

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK (MANHATTAN)	PROOF OF CLAIM	<p>YOUR CLAIM IS SCHEDULED AS: Schedule/Claim ID s535</p>
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In re: <p style="text-align: center; font-weight: bold;">Jennifer Convertibles, Inc.</p>	Case Number: <p style="text-align: center; font-weight: bold;">10-13779</p>	Amount/Classification \$46,623.29 Unsecured
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NOTE: See Reverse for List of Debtors/Case Numbers/ Important details. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: right;">25239790000300</p> SCI COBB PLACE FUND, LLC 1801 CENTURY PARK EAST CENTURY CITY, CA 90067 </div>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.
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Creditor Telephone Number () Name and address where payment should be sent (if different from above): Payment Telephone Number ()	RECEIVED OCT 25 2010 BMC GROUP	THIS SPACE IS FOR COURT USE ONLY <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): Filed on:
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1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 211,121.82

If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete Item 4.
 If all or part of your claim is entitled to priority, complete Item 5.
 If all or part of your claim qualifies as an administrative expense under 11 U.S.C. § 503(b)(9), complete Item 6.

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

2. BASIS FOR CLAIM: Unpaid Rent and Rejection of Shopping Center Lease	(See Instructions #2 and #3a on reverse side.)	3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3a. Debtor may have scheduled account as:
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4. SECURED CLAIM (See Instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information
Nature of property or right of setoff:
 Describe:
 Real Estate Motor Vehicle Other _____

Secured Claim Amount: \$ _____ **DO NOT** include the priority portion of your claim here.
 Unsecured Claim Amount: \$ _____

Amount of arrearage and other charges as of time case filed included in secured claim, _____
 Value of Property: \$ _____ Annual Interest Rate: _____ % If any: \$ _____ Basis 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.
 Unsecured Priority Claim Amount: \$ **9,570.25** Include ONLY the priority portion of your unsecured claim here.

You MUST specify the priority of the claim:

<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(6).	<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 checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (<u>2</u>). <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>
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6. AMOUNT OF CLAIM THAT QUALIFIES AS AN ADMINISTRATIVE EXPENSE UNDER 11 U.S.C. § 503(b)(9): \$ _____
 See Instruction #6 on reverse side

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

8. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See Instruction 8 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.**

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Eastern Time on October 25, 2010 for Non-Governmental Claimants OR on or before 5:00 pm, prevailing Eastern Time on January 18, 2011 for Governmental Units BY MAIL TO: BMC Group, Inc Attn: Jennifer Convertibles Claims Processing PO Box 3020 Chanhassen, MN 55317-3020	THIS SPACE FOR COURT USE ONLY Jennifer Convertibles 00295
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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. Neil A. Moskowitz, Attorney for SCI Cobb Place Fund, LLC
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Penalty for presenting fraudulent claim is a fine of up to \$300,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 AND 3571
 990 Hammond Drive, Suite 990, Atlanta, GA 30328 Place Fund, LLC (678) 775-3557

**ATTACHMENT TO PROOF OF CLAIM OF
SCI COBB PLACE FUND, LLC**

ITEMIZATION OF UNSECURED PROOF OF CLAIM

03/16/10	Reconciled CAM, Tax, and Insurance for 2009	\$ 225.79
04/01/10	April 2010 Rent	12,957.89
05/01/10	May 2010 Rent	12,957.89
06/01/10	June 2010 Rent	12,957.89
07/01/10	July 2010 Rent	12,957.89
08/01/10	August 2010 Rent	12,957.89
09/01/10	September 2010 Rent	13,282.43
10/01/10	October 2010 Rent	13,282.43
11/01/10	November 2010 Rent	13,282.43
12/01/10	December 2010 Rent	13,282.43
01/01/11	January 2011 Rent	13,282.43
02/01/11	February 2011 Rent	13,282.43
03/01/11	March 2011 Rent	13,282.43
04/01/11	April 2011 Rent	13,282.43
05/01/11	May 2011 Rent	13,282.43
06/01/11	June 2011 Rent	13,282.43
07/01/11	July 2011 Rent	<u>13,282.43</u>
	TOTAL UNSECURED CLAIM	<u>\$211,121.82</u>

**ATTACHMENT TO PROOF OF CLAIM OF
SCI COBB PLACE FUND, LLC**

**ITEMIZATION OF UNSECURED PRIORITY CLAIM
AS ADMINISTRATIVE EXPENSE**

Pro-rated Rent July 19, 2010 through July 31, 2010	\$ 5,434.00
August 2010 Rent	12,957.86
Pro-rated Rent September 1, 2010 through September 23, 2010	<u>10,183.25</u>
Total Post Petition Pre Lease Rejection Rent	\$28,575.11
Less Payment Dated 8/3/10	<u>(12,957.86)</u>
Subtotal	\$15,617.25
Less Payment Dated 9/2/10	<u>(6,047.00)</u>
TOTAL PRIORITY CLAIM	<u>\$ 9,570.25</u>