above. Attach copy	ner person authorized to file this claim of power of attorney, if any.
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	t for up to 5	vears, or	LEAD (RED)T	AND 3571 9	W Figge-CREDIT DEPT

Pry Frace-Casolt Dear PO Box 1461 MINNEARCHS MN 53415-1461

## 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 Rasis 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 claim fies 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. (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 <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

## 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(e), 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

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JENNIFER CONVERTIBLES

417 CROSSWAYS PARK DR

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WOODBURY, NY

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Guardsman Business Unit Telephone 616 940-2900

# INVOICE REPRINT

INVOICE NO. I820854

Div: 20

INVOICE DATE REMIT TO 1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008 8/20/10 D-U-N-S 601-7438 TERMS Net 30 Days
All payment terms apply to net pricing

TRACKING NUMBER VALSPAR SHIP VIA UST NO CUSTOMER PURCHASE ORDER B/L NO. ORDER NO. 04220 / 00 Reid & Associates - 00061 14191-000 AUG 17 2010 PRE-PET

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_ ;		Fab P	lus 5 Yr Per Unit Plan			:	ļ				
20	Each		6735ENG5	. 11.25					11.25	225.00	
		Fabri	c 5 Yr Per Unit Plan	3							
8	Each		6988ENG5	25.00					25.00	200.00	
	<b>.</b>	FPP S	ervice Only Leather		1 1 1 2						
3	Each		8762ENG5	19.50			}		19.50	58.50	
		Combo	Fab/Lth 5 Yr Plan (1)	0)	20 人名美国				ļ. <u>.</u>		
14	Each		8765ENG5	13.75		•			13.75	192.50	
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This is to certify that the merchandise billed on this invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

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P	WOODBURY, NY 11797
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AGTSPOT Valspar
Guardsman Business Unit
Grand Repids, MI
Telephone 616 940-2900 INVOICE REPRINT

INVOICE NO. I809549

Div: 20

INVOICE DATE REMIT TO 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 SALESMAN SHIP VIA TRACKING NUMBER DRDER NO. 04220 )2626-000 Bill 6/19 - 6/25/10 :/00 Reid & Associates - 00061

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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>Orde</u>	er	Customer	Date of Service	Invoice Amount	Amount Authorized
PK	43208	BURNS OVERBILLED I THIS SHOULD		125.00 REEMENT	95.00
		REMITTANCE T	TATO	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 Outstanding Due 71210 1009 30.00 .00 .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
— · · · · · · · · · · · · · · · · · · ·	7/12/10		125.00-	
IN 1802878 AL	., ,	1009		.00
IN 1804304 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

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S	JENNIFER CONVERTIBLES
H P	*417 CROSSWAYS PARK DR WOODBURY, NY 11797
TO	

02626-000 Bill 5/15 - 5/21/10



Guardsman Business Unit

# INVOICE REPRINT

INVOICE NO. I801690

Div: 20

14

INVOICE DATE REMIT TO 1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008 5/28/10 D-U-N-S 601-7438 TERMS

SOLID DLID JENNIFER CONVERTIBLES 417 CROSSWAYS PARK DR WOODBURY, NY 11797 T Net 30 Days
All payment terms apply to net pricing Madadadadadadadadadadada CUST NO CUSTOMER PURCHASE ORDER B/L NO. VALSPAR SALESMAN SHIP VIA TRACKING NUMBER ORDER NO. 04220 -

<u>/00 Reid & Associates - 00061</u>

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•	<i>*</i>			Springher S. H.	SUI	STOTAL:		65.00
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1 1/2	% PER M	ONTH OR 187 PE	R YEAR W	ILL BE CHARGED ON A STOCKING CHARGE.	CCOUNTS PAST	DUE.	<u> </u>	65.00

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

INAOICE BELKTUT JENNIFER CONVERTIBLES Guardsman Business Unit Valspar Grand Rapids, MI Telephone 616 940-INVOICE NO. 直 417 CROSSWAYS PARK DR Telephone 616 940-2900 I806200 WOODBURY, NY 11797 TO Div: 20 INVOICE DATE REMIT TO JENNIFER CONVERTIBLES SOLD 1852 SOLUTIONS CENTER 6/17/10 1852 3010 11 CHICAGO, IL 60677-1008 ASSOCIATE CONTING CALL TAKES .417 CROSSWAYS PARK DR D-U-N-S 601-7438 WOODBURY, NY 11797 T TERMS Net 30 Days All payment terms apply to net pricing SHIP VIA TRACKING NUMBER SALESMAN VALSPAR UST NO CUSTOMER PURCHASE ORDER B/L NO. ORDER NO. 04220 / 00 Reid & Associates - 00061 02626-000 Sat Jun 12 01:07:21 ADJUSTMENT NET EXTENDED AMOUNT ADJUSTMENT PRODUCT CODE CT CM PRICE QUANTITUTITS AMOUNT DESCRIPTION DESCRIPTION-AMOUNT DESCRIPTION 14.25 14.25 14.25 6371ENG5 1Each Fab Plus 5 Yr Per Unit Plan (10) 546.00 21.00 21.00 6718ENG5 26Each Elite 5 Yr Limited Plan (10) 3168.00 33.00 6796ENG5 33.00 ٠ ١ 96Each Elite 5 Yr Plan (10) acking c . Callery

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.

