FORM B10 (Official Form 10) (4/01)

Middle

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF Tennessee

PROOF OF CLAIM

Name of Debtor: Sofa Express

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)

Custom Fleet + Auto Body, Inc

Name and address where notices should be sent

1945 Corvair Blvd
Columbus, OH 43207-1719

Telephone number

☐ 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

FILED
2007 DEC 20 AM 7:42
U.S. BANKRUPTCY COURT
MIDDLE DISTRICT OF TN

THIS SPACE IS FOR COURT USE ONLY

Account or other number by which creditor identifies debtor

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 _____

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

2 Date debt was incurred 8/30/07

3 If court judgment, date obtained:

4 Total Amount of Claim at Time Case Filed $ 1725.14

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 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 Priority Claim

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority $_____

Specify the priority of the claim

☐ Wages salaries or commissions (up to $4 650) * earned within 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 $2 100* 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 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

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

8 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

9 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

THIS SPACE IS FOR COURT USE ONLY

RECD
FEB 21 2008

Sofa Express Inc
00137

Date 12/17/07

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)

Sanford Wohlstein Pres

Custom Fleet & Auto Body, Inc.

1945 Corvair Blvd
Columbus, OH 43207

Invoice

Date	Invoice #
8/30/2007	2519

Bill To
Sofa Express Attn Rick Runyon 4600 S Hamilton Rd Groveport, Ohio 43125

P O No	Terms
	Due on receipt

Item	Description	Qty	Rate	Amount
Yr/Make	2004/Freightliner			
Unit #	S94812			
VIN #	S94812			
Rem/Ins	Grille			
Repair	Left Fender			
Repair	Front of Hood & Grille Reinforcement			
Repair	Right Fender			
Repair	Right Fender Ext			
Refinish	Front, Right & Left Fender & Ext			
Repair Labor	Body Work	8 3	40 00	332 00T
Refinish Labor	Painting & Refinishing	2 5	40 00	100 00T
Paint	Paint Products		82 00	82 00T
Hazardous Waste	Hazardous Waste Disposal		15 00	15 00T
Shop Supplies	Materials		21 00	21 00T

Thanks for your business It has been a pleasure working with you! Please remit to above address

Member Ohio Trucking Association

Sales Tax (6.75%)	$37 13
Balance Due	$587 13

Phone #	Fax #	E-mail
614-443-5338	614-443-5333	customfleet@rrohio com

Custom Fleet & Auto Body, Inc.

1945 Corvair Blvd
Columbus, OH 43207

Invoice

Date	Invoice #
8/30/2007	2520

Bill To
Sofa Express Attn Rick Runyon 4600 S Hamilton Rd Groveport, Ohio 43125

P O No	Terms
	Due on receipt

Item	Description	Qty	Rate	Amount
Yr/Make	2004/Freightliner			
Unit #	C27297			
VIN #	C27297			
Rem/Ins	Grille			
Repair	Left Fender			
Repair	Right Fender			
Repair	Right Fender Extension			
Repair	Left Fender Extension			
Refinish	Fenders & Extensions			
Repair Labor	Body Work	7 3	40 00	292 00T
Refinish Labor	Painting & Refinishing	2 5	40 00	100 00T
Paint	Paint Products		74 00	74 00T
Hazardous Waste	Hazardous Waste Disposal		15 00	15 00T
Shop Supplies	Materials		19 00	19 00T

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Member Ohio Trucking Association

Sales Tax (6 75%)	$33 75
Balance Due	$533 75

Phone #	Fax #	E-mail
614-443-5338	614-443-5333	customfleet@rrohio com

Custom Fleet & Auto Body, Inc.

1945 Corvair Blvd
Columbus, OH 43207

Invoice

Date	Invoice #
10/19/2007	2589

Bill To
Sofa Express Attn Rick Runyon 4600 S Hamilton Rd Groveport Ohio 43125

P O No	Terms
	Due on receipt

Item	Description	Qty	Rate	Amount
Yr/Make	2003/Ford			
Model	Explorer			
VIN #	1FMZ073K13UC38384			
Rem/Rep	Replace Aftermarket Left Front Signal Park/turn lamp		34 00	34 00
Repair	Repair Left Front Door Outer Panel & Clearcoat			0 00T
Rem/Ins	Left Front Door Body Side Molding, XLT & NBX, platinum			
Rem/Ins	Left Front Door Handle, outside, XLS			
Rem/Ins	Left Front Door Trim Panel, cloth, graphite			
Repair Labor	Body Work	7 4	40 00	296 00T
Refinish Labor	Painting & Refinishing	2	40 00	80 00T
Clearcoat Labor	Clearcoat	1	40 00	40 00T
Paint	Paint Products		81 60	81 60T
Hazardous Waste	Hazardous Waste Disposal		15 00	15 00T
Shop Supplies	Materials		21 60	21 60T

Thanks for your business It has been a pleasure working with you! Please remit to above address

Sales Tax (6 75%)	$36 06
Balance Due	$604 26

Member Ohio Trucking Association

Phone #	Fax #	E-mail
614-443-5338	614-443-5333	customfleet@rrohio com