

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):
Miami Herald Media Company

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

Name and address where notices should be sent:
c/o The McClatchy Co. Attn: Stephen Burns and c/o Paul Pascuzzi, Felderstein Fitzgerald et al.
2100 Q Street, Sacramento, CA 95816 400 Capitol Mall, #1450, Sacramento CA 95814

Court Claim Number: 67
(If known)

Telephone number:
(916) 321-1926

Filed on: 09/09/2010

RECEIVED

Name and address where payment should be sent (if different from above):
Miami Herald Media Company c/o The McClatchy Co.
Attn: Stephen Burns, 2100 Q Street, Sacramento, CA 95816

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:

NOV 02 2011
BMC GROUP

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

1. Amount of Claim as of Date Case Filed: \$ 66,605.00

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: See Attached
(See instruction #2 on reverse side.)

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.)

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

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.

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).

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

Value of Property: \$ _____ Annual Interest Rate _____ %

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

if any: \$ _____ Basis for perfection: _____

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

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)(____).

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

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.)

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

If the documents are not available, please explain:

Amount entitled to priority:

\$ _____

*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.

Date:
10/25/11

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.

Cara Suco

Cara Suco, Credit Manager

FOR COURT USE ONLY

Jennifer Convertibles



00407

In Re Jennifer Convertibles, Inc., et al.
Bankruptcy Case No. 10-13779

REFER TO FILE NO:
JCIMIA001

KDW Restructuring & Liquidation Services, LLC, Litigation Trustee for the
Jennifer Convertibles Litigation Trust

re:

The McClatchy Company dba Miami Herald Publishing Company

SETTLEMENT AGREEMENT

THIS SETTLEMENT AGREEMENT ("Settlement Agreement") by and between KDW Restructuring & Liquidation Services, LLC, Litigation Trustee for the Jennifer Convertibles Litigation Trust, ("Litigation Trustee") and The McClatchy Company dba Miami Herald Publishing Company ("Creditor") is made and entered into as of October 5, 2011.

WHEREAS, on July 18, 2010, Jennifer Convertibles, Inc., et al. (the "Debtors") filed a petition for relief under chapter 11, title 11 of the United States Code in the United States Bankruptcy Court for the Southern District of New York, Manhattan Division ("Court"), Case No. 10-13779 ("this Case");

WHEREAS, the Litigation Trustee has asserted that the Debtors made transfers totaling \$23,027.50 (the "Transfers") to the Creditor that are avoidable under the provisions of 11 U.S.C. §§ 547-550, respectively;

WHEREAS, the Litigation Trustee now believes that the net preference claim, i.e., after allowance for defenses raised under 11 U.S.C. § 547(c)(2) or (c)(4) may be substantially reduced;

WHEREAS, the Creditor has denied liability for any alleged preferential transfers and has asserted new value and/or ordinary course of business defenses to the Transfers amounts, if any, credited by the Litigation Trustee;

WHEREAS, following good faith negotiations, the Litigation Trustee and the Creditor desire to settle and compromise this matter on the terms set forth herein; and

WHEREAS, the Creditor has agreed to pay the sum of \$13,320.00 U.S. Dollars ("Settlement Payment") in full and final settlement of its alleged liability for the avoidance and recovery of the Transfers,

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein, the Parties hereby stipulate and agree as follows:

1. The Creditor shall pay to the Litigation Trustee on or before October 17, 2011, the sum of \$13,320.00 U.S. Dollars.
2. It is understood that this Settlement Agreement is a compromise of a disputed claim and that the Settlement Payment made hereunder is not to be construed as an admission of any liability for preferential transfers. This Settlement Agreement is intended to fully resolve and settle all claims for the avoidance and recovery of the Transfers.
3. This Settlement Agreement is binding upon the Parties, and no Court approval is required pursuant to the Findings of Fact, Conclusions of Law, and Order dated February 8, 2011, Confirming The Amended Joint Chapter 11 Plan of Reorganization of Jennifer Convertibles Inc. and Its Affiliated Debtors, section X(48).
4. Any claim by the Litigation Trustee for the avoidance and recovery of the Transfers from Creditor under 11 U.S.C. §§ 544 - 550 in the Case shall be hereinafter barred upon clearance of the Settlement Payment.
5. The Parties hereby declare that the terms of this Settlement Agreement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise, settlement and release of any and all claims disputed or otherwise, that may arise to avoid or recover the Transfers under 11 U.S.C. §§ 544-550, on account of the matters, facts, and damages above mentioned.
6. The Creditor shall be entitled to file a claim for the Settlement Payment.
- 7.
8. The Creditor's existing Proof of Claim, if any, shall be unaffected by this Settlement Agreement.
9. The Parties each warrant that they have made no assignment, and hereafter will make no assignment of any claim, chose in action, right of action, or any other right released pursuant to this Agreement.
10. The Parties shall each bear their respective attorneys' fees and costs relating to the costs associated with the Preference Claim settlement negotiations and implementation of this Agreement. However, if any

¹Litigation Trustee and Creditor shall be referred to collectively as the "Parties."

action is commenced by any party hereto to enforce the provisions of this Agreement, the prevailing party shall be entitled to an award, in addition to any other claims or damages, of its costs and expenses including attorneys' fees, in connection with said action.

