UNITED STATES BANKRUPTCY COURT
MIDDLE DISTRICT OF TENNESSEE
NASHVILLE DIVISION

PROOF OF CLAIM

In re
Sofa Express, Inc

Case Number
07-09024

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

TIME WARNER CABLE
1015 OLENTANGY RIVER RD
COLUMBUS OH 43212

Creditor Telephone Number (614) 481 5000

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 th s cla m ☐ replaces or ☐ amends a previously filed claim dated _____ claim number (see reverse) _____

Payment Telephone Number ( )

1 AMOUNT OF CLAIM AS OF DATE CASE FILED $ 33,321 19

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 SERVICE
(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 3485355 01
(See instruction #3 on reverse side)

4 CLASSIFICATION OF CLAIM

4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim $ 33,321 19 **DO NOT** include the priority portion of your unsecured claim here

4b UNSECURED PRIORITY CLAIM Total unsecured priority claim $ _____ Include **ONLY** the priority portion of your unsecured claim here

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

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 11-26-2008 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

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
444 N Nash Street
El Segundo CA 90245-2822

THIS SPACE FOR COURT USE ONLY
FILED
DEC 01 2008
BMC GROUP

DATE 11 26 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

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 Inc
00564

PRYPAS2C - Customer Ledger-All Bills-w/Totals - Site 002

File Edit Help

ICOMS

Acct/Stmt 3485355-01 1 SOFA EXPRESS

Billing Process Nbr 17662 Cycle 17 End Date 9/18/08

From Date	To Date	Description	Trans Amount	Total
10/15/08		BUSINESS CLASS CONTRACT T	20,000.00	24,926.60
10/16/08		BUSINESS CLASS CONTRACT T	8,394.59	33,321.19
10/18/08		Statement Balance	33,321.19	
11/06/08		DEBIT WRITE OFF	33,321.19-	
11/13/08		Statement Balance	.00	
		Current Balance	.00	

Detail Taxes Current Split Payments