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SUBTOTAL:

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SUBTOTAL:

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SOLD	JENNIFER CONVERTIBLES 417 CROSSWAYS PARK DR WOODBURY, NY 11797

To



Aarshar Guardsman Business Unit Grand Rapids, MI

CREDIT MEMO REPRINT CREDIT MEMO NO.

C062072

Div: 20

REMIT TO	CREDIT MEMO DATE					
1852 SOLUTIONS CENTER	7/22/10					
CHICAGO, IL 60677-1008	D-U-N-S 601-7438					
TERMS	001 /455					

WOODBURY, NY 11797 Madadadadallallallallallallal

TRACKING NUMBER VALSPAR SALESMAN SHIP VIA CUSTOMER PURCHASE ORDER B/L NO. ORDER NO. 04220 00 Reid & Associates - 00061 2626-000 GPS02857 1797975

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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 quithis invoice has been produced in accordance with the Fair Labor Standards act, as amended.

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Guardsman Business Unit
Grand Rapids, MI
Telanhone (1) Telephone 616 940-2900

INVOICE REPRINT

INVOICE NO. I811339

Div: 20

REMIT TO	INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL	7/12/10
60677-1008	D-U-N-S 601-7438
TERMS	
Net 30 Days All payment terms apply	to net pricing

220 . SHIP VIA TRACKING NUMBER id & Associates - 00061

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ZEach	6371ENG5	14.05				
zeach		14.25			14.25	28.50
34Each	Fab Plus '5 Yr Per Unit Pl					
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in accordance with the Fair Labor Standards Act, as amended.

Trans Source

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Check

VENDOR: Guardsman/Valspar

OUR REF YOUR INV P.O.	INV DATE	INV AMOUNT	AMOUNT PAID	DISCOUNT	CHECK AMOUNT		
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335950 I797975 DN	05/12/10	65.00	65.00	.00	65 . 00	SHOT PAID	525.80
€			(	CHECK TOTAL	1,635.00 1	SHORT PAID	1 CC

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 Jennifae Pyrchesing Gorg 41 - Gosewaye Park Deive Yowbury N'i Eiser AMOUNT 05/28/10 HOLLSANDOON HUNDRED, THE EYENE AND COTHOL DOLL #00323948#1:032400267: 63014855733508# TR# 031100267 Acct# 6301485573509 00323918 Check Amount \$1,635.00 TID R-8321025 Batch I tem Batch Total

Jennifer Purchasing Corp. Check Amount Check Date Check Number From: \$1,635.00 Guardsman/Valspar 05/28/10 323918 To: JPC8CK P.O. Invoice Date Invoice Amt Amt Paid Our Ref# Your Inv# Discount Net A

SEE ATTACHED REMITTANCE ADVICE

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

Original Discount Allowed Perd Doc 85.00 .00 61410 1008

Outstanding Due .00 81310

Itm Typ/Ref	Txn Tvp/Ref	Doc	Perd	Original	Discount Taken Rsn
UC 20567879		6/14/10	1008	1635.00-	.00
DN A0123662		6/14/10	1008	85.00	.00
IN 1795217		6/14/10	1008	745.00-	.00
IN 1796702		6/14/10	1008	825.00-	.00
IN 1797975		6/14/10	1008	150.00-	.00
UC 20567879		6/14/10	1008	1635.00	.00

F3=Exit F12=Previous F21=Event text

5	JENNIFER CONVERTIBLES
H P	*417 CROSSWAYS PARK DR WOODBURY, NY 11797
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SOLD	JENNIFER CONVERTIBLES 417 CROSSWAYS PARK DR WOODBURY, NY 11797

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

# INVOICE REPRINT

I812395

Div: 20

REMIT TO	INVOICE DATE
1852 SOLUTIONS CENTER CHICAGO, IL	7/15/10
60677-1008	D-U-N-S 601-7438
TERMS	
Net 30 Days	

VALSPAR ORDER NO. 04220 SALESMAN 04220 (1997) O Reid & Associates - 00061 CUST.NO CUSTOMER PURCHASE ORDER B/L NO. SHIP VIA TRACKING NUMBER \_\_\_\_\_ D2626=000 Bill 7/3 - 7/9/10

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1/2 % PER MONTH OR 18% PER YEAR WILL BEICHARGED ON ACCOUNTS FAST I RETURNS SUBJECT TO RESTOCKING CHARGE.