11. Except for the rights and obligations arising out of the Settlement Agreement, the Parties hereby relinquish all claims against each other with respect to the Transfers, whether or not now known, and the Parties hereto expressly waive any and all rights and benefits conferred upon them.
12. The Parties hereto have read all of the foregoing and represent that this Agreement has been explained to them by their respective legal counsel, and that each understands all of the provisions hereto.
13. The Parties agree that facsimile and electronic signatures shall have the same force and effect as original signatures. This Agreement may be executed in counterparts and all counterparts so executed shall constitute one Agreement which shall be binding on the Parties hereto.

IN WITNESS WHEREOF, the Parties have caused this Settlement Agreement to be executed by themselves or on their behalf by their respective attorneys as of the date first above mentioned.

Dated: October 5, 2011

A-S-K FINANCIAL LLP
By: *Joseph L. Steinfeld, Jr.*
Joseph L. Steinfeld, Jr., DC SBN 297701, MN SBN 0266292, VA SBN 18666
Karen M. Scheibel, Esq.
Attorneys for KDW Restructuring & Liquidation Services, LLC, Litigation Trustee for the Jennifer Convertibles Litigation Trust

Dated: October 11, 2011, 2011

The McClatchy Company dba Miami Herald Publishing Company

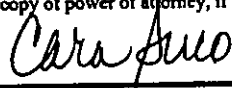

By: *Paul J. Pasuzzi*

Print Name: PAUL J PASUZZI

Title: Attorneys for The McClatchy Company dba Miami Herald Publishing Company

RETURN WITH CHECK FOR
PAYABLE TO
PAYMENT DUE

\$13,320.00 U.S. Dollars
JCI Trust Account
October 17, 2011
C/O A-S-K Financial
2600 Eagan Woods Drive, Suite 400
Eagan, MN 55121
Attn: Accounting Department

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Jennifer Convertibles, Inc.		Case Number: 10-13779
<i>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.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Miami Herald Media Company		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where notices should be sent: Miami Herald Media Company Credit Dept. One Herald Plaza, 2nd Fl, Miami, Fl 33132 Telephone number: (305) 376-2650		
Name and address where payment should be sent (if different from above): Miami Herald Media Company Credit Dept. One Herald Plaza, 2nd Fl, Miami, Fl 33132 Telephone number: (305) 376-2650		<input type="checkbox"/> 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. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ <u>53,285.00</u> 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. <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.		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. 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). <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)(____). Amount entitled to priority: \$ _____ <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>
2. Basis for Claim: <u>Unpaid advertising</u> (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>9006</u> Ja. 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 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.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 09/01/2010	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. <div style="text-align: center;">  Cara Suco - Credit Manager </div>	
		FOR COURT USE ONLY Jennifer Convertibles  00087

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

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located at the top of the notice.

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 items 4 and 5. 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. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your claim.

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. 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.

7. 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(e) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. 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.

DEFINITIONS

INFORMATION

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity owed a debt by the debtor that arose on or before the date of the bankruptcy filing. See 11 U.S.C. §101 (10)

Claim

A claim is the creditor's right to receive payment on a debt owed by the debtor that arose 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 proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

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 Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority 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.

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.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system (www.pacer.nsc.uscourts.gov) for a small fee to view your filed proof of claim.

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.

The Miami Herald Media Company

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
03/01/10 - 03/31/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		39,505.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
16,477.50	23,027.50	0.00	0.00

7 0000000000 000000000 032679006 0003950500

1oz 2521569 00 00002324 00005603



JENNIFER CONVERTIBLES
DAVID BORGAN
902 BROADWAY
NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
1	03/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION-OTHER COMMENTS/CHARGES	15 SAU SIZE BILLED UNITS	16 18 RATE TIMES RUN	19 GROSS AMOUNT	20 NET AMOUNT
BALANCE FROM PREVIOUS STATEMENT						44,907.50
032210	7804970	CREDIT CARD PAYMENT			17,402.50CR	
030410	71907	PAYMENT			4,477.50CR	
BALANCE - INCLUDES PAYMENTS AND PRIOR PERIOD ADJUSTMENTS						23,027.50
030410	J846874501	JENNIFER	14.00I			
	I802680001	FULL RUN A SECTION PG 010	1DLY		825.00	825.00
030610	J844275501	JENNIFER	14.00I			
	I803596001	PANORAMA PG 003	1DLY	17.86	250.00	250.00
030610	J846874901	JENNIFER	63.00I			
	I803596002	FULL RUN A SECTION PG 014	1DLY		1,500.00	1,500.00
031110	J845153701	HERALD VALUES EAR	5.00I			
	I805097002	HER VALUES FULL RUN	1DLY		1,477.50	1,477.50
031110	J846874601	JENNIFER	14.00I			
	I805097001	FULL RUN A SECTION PG 008	1DLY		825.00	825.00
031310	J844275601	JENNIFER	14.00I			
	I805976001	PANORAMA PG 003	1DLY	17.86	250.00	250.00
031310	J846875001	JENNIFER	63.00I			

For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.



STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
16,477.50	23,027.50	0.00	0.00	0.00	39,505.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24 ADVERTISER INFORMATION					
1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME		
03/01/10 - 03/31/10	032679006	032679006	JENNIFER CONVERTIBLE		

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

- Please write our billing number on your check.
 - Please do not staple your check to your stub.
 - Please do not enclose correspondence.
- For inquiries, call the Account Service Group:
In Dade, 305.376.2600, in Broward, 954.764.7026
(Ext. 2600) or 800.234.4803 in all other areas.

Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



EMAIL YOUR INQUIRIES TO:
ADVCUSTOMERSERVICE@MIAMIHERALD.COM

- | | |
|---|---|
| 1. BILLING PERIOD
FROM* TO* DATES FOR THIS STATEMENT. | 14. OTHER CHARGES OR CREDIT
ALL INFORMATION RELATING TO AD INCLUDING PURCHASE ORDER NUMBER, DETAIL OF ALL DISCOUNTS/CHARGES RELATING TO AD. |
| 2. ADVERTISING/CLIENT NAME
NAME OF ADVERTISER (IF AGENCY, CLIENT NAME). | 15. SAU SIZE
STANDARD ADVERTISING UNIT AD SIZE
(FOR CLASSIFIED, SINGLE INSERTION LINES). |
| 3. TERMS OF PAYMENT
WHEN PAYMENT IS DUE. | 16. BILLED UNITS
MEASUREMENT OF AD (COLUMNS X DEPTH)
(FOR CLASSIFIED: TOTAL LINES IN AD SCHEDULE). |
| 4. PAGE NUMBER
PAGE NUMBER FOR MULTI PAGE STATEMENTS. | 17. TIMES RUN
NUMBER OF INSERT DAYS FOR THIS AD. |
| 5. BILLING DATE
DATE STATEMENT WAS PREPARED. | 18. RATE
APPLICABLE NEWSPAPER ASSIGNED RATE PRIOR
TO ANY DISCOUNTS OF CHARGES. |
| 6. BILLED ACCOUNT NUMBER
NEWSPAPER ACCOUNT NUMBER CORRESPONDING
TO ELEMENT 8. | 19. GROSS AMOUNT
CALCULATION OF AD PRICING
EXTENSION OF TOTAL BILLED AMOUNT AT APPLICABLE RATE
BEFORE AGENCY COMMISSION AND ANY DISCOUNTS. |
| 7. ADVERTISER/CLIENT NUMBER
BILLED ACCOUNT NUMBER CORRESPONDING
TO ELEMENT 2. | 20. NET AMOUNT
FINAL NET COST OF AD. |
| 8. BILLED ACCOUNT NAME AND ADDRESS
COMPANY RECEIVING INVOICE. | 21. CURRENT NET AMOUNT DUE
SUM OF ELEMENT 20. |
| 9. REMITTANCE ADDRESS
ADDRESS USED WHEN SENDING PAYMENT. | 22. 30/60 OVER 90/UNAPPLIED AMOUNT
AGING OF PAST DUE BALANCES FOR ADVERTISER |
| 10. DATE
INSERTION DATE OF AD OR TRANSACTION DATE. | 23. TOTAL AMOUNT DUE
SUM OF ELEMENTS 21 AND 22. |
| 11. NEWSPAPER REFERENCE
NEWSPAPER'S INTERNAL REFERENCE NUMBER. | 24. INVOICE NUMBER
NEWSPAPER'S INVOICE/DOCUMENT NUMBER. |
| 12. DESCRIPTION, OTHER COMMENTS | 25. ADVERTISER INFORMATION
(1) BILLING PERIOD, (6) BILLED ACCOUNT
(7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME |
| 13. PRODUCT/SERVICE CODE | |

The elements shown above appear on the face of the invoice and are identified by number

The Miami Herald Media Company

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
03/01/10 - 03/31/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		39,505.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
16,477.50	23,027.50	0.00	0.00



8 BILLED ACCOUNT NAME AND ADDRESS

7 0000000000 0000000000 032679006 0003950500

102 2521569 00 00002324 00005605



JENNIFER CONVERTIBLES
DAVID BORGAN
902 BROADWAY
NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
2	03/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	16	18	17	19	GROSS AMOUNT	20	NET AMOUNT
								SAU SIZE BILLED UNITS		RATE TIMES RUN					
			I805976002				FULL RUN A SECTION PG 012	1DLY					1,500.00		1,500.00
031810		J846874701	JENNIFER					14.00I					825.00		825.00
		I807724001	FULL RUN A SECTION				PG 008	1DLY							
032010		J844275701	JENNIFER					14.00I					250.00		250.00
		I808866001	PANORAMA				PG 003	1DLY	17.86						
032010		J846875101	JENNIFER					63.00I					1,500.00		1,500.00
		I808866002	FULL RUN A SECTION				PG 014	1DLY							
032510		J846874801	JENNIFER					14.00I					825.00		825.00
		I810559001	FULL RUN A SECTION				PG 008	1DLY							
032710		J844275801	JENNIFER					14.00I					250.00		250.00
		I811913001	PANORAMA				PG 003	1DLY	17.86						
032710		J846875201	JENNIFER					63.00I					1,500.00		1,500.00
		I811913003	FULL RUN A SECTION				PG 019	1DLY							
032810		J844516201	COMIC GATEFOLD					120.00I					4,700.00		4,700.00
		I811913002	SUNDAY COMICS				PG 007	1SUN							
TOTAL CHARGES THIS BILLING PERIOD INCLUDING ADJUSTMENTS															16,477.50

For inquiries, call the Account Service Group: In Dade, 305.378.2600, in Broward 854.784.7026 (Ext. 2600) or 800.234.4803 in all other areas.



STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	16,477.50		23,027.50	0.00	0.00	0.00		39,505.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24 ADVERTISER INFORMATION							
1 BILLING PERIOD		6 BILLED ACCOUNT NUMBER		7 ADVERTISER/CLIENT NUMBER		2 ADVERTISER/CLIENT NAME	
03/01/10 - 03/31/10		032679006		032679006		JENNIFER CONVERTIBLE	

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

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Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



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- | | |
|--|--|
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| 13. PRODUCT/SERVICE CODE | |

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The Miami Herald Media Company

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
03/01/10 - 03/31/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		39,505.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
16,477.50	23,027.50	0.00	0.00

7 0000000000 000000000 032679006 0003950500

102 2521569 00 00002324 00005607



JENNIFER CONVERTIBLES
DAVID BORGAN
902 BROADWAY
NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
3	03/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	SAU SIZE	16	BILLED UNITS	18	RATE	17	TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT																																																											
<p>***** CONTRACT PERFORMANCE STATISTICS *****</p> <table border="1"> <thead> <tr> <th colspan="7">ADVERTISING THIS PERIOD</th> <th colspan="3">CONTRACT TO DATE</th> </tr> <tr> <th>RENEWAL DATE</th> <th>TYPE</th> <th>LEVEL</th> <th>SHR</th> <th>NON-SHR</th> <th>TOTAL</th> <th>SHR</th> <th>NON-SHR</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>DOLLAR CONTRACTS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>010111</td> <td>RETAIL DOLLAR</td> <td>200</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>																				ADVERTISING THIS PERIOD							CONTRACT TO DATE			RENEWAL DATE	TYPE	LEVEL	SHR	NON-SHR	TOTAL	SHR	NON-SHR	TOTAL	DOLLAR CONTRACTS																				010111	RETAIL DOLLAR	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ADVERTISING THIS PERIOD							CONTRACT TO DATE																																																																							
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010111	RETAIL DOLLAR	200	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																																																											

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	16,477.50		23,027.50	0.00	0.00	0.00		39,505.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24								25							
ADVERTISER INFORMATION															
1 BILLING PERIOD				6 BILLED ACCOUNT NUMBER				7 ADVERTISER/CLIENT NUMBER				2 ADVERTISER/CLIENT NAME			
03/01/10 - 03/31/10				032679006				032679006				JENNIFER CONVERTIBLE			

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

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THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



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The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
04/01/10 - 04/30/10		JENNIFER CONVERTIBLES	
UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		49,082.50	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
9,577.50	16,477.50	23,027.50	0.00

1 0000000000 0000000000 032679006 0004908250

102 2526362 00 00002252 00005439



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
1	04/30/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	16	17	18	19	20	21
								SALE SIZE BILLED UNITS		RATE TIMES RUN		GROSS AMOUNT		NET AMOUNT
BALANCE FROM PREVIOUS STATEMENT													39,505.00	
040810	J846875401	JENNIFER	I815593001				FULL RUN A SECTION PG 008	14.00I		58.93		825.00		825.00
041010	J846876201	JENNIFER 6X10.5	I816860001				FULL RUN A SECTION PG 011	63.00I				1,500.00		1,500.00
041010	J846877101	JENNIFER PG3A	I816860002				PANORAMA PG 002	14.00I				250.00		250.00
041810	J844516301	COMIC GATEFOLD	I819592001				SUNDAY COMICS PG 007	120.00I				4,700.00		4,700.00
042910	J846875701	JENNIFER	I822843001				FULL RUN A SECTION PG 008	14.00I		58.93		825.00		825.00
042910	J848531101	HERALD VALUES EAR	I822843002				HER VALUES FULL RUN	5.00I				1,477.50		1,477.50
TOTAL CHARGES THIS BILLING PERIOD INCLUDING ADJUSTMENTS													9,577.50	

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	9,577.50		16,477.50	23,027.50	0.00	0.00		49,082.50

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM FAX # (305) 376-5586

25 ADVERTISER INFORMATION							
1 BILLING PERIOD		6 BILLED ACCOUNT NUMBER		7 ADVERTISER/CLIENT NUMBER		2 ADVERTISER/CLIENT NAME	
04/01/10 - 04/30/10		032679006		032679006		JENNIFER CONVERTIBLE	

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MIAMI, FLORIDA 33101-9135



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The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132

FEDERAL ID# 20-5063905
 ADVERTISING STATEMENT/INVOICE

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
04/01/10 - 04/30/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		49,082.50	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
9,577.50	16,477.50	23,027.50	0.00

