| Fill in this information to identify the case: | | | | | |
|--|-----------------------|--|--|--|--|
| Debtor 1 Wellmade Floor Covering | s International, Inc. | | | | |
| Debtor 2 (Spouse, if filing) | | | | | |
| United States Bankruptcy Court for the: Northern District of Georgia | | | | | |
| Case number <u>25-58764</u> | | | | | |

Official Form 410

Proof of Claim

04/16

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? | Old Dominion Freight Line, Inc. 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? | | | , | | | |
| 3. | Where should notices and payments to the creditor be sent? | Where should notices to the creditor be sent? Rusty Frazier, Asset Recovery Analyst | | | Where should payments to the creditor be sent? (if different) | | | |
| | Federal Rule of Bankruptcy Procedure | Name | | Allalyst | Name | | | |
| | (FRBP) 2002(g) | 500 Old Dominion Number Street Thomasville | NC | 27360 | Number Street | 1 | | |
| | | City | State | ZIP Code | City | State | ZIP Code | |
| | | Contact phone 336-82 | 2-1732 | | Contact phone | | | |
| R | ECEIVED | Contact email rusty.fr | azier@odfl.co | om | Contact email | | | |
| 1 | AUG 2 1 2025 | Uniform claim identifier fo | or electronic paymer | nts in chapter 13 (if you ເ | use one): | | | |
| F | RITA GLOBAL | | | | | | | |
| 4. Does this claim amend one already filed? Yes. Claim number on court claims registry (if known) Filed on | | | | | | DD / YYYY | | |
| 5. | Do you know if anyone else has filed a proof of claim for this claim? | Mo 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 | e debtor's account or any number you use to identify the debtor: 0 5 9 9 | | | | | |
|---|--|---|--|--|--|--|--|
| . How much is the claim? | \$\$5,876.14 . 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). | | | | | |
| What is the basis of the claim? | Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or cre | | | | | | |
| Cidillir | Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c). | | | | | | |
| | imit disclosing informatio. | on that is entitled to privacy, such as health care information. | | | | | |
| | unpaid freight transp | portation charges | | | | | |
|). Is all or part of the claim | ⊉ No | | | | | | |
| secured? | | cured by a lien on property. | | | | | |
| | Nature of prop | | | | | | |
| | ☐ 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 vehic | cle | | | | | |
| | Other. Desc | cribe: | | | | | |
| | Maria for souls | 4i-am. | | | | | |
| | Basis for perfe | d copies of documents, if any that show evidence of perfection of a security interest (for | | | | | |
| | example, a mor been filed or re | rtgage, lien, certificate of title, financing statement, or other document that shows the lien has | | | | | |
| | Value of prope | erty: \$ | | | | | |
| | Amount of the | claim that is secured: \$ | | | | | |
| | Amount of the | e claim that is unsecured: \$(The sum of the secured and unsecured amounts should match the amount in line 7.) | | | | | |
| RECEIVED | Amount neces | ssary to cure any default as of the date of the petition: \$ | | | | | |
| | | | | | | | |
| AUG 2 1 2025 | Annual Interes | st Rate (when case was filed)% | | | | | |
| VERITA GLOBA | Fixed Variable | | | | | | |
| | | | | | | | |
| 10. Is this claim based on a | ☑ No | | | | | | |
| | | sary to cure any default as of the date of the petition. | | | | | |
| 10. Is this claim based on a lease? 11. Is this claim subject to a | | sary to cure any default as of the date of the petition. \$ | | | | | |
| 10. Is this claim based on a lease? | Yes. Amount necess | perty: | | | | | |

