

EXHIBIT A

UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF TENNESSEE NASHVILLE DIVISION		PROOF OF CLAIM	
In re Sofa Express, Inc		Case Number 07-09024	
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		<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 checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address Farrah Owens 401 Holly Ln Mauldin, SC 29662		If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number () _____		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case	
Name and address where payment should be sent (if different from above) P.O. Box 757 Mauldin, SC 29662		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends claim number (see reverse) _____	
Payment Telephone Number () _____		Payment Telephone Number () _____	
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>2057.95</u> If all or part of your claim is secured complete item 4c 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 4b			
<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			
2 BASIS FOR CLAIM <u>Goods Sold</u> (See instruction #2 on reverse side)		3 Last four digits of any number by which creditor identifies debtor 3a Debtor may have scheduled account as <u>8963</u> (See instruction #3 on reverse side)	
4 CLASSIFICATION OF CLAIM			
4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ _____		DO NOT include the priority portion of your unsecured claim here	
<input checked="" type="checkbox"/> 4b UNSECURED PRIORITY CLAIM Check this box ONLY if you have an unsecured claim all or part of which is entitled to priority 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 \$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) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Total unsecured priority claim \$ <u>2057.95</u> Include ONLY the priority portion of your unsecured claim here <input checked="" type="checkbox"/> 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) <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) (_____)	
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			
4c SECURED CLAIM (See instruction #4c 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 _____		Total secured claim \$ _____ Value of Property \$ _____ Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____	
DO NOT include the priority or unsecured portion of your claim here			
5 CREDITS The amount of all payments on this claim has been credited for the purpose of making this proof of claim			
6 SUPPORTING DOCUMENTS Attach redacted copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and redacted copies of evidence of perfection of lien If the documents are not available explain If the documents are voluminous attach a summary (See definition of redacted on reverse side)			
7 DATE-STAMPED COPY DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
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 no later than a) April 15, 2008 for Non-Governmental Claimants OR b) June 3, 2008 for Governmental Units BY MAIL TO Sofa Express Inc c/o BMC Group PO Box 1042 El Segundo CA 90245 1042		BY HAND OR OVERNIGHT DELIVERY TO Sofa Express Inc c/o BMC Group 444 N Nash Street El Segundo CA 90245 2822	
DATE <u>5/11/08</u>		SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the creditor or other person who is to file this claim and state address and telephone number if different from the notice address above Attach copy of proof of claim if any <u>Farrah Owens</u>	

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

Sofa Express Inc



00498

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FOR QUESTIONS REGARDING YOUR ORDER,
PLEASE CONTACT YOUR LOCAL STORE AT
864-237-7585

SALES ORDER INVOICE

FARRAH OWENS
401 HOLLY LANE
MAULDIN SC 29662
Hm: 864-787-3909 WP 864-989-6000 EXT.

SAL DOCUMENT # : 05197SEHDEV

P/D: D 06/01/07
SOLD BY : STEPHEN

CUST CODE OWENF98963

QTY	SKU #	VEND STOCK # / COMBINATION	UNIT	EXT	RETAIL
1.00	671702706	HY-05B25/C LINDSEY	.00		.00
1.00	671702706	HY-05B25/C LINDSEY	.00		.00

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DEPOSIT	BALANCE	SUBTOTAL	1885.00
	Balance Due Before	DELIVERY	74.95
CG 1250.00	Delivery . 807.95	SET-UP	.00
		TAX	38.00
	FINANCED : .00	TOTAL	2057.95

COMMENTS

X Lauren Owens

CUSTOMER ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE

5.19.07
DATE SIGNED

ORIGINAL

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864-237-7585

SALES ORDER INVOICE

FORNEM OWENS
401 HOLLY LAINE
PHILADIN SL 29662
864-787-3909 WK. 864-389-6000 E.T

SAL DOCUMENT # : 0519752HDEV

P/D: D : 06/01/07
SOLD BY STEPHEN

CUST CODE: OWENF98963

QTY	SKU #	VENO STOCK # / COMBINATION	UNIT / EXT	RETAIL
1.00	911983170	720-066 URBAN LOFT	1295.00	1295.00
1.00	680143981	706-0664R URBAN LOFT	.00	.00
1.00	680149967	706-066FB URBAN LOFT	.00	.00
1.00	680149355	706-066SR URBAN LOFT	.00	.00
1.00	681149982	706-650 URBAN LOFT	.00	.00
1.00	683149984	706-650 URBAN LOFT	.00	.00
1.00	678702118	HY-05B25 LINDSEY PUB	195.00	195.00
1.00	P97075983	HY-05B25 6-PC DINING PACKAGE	395.00	395.00
1.00	670702705	HY-05B25/W LINDSEY	.00	.00
1.00	670702729	HY-05B25 LINDSEY	.00	.00
1.00	671702706	HY-05B25/C LINDSEY	.00	.00
1.00	671702706	HY-05B25/C LINDSEY	.00	.00

** CONTINUED **

ORIGINAL

ALL ORDERS MUST BE PAID IN FULL BEFORE DELIVERY