8 BILLED ACCOUNT NAME AND ADDRESS

1 0000000000 0000000000 032679006 0004908250

1oz 2526362 00 00002252 00005441



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
2	04/30/10
6 BILLED ACCOUNT NUMBER	
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7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

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								16	BILLED UNITS	17	TIMES RUN	19		20	
***** CONTRACT PERFORMANCE STATISTICS *****															
		ADVERTISING THIS PERIOD				CONTRACT TO DATE									
	RENEWAL DATE		TYPE		LEVEL		SHR	NON-SHR		TOTAL		SHR	NON-SHR		TOTAL
DOLLAR CONTRACTS															
	010111		RETAIL DOLLAR		200		0	0		0		0	0		0

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EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24				25			
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04/01/10 - 04/30/10		032679006		032679006		JENNIFER CONVERTIBLE	

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PO BOX 019135
MIAMI, FLORIDA 33101-9135



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The Miami Herald Media Company

ONE HERALD PLAZA

MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
05/01/10 - 05/31/10		JENNIFER CONVERTIBLES	
UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		69,935.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
20,852.50	9,577.50	16,477.50	23,027.50

8 0000000000 000000000 032679006 0006993500

1oz 2531075 00 00002240 00005511



JENNIFER CONVERTIBLES
DAVID BORGAN
902 BROADWAY
NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
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PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION-OTHER COMMENTS/CHARGES	15 SAU SIZE BILLED UNITS	16 RATE TIMES RUN	18 GROSS AMOUNT	20 NET AMOUNT
BALANCE FROM PREVIOUS STATEMENT						49,082.50
050110	J846876501 I824445001	JENNIFER 6X10.5 FULL RUN A SECTION PG 011	63.00I 1DLY		1,500.00	1,500.00
050110	J849254901 I824445002	JENNIFER PANORAMA PG 003	14.00I 1DLY	17.86	250.00	250.00
051310	J846875801 I827991001	JENNIFER FULL RUN A SECTION PG 008	14.00I 1DLY	58.93	825.00	825.00
051510	J846876601 I829546001	JENNIFER 6X10.5 FULL RUN A SECTION PG 014	63.00I 1DLY		1,500.00	1,500.00
051510	J849256601 I829546002	JENNIFER PANORAMA PG 002	14.00I 1DLY	17.86	250.00	250.00
052010	J846875901 I830470001	JENNIFER FULL RUN A SECTION PG 008	14.00I 1DLY	58.93	825.00	825.00
052010	J848531201 I830470002	HERALD VALUES EAR HER VALUES FULL RUN	5.00I 1DLY		1,477.50	1,477.50
052210	J846876801 I831506001	JENNIFER 6X10.5 FULL RUN A SECTION PG 012	63.00I 1DLY		1,500.00	

For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.



STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
20,852.50	9,577.50	16,477.50	23,027.50	0.00	69,935.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24					25 ADVERTISER INFORMATION	
1 BILLING PERIOD		6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME		
05/01/10 - 05/31/10		032679006	032679006	JENNIFER CONVERTIBLE		

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

- Please write our billing number on your check.
 - Please do not staple your check to your stub.
 - Please do not enclose correspondence.
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(Ext. 2600) or 800.234.4803 in all other areas.

Thank you!

**THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135**



**EMAIL YOUR INQUIRIES TO:
ADVCUSTOMERSERVICE@MIAMIHERALD.COM**

- | | |
|--|--|
| 1. BILLING PERIOD
FROM "TO" DATES FOR THIS STATEMENT. | 14. OTHER CHARGES OR CREDIT
ALL INFORMATION RELATING TO AD INCLUDING PURCHASE ORDER NUMBER, DETAIL OF ALL DISCOUNTS/CHARGES RELATING TO AD. |
| 2. ADVERTISING/CLIENT NAME
NAME OF ADVERTISER (IF AGENCY, CLIENT NAME). | 15. SAU SIZE
STANDARD ADVERTISING UNIT AD SIZE
(FOR CLASSIFIED, SINGLE INSERTION LINES). |
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WHEN PAYMENT IS DUE. | 16. BILLED UNITS
MEASUREMENT OF AD (COLUMNS X DEPTH)
(FOR CLASSIFIED: TOTAL LINES IN AD SCHEDULE). |
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| 5. BILLING DATE
DATE STATEMENT WAS PREPARED. | 18. RATE
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TO ANY DISCOUNTS OF CHARGES. |
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BEFORE AGENCY COMMISSION AND ANY DISCOUNTS. |
| 7. ADVERTISER/CLIENT NUMBER
BILLED ACCOUNT NUMBER CORRESPONDING
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FINAL NET COST OF AD. |
| 8. BILLED ACCOUNT NAME AND ADDRESS
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SUM OF ELEMENT 20. |
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ADDRESS USED WHEN SENDING PAYMENT. | 22. 30/60 OVER 90/UNAPPLIED AMOUNT
AGING OF PAST DUE BALANCES FOR ADVERTISER |
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(7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME |
| 13. PRODUCT/SERVICE CODE | |

The elements shown above appear on the face of the invoice and are identified by number.

