(A)

B10 (Official Form 10)
(Rev 12/94)

RECD
JAN 04 2008

| United States Bankruptcy Court | PROOF OF CLAIM |
|---|---|
| Middle District of Tennessee<br>Nashville Division | Chapter 11<br>12-6-07 |
| In re (Name of Debtor)<br>Sofa Express, Inc. | Case Number<br>07-05124 |

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request of payment of an administrative expense may be filed pursuant to 11 U S C § 503

Name of Creditor
*(The person or entity to whom the debtor owes money or property)*
WCMH Television

Name and Addresses Where Notices Should be Sent

c/o Szabo Associates, Inc
3355 Lenox Road, 9th Floor
Atlanta, Georgia 30326

Telephone No 404/266-2464

☐ 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

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR
3739 4302 - 3243

Check here if this claim ☐ *replaces* ☐ amends a previously filed claim dated _____

1 BASIS FOR CLAIM
- ☐ Goods sold
- ☑ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other (Describe briefly)

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages salaries and compensations (Fill out below)
Your social security number _____
Unpaid compensations for services performed
from _____ (date) to _____ (date)

2 DATE DEBT WAS INCURRED
9/07 - 11/07

3 IF COURT JUDGMENT DATE OBTAINED

4 CLASSIFICATION OF CLAIM Under the Bankruptcy Code all claims are classified as one or more of the following (1) Unsecured nonpriority (2) Unsecured Priority (3) Secured It is possible for part of a claim to be in one category and part in another
CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED

☐ SECURED CLAIM $ _____
Attach evidence of perfection of security interest
Brief Description of Collateral
☐ Real Estate ☐ Motor Vechicle ☐ Other (Describe Briefly)

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

☒ UNSECURED NONPRIORITY CLAIM $ 44,875.75
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of claim

☐ UNSECURED PRIORITY CLAIM $ _____
Specify the priority of the claim

☐ Wages salaries or commissions (up to $4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier—11 U S C § 507(a)(3)
☐ Contributions to an employee benefit plan—11 U S C § 507(a)(4)
☐ Up to $1,800 of deposits toward purchase lease or rental of property or services for personal family, or household use—11 U S C § 507(a)(6)
☐ Alimony maintenance or support owed to a spouse former spouse or child—11 U S C § 507(a)(7)
☐ Taxes or penalties of 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 4/1/98 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 $ 44,875.75 (Unsecured) $ _____ (Secured) $ _____ (Priority) $ 44,875.75 (Total)

☐ Check this box if claim includes prepetition charges in addition to the principal amount of the claim Attach itemized statement of all additional charges

6 CREDITS AND SETOFFS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim In filing this claim claimant has deducted all amounts that claimant owes to debtor

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents* such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments or evidence of security interests If the documents are not available explain If the documents are voluminous attach a summary

8 TIME STAMPED COPY To receive an acknowledgement of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim

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FILED
DEC 21 2007

Sofa Express Inc
00037

Date
12-20-07

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)
Szabo Associates, Inc , Agent
By [signature]
Marilyn Zimmerman

*Penalty for presenting fraudulent claim* Fine of up to $500 000 or imprisonment for up to 5 years, or both 18 U S C §§ 152 and 3571

WKRN-TV
P O Box 60754
Charlotte, NC 28260-0754
ph. (615) 369-7222
fx (615) 369-7302

**Billing Statement of Account**

Printed Wed, December 19, 2007 5 02 25PM
Report Data Thru 11/30/2007
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**Sofa Express & More (2568)**
**4600 South Hamilton Rd**
**Columbus, OH 43125**

| Invoice | Transaction Type | Date | Check # | Debits | Credits | Invoice Balance | Station/Market |
|---|---|---|---|---|---|---|---|
| **Sofa Express & More (5020)** | | | | | | | |
| 131112 | Invoice Charges | 9/30/07 | | $ 17,412 25 | | $ 17 412.25 | WKRN (WKRN) |
| 136386 | Invoice Charges | 10/28/07 | | $ 18,555 50 | | $ 18,555 50 | WKRN (WKRN) |
| 141086 | Invoice Charges | 11/25/07 | | $ 8 908 00 | | $ 8 908 00 | WKRN (WKRN) |

| *Totals for: Sofa Express & More (5020)* | *Current* | *31 - 60 Days* | *61 - 90 Days* | *91 - 120* | *Over 120 Days* | *Adv Amount Due* |
|---|---|---|---|---|---|---|
| | $ 8 908 00 | $ 18 555 50 | $ 17,412 25 | $ 0 00 | $ 0 00 | $ 44 875 75 |

NOTE Payments display check deposit date, Transactions display posting date, and Invoices display invoice date

| *Creditor* (2962014)<br>WCMH Television 3243<br>c/o Szabo Associates Inc<br>3355 Lenox Road Ste 945<br>Atlanta GA 30326 | **Claim No 16**<br>*Filed* 12/21/2007<br>*Entered* 12/21/2007 | *Status*<br>*Filed by* CR<br>*Entered by* ZIMMERMAN MARILYN<br>*Modified* |
|---|---|---|

Unsecured claimed $44875 75

**Total claimed $44875 75**

*History*

- 16-1 12/21/2007 Claim #16 filed by WCMH Television 3243 total amount claimed $44875 75 (ZIMMERMAN, MARILYN)

*Description*

*Remarks*