| Fill in this in | 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

Read the instructions before filling out this form. This form is for making a ciaim 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.

| Who is the current creditor? | Anthony Davis Name of the current or Other names the credi | AND THE PROPERTY OF THE PROPER | entity to be paid for this cl | aim) | | |
|--|--|--|-------------------------------|--|----------|------------------|
| Has this claim been acquired from someone else? | ☑ No ☐ 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? The Workers Firm of Georgia Name 7000 Central Parkway , Suite 1100, Office 23 | | | Where should payments to the creditor be sent? (if different) The Workers Firm of Georgia Name 7000 Central Parkway, Suite 1100, Office 2 | | |
| (I NOF) 2002(g) | Number Street Atlanta City | GA State | 30328 ZIP Code | Number Street Atlanta City | | 30328 ZIP Coo |
| RECEIVED SEP 0.3 2025 RITA GLOBAL | Contact phone (404 Contact email robe Uniform claim identifie | rts@theworkers | - | Contact phone (404 Contact email robe | | <u>firm.</u> com |
| 4. Does this claim amend one already filed? | ☑ No ☐ Yes, Claim nur | nber on court claim | s registry (if known) _ | | Filed on | / DD / YYYY |
| 5. Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who mad | | | | | |



| 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: | | | | | |
|--|---|--|--|--|--|--|
| How much is the claim? | \$3,000,000.00 . Does this amount include interest or other charges? | | | | | |
| | Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| RECEIVED | Amount necessary to cure any default as of the date of the petition: \$ | | | | | |
| SEP 0.3 2025 | Annual Interest Rate (when case was filed)% | | | | | |
| PERITA GLOE | | | | | | |
| 1 | | | | | | |
|). Is this claim based on a lease? | Mo No | | | | | |
| | Yes. Amount necessary to cure any default as of the date of the petition. | | | | | |
| . Is this claim subject to a | ☑ No | | | | | |
| right of setoff? | | | | | | |
| | Yes. Identify the property: | | | | | |
| | | | | | | |

| 12. Is all or part of the claim entitled to priority under | ☑ No | | | | | | |
|--|--|---|--|---|----------------------------------|--|--|
| 11 U.S.C. § 507(a)? | ☐ Yes. Che | ck one: | | | Amount entitled to prior | | |
| A claim may be partly priority and partly | | stic support obligations (ir S.C. § 507(a)(1)(A) or (a)(| ncluding alimony and child sup 1)(B). | oort) under | \$ | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to person | \$3,800* of deposits towar nal, family, or household u | d purchase, lease, or rental of use. 11 U.S.C. § 507(a)(7). | property or service | s for \$ | | |
| , and a second | bankr | s, salaries, or commission uptcy petition is filed or the S.C. § 507(a)(4). | es (up to \$17,150*) earned with e debtor's business ends, whic | in 180 days before hever is earlier. | the \$ | | |
| | ☐ Taxes | or penalties owed to gove | ernmental units. 11 U.S.C. § 50 |)7(a)(8). | \$ | | |
| | ☐ Contri | butions to an employee b | enefit plan. 11 U.S.C. § 507(a) | (5). | \$ | | |
| | Other. | Specify subsection of 11 | U.S.C. § 507(a)() that applie | es. | \$ | | |
| | * Amounts | are subject to adjustment or | 4/01/28 and every 3 years after th | at for cases begun on | or after the date of adjustment. | | |
| Part 3: Sign Below | | | | | | | |
| The person completing this proof of claim must | Check the app | ropriate box: | | | | | |
| sign and date it. | I am the c | reditor. | | | | | |
| FRBP 9011(b). | | reditor's attorney or autho | _ | | | | |
| If you file this claim electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | |
| 5005(a)(3) authorizes courts | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | |
| to establish local rules specifying what a signature is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the | | | | | | |
| A person who files a | amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and 3571. | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed on da | | | | | | |
| | /s Patric | k Roid | | | | | |
| | Signature | K I KOIG | | - | | | |
| | Print the name | of the person who is c | ompleting and signing this c | aim: | | | |
| | Name | Patrick | James Middle name | Re | | | |
| | | First name Associate | Middle name | Last na | ime | | |
| RECEIVED | Title | The Workers Firm | of Georgia | | | | |
| SEP 0.3 2025 | Company | | vicer as the company if the authori | zed agent is a service | r. | | |
| RITA GLOBAL | Address | | kway, Suite 1100 Office | 23 | | | |
| | | Number Street | | CA 202 | റ | | |
| | | Atlanta | | GA 303 | | | |
| · · | | City | | State ZIP Co | oe | | |
| · | | (404) 692-5711 | | | neworkersfirm.com | | |