| 12. Is all or part of the claim | ☑ No | | | | | | |
|---|---|--|-------------------------------|--|--|--|--|
| entitled to priority under | Yes. Check | one: | Amount entitled to priority | | | | |
| 11 U.S.C. § 507(a)? | Domestic | | | | | | |
| A claim may be partly priority and partly | 11 U.S.C | \$ | | | | | |
| nonpriority. For example, in some categories, the law limits the amount | Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | | | | | | |
| entitled to priority. | ☐ Wages, s bankrupt 11 U.S.C | \$ | | | | | |
| | | penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ | | | | |
| | ☐ Contribu | tions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ | | | | |
| | | pecify subsection of 11 U.S.C. § 507(a)() that applies. | \$ | | | | |
| | | re subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or a | after the date of adjustment. | | | | |
| | | | | | | | |
| Part 3: Sign Below | | | | | | | |
| The person completing | Check the appro | priate box: | | | | | |
| this proof of claim must sign and date it. | I am the cre | l am the creditor. | | | | | |
| FRBP 9011(b). | ☐ I am the cre | ditor's attorney or authorized agent. | | | | | |
| If you file this claim | ☐ I am the trus | stee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | |
| electronically, FRBP | | antor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | |
| 5005(a)(2) authorizes courts | - rama gaan | anoly salety character, or sale | | | | | |
| 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 calculate amount of the claim, the creditor gave the debtor credit for any payments received toward the debt. | | | | | | | |
| A person who files a 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. | Executed on date 08/13/2025 MM / DD / YYYY | | | | | | |
| | Rusty Fra | azier/ Musty Frazie | | | | | |
| | Print the name | of the person who is completing and signing this claim: | | | | | |
| | Name | Rusty Frazier | | | | | |
| | | First name Middle name Last name | | | | | |
| | Title | Asset Recovery Analyst | | | | | |
| | Company | Old Dominion Freight Line, Inc. | | | | | |
| | | Identify the corporate servicer as the company if the authorized agent is a servicer. | | | | | |
| RECEIVED | | | | | | | |
| | Address | 500 Old Dominion Way | | | | | |
| AUG 2 1 2025 | | Number Street | n | | | | |
| | 1 11 | Thomasville NC 27360 | | | | | |
| /ERITA GLOBA | \L | City State ZIP Code | | | | | |
| | Contact phone | 336-822-1732 Email rusty.frazier | @odfl.com | | | | |
| 1 | Contact priorio | | | | | | |

Proof of Claim

Date: 8/13/25 Time: 11:38:47

Old Dominion Freight Line, Inc. Statement of Account by Pro Detail Report Include All Pros Excluded Credit Balances

13210599 WELLMADE FLOOR COVERINGS INTER Account No:

In ***** U S DOLLAR *****

Program: RVAR0311 User Id: E090235 Page: 1

| ACCOUNT NO. | 10114477 | | | | | | | |
|---|------------|--|--|--|--|--|--|--|
| Pro Number | Pro Date | Freight Charges | Assessed LIQD | Net Cash Posted | Misc Adj | Remaining Frt Charges | Remaining LIQD | Total Open AR |
| 78064395813 78064504935 78064930239 78065014405 78065491934 78065572220 78065681765 | | 286.59 1,136.37 619.00 760.54 2,120.43 584.51 368.70 | .00 .00 .00 .00 .00 .00 | .00 .00 .00 .00 .00 .00 | .00 .00 .00 .00 .00 .00 | 286.59 1,136.37 619.00 760.54 2,120.43 584.51 368.70 | .00 .00 .00 .00 .00 .00 | 286.59 1,136.37 619.00 760.54 2,120.43 584.51 368.70 |
| | ** Totals: | 5,876.14 | .00 | .00 | .00 | 5,876.14 | .00 | 5,876.14 |
| Total No o | f Pros: | 7 | | | | | | |

* * * * * End of Report * * * * *



US POSTAGE PITNEY BOX

ZIP 27360 \$ 000.74

02 7W
0008038178 AUG. 13. 20

Clerk's office
United States Bankrupter Ct.

CLEARED DATENOrthern District of Georgia

AUG 18 2025 1340 United States Countlives

U.S. Marshals Service

Atlanta, GA 30303 Atlanta, GA 30303

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