PROOF OF CLAIM

In re
Sofa Express, Inc

Case Number
07-09024

FILED
MAR 10 2008
BMC

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

☐ 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 or BMC Group in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court

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

Name of Creditor and Address

Web Graphics, Inc
1020 10th St, PO Box 468
Milford, IA 51351

Creditor Telephone Number (712) 338-2442

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

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

Check here if this claim ☐ replaces or ☐ amends a previously filed claim dated _____ claim number (see reverse) _____

Payment Telephone Number ( )

1 AMOUNT OF CLAIM AS OF DATE CASE FILED $ 1006.48

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

☐ 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 Good Sold
(See instruction #2 on reverse side)

3 Last four digits of any number by which creditor identifies debtor Name
3a Debtor may have scheduled account as _____
(See instruction #3 on reverse side)

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim $ 1006.48

DO NOT include the priority portion of your unsecured claim here

4b UNSECURED PRIORITY CLAIM

☐ Check this box ONLY if you have an unsecured claim all or part of which is entitled to priority

Total unsecured priority claim $ _____

Include **ONLY** the priority portion of your unsecured claim here

You MUST 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) (____)

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

Total secured claim $ _____

DO NOT include the priority or unsecured portion of your claim here.

Nature of property or right of setoff

☐ Real Estate ☐ Motor Vehicle

☐ Other _____

Value of Property $ _____

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

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

THIS SPACE FOR COURT USE ONLY

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
1330 East Franklin Ave
El Segundo CA 90245

Sofa Express Inc
00303

DATE 3/5/08

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

Joyce Colton, BookKeeper Joyce Colton

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

INVOICE

WEB GRAPHICS INC
1020 10TH ST
P O Box 468
Milford, IA 51351

DATE	INVOICE NO
10/31/2007	15916

BILL TO
SOFA EXPRESS & MORE ATTN ALLYSON NAOUR CORPORATE OFFICE 4600 SOUTH HAMILTON GROVEPORT, OH 43125

ORDERED BY	FEDERAL TAX ID#	OUR PO NO	TERMS
	42-1361662	4719	Net 30

DESCRIPTION	QTY	RATE	AMOUNT
CEILING SIGNS			
PRINTING 64" X 48" - 2 QTY		666 48	666 48
SHIPPING CHARGES		270 00	270 00
(GS- #26001) Out-of-state sale, exempt from sales tax		0 00%	0 00

Total	$936 48

Phone #	Fax #	E-mail
712-338-2442	712-338-4401	joyce@webgraphicsinc com

Past due accounts will be charged a service charge of 1 1/2% per month (18% per year on unpaid balances)

INVOICE

1020 10TH ST
P O Box 468
Milford, IA 51351

DATE	INVOICE NO
10/30/2007	15899

BILL TO
SOFA EXPRESS & MORE ATTN ALLYSON NAOUR CORPORATE OFFICE 4600 SOUTH HAMILTON GROVEPORT, OH 43125

ORDERED BY	FEDERAL TAX ID#	OUR PO NO	TERMS
	42-1361662	4737	Net 30

DESCRIPTION	QTY	RATE	AMOUNT
MILITARY DISCOUNT WINDOW CLING			
PRINTING 10 7" X 6 5" - 1 QTY		70 00	70 00
Out-of-state sale, exempt from sales tax		0 00%	0 00

Thank you for choosing Web Graphics, Inc

Total $70 00

Phone #	Fax #	E-mail
712-338-2442	712-338-4401	joyce@webgraphicsinc com

Past due accounts will be charged a service charge of 1 1/2% per month (18% per year on unpaid balances)

Web Graphics, Inc
Collections Report
As of February 20, 2008

Type	Date	Num	P O #	Terms	Due Date	Class	Aging	Open Balance
SOFA EXPRESS & MORE								
4719- CEILING SIGNS								
KEVIN KEYS								
ALLYSON NAOUR								
Invoice	10/31/2007	15916	4719	Net 30	11/30/2007	KLAUSS	82	936 48
Total 4719- CEILING SIGNS								936 48
4737- MILITARY DISCOUNT CLING								
KEVIN KEYS								
ALLYSON NAOUR								
Invoice	10/30/2007	15899	4737	Net 30	11/29/2007	KLAUSS	83	70 00
Total 4737- MILITARY DISCOUNT CLING								70 00
Total SOFA EXPRESS & MORE								1 006 48
TOTAL								**1,006 48**