

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF New York PROOF OF CLAIM

Name of Debtor: Jennifer Convertibles, Inc. Case Number: 10-13779 (ALG)

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): Globe Newspaper Co., Inc. dba Boston Globe

Name and address where notices should be sent: Joseph Astino c/o The Boston Globe
135 Morrissey Blvd. Boston, Ma. 02125

Telephone number: (617) 929-2756

Last four digits of account or other number by which creditor identifies debtor: 21042601

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 box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT USE ONLY

Check here replaces if this claim amends a previously filed claim, dated: 08/12/2010

1. Basis for Claim **RECEIVED**

Goods sold Personal injury/wrongful death Wages, salaries, and compensation (fill out below)

Services performed **JAN 10 2011** Taxes Retiree benefits as defined in 11 U.S.C. § 1114(a)

Money loaned **BMC GROUP** Other _____ From _____ to _____ (date) (date)

Last four digits of your SS #: _____
Unpaid compensation for services performed

2. Date debt was incurred: 12/31/2010 3. If court judgment, date obtained:

4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time the case was filed. See reverse side for important explanations.

Unsecured Nonpriority Claim \$ 190,445.95

Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.

Secured Claim

Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:
 Real Estate Other _____
 Motor Vehicle

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

Unsecured Priority Claim

Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

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 \$10,950)* 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 \$2,425* 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)(____)

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. Total Amount of Claim at Time Case Filed: \$ 190,445.95 \$190,445.95

(unsecured) (secured) (priority) (total)

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. THIS SPACE IS FOR COURT USE ONLY

7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. 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.

Jennifer Convertibles
00366

Date: 01/06/2011 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): Joseph Astino, Credit Director

The Boston Globe

P. O. BOX 55819
BOSTON, MA 02205-5819

ADVERTISING INVOICE AND STATEMENT

JENNIFER CONVERTIBLES
902 BROADWAY
NEW YORK NY 10010



BILLED ACCOUNT NAME		
JENNIFER CONVERTIBLES		
BILLED A/C #	BILLING PERIOD	INVOICE NUMBER
0021042601	12/01/10-12/31/10	041000308955
BILLING DATE	TERMS OF PAYMENT	PAGE
12/31/10	PAY WITHIN 30 DAYS	1 OF 4

Dear Advertiser:
If you have any questions or concerns about this invoice, please contact us immediately

For billing questions rates and contracts, call 617-929-2681

For credit/collection questions, call 1-800-658-3768.

Visit our web site at www.bostonglobe.com/services.

CURRENT NET AMOUNT	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	TOTAL AMOUNT DUE	
50,365.75	0.00	0.00	140,080.20	0.00	190,445.95	
DATE	PAYMENT REFERENCE #	DESCRIPTION - OTHER COMMENTS/CHARGES	SAU SIZE BILLED UNITS	TIMES RUN RATE	GROSS AMOUNT	NET AMOUNT
		Prior Balance				140,080.20

		Prior Adjustments				
12/15/10	8000854281	Reservation # 2000441202010 2009/2010 short rate BG Service Manual Contract Settlement	1		50,365.75	
		Total Adjustments:				50,365.75
		Total Past Due Balance:				140,080.20

		Current Activity				
		Current Month Total:				50,365.75

Please detach and return this portion with your payment in the enclosed envelope

BILLED ACCOUNT NAME	BILLED A/C #	INVOICE #	BILLING PERIOD	BILLING DATE
JENNIFER CONVERTIBLES	0021042601	041000308955	12/01/10-12/31/10	12/31/10

FOR
FUTURE
USE

TOTAL AMOUNT DUE
190,445.95

CURRENT AMT DUE
50,365.75

AMOUNT ENCLOSED

REMIT TO:

THE BOSTON GLOBE
PO BOX 415071
BOSTON, MA 02241-5071



Check here to pay by credit card and write information in the space provided on the reverse side

Check here for address change and write information in the space provided on reverse side

IF PAYMENT DOES NOT AGREE WITH TOTAL AMOUNT DUE - PLEASE NOTE CHANGES AND RETURN A COMPLETE COPY OF THIS INVOICE/STATEMENT WITH YOUR PAYMENT.

THANK YOU.