August 29, 2025

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

Lawyers for Working People

THE WORKERS' FIRM

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

https://theworkersfirm.com

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

RECEIVED
SEP 22 2025
SEP AL RITA GLOBAL



| Fill in this in | Fill in this information to identify the case: | | | | | | |
|--|--|--|--|--|--|--|--|
| Debtor 1 | Wellmade Industries MFR. N.A LLC | | | | | | |
| Debtor 2 (Spouse, if filing) | 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

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.

| 1. | Who is the current creditor? | Anthony Davis 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? | ☑ No ☐ Yes. From whom | n? | | | | | |
| 3. | Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | The Workers Fire Name 7000 Central Par Number Street Atlanta | n of Georgia rkway , Suite r | 1100, Office 23 30328 | Where should payed different) The Workers Finame 7000 Central Payed Street Atlanta | rm of Georgia arkway , Suite 1 GA | 100, Office 23 30328 | |
| | RECEIVED SEP 22 2025 RITA GLOBAI | Contact phone (404) Contact email robert Uniform claim identifier (| s@theworkers | zIP Code sfirm.com | City Contact phone (404) Contact email robe | State) 692-5711 rts@theworkers | zIP Code | |
| 4. | Does this claim amend one already filed? | ☑ No ☐ Yes. Claim numb | per on court claim | s registry (if known) | | Filed on | / DD / YYYY | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made | the earlier filing? | | | | | |

| | 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? | \$ Does this amount include interest or other charges? | | | | | | |
| | | ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). | | | | | | |
| }. | What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card | d. | | | | | |
| | | 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 | | | | | | |
| | Is all or part of the claim | ☑ No | | | | | | |
| | secured? | 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 Clair Attachment (Official Form 410-A) with this Proof of Claim. | m | | | | | |
| | | ☐ Motor vehicle | | | | | | |
| | | Other. Describe: | | | | | | |
| | | Basis for perfection: | | | | | | |
| | | Attach reducted 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 been filed or recorded.) | n has | | | | | |
| | | 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 | | | | | | |
| | | Amount necessary to cure any default as of the date of the petition: \$ | | | | | | |
| | | Annual Industrial Data (when area was filed) | | | | | | |
| | • | Annual Interest Rate (when case was filed)% ☐ Fixed | | | | | | |
| | | Variable | | | | | | |
| 0 | . Is this claim based on a | ☑ No | namen in kanada ilim ilak assi | | | | | |
| | lease? | Yes. Amount necessary to cure any default as of the date of the petition. | | | | | | |
| 1. Is this claim subject to a | | ☑ No | ** * * ******************************* | | | | | |
| 1 | right of setoff? | | | | | | | |