This is to certify that the merchandisembilited mithis invoice has been produced in accordance with the Fair Labor Standards Act, as amended.

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		KSS	1 ;		.,	,						
	Œach	-	6796ENG5	<del> </del>	33.00							
	%Each	Elite	5 Yr Plan ( 6718ENG5	10)	·						33.00	1650.00
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UST	.NO CUSTOMER PURCHASE ORDER B/L NO. VA

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

INVOICE REPRINT INVOICE NO.

I822262

Div: 20

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

TRACKING NUMBER SHIP VIA 04220 DER NÓ: / 00 Reid & Associates - 00061 02626-000 AUG 25, 2010 PRE-PET

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Guardsman Business Unit

INVOICE REPRINT

INVOICE NO. I823334

Div: 20

REMIT TO	INVOICE DATE
1010	9/02/10
CHICAGO, IL 60677-1008	D-U-N-S 601-7438
Net 30 Days	
All payment terms apply	to net pricing

VALSPAR ORDER NO. CUST NO CUSTOMER PURCHASE ORDER B/L NO. SALESMAN SHIP VIA TRACKING NUMBER 04220 . 02626-000 SEPT 2 2010 BILLING / 00 Reid & Associates - 00061

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s	JENNIFER CONVERTIBLES
SHIP HO	417 CROSSWAYS PARK DR WOODBURY, NY 11797
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Valspar

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

INVOICE REPRINT

INVOICE NO. I825297

Div: 20

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REMIT TO	INVOICE DATE
1852 SOLUTIONS CENTER	9/10/10
CHICAGO, IL 60677-1008	D-U-N-S 601-7438
TERMS	001-7450
Net 30 Days	y to net pricing

VALSPAR ORDER NO. 04220 SALESMAN 04220 VALSPAR ORDER NO. 04220 VALSPAR ORDER NO. 04000 SALESMAN 00000 SALESMAN 00000 SALESMAN 00000 SALESMAN 00000 SALESMAN 00000 SALESMAN 00000 SALESMAN 000000 SALESMAN 00000  SALESMAN 00000  SALESMAN 00000  SALESMAN 00000  SALESMAN 00000  SALESMAN 00000  SALESMAN 00000  SALESMAN 00000 SALESMAN 00000 SALESMAN 000000 SALESMAN 000000 CUST. NO | CUSTOMER PURCHASE ORDER B/L NO. SHIP VIA TRACKING NUMBER 02626-000 SEPT 8 2010 PRE PET

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	Z PER MONTH OR 1 RETURNS		mus company		<u> </u>		L.,,,	462.00

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.

S	JENNIFER CONVERTIBLES	
H I P	417 CROSSWAYS PARK DR WOODBURY, NY 11797	
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UST	NO CUSTOMER PURCHASE ORDER B/L NO.	ALSPAI RDER I



INVOICE REPRINT INVOICE NO.

I827821

Div: 20

REMIT TO	INVOICE DATE
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1852 SOLUTIONS CENTER CHICAGO, IL	9/24/10
60677-1008	D-U-N-S 601-7438
TERMS	
Net 30 Days All payment terms apply	to net pricing

TRACKING NUMBER SALESMAN SHIP VIA NO. 04220 02626-000 SEPT 14 2010 PRE PET / 00 Reid & Associates - 00061

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

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

# INVOICE REPRINT

INVOICE NO. 1827824

Div: 20

REMIT TO	INVOICE DATE
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1852 SOLUTIONS CENTER CHICAGO, IL	9/24/±0
60677-1008	D-U-N-S 601-7438
TERMS	, ,,,,
Net 30 Days All payment terms apply	to net pricing

VALSPAR ORDER NO. CUST. NO CUSTOMER PURCHASE ORDER B/L NO. SHIP VIA TRACKING NUMBER 

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# VENDOR: Guardsman/Valspar

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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

Outstanding Due

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145.00 .00

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UC 20577171 L	JC .	9/01/10	1011	455.00-		.00	•
DN A0125630 A	<b>NL</b>	9/01/10	1011	145.00		.00	
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F3=Exit F12=Previous

F21=Event text

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OUA	NTIUNITS	CT CM PRODUCT CODE	PRICE	ADJUSTMEN'		ADJUSTN	ENT	NET	EXTENDED AMOUNT
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		JULY 23RD FILE		The state of the s					- 2.
	,	THE ENCLOSED INVOICE IS TO PREPETITION SALES	RELATED						Ú,
		LEB	, <b>4</b>	in the second of					
	-							+	<del></del> -
•	125Each	6796ENG5   Elite 5 Yr Plan (10)	33.00	•				33.00	4125.00
	125Each 24Each	6796ENG5   Elite 5 Yr Plan (10)   6718ENG5   Elite 5 Yr Limited Plan	21.00				·	33.00 21.00	4125.00 504.00

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en property of the second of

-21

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.

