

UNITED STATES BANKRUPTCY COURT Southern District of New York

PROOF OF CLAIM

Name of Debtor: Jennifer Convertibles, Inc

Case Number: 10-13779

NOTE: 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.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Jennifer Convertibles

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

Name and address where notices should be sent:

Joseph Constant
49 Highland drive
Bloomfield Hills, MI 48302-0355

RECEIVED
OCT 28 2010
BMC GROUP

Court Claim Number: (If known)

Telephone number: (248) 857-9000

Filed on:

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

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 1,399.19

5. 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.

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.

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.

Specify the priority of the claim.

2. Basis for Claim: RETURNED MERCHANDISE UNCASTED REFUND CHECK OF \$1,066.19 (See instruction #2 on reverse side.) PLUS UN-REFUNDED SALES TAXES

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor:

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).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

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 setoff and provide the requested information.

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

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

if any: \$ Basis for perfection:

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).

Amount of Secured Claim: \$ Amount Unsecured: \$

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

Amount entitled to priority:

\$ 1,399.19

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Jennifer Convertibles 00316

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.

Joseph Constant JOSEPH CONSTANT

FOR COURT USE ONLY OCT 25 2010

From: JENNIFER-BIRMINGHAM

Check Date

Check Amount

Check Number

To: Joseph Constant
DB 999

08/21/98

\$1,066.19

805076

Our Ref#	Your Inv#	Invoice Date	Invoice Amt	Amt Paid	Discount	Net Amount
370717	00901229	08/18/98	1,066.19	1,066.19	.00	1,066.19

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND AND AN ARTIFICIAL WATERMARK CERTIFICATION SEAL ON THE BACK - HOLD AT ANGLE TO VIEW SEAL

JENNIFER-BIRMINGHAM

419 Crossways Park Drive
Woodbury, NY 11797

CHASE MANHATTAN BANK DEL. 62-26711 8567-09
1201 MARKET STREET
WILMINGTON, DE 19801

805076

VOID AFTER 90 DAYS

DATE

08/21/98

AMOUNT

\$1,066.19

ONE THOUSAND SIXTY-SIX AND 19/100 DOLLARS

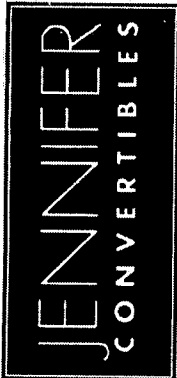
To The
Order of:

Joseph Constant
49 West Hyland
BloomfieldHills MI 48302

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

U.S. PATENT NO. 5328295/57508/5411183

⑈00805076⑈ ⑆031100267⑆ 6301485573 509⑈



America's Largest Sofabed Specialist.
 116 S. Woodward
 Birmingham, MI 48205
 Tel. (810) 644-8250

DELIVER TO: Joseph Constant
 ADDRESS: 496 W. Highland
 CITY: D.H. Mc. 48207 APT. A1
 DIRECTIONS: 2nd table bedroom
 PHONES: HOME: 527-7100 BUS:
 SOURCE: DATE: 3/16/90

ORDER
DB
 15542

SALESPERSON #
 SALESPERSON NAME:

DATE ORD.
 DATE ACK.
 DATE REC.

TYPE OF SALE
 SPECIAL ORDER
 O.S.
 VP.
 A.G.S.
 TAGGED OUT (G.S.)
 LAYAWAY
 FABRIC TREATMENT
 FLOOR SAMPLE

FINANCE APPROVAL#

DELIVERY DATE:
 ALL DAY DELIVERY

SHUTTLE RESERVATION
 C.O.D.

QTY	VENDOR	MODEL	SIZE	FABRIC COVER/COLOR	GRADE	TYPE OF MATT.	AMOUNT
1	JM	Quadrant	50FA	Teca Granite			700 10
1	Agnes			Teca Granite			100 10
				4TPP - Silky Black			
			24x36 X20				
			63x36 X25				
MDSE. TOTAL							1300 10
DELIVERY							17 97
TAX							77 20
TOTAL							1394 17
DEP. CASH <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/>							10 10
BALANCE Check							1384 19
DEP. CASH <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/>							
BALANCE							
DEP. CASH <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/>							
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BALANCE							
DEP. CASH <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> CHECK <input type="checkbox"/> MC <input type="checkbox"/> DISC <input type="checkbox"/>							
BALANCE							

PLEASE NOTE: YOUR COORDINATING TABLE IS:

WALK-UP CHARGE: \$5.00 PER PIECE, PER FLIGHT AFTER THE FIRST FLIGHT. (PAYABLE TO DRIVER)

RESPONSIBILITY FOR THE SIZE OF ITEMS SELECTED IN REGARDS TO IN HOME DELIVERY REMAIN WITH THE BUYER. IF WE HAVE TO DISASSEMBLE AND REASSEMBLE YOUR FURNITURE IN ORDER TO GET IT INTO YOUR HOME, THERE WILL BE A \$125 CHARGE PER PIECE. OUR DELIVERY MEN WILL DO WHATEVER IS REASONABLY POSSIBLE TO PREVENT YOU FROM INCURRING THIS EXPENSE. IF A DISASSEMBLY IS REQUIRED, A PROFESSIONAL TECHNICIAN WILL BE DISPATCHED TO YOUR HOME ON A LATER DATE TO COMPLETE YOUR DELIVERY.

IT TAKES JENNIFER CONVERTIBLES 48 HOURS TO PROCESS YOUR ORDER. CANCELLATION OF ORDER AFTER 48 HOURS WILL RESULT IN A 20% FORFEIT OF PURCHASE PRICE. NO EXCHANGES OR REFUNDS ON DELIVERED MERCHANDISE.

NO PERSONAL CHECKS WILL BE ACCEPTED ON DELIVERY. REDELIVERY CHARGES WILL BE APPLIED IF PERSONAL CHECK IS PRESENTED TO DELIVERY MAN.

FAILURE TO BE HOME UPON DELIVERY WILL RESULT IN A FULL REDELIVERY CHARGE.

ALL COD'S PAYABLE BY CERTIFIED CHECK, OR MONEY ORDER ONLY

PURCHASER'S SIGNATURE

RECEIVED BY _____ IN SATISFACTORY CONDITION