FORM B10 (Official Form 10) (04/05)

UNITED STATES BANKRUPTCY COURT Middle DISTRICT OF Tennessee

PROOF OF CLAIM

Name of Debtor: Sofa Express, Inc

Case Number: 07-09024

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): Dorothy Sams

Name and address where notices should be sent:
1435 W Lynn St
Indianapolis, IN 46202

Telephone number 317 638 4090

☐ 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: SAMSD73415

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

1 Basis for Claim

☐ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☑ Other layaway items

☐ Retiree benefits as defined in 11 U S C § 1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS # _____
Unpaid compensation for services performed
from _____ (date) to _____ (date)

2 Date debt was incurred: 10/08/2007

3 If court judgment, date obtained

4 Total Amount of Claim at Time Case Filed $ _____ (unsecured) _____ (secured) $644.45 (priority) $644.45 (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below

☐ 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

5 Secured Claim

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

Brief Description of Collateral
☐ Real Estate ☐ Motor Vehicle
☐ Other _____

Value of Collateral $_____

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

6 Unsecured Nonpriority Claim $_____

☐ 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 if c) none or only part of your claim is entitled to priority

7 Unsecured Priority Claim

☑ Check this box if you have an unsecured priority claim

Amount entitled to priority $644 45

Specify the priority of the claim

☐ Wages, salaries or commissions (up to $10 000) * 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)(3)
☐ Contributions to an employee benefit plan 11 U S C § 507(a)(4)
☑ Up to $2,225* 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 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 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment $10 000 and 180-day limits apply to cases filed on or after 4/20/05 Pub 109-8

8 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

9 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

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FILED
JAN 08 2008
BMC
Sofa Express Inc
00047

Date: 1/2/08

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)
Dorothy Sams

Penalty for presenting fraudulent claim Fine of up to $500 000 or imprisonment for up to 5 years or both 18 U S C

Sofa Express. *and more!*

P O BOX 130
4600 S HAMILTON ROAD PHONE (614) 836 4800
GROVEPORT OHIO 43125

Document Number

Not valid unless stamped

Customer Account no.							
S	A	M	2	D	7	3	4

15

cs	ck	bc
	X	

Cashier	
J	L

Received From Dorothy Sams

Address 1135 W LYNN DR

Indpls, TN 46202 Dollars $

Invoice Number 100874145IB Amount 34145 Date 12/1/07 Ck

Invoice Number Amount By

Invoice Number Amount

Invoice Number Amount

Balance Due
$ 300 00

RECEIPT

Sofa Express and more!

Expressly your style™

4600 S Hamilton Rd
Groveport Ohio 43125

GENERAL OFFICES (HOURS 9 AM-5 PM EST)
Warehouse Delivery

(614) 836-4800
1-800-786-SOFA (7632

YOUR ORDER NUMBER

DATE 10-8-07 | #ORDERS

CONSULTANT #1 DMW1 | CONSULTANT #2

CUSTOMER ACCOUNT CODE

CASHIER | HOW TAKEN CK ☑ CS ☐ MC ☐ VS ☐ DC ☐ AE ☐

DEPOSIT

☐ WEEKDAY ☐ PICK U
☐ EXPRESS ☐ EVENING
☐ WEEKEND ☐ OUT OF TOWN

ZONE TNP

SALES ORDER SORT CODE SIK

COMMENTS

LAST NAME Sama | FIRST NAME Dorothy | INITIAL

STREET ADDRESS 1435 W. Lynn Dr

CITY Cicero | STATE Ind | ZIP 46202

EVENING/HOME PHONE 317 638-4090 | DAY/BUSINESS PHONE | CELLULAR PHONE 317-417-7757 | E MAIL

MC/VISA/DISC/AE XXXX XXXX XXXX _____ EXP ___/___ | DR LN # | DOB

☐ CUSTOM ORDER
I understand that custom orders are non-cancelable and require a non refundable 30% deposit Initials _____

All dates quoted are estimates only Sofa Express cannot be held liable for delays Sofa Express will call you when the merchandise is available to schedule your delivery See reverse side for complete details At this time we estimate delivery to be approximately _____ 12-19-07

FABRIC/LEATHER PROTECTION WITH 5 YEAR WARRANTY AGAINST STAINING
☑ NO _____ INITIAL

LOC	SKU #	VEND	STOCK #	ITEM	GRADE / PATTERN / COLOR / FINISH	QTY	EACH	AMOUNT
1								
2	P 7701 2088			Finnibelle 5 pc [illegible]			771	771
3	67.7.3128			M.N5005 [illegible]			75	[illegible]
4	67.7.3128			M.5005 [illegible]			95	[illegible]
5								
6								
7								
8								

DELIVERY DIRECTIONS ARE REQUIRED

[illegible] 79.95

FINANCING OPTIONS/COMMENTS

60 days [illegible]

FUNDS TRANSFERRED FROM ORDER # _____ $ _____

SUB TOTAL	[illegible]
DELIVERY	
SALES TAX	[illegible]
TOTAL	[illegible]
DOWN PAYMENT	
TOTAL DUE OR AMOUNT FINANCED	[illegible]

Terms of purchase You the buyer agree to the terms of purchase for the merchandise or services described in this sales order, including those displayed on the reverse side hereof plus the terms of any applicable financing agreements between you and us the seller If payment is made by check delivery of title to the merchandise is subject to collection of the check You acknowledge receipt of a fully completed copy of this sales order This order is subject to acceptance by our administrative offices and verification of accuracy

Buyer _____

Buyer _____

X _____ DATE

I hereby acknowledge the receipt of the above articles in good order except as noted
Handled by

revised 10/06