4629.00

4629.00

SUBTOTAL:

Div: 20

	JENNI 417 C WOODB	FER ROSS URY,	CONVERTIBLES WAYS PARK DR NY 11797	- VALSPAR ORDER NO.	REMIT TO  1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008  TERMS  Net 30 Days All payment terms appl				INVOICE REPRINT INVOICE NO. I816337  Div: 20 INVOICE DATE  7/30/10 D-U-N-S 601-7438  Soly to net pricing  TRACKING NUMBER		
<u> </u>	-OUD JOLY	<u>27 201</u>	O BILLING	<u>/·0</u>		- 00061	L	<u>.</u>	<u></u>	<del></del>	
	TUBITS	CT CM	PRODUCT CODE DESCRIPTION	PRICE	ADJUSTMENT DESCRIPTION AMOU	<del></del>	ADJUSTME		NET AMOUNT	EXTENDED AMOUNT	Ţ
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,	BSEach	Flitz	6796ENG5	33.00	3 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		<del></del>		33.00	2805.00	ł
	25Each		5 Yr Plan (10) 6718ENG5 5 Yr Limited Plan (10	21.00			· <u> </u>	<u></u>	21.00	525.00	ł
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S	JENNIFER CONVERTIBLES	
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s	JENNIFER CONVERTIBLES	
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Jaspar Guardsman Business Unit Grand Rapids, MI Telephone 616 940-2900 Guardsman Business Unit

INVOICE REPRINT

INVOICE NO. I818223

Div: 20

REMIT TO	INVOICE DATE
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1852 SOLUTIONS CENTER CHICAGO, IL 60677-1008	8/06/10
60677-1008	D-U-N-S 601-7438
TERMS	
Net 30 Days	y to net pricing

CUST. NO CUSTOMER PURCHASE ORDER B/L NO. SHIP VIA TRACKING NUMBER 02626-000 AUG 4 2010 BILLING

UANTIUNITS	CT CM PRODUCT CODE	PRICE	ADJUSTMENT		ADJUSTN	ENT	NET	EXTENDED	
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	AUGUST 4TH FILE	, ,	* /h.		<u> </u>				
ļ	THE ENCLOSED INVOICE IS R	ELATED TO	1 '	'					
	PREPETITION SALES	- 2	10 Page 186	<u> </u>	<u> </u>				
85Each	6796ENG5	22.00					22.00	2005 00	
OSEACH	Elite 5 Yr Plan (10)	33.00					33.00	2805.00	
23Each	6718ENG5	21.00	3 - 4				21.00	483.00	
	Elite 5 Yr Limited Plan (						21.00	403.00	
2Each	637199	14.25					14.25	28.50	
	Fab Plus 5 Yr Billing		<u> </u>			<del></del>			
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= <b>-, -</b> .	Z PER MONTH OR 18Z PE RETURNS SUBJE	CT TO RE	STOCKINĞ CHÌ	RGE.		JV4.			
This	is to certify that the me in accordance with the F.	rchandise) air Labor	oilled on this	invoice has amended	as been produce	d L		<u></u>	

DI-OW OH WHAN	₹ .		417 CROSSWAYS PARK DR WOODBURY, NY 11797  JENNIFER CONVERTIBLES 417 CROSSWAYS PARK DR  REMIT TO  1852 SOLUTIONS CENTER				r to	ER 10/12/1		
T O		IIIIIIIIIIIIIIIIIIIII	VALSPAR		LESMAN	TERMS	All payment		S oly to net	<u> </u>
02626	5-000 SEPT	28 2010 BILLING	ORDER NO.	04220 5 7 6	<u>iates</u>	- 00061		P VIA	TRACKIN	G NUMBER
QUAN	TTUTITS	CT CM PRODUCT CODE	PRICE	ADJUST			ADJUST		NET	EXTENDED AMOUNT
		DESCRIPTION		DESCRIPTION	AMOU	NT D	ESCRIPTION	AMOUNT	AMOUNT	AMOUNT
		FOR PRE-PETITION FILES RE	CEILVED							
		SEPTEMBER 28, 2010		· · · · · · · · · · · · · · · · · · ·		<del></del>	<del>,</del>		<del> </del>	
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	10Each	CROSTNAS	38 %	AN POLIT WALE IN				· · · · · ·	1	·
	luEach	6796ENG5 Elite 5 Yr Plan (10)	33.00						33.00	330.00
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330.00

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SUBTOTAL: