PROOF OF CLAIM

In re
Sofa Express, Inc

Case Number
07-09024

FILED
MAR 26 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

Susan K. Krech
5838 Atwood Place
Willoughby, Ohio 44094

Creditor Telephone Number 440-943-0911

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 $ 68.00

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 Goods sold but not received
(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 #3 on reverse side)

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM

Total unsecured nonpriority claim $ 68.00 **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
00349

DATE 3/22/2008

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

Susan K. Krech

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

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 1 / 1 / 7

#ORDERS 2 of 7

CONSULTANT #1

CONSULTANT #2

CUSTOMER ACCOUNT CODE

CASHIER

HOW TAKEN
CK ☐ CS ☐
MC ☐
VS ☒
DC ☐
AE ☐

DEPOSIT 68.10

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

ZONE Pets

SALES ORDER SORT CODE SPO

COMMENTS Send to Cut Home

LAST NAME KRECH FIRST NAME SUSAN INITIAL

STREET ADDRESS

CITY STATE ZIP

EVENING/HOME PHONE | DAY/BUSINESS PHONE | CELLULAR PHONE | 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 [signature]

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 _____

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

LOC	SKU #	VEND	STOCK #	ITEM	GRADE / PATTERN / COLOR / FINISH	QTY	EACH	AMOUNT
1	CUSTOM111		0640-01	2:2:	HURTION	1	40-	32-
2	CUSTOM111		0640-01	2:2:	HURTION	1	40-	32
3								
4								
5								
6								
7								
8								

DELIVERY DIRECTIONS ARE REQUIRED

FINANCING OPTIONS/COMMENTS

CUT FABRIC AND PILLOWS MUST BE PAID IN FULL AT TIME OF PURCHASE
I understand that this sale is final and no exchanges or refunds will be made
X [signature]
Signature

SUB TOTAL	64-
DELIVERY	—
SALES TAX	4-
TOTAL	68.9
DOWN PAYMENT	68.10
TOTAL DUE OR AMOUNT FINANCED	—

FUNDS TRANSFERRED FROM ORDER #, _____ $ _____

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 [signature] Krech

Buyer _____

X DATE

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

revised 10/