The Miami Herald Media Company

One Herald Plaza, Miami, FL 33132

The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
05/01/10 - 05/31/10		JENNIFER CONVERTIBLES	
UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		69,935.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
20,852.50	9,577.50	16,477.50	23,027.50

8 0000000000 0000000000 032679006 0006993500

10z 2531075 00 00002240 00005513



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-6002

4 PAGE #	5 BILLING DATE
2	05/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	16	17	18	19	20	21
								SAU SIZE BILLED UNITS		RATE TIMES RUN		GROSS AMOUNT		NET AMOUNT
														1,500.00
052210	J849256701		JENNIFER					14.00I						
	I831506002		PANORAMA			PG 002		1DLY	17.86			250.00		250.00
052710	J846876001		JENNIFER					14.00I						
	I833083001		FULL RUN A SECTION			PG 008		1DLY	58.93			825.00		825.00
052910	J846876901		JENNIFER 6X10.5					63.00I						
	I834677001		FULL RUN A SECTION			PG 016		1DLY				1,500.00		1,500.00
052910	J849256801		JENNIFER					14.00I						
	I834677002		PANORAMA			PG 002		1DLY	17.86			250.00		250.00
053010	J849374301		MAY P&D					110.00I						
	I834677003		ELN SUBS CUSTOM PRT			71720		1SUN				2,366.76		2,366.76
053010	J849374302		MAY P&D					110.00I						
	I834677004		FR SUBS CUSTOM PRT			228280		1SUN				7,533.24		7,533.24
TOTAL CHARGES THIS BILLING PERIOD INCLUDING ADJUSTMENTS													20,852.50	

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	20,852.50		9,577.50	16,477.50	23,027.50	0.00		69,935.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24				25			
				ADVERTISER INFORMATION			
1 BILLING PERIOD		6 BILLED ACCOUNT NUMBER		7 ADVERTISER/CLIENT NUMBER		2 ADVERTISER/CLIENT NAME	
05/01/10 - 05/31/10		032679006		032679006		JENNIFER CONVERTIBLE	

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

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(Ext. 2600) or 800.234.4803 in all other areas.

Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



EMAIL YOUR INQUIRIES TO:
ADVCUSTOMERSERVICE@MIAMIHERALD.COM

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NEWSPAPER ACCOUNT NUMBER CORRESPONDING
TO ELEMENT 8. | 19. GROSS AMOUNT
CALCULATION OF AD PRICING
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BEFORE AGENCY COMMISSION AND ANY DISCOUNTS. |
| 7. ADVERTISER/CLIENT NUMBER
BILLED ACCOUNT NUMBER CORRESPONDING
TO ELEMENT 2. | 20. NET AMOUNT
FINAL NET COST OF AD. |
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COMPANY RECEIVING INVOICE. | 21. CURRENT NET AMOUNT DUE
SUM OF ELEMENT 20. |
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ADDRESS USED WHEN SENDING PAYMENT. | 22. 30/60 OVER 90/UNAPPLIED AMOUNT
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INSERTION DATE OF AD OR TRANSACTION DATE. | 23. TOTAL AMOUNT DUE
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| 13. PRODUCT/SERVICE CODE | |

The elements shown above appear on the face of the invoice and are identified by number.

The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132
 FEDERAL ID# 20-5063905

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
05/01/10 - 05/31/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		69,935.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
20,852.50	9,577.50	16,477.50	23,027.50

ADVERTISING STATEMENT/INVOICE

6 BILLED ACCOUNT NAME AND ADDRESS

8 0000000000 0000000000 032679006 0006993500

1oz 2531075 00 00002240 00005515



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
3	05/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15 SAU SIZE	16 BILLED UNITS	18 RATE	17 TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT
***** CONTRACT PERFORMANCE STATISTICS *****															
								ADVERTISING THIS PERIOD				CONTRACT TO DATE			
RENEWAL DATE		TYPE		LEVEL		SHR NON-SHR		TOTAL		SHR NON-SHR		TOTAL			
DOLLAR CONTRACTS															
010111		RETAIL DOLLAR		200		0 0		0 0		0 0		0 0		0 0	

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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	*UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	20,852.50		9,577.50	16,477.50	23,027.50	0.00		69,935.00

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM FAX # (305) 376-5586

24		25		ADVERTISER INFORMATION					
1		BILLING PERIOD		6 BILLED ACCOUNT NUMBER		7 ADVERTISER/CLIENT NUMBER		2 ADVERTISER/CLIENT NAME	
		05/01/10 - 05/31/10		032679006		032679006		JENNIFER CONVERTIBLE	

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

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Thank you!

THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



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The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132

FEDERAL ID# 20-5063905

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
06/01/10 - 06/30/10		JENNIFER CONVERTIBLES	
UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		51,807.50	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
4,900.00	20,852.50	9,577.50	16,477.50

6 0000000000 000000000 032679006 0005180750

102 2535902 00 00002184 00005281



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
1	06/30/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10 DATE	11 NEWSPAPER REFERENCE	12 13 14 DESCRIPTION-OTHER COMMENTS/CHARGES	15 SAU SIZE BILLED UNITS	16 17 RATE TIMES RUN	19 GROSS AMOUNT	20 NET AMOUNT
BALANCE FROM PREVIOUS STATEMENT						69,935.00
060710	73873	PAYMENT			23,027.50CR	
BALANCE - INCLUDES PAYMENTS AND PRIOR PERIOD ADJUSTMENTS						46,907.50
061010	J846876101 I838293001	JENNIFER FULL RUN A SECTION PG 008	14.00I 1DLY	58.93	825.00	825.00
061210	J846877001 I839212001	JENNIFER 6X10.5 FULL RUN A SECTION PG 014	63.00I 1DLY		1,500.00	1,500.00
061210	J849256901 I839212002	JENNIFER PANORAMA PG 003	14.00I 1DLY	17.86	250.00	250.00
062410	J850759701 I842994001	JENNIFER FULL RUN A SECTION PG 008	14.00I 1DLY		825.00	825.00
062610	J850760601 I843788001	JENNIFER FULL RUN A SECTION PG 005	63.00I 1DLY		1,500.00	1,500.00
TOTAL CHARGES THIS BILLING PERIOD INCLUDING ADJUSTMENTS						4,900.00

For inquiries, call the Account Service Group: In Dade, 305.376.2600, in Broward 954.764.7026 (Ext. 2600) or 800.234.4803 in all other areas.



STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23 TOTAL AMOUNT DUE
4,900.00	20,852.50	9,577.50	16,477.50	0.00	51,807.50

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24 ADVERTISER INFORMATION			
1 BILLING PERIOD	6 BILLED ACCOUNT NUMBER	7 ADVERTISER/CLIENT NUMBER	2 ADVERTISER/CLIENT NAME
06/01/10 - 06/30/10	032679006	032679006	JENNIFER CONVERTIBLE

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THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135



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ADVCUSTOMERSERVICE@MIAMIHERALD.COM

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The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132
 FEDERAL ID# 20-5063905

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
06/01/10 - 06/30/10		JENNIFER CONVERTIBLES	
UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		51,807.50	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
4,900.00	20,852.50	9,577.50	16,477.50

ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

6 0000000000 000000000 032679006 0005180750

10z 2535902 00 00002184 00005283



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-8002

4 PAGE #	5 BILLING DATE
2	06/30/10
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032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15	SAU SIZE	16	BILLED UNITS	18	RATE	17	TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT																																					
***** CONTRACT PERFORMANCE STATISTICS ***** <table border="1"> <thead> <tr> <th colspan="2">RENEWAL DATE</th> <th>TYPE</th> <th>LEVEL</th> <th colspan="3">ADVERTISING THIS PERIOD</th> <th colspan="3">CONTRACT TO DATE</th> </tr> <tr> <th>DATE</th> <th>TYPE</th> <th></th> <th>SHR</th> <th>NON-SHR</th> <th>TOTAL</th> <th>SHR</th> <th>NON-SHR</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td colspan="9">DOLLAR CONTRACTS</td> </tr> <tr> <td>010111</td> <td>RETAIL DOLLAR</td> <td>200</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>																				RENEWAL DATE		TYPE	LEVEL	ADVERTISING THIS PERIOD			CONTRACT TO DATE			DATE	TYPE		SHR	NON-SHR	TOTAL	SHR	NON-SHR	TOTAL	DOLLAR CONTRACTS									010111	RETAIL DOLLAR	200	0	0	0	0	0	0
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STATEMENT OF ACCOUNT AGING OF PAST DUE AMOUNTS

21	CURRENT NET AMOUNT DUE	22	30 DAYS	60 DAYS	OVER 90 DAYS	UNAPPLIED AMOUNT	23	TOTAL AMOUNT DUE
	4,900.00		20,852.50	9,577.50	16,477.50	0.00		51,807.50

EMAIL YOUR INQUIRIES TO: ADVCUSTOMERSERVICE@MIAMIHERALD.COM

FAX # (305) 376-5586

24		25		ADVERTISER INFORMATION			
1 BILLING PERIOD		6 BILLED ACCOUNT NUMBER		7 ADVERTISER/CLIENT NUMBER		2 ADVERTISER/CLIENT NAME	
06/01/10 - 06/30/10		032679006		032679006		JENNIFER CONVERTIBLE	

Make your check payable to: The Miami Herald • P.O. Box 019135 • Miami, FL 33101-9135

- Please write our billing number on your check.
 - Please do not staple your check to your stub.
 - Please do not enclose correspondence.
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Thank you!

**THE MIAMI HERALD
PO BOX 019135
MIAMI, FLORIDA 33101-9135**



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ADVCUSTOMERSERVICE@MIAMIHERALD.COM**

