

Fill in this information to identify the case:

Debtor 1 Wellmade Industries MFR. N.A LLCDebtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Georgia

Case number 25-58760-sms; docket on 25-58764-sr

Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Anthony Davis</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>The Workers Firm of Georgia</u> Name <u>7000 Central Parkway, Suite 1100, Office 23</u> Number Street <u>Atlanta</u> <u>GA</u> <u>30328</u> City State ZIP Code Contact phone <u>(404) 692-5711</u> Contact email <u>roberts@theworkersfirm.com</u>	Where should payments to the creditor be sent? (if different) <u>The Workers Firm of Georgia</u> Name <u>7000 Central Parkway, Suite 1100, Office 23</u> Number Street <u>Atlanta</u> <u>GA</u> <u>30328</u> City State ZIP Code Contact phone <u>(404) 692-5711</u> Contact email <u>roberts@theworkersfirm.com</u>
Uniform claim identifier (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

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255876025090300000000001
page 1

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 3,000,000.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Employment Related Lawsuit/Claim (NDGA 4:25-cv-00030-WMR-JH)

9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
Nature of property:
☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
☐ Motor vehicle
☐ Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ _____

☐ Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

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

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/28/2025
MM / DD / YYYY

/s Patrick Reid

Signature

Print the name of the person who is completing and signing this claim:

Name	Patrick	James	Reid
	First name	Middle name	Last name

Title	Associate		
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Company	The Workers Firm of Georgia		
---------	-----------------------------	--	--

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address	7000 Central Parkway, Suite 1100 Office 23		
---------	--	--	--

Number	Street		
--------	--------	--	--

Atlanta	GA	30328	
---------	----	-------	--

City	State	ZIP Code	
------	-------	----------	--

Contact phone	(404) 692-5711	Email	patrick@theworkersfirm.com
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THE WORKERS' FIRM

Lawyers for Working People

7000 Central Parkway
Suite 1100 Office 23
Atlanta, GA 30328
404-382-9660

<https://theworkersfirm.com>

August 29, 2025

Wellmade Processing Center
c/o KCC dba Verita
222 N. Pacific Coast Highway, Suite 300
El Segundo, CA 90245

**Anthony Davis Proof of Claim form for Wellmade
Re: Industries MFR. N.A LLC**

To Whom It May Concern:

Undersigned counsel, on behalf of Plaintiff and Creditor Anthony Davis, has mailed this cover letter along with his proof of claim form, which you will find enclosed.

Should you have any additional requests, please do not hesitate to contact Patrick Reid at patrick@theworkersfirm.com or at (404) 382-9660 ext. 808.

Yours very truly,

Patrick Reid
Attorney at Law

**Additional Supporting
Documents Received on
9/22/2025**

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SEP 22 2025
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255876425092200000000003

Fill in this information to identify the case:

Debtor 1 Wellmade Industries MFR. N.A LLC

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: Northern District of Georgia

Case number 25-58760-sms; docket on 25-58764-sr

Official Form 410

Proof of Claim

04/25

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Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

<p>1. Who is the current creditor?</p>	<p><u>Anthony Davis</u></p> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>The Workers Firm of Georgia</u></p> <p>Name</p> <p><u>7000 Central Parkway, Suite 1100, Office 23</u></p> <p>Number Street</p> <p><u>Atlanta</u> <u>GA</u> <u>30328</u></p> <p>City State ZIP Code</p> <p>Contact phone <u>(404) 692-5711</u></p> <p>Contact email <u>roberts@theworkersfirm.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p><u>The Workers Firm of Georgia</u></p> <p>Name</p> <p><u>7000 Central Parkway, Suite 1100, Office 23</u></p> <p>Number Street</p> <p><u>Atlanta</u> <u>GA</u> <u>30328</u></p> <p>City State ZIP Code</p> <p>Contact phone <u>(404) 692-5711</u></p> <p>Contact email <u>roberts@theworkersfirm.com</u></p>
<p>Uniform claim identifier (if you use one): _____</p>		
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p>	
		<p>Filed on _____</p> <p>MM / DD / YYYY</p>
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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SEP 22 2025

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? ☒ No
☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 3,000,000.00 Does this amount include interest or other charges?
☒ No
☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
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9. Is all or part of the claim secured? ☒ No
☐ Yes. The claim is secured by a lien on property.
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Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
☐ Fixed
☐ Variable

10. Is this claim based on a lease? ☒ No
☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? ☒ No
☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check one:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

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

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

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The person completing this proof of claim must sign and date it. FRBP 9011(b).

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Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

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I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/28/2025
MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name Patrick James Reid
First name Middle name Last name

Title Associate

Company The Workers Firm of Georgia
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 7000 Central Parkway, Suite 1100 Office 23
Number Street
Atlanta GA 30328
City State ZIP Code

Contact phone (404) 692-5711 Email patrick@theworkersfirm.com

August 29, 2025

THE WORKERS' FIRM

Lawyers for Working People

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**Anthony Davis Proof of Claim form for Wellmade
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To Whom It May Concern:

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Should you have any additional requests, please do not hesitate to contact Patrick Reid at patrick@theworkersfirm.com or at (404) 382-9660 ext. 808.

Yours very truly,

Patrick Reid
Attorney at Law

**Additional Supporting
Documents Received on
10/14/2025**

RECEIVED
OCT 14 2025
PERITA GLOBAL



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THE WORKERS' FIRM

Lawyers for Working People

7000 Central Parkway
Suite 1100 Office 23
Atlanta, GA 30328
404-382-9660

<https://theworkersfirm.com>

September 29, 2025

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c/o KCC dba Verita
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Re: Industries MFR. N.A LLC**

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Yours very truly,

Patrick Reid
Attorney at Law

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Debtor 1 Wellmade Industries MFR. N.A LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

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Official Form 410

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04/25

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OCT 14 2025

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Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____	
7. How much is the claim?	\$ <u>3,000,000.00</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).
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I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/28/2025

MM / DD / YYYY



Signature

Print the name of the person who is completing and signing this claim:

Name	Patrick	James	Reid
	First name	Middle name	Last name
Title	Associate		
Company	The Workers Firm of Georgia		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	7000 Central Parkway, Suite 1100 Office 23		
	Number	Street	
	Atlanta	GA	30328
	City	State	ZIP Code
Contact phone	(404) 692-5711		Email patrick@theworkersfirm.com