0021042601 041000308955 0005036575 4

The Boston Globe

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JENNIFER CONVERTIBLES		0021042601	
INVOICE #	BILLING PERIOD	BILLING DATE	PAGE
041000308955	12/01/10-12/31/10	12/31/10	2 OF 4

LEGEND: THE STANDARD ADVERTISING INVOICE (SAI) ELEMENTS SHOWN BELOW APPEAR ON THE FACE AND IN THE BODY OF THIS INVOICE

BILLED ACCOUNT NAME AND ADDRESS - COMPANY RECEIVING INVOICE
BILLED A/C # - NEWSPAPER'S ACCOUNT NUMBER CORRESPONDING TO COMPANY RECEIVING INVOICE
BILLING PERIOD - "FROM" "TO" DATES FOR THIS STATEMENT
INVOICE NUMBER - NEWSPAPER'S INVOICE/DOCUMENT NUMBER
CLIENT A/C # - NEWSPAPER'S ACCOUNT NUMBER CORRESPONDING TO ADVERTISER/CLIENT NAME
ADVERTISER/CLIENT NAME - NAME OF ADVERTISER (IF AGENCY, CLIENT NAME)
BILING DATE - DATE STATEMENT WAS PREPARED
TERMS OF PAYMENT - WHEN PAYMENT IS DUE
PAGE - PAGE NUMBER FOR MULTIPLE PAGE INVOICES
REMIT TO: - RETURN PAYMENT ADDRESS
DATE - INSERTION DATE OF AD OR TRANSACTION DATE
PAYMENT REFERENCE - NEWSPAPERS INTERNAL REFERENCE NUMBER
DESCRIPTION, OTHER COMMENTS/CHARGES - ALL INFORMATION INVOICE RELATING TO AD, INCLUDING PURCHASE ORDER NUMBER, DETAIL OF ALL DISCOUNTS AND/OR CHARGES RELATING TO AD
INVOICE NUMBER, INVOICE # - NEWSPAPER'S INVOICE/DOCUMENT
SAU SIZE - STANDARD ADVERTISING UNIT AD SIZE (FOR CLASSIFIED ADS)
BILLED UNITS - MEASUREMENT OF AD (COLUMNS X DEPTH) FOR CLASSIFIED ADS (TOTAL LINES IN AD SCHEDULE)
TIMES RUN - NUMBER OF INSERT DAYS FOR THIS AD
RATE - APPLICABLE NEWSPAPER ASSIGNED RATE, PRIOR TO ANY DISCOUNTS OR CHARGES
GROSS AMOUNT - CALCULATION OF AD PRICING, EXTENSION TOTAL BILLED AMOUNT AT APPLICABLE RATE BEFORE AGENCY COMMISSIONS AND ANY DISCOUNTS
NET AMOUNT - FINAL COST OF AD
CURRENT NET AMOUNT - SUM OF ALL NET AMOUNTS FOR ADVERTISER/CLIENT
30/60/90 UNAPPLIED AMOUNT - AGING OF PAST DUE BALANCES FOR ADVERTISER
TOTAL AMOUNT DUE - SUM OF ALL INVOICE NET AMOUNTS

PLEASE FILL IN BELOW WHEN MAKING PAYMENT
BY CREDIT CARD

- MASTERCARD AMERICAN EXPRESS
 VISA DISCOVER

CARD NUMBER

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EXPIRATION DATE

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MO YR

*AUTHORIZED AMOUNT

SIGNATURE (REQUIRED) _____

*Please call the Credit Department at (617) 929-7767 for transactions over \$10,000.

ADDRESS CHANGE

NAME:			
ADDRESS:			
CITY:			
STATE:		ZIP:	
PHONE:	()		

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DATE	PAYMENT	DESCRIPTION - OTHER	SAU SIZE	TIMES RUN	GROSS	NET
REFERENCE #	COMMENTS/CHARGES		BILLED UNITS	RATE	AMOUNT	AMOUNT
*** ACTIVE CONTRACT ***						
TYPE	STRT DATE	END DATE	CONTRACT LEVEL	ESTIMATED CONTRACT FULFILLMENT		
REVENUE	01/01/2010	12/31/2010	575,000.00	237,681.43	USD	

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TOTAL AMOUNT DUE

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