B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT Middle District of Tennessee

PROOF OF CLAIM

Name of Debtor
Sofa Express, Inc

Case Number
3 07-bk-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)
Insight Direct USA, Inc

Name and address where notices should be sent

c/o Kurt Johnson Assoc 20118 N 67th Ave , Ste 300-430
Glendale, AZ 85308

Telephone number
(623) 580-0825

☐ Check this box to indicate that this claim amends a previously filed claim

Court Claim Number _____
(*If known*)

Filed on _____

Name and address where payment should be sent (if different from above)

Telephone number

☐ Check this 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 this box if you are the debtor or trustee in this case

1 Amount of Claim as of Date Case Filed $ 16,580.29

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

☐ 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 Goods sold
(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 _____
(See instruction #3a on reverse side)

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 setoff and provide the requested information

Nature of property or right of setoff ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe

Value of Property $_____ **Annual Interest Rate**___**%**

Amount of arrearage and other charges as of time case filed included in secured claim,

if any $_____ **Basis for perfection** _____

Amount of Secured Claim $_____ **Amount Unsecured $**_____

5 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.

Specify the priority of the claim

☐ Domestic support obligations under 11 U S C §507(a)(1)(A) or (a)(1)(B)

☐ 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)

☐ Contributions to an employee benefit plan – 11 U S C §507 (a)(5)

☐ 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)

☐ 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)(__)

Amount entitled to priority

$_____

**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*

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

7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes purchase orders invoices itemized statements of running accounts contracts judgments mortgages and security agreements You may also attach a summary Attach redacted copies of documents providing evidence of perfection of a security interest You may also attach a summary (*See definition of redacted on reverse side)*

DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING

If the documents are not available please explain

Date
02/29/2008

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

Kurt Johnson, Esq , Attorney-in-fact

FOR COURT USE ONLY

FILED

MAR 06 2008

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

Sofa Express Inc
00290

BMC

[redacted]		Amount	Open	Doc Date	Net due dt	Arrear	Last Payment	Paid
900014483	20070430-EC-1	628 81	628 81	05/07/2007	06/06/2007	223		0 00
900044918	20070606-GM-2	164 37	164 37	06/06/2007	07/06/2007	193		0 00
900044919	20070606-GM-1B	280 39	280 39	06/06/2007	07/06/2007	193		0 00
900044921	30589B	84 33	84 33	06/06/2007	07/06/2007	193		0 00
900048134	30589B	102 70	102 70	06/08/2007	07/08/2007	191		0 00
900060317	20070618-EC-1	430 52	430 52	06/19/2007	07/19/2007	180		0 00
900079448	20070703-GM-1	173 67	173 67	07/03/2007	08/02/2007	166		0 00
900098122	20070718-EC-1	14 19	14 19	07/18/2007	08/17/2007	151		0 00
900148109	CER 0712	8,010 07	8 010 07	08/14/2007	09/13/2007	124		0 00
900148110	20070813-DR-1	2,841 24	2,841 24	08/14/2007	09/13/2007	124		0 00
900169791	20070822-DR-2	2,937 06	2,937 06	08/24/2007	09/23/2007	114		0 00
900242521	20070822-DR-2	264 78	264 78	10/01/2007	10/31/2007	76		0 00
900263795	32354	30 98	30 98	10/11/2007	11/10/2007	66		0 00
900275083	32413	208 71	208 71	10/17/2007	11/16/2007	60		0 00
900294539	32509 & 32510	408 47	408 47	10/26/2007	11/25/2007	51		0 00
900080457	30589	-81 90	-81 90	07/05/07		0		0 00
900088642	30589	-93 80	-93 80	07/12/07		0		0 00
900103670	20070606-GM-1B	-276 94	-276 94	07/20/07		0		0 00
200173920	06282006-EC-1	-2,409 07	-2,409 07	07/19/06		0		0 00
200505453	25506	-83 32	-83 32	09/05/06		0		0 00
201396758	28430	-149 07	-149 07	02/23/07		0		0 00
201519904	28584	-165 11	-165 11	03/19/07		0		0 00
201798684	28582	-165 11	-165 11	05/18/07		0		0 00

16,580 29