Claim	#28	Data	Filed:	10	12011	2025
(JIAIII I	#/()	1 /410		111	1 / N II /	/ \

Fill in this in	formation to identify	the case:		
Debtor Wel	lmade Floor Cov	erings Internation	al, Inc.	
United States B	ankruptcy Court for the:	Northern	District of Georg	gia (State)
Case number	25-58764		-	(State)

Modified 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 or 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.

Pa	rt 1: Identify the Clair	m	
1.	Who is the current creditor?	Deron Xu	
		Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor 9232	
2.	Has this claim been acquired from	☑ No	
	someone else?	Yes. From whom?	
3.	Where should notices and	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	payments to the creditor be sent?	Deron Xu	,
	creditor be sent:	650 Pimlicon Pl	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Suwanee, GA 30024-8536	
		60.000	
		Contact phone 5025333620 xdr5333620@yahoo.com	Contact phone
		Contact email Xdr5333620@yanoo.com	Contact email
		Uniform claim identifier (if you use one):	
4.		☑ No	
	amend one already filed?	Yes. Claim number on court claims registry (if known)	Filed on
5.	Do you know if	✓ No	
	anyone else has filed a proof of claim for this claim?	Yes. Who made the earlier filing?	

Official Form 410 Proof of Claim

Part 2:	Give Information About the Claim as of the Date the Case Was File	ed
6. Do y o	ou have any number 🔽 No	

6.	Do you have any number you use to identify the	☑ No
	debtor?	Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:
7.	How much is the claim?	\$ 1261 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. Services performed
9.	Is all or part of the claim secured?	Yes. The claim is secured by a lien on property. Nature or property: Real estate: If the claim is secured by the debtor's principle 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:
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:

Official Form 410 Proof of Claim

12. Is all or part of the claim	П	No				
entitled to priority under 11 U.S.C. § 507(a)?			k all that apply:			Amount entitled to priority
A claim may be partly priority and partly		☐ Dome		s (including alimony a	and child support) under	e.
nonpriority. For example, in some categories, the law limits the amount					se, or rental of property se. 11 U.S.C. § 507(a)(7)	· \$
entitled to priority.		days l		petition is filed or the	0*) earned within 180 e debtor's business ends	
		☐ Taxes	or penalties owed to	governmental units.	11 U.S.C. § 507(a)(8).	\$
		Contri	butions to an employ	ee benefit plan. 11 U	J.S.C. § 507(a)(5).	\$
		Other.	Specify subsection of	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 beg	un on or after the date of adjustment.
13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?		days befor	e the date of commer	ncement of the above		eceived by the debtor within 20 ds have been sold to the Debtor in ting such claim.
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.	I unde the an I have	am the trust am a guaran erstand that a nount of the	itor. itor's attorney or authoree, or the debtor, or the tor, surety, endorser, an authorized signatural claim, the creditor gav	or other codebtor. Base on this <i>Proof of Cla</i> the debtor credit for <i>Proof of Claim</i> and harmonic and harmon	im serves as an acknowle r any payments received ve reasonable belief that	edgement that when calculating toward the debt. the information is true and correct.
	Print t	DERON XU ignature the name of	the person who is c	ompleting and sign	ing this claim:	
	Name		DERON XU First name	Middle nar	ne Las	st name
	Title					
	Compa	iny	Identify the corporate ser	rvicer as the company if t	he authorized agent is a servic	eer.
	Addres	s			·	
	Contac	t phone		Email		



Proof of Claim Official Form 410

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 812-2297 | International (781) 575-4050

Debtor:		
25-58764 - Wellmade Floor Coverings International, Inc.		
District:		
Northern District of Georgia, Atlanta Division		
Creditor:	Has Supporting Doc	umentation:
Deron Xu	Yes, supportir	ng documentation successfully uploaded
650 Pimlicon Pl	Related Document S	tatement:
Suwanee, GA, 30024-8536	Has Related Claim:	
Phone:	Related Claim Filed I	Bv:
5025333620	Trelated Glaim Filed	
Phone 2:	Filing Party:	
Fax:	Creditor	
Email:		
xdr5333620@yahoo.com		
Other Names Used with Debtor:	Amends Claim:	
9232	No	
	Acquired Claim:	
	No	
Basis of Claim:	Last 4 Digits:	Uniform Claim Identifier:
Services performed	No	
Total Amount of Claim:	Includes Interest or	Charges:
1261	No	
Has Priority Claim:	Priority Under:	
Yes	11 U.S.C. §50	7(a)(4): 1261
Has Secured Claim:	Nature of Secured A	mount:
No	Value of Property:	
Amount of 503(b)(9):	Annual Interest Rate	:
No		
Based on Lease:	Arrearage Amount:	
No	Basis for Perfection:	
Subject to Right of Setoff:	Amount Unsecured:	
No		
Submitted By:		
DERON XU on 20-Oct-2025 7:26:28 p.m. Pacific Time		
Title:		
Company:		

WELLMADE INDUSTRIES MFR NA LLC 1/1/2025 - 6/6/2025

Std TimeOffApprovalAudit

As of: 6/6/2025 6:48:53 AM

Sort By: 1 - Request Status

Generated For: Deron Xu (69)

Balance As Of	44.67 04/22/2025	proved White, Waleska 44.67 04/22/2025	White, Waleska 44.67 04/22/2025
Š	Lu, JianJun	White, Waleska	White, Waleska
Start Date End Date Hours Status Date Request Status By Balance As Of	03/27/2025 03/28/2025 16.00 03/31/2025 07:22 AM Approved	proved	
Hours	16.00	8.00	40.00
Date End Date	03/28/2025	03/31/2025	04/25/2025
Start Date	03/27/2025	03/31/2025 03/31/2025	04/21/2025 04/25/2025
Name First Name Date Submitted Pay Type	03/30/2025 07:12 PM PTO	03/30/2025 07:13 PM PTO	04/18/2025 05:59 PM PTO
First Name	Deron	Deron	Deron
/cb Pay ID Last	135787 69 Xu	135/8/ 69 Xu	13/8/ Xu

Time Off Request Report

WELLMADE INDUSTRIES MFR NA LLC

Start Date: 1/1/2025 End Date: 6/1/2025

End Date: 6/1/2025 Generated For: Deron Xu (69)

Employee Number	Employee Employee Name Description	Description	Date Submitted	Start Date	End Date	Include Weekends	Hours	Status
69	Xu, Deron	РТО	3/30/2025 7:12:26 PM	3/27/2025 8:00:00 AM	3/27/2025 4:00:00 PM	False	8.000000	Approved
69	Xu, Deron	PTO	3/30/2025 7:12:26 PM	3/28/2025 8:00:00 AM	3/28/2025 4:00:00 PM	False	8.000000	Approved
69	Xu, Deron	PTO	3/30/2025 7:13:48 PM	3/31/2025 8:00:00 AM	3/31/2025 4:00:00 PM	False	8.000000	Approved
69	Xu, Deron	PTO	4/18/2025 5:59:54 PM	4/21/2025 8:00:00 AM	4/21/2025 4:00:00 PM	False	8.000000	Denied
69	Xu, Deron	PTO	4/18/2025 5:59:54 PM	4/22/2025 8:00:00 AM	4/22/2025 4:00:00 PM	False	8.000000	Denied
69	Xu, Deron	PTO	4/18/2025 5:59:54 PM	4/23/2025 8:00:00 AM	4/23/2025 4:00:00 PM	False	8.000000	Denied
69	Xu, Deron	PTO	4/18/2025 5:59:54 PM	4/24/2025 8:00:00 AM	4/24/2025 4:00:00 PM	False	8.000000	Denied
69	Xu, Deron	PTO	4/18/2025 5:59:54 PM	4/25/2025 8:00:00 AM	4/25/2025 4:00:00 PM	False	8.000000	Denied