- | | |
|--|--|
| 1. BILLING PERIOD
"FROM" "TO" DATES FOR THIS STATEMENT. | 14. OTHER CHARGES OR CREDIT
ALL INFORMATION RELATING TO AD INCLUDING PURCHASE ORDER NUMBER, DETAIL OF ALL DISCOUNTS/CHARGES RELATING TO AD. |
| 2. ADVERTISING/CLIENT NAME
NAME OF ADVERTISER (IF AGENCY, CLIENT NAME). | 15. SAU SIZE
STANDARD ADVERTISING UNIT AD SIZE
(FOR CLASSIFIED, SINGLE INSERTION LINES). |
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WHEN PAYMENT IS DUE. | 16. BILLED UNITS
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| 4. PAGE NUMBER
PAGE NUMBER FOR MULTI PAGE STATEMENTS. | 17. TIMES RUN
NUMBER OF INSERT DAYS FOR THIS AD. |
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DATE STATEMENT WAS PREPARED. | 18. RATE
APPLICABLE NEWSPAPER ASSIGNED RATE PRIOR
TO ANY DISCOUNTS OF CHARGES. |
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CALCULATION OF AD PRICING
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FINAL NET COST OF AD. |
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COMPANY RECEIVING INVOICE. | 21. CURRENT NET AMOUNT DUE
SUM OF ELEMENT 20. |
| 9. REMITTANCE ADDRESS
ADDRESS USED WHEN SENDING PAYMENT. | 22. 30/60 OVER 90/UNAPPLIED AMOUNT
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| 10. DATE
INSERTION DATE OF AD OR TRANSACTION DATE. | 23. TOTAL AMOUNT DUE
SUM OF ELEMENTS 21 AND 22. |
| 11. NEWSPAPER REFERENCE
NEWSPAPER'S INTERNAL REFERENCE NUMBER. | 24. INVOICE NUMBER
NEWSPAPER'S INVOICE/DOCUMENT NUMBER. |
| 12. DESCRIPTION, OTHER COMMENTS | 25. ADVERTISER INFORMATION
(1) BILLING PERIOD, (6) BILLED ACCOUNT
(7) ADVERTISER/CLIENT NUMBER, (2) ADVERTISER/CLIENT NAME |
| 13. PRODUCT/SERVICE CODE | |

The elements shown above appear on the face of the invoice and are identified by number.

The Miami Herald Media Company
 ONE HERALD PLAZA
 MIAMI, FL 33132

1 BILLING PERIOD		2 ADVERTISER / CLIENT NAME	
07/01/10 - 07/31/10		JENNIFER CONVERTIBLES	
*UNAPPLIED AMOUNT		23 TOTAL AMOUNT DUE	3 TERMS OF PAYMENT
0.00		0.00	NET 20 DAYS
21 CURRENT NET AMOUNT DUE	22 30 DAYS	60 DAYS	OVER 90 DAYS
0.00	0.00	0.00	0.00

FEDERAL ID# 20-5063905
 ADVERTISING STATEMENT/INVOICE

8 BILLED ACCOUNT NAME AND ADDRESS

1 0000000000 0000000000 032679006 0000000000

NmM 2540099 00 00000057 00000155



JENNIFER CONVERTIBLES
 DAVID BORGAN
 902 BROADWAY
 NEW YORK, NY 10010-6002

4 PAGE #	5 BILLING DATE
1	07/31/10
6 BILLED ACCOUNT NUMBER	
032679006	
7 ADVERTISER/CLIENT NUMBER	
032679006	

PLEASE DETACH AND RETURN UPPER PORTION WITH YOUR REMITTANCE TO ADDRESS PRINTED ON REVERSE SIDE

10	DATE	11	NEWSPAPER REFERENCE	12	13	14	DESCRIPTION-OTHER COMMENTS/CHARGES	15 SAU SIZE	16 BILLED UNITS	18	RATE	17	TIMES RUN	19	GROSS AMOUNT	20	NET AMOUNT
BALANCE FROM PREVIOUS STATEMENT																51,807.50	
072810							BAD DEBT WRITE-OFF										53,285.00CR
070110	J848531301		HERALD VALUES EAR					5.00I									
	I845524001		HER VALUES FULL RUN					1DLY							1,477.50		1,477.50
TOTAL CHARGES THIS BILLING PERIOD INCLUDING ADJUSTMENTS																1,477.50	
----- CONTRACT PERFORMANCE STATISTICS -----																	
										ADVERTISING THIS PERIOD			CONTRACT TO DATE				
RENEWAL DATE		TYPE		LEVEL		SHR		NON-SHR		TOTAL		SHR		NON-SHR		TOTAL	
DOLLAR CONTRACTS																	
010111		RETAIL DOLLAR		200		0		0		0		0		0		0	

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400 CAPITOL MALL, SUITE 1450
SACRAMENTO, CA 95814-4434
tel 916-329-7400 fax 916-329-7435
web www.ffwplaw.com

KAREN L WIDDER
Legal Assistant
DIRECT: 916/329-7400, extension 224
e-mail: kwidder@ffwplaw.com

November 1, 2011

Via Federal Express
BMC Group, Inc.
Attn: Jennifer Convertibles Claims
Processing
18750 Lake Drive East
Chanhassen, MN 55317

Re: *In re Jennifer Convertibles, Inc., et al.*
United States Bankruptcy Case No. 10-13779

Gentlemen/Ladies:

Attached please find the original plus two copies of an Amended Proof of Claim on behalf of the Miami Herald Media Company. Please file the Amended Claim and then return file-stamped copies in the self addressed envelope provided.

Thank you for your assistance in this matter. Please contact the undersigned if you have any questions.

Very truly yours,

FELDERSTEIN FITZGERALD
WILLOUGHBY & PASCUZZI LLP

By: *Karen L Widder*
Karen L. Widder
Legal Assistant

Enclosures