| | | | | | | and the state of t | | |
|--|--|---|--|--|--|--|--|--|
| 12. Is all or part of the claim entitled to priority under | [ỷ No | | | | | | | |
| 11 U.S.C. § 507(a)? | Yes. Chec | k one: | | | | Amount entitled to priority | | |
| A claim may be partly priority and partly | Domest | ic support obligations (in .C. § 507(a)(1)(A) or (a)(1 | cluding alimony and child)(B). | support) under | | \$ | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$3 person | 3,800* of deposits toward al, family, or household u | l purchase, lease, or renta se. 11 U.S.C. § 507(a)(7). | of property or | services for | \$ | | |
| , | bankru | salaries, or commissions ptcy petition is filed or the .C. § 507(a)(4). | s (up to \$17,150*) earned to debtor's business ends, v | within 180 days vhichever is earl | before the ier. | \$ | | |
| | ☐ Taxes o | r penalties owed to gove | rnmental units. 11 U.S.C. | § 507(a)(8). | | \$ | | |
| The state of the s | ☐ Contribu | utions to an employee be | enefit plan. 11 U.S.C. § 50 | 7(a)(5). | | \$ | | |
| | Other. | Specify subsection of 11 | U.S.C. § 507(a)(_) that a | oplies. | | \$ | | |
| | * Amounts | are subject to adjustment on | 4/01/28 and every 3 years after | er that for cases be | egun on or afte | r the date of adjustment. | | |
| Part 3: Sign Below | | | | n transfer and an annual security and an annual security and a general security at the security and a security | and the second s | Western to the Committee of the control against an exchange of the control against a second of | | |
| The person completing | Check the appro | poriate box: | | | | | | |
| this proof of claim must | | | | | | | | |
| sign and date it. FRBP 9011(b). | mi | | : | | | | | |
| If you file this claim | _ | | | | | | | |
| electronically, FRBP | The state of the s | | | | | | | |
| 5005(a)(3) authorizes courts to establish local rules | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | | |
| specifying what a signature | L L L L L L | | | | | | | |
| is. | | | on this <i>Proof of Claim</i> sends debtor credit for any payr | | | | | |
| A person who files a | | <u>-</u> | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined and correct. | I the information in this Pa | roof of Claim and have a re | asonable belief | that the infor | mation is true | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under p | penalty of perjury that the | foregoing is true and corre | ct. | | | | |
| 3571. | Executed on dat | e 08/28/2025 MM / DD / YYYY | - | | | | | |
| | 10 | | | | | | | |
| | Signature | | 8 | | | | | |
| | Print the name | of the person who is co | mpleting and signing thi | s claim: | | | | |
| | News | Patrick | James | | Reid | | | |
| | Name | First name | Middle name | | Last name | | | |
| | Title | Associate | | | | | | |
| | Company | The Workers Firm | of Georgia | | | | | |
| | Silpuny | | ricer as the company if the auti | norized agent is a | servicer. | | | |
| | Address | 7000 Central Park | way, Suite 1100 Offic | e 23 | | | | |
| | | Number Street | | | | Name of the second | | |
| | | Atlanta | | GA | 30328 | | | |
| | | City | | State | ZIP Code | | | |
| | Contact phone | (404) 692-5711 | | Email patric | k@thewor | kersfirm.com | | |
| | | | | on Markey respectively to the state of an expension | *** ** ******************************** | ************************************** | | |

August 29, 2025

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

Re: Industries MFR. N.A LLC

Lawyers for Working People

THE WORKERS' FIRM

https://theworkersfirm.com

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

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. Please note that this form is simply being provided so that a "wet" signature is on the document and that you have already received Mr. Davis's original proof of claim form.

Anthony Davis Proof of Claim form for Wellmade

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

/ERITAGLOBAL



September 29, 2025

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

THE WORKERS' FIRM

Lawyers for Working People

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

https://theworkersfirm.com

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

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

| 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

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.

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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.

| | Who is the current creditor? | Anthony Davis Name of the current cree | editor (the person or e | entity to be paid for this cla | aim) | | |
|------|---|---|-------------------------|--------------------------------|--|-------------------|-------------------|
| | | Other names the credite | or used with the debt | or | | | |
| а | las this claim been acquired from someone else? | ☑ No ☐ Yes. From who | m? | | | | |
| а | Where should notices and payments to the | Where should notices to the creditor be sent? | | | Where should payed different) | ments to the cred | itor be sent? (if |
| C | creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) | The Workers Firm of Georgia | | | The Workers Firm of Georgia | | |
| 1 - | | Name | | | Name | | |
| | | 7000 Central Parkway , Suite 1100, Office 23 | | | 7000 Central Parkway , Suite 1100, Office 23 | | |
| | | Number Street | | | Number Street | 0.4 | 20200 |
| | | Atlanta | GA | 30328 ZIP Code | Atlanta City | GA State | 30328 ZIP Code |
| R | ECEIVED | City Contact phone (404) | State 692-5711 | ZIP Code | Contact phone (404 | | |
| 1 | ICT 1 4.2025 | Contact email rober | | sfirm.com | Contact email robe | | sfirm.com |
| R | TA GLOBA | | | | | | |
| | | Uniform claim identifier | | | | | |
| 1 | Does this claim amend one already filed? | ☑ No ☐ Yes. Claim nun | nber on court claim | ns registry (if known) | | Filed on | / DD / YYYY |
| 5. I | Do you know if anyone else has filed a proof of claim for this claim? | ☑ No ☐ Yes. Who made | e the earlier filing? | | | | |

