

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



- ☒ Date Stamped Copy Returned
☐ No self addressed stamped envelope
☐ No copy to return

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>Packaging Corporation of America</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>PCA</u>	
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>Packaging Corporation of America</u> Name <u>1 N Field Court</u> Number Street <u>Lake Forest</u> <u>IL</u> <u>60045</u> City State ZIP Code Contact phone <u>847-482-8747</u> Contact email <u>vincecarrera@packagingcorp.com</u> Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone _____ Contact email _____
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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2558760250917000000000001

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: W E L I

7. How much is the claim? \$ 13,603.30 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.
Good Sold

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 09/11/2025
MM / DD / YYYY

Vicente R Carrera
Signature

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

Name Vicente R Carrera
First name Middle name Last name

Title Credit Manager

Company Packaging Corporation of America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 North Field Court
Number Street
Lake Forest IL 60045
City State ZIP Code

Contact phone 847-482-8747 Email vincecarrera@packagingcorp.com

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Packaging Corporation of America

3200 Hi Pack Dr, Opelika, AL 36801 334-749-8203

Federal Tax ID# 36-4277050

Customer No: WELI0140001

Sold To:

Wellmade Industries Mfr. NA LLC

1 Wellmade Dr

Cartersville, GA 30121-7208 USA

DUPLICATE

INVOICE

Please remit to:

Packaging Corporation of America

P.O. Box 532058

Atlanta, GA 30353-2058

Invoice No: 361 - 10094262

Ship To No: WELI0140002

Ship To:

Wellmade Industries Mfr.

1 Wellmade Dr

Cartersville, GA 30121-7208 USA

Invoice Date: 6/25/25

Bill of Lading No: 69274

Page No: 1

Terms		Sales agent		Ship Via	Truck No		FOB	
1-10 Net 30		2379	JACKSON,KRISTEN	FIRST FLEET	331884		Destination	
Qty Ord.	Order #	Order No./ Description		P.O #/Rel #/Line #	Qty Shipped	P/C	Price/Per	Amount
18000	327778	#14		250613-72//1	18284	C	\$ 744.00	\$ 13,603.30
		32 1/2 x 29 5/8		MSF: 122.250				
		DIECUT NO JOINT EC32-B		700-361-101-300010-0000000-000			M	

Prepaid Freight: 488.38

If paid within the above Terms, you may deduct \$ 131.15

Total MSF

122.250

Total Weight

12,325.20

Please Pay

This Amount

=>

\$13,603.30


The products covered by this invoice were manufactured in compliance with the requirements of the Fair Labor Standards Act, as amended.

The PCA website at www.PackagingCorp.com contains the sales terms and conditions (also available on request) that apply to this transaction. However, if the parties have entered into a mutually executed written agreement covering this transaction, the terms and conditions of that agreement shall apply. PCA objects to the inclusion of any different or additional terms in the buyer purchase order.

STRAIGHT BILL OF LADING - Short Form - Not Negotiable

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the property described below, in apparent good order except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading. Except as agreed in writing between shipper and carrier, this bill of lading is not subject to any tariffs, rates, classifications, rules or practices of carrier.

Packaging Corporation of America 3200 Hi Pack Dr 334-749-8203, Opelika AL 36801		Original	VENDOR CODE	PACKING SLIP	
		B/L Number		361 - 69274	
	361 - 69274	361 - 69274	Page: 1		
Customer Order Number	Shipping Date 6/25/25	By Our Truck	Trip # 9354	Stop # 2	Last Stop? LAST

Consigned To
Wellmade Industries Mfr.
Destination
Cartersville, GA 30121-7208

Route

Delivering Carrier FIRST FLEET	SCAC Code FFTI	Trailer # 331884	PRO #
Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: 'The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.'			
(Signature of Consignor)			

THIRD PARTY FREIGHT CHARGES BILL TO:								
N/A								
No. Pkgs	No. TO BDLE	Order No.	Kind of package, description of articles, special marks and exceptions			P/C	Weight	Shipping Terms
1	684	327778-1	78574	#14		C		
22	800		78574	32 1/2 x 29 5/8		C		
				DIECUT NO JOINT EC32-B				
			PO #: 250613-72	PORel#/Line#: / 1				
		Bill to: WELI0140001	Shipped 18284	Ordered 18000	MSF Shipped: 122.25			
23	Total Units				Total Category Weight:		12,945	
					Total Weight:		12,945	
					Total MSF:		122.25	

Customer Notes: No appointment needed but please reach out to them day of with the BOL and ETA to Thomas Boyd. email: thomasb@wellmademfr.com. Rec hours 7am - 5pm Mon-Fri.....Units must be wrapped.....Don't pack too tightly in trailer.....

SEAL NOS.	This shipment is correctly described. Correct Weight is _____ lbs		SHIPPER		CAR ORDERED
	Subject to verification by the GOVERNING WEIGHT AND INSPECTION BUREAU.				CAR FURNISHED
	ACCORDING TO AGREEMENT NO.	Packaging Corporation of America			
Shipper's imprint in lieu of stamp; not a part of bill lading approved by the Interstate Commerce Commission.					
If the shipment moved between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is Carrier's or Shipper's Weight.					
Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.					
The agreed or declared value of property is hereby specifically stated by the shipper to be not exceeding _____ per _____					
PAYMENT OF FREIGHT CHARGES TO A BROKER CONSTITUTES PAYMENT TO CARRIER					
Packaging Corporation of America	SHIPPER, PER	Shannon Brown	AGENT, PER	DATE	
20012000000					

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