| yo | you have any number ou use to identify the obtor? | ☑ No ☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: |
|-------|---|--|
| '. Ho | ow much is the claim? | \$3,000,000.00 . Does this amount include interest or other charges? |
| | | Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). |
| | hat is the basis of the | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card. |
| Cla | aim? | 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 |
| | all or part of the claim cured? | ☑ 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. |
| | | Amount necessary to cure any default as of the date of the petition: \$ |
| | | Annual Interest Rate (when case was filed)% |
| | | ☐ Fixed ☐ Variable |
| | this claim based on a | ☑ No |
| le | ase? | Yes. Amount necessary to cure any default as of the date of the petition. |
| | this claim subject to a | ☑ No |
| | right of setoff? | Yes, Identify the property: |

| 12. Is all or part of the claim | Ū No | | | | | | | |
|--|--|---|--------------------------------------|-------------------------|----------------------------|--|--|--|
| entitled to priority under 11 U.S.C. § 507(a)? | Yes. Check | cone: | | | Amount entitled to priorit | | | |
| A claim may be partly priority and partly | | c support obligations (inclu C. § 507(a)(1)(A) or (a)(1)(I | uding alimony and child suppo B). | rt) under | \$ | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to \$3 persona | \$ | | | | | | |
| chilica to phonty. | ☐ Wages, bankrup 11 U.S. | \$ | | | | | | |
| | | - | mental units. 11 U.S.C. § 507 | (a)(8). | \$ | | | |
| | ☐ Contribu | itions to an employee ben | efit plan. 11 U.S.C. § 507(a)(5 |). | \$ | | | |
| | _ | | .S.C. § 507(a)(_) that applies. | | \$ | | | |
| | | | 01/28 and every 3 years after that | | er the date of adjustment. | | | |
| | Amounts | are subject to adjustment on 4/ | OTIZE and every 5 years after that | or cases began on or an | or the date of dejaction. | | | |
| Part 3: Sign Below | | | | | | | | |
| | 01 111 | | | | | | | |
| The person completing this proof of claim must | Check the appro | • | | | | | | |
| sign and date it. | I am the creditor. | | | | | | | |
| FRBP 9011(b). | I am the creditor's attorney or authorized agent. | | | | | | | |
| If you file this claim electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | | |
| 5005(a)(3) authorizes courts | I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | | |
| to establish local rules specifying what a signature | | | | | | | | |
| is. | I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment that when calculating the | | | | | | | |
| A person who files a | amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 | I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct. | | | | | | | |
| years, or both. 18 U.S.C. §§ 152, 157, and | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| 3571. | P to all and alan | te 08/28/2025 | | | | | | |
| | Executed on da | MM / DD / YYYY | | | | | | |
| | DA | | | | | | | |
| | I le | | | | | | | |
| | Signature | | | <u> </u> | | | | |
| | Print the name | of the person who is con | npleting and signing this clai | m: | | | | |
| | | Patrick | James | Reid | | | | |
| | Name | First name | Middle name | Last name | | | | |
| | Title | Associate | | | | | | |
| | | The Workers Firm | of Georgia | | | | | |
| | Company | | cer as the company if the authorize | d agent is a servicer. | | | | |
| | | 7000 Central Parky | way, Suite 1100 Office 23 | 3 | | | | |
| | Address | Number Street | | | | | | |
| | | Atlanta | (| A 30328 | | | | |
| | | City | | tate ZIP Code | | | | |
| | | (404) 692-5711 | | mail patrick@thew | orkersfirm com | | | |
| | Contact phone | (4041097-0711 | F | nan berilektettiew | J. NOI JIN 111. QUI II | | | |