

**Fill in this information to identify the case:**Debtor Wellmade Floor Coverings International, Inc.United States Bankruptcy Court for the: Northern District of Georgia  
(State)Case number 25-58764**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.

**Part 1: Identify the Claim**

1. Who is the current creditor?	<u>John P. Bradford</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)	<b>Where should notices to the creditor be sent?</b> <u>John P. Bradford</u> <u>1 Wellmade Drive NE</u> <u>Cartersville, GA 30121</u>  Contact phone <u>7064436478</u> Contact email <u>johnbradford67@gmail.com</u>	<b>Where should payments to the creditor be sent? (if different)</b> <u>John P. Bradford</u> <u>122 Morgan Dr</u> <u>LaGrange, GA 30240, United States</u>  Contact phone <u>7064436478</u> Contact email <u>johnbradford67@gmail.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? _____	



**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: 3557 \_\_\_\_

7. How much is the claim? \$ 9615.38 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.

Unpaid Paid Time Off

9. Is all or part of the claim secured? ☒ No  
☐ 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:** \$ \_\_\_\_\_

**Amount of the claim that is secured:** \$ \_\_\_\_\_

**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount 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 all that apply:

☐ 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

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ 9615.38

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\* 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting 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.

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 acknowledgement 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 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 10/23/2025  
MM / DD / YYYY

/s/John P. Bradford  
Signature

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

Name John P Bradford  
First name Middle name Last name

Title VP of Operations

Company Wellmade Flooring International  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 122 Morgan Dr, LaGrange, GA, 30240, United States

Contact phone 7064426478 Email johnbradford67@gmail.com



# Verita (KCC) ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 25-58764 - Wellmade Floor Coverings International, Inc. <b>District:</b> Northern District of Georgia, Atlanta Division		
<b>Creditor:</b> John P. Bradford 1 Wellmade Drive NE  Cartersville, GA, 30121 <b>Phone:</b> 7064436478 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> johnbradford67@gmail.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Disbursement/Notice Parties:</b> John P. Bradford 122 Morgan Dr  LaGrange, GA, 30240 United States <b>Phone:</b> 7064436478 <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b> johnbradford67@gmail.com <b>DISBURSEMENT ADDRESS</b>		
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Unpaid Paid Time Off	<b>Last 4 Digits:</b> Yes - 3557	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 9615.38	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> Yes	<b>Priority Under:</b> 11 U.S.C. §507(a)(4): 9615.38	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	

**Submitted By:**

John P Bradford on 23-Oct-2025 3:22:49 p.m. Pacific Time

**Title:**

VP of Operations

**Company:**

Wellmade Flooring International

**Optional Signature Address:**

122 Morgan Dr

LaGrange, GA, 30240

United States

**Telephone Number:**

7064426478

**Email:**

johnbradford67@gmail.com

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**John P Bradford**  
 Wellmade Floor Coverings International, Inc. - Employee Center

**Paycheck**

**Direct Deposit** John P Bradford **COMMITTED**

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**Primary Information**

PAYEE  
 John P Bradford  
 ADDRESS  
 John P Bradford  
 122 Morgan Drive  
 LaGrange GA 30240  
 United States Map

DEPARTMENT  
  
 CLASS  
  
 LOCATION  
  
☐ CLASSIFY INDIVIDUAL PAYCHECK LINES  
 WORKPLACE  
 GEORGIA

CHECK #  
 Direct Deposit  
 AMOUNT  
 6,995.70  
 MEMO

**Reference Information**

BATCH  
 00770  
 ACCOUNT  
 11822 Synovus Bank : Synovus - Disbursements - 4969

CHECK DATE  
 10/15/2025  
 PAY FREQUENCY  
 Twice a Month

PERIOD ENDING  
 10/15/2025

<b>Earnings 10,416.67</b>	Time 0.00	PTO Hours	Deductions 596.11	Contributions 0.00	Taxes 3,576.13	Summary	Disbursements 6,995.70
EARNINGS	HOURS/BASE	RATE	CUSTOMER/PROJECT	SERVICE ITEM	AMOUNT	PAYROLL ITEM	WORKPLACE
01-SALARY	86.6667	10,416.666667			10,416.67	GEORGIA	

This is a copy of my last pay stub confirming a base salary of \$250,000. This check is over a 15 day period not a two week period. My claim amount is calculated as two weeks of PTO at a base salary of \$250,000.  $\$250,000 / 26$  two-week periods comes to \$9615.38 per two weeks, valuing my 2 weeks of PTO at \$9615.38. My base pay changed from \$150,000 to \$250,000 on April 2, 2025 when the company needed someone to run manufacturing due to the abrupt loss of leadership on March 26, 2025 due to the raid. See below for confirmation of the date when my pay changed.

April check stub:

[Help](#)
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**John P Bradford**  
 Wellmade Floor Coverings International, Inc. - Employee Center

**Paycheck**

**Direct Deposit** John P Bradford **COMMITTED**

List Search More

**Primary Information**

PAYEE  
 John P Bradford  
 ADDRESS  
 John P Bradford  
 122 Morgan Drive  
 LaGrange GA 30240  
 United States Map

DEPARTMENT  
  
 CLASS  
  
 LOCATION  
  
☐ CLASSIFY INDIVIDUAL PAYCHECK LINES  
 WORKPLACE  
 GEORGIA

CHECK #  
 Direct Deposit  
 AMOUNT  
 7,024.45  
 MEMO

**Reference Information**

BATCH  
 00737  
 ACCOUNT  
 11816 NW Bank : NW Bank Payroll - 1641

CHECK DATE  
 4/30/2025  
 PAY FREQUENCY  
 Twice a Month

PERIOD ENDING  
 4/30/2025

<b>Earnings 10,416.67</b>	Time 0.00	PTO Hours	Deductions 520.83	Contributions 0.00	Taxes 3,628.42	Summary	Disbursements 7,024.45
EARNINGS	HOURS/BASE	RATE	CUSTOMER/PROJECT	SERVICE ITEM	AMOUNT	PAYROLL ITEM	WORKPLACE
01-SALARY	86.6667	10,416.666667			10,416.67	GEORGIA	

Note: The first pay check received from the new base salary was adjusted up due to crossing over a pay period and was not an accurate representation of the change so I used the second check.

Below is a stub from January, which shows how the original claim was calculated. It used a base of \$125,000 which is represented here as the 15 day line item at \$6250. I checked with HR to confirm all PTO claims were calculated on current salary and not prorated or discounted from current salary. This is why I am disputing the quantity of the claim.

Wellmade®

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John P Bradford

Wellmade Floor Coverings International, Inc. - Employee Center

Paycheck

Direct Deposit

John P Bradford

COMMITTED

List

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Primary information

PAYEE  
John P Bradford

ADDRESS  
John P Bradford  
122 Morgan Drive  
LaGrange GA 30240  
United States Map

DEPARTMENT

CLASS

LOCATION

☐ CLASSIFY INDIVIDUAL PAYCHECK LINES

WORKPLACE  
GEORGIA

CHECK #  
Direct Deposit

AMOUNT  
5,417.07

MEMO

Reference information

BATCH  
00720

ACCOUNT  
11816 NW Bank : NW Bank Payroll - 1641

CHECK DATE  
1/31/2025

PAY FREQUENCY  
Twice a Month

PERIOD ENDING  
1/31/2025

Earnings 7,403.85 • Time 0.00 PTO Hours Deductions 0.00 Contributions 0.00 Taxes 2,795.08 • Summary • Disbursements 5,417.07 •

EARNINGS	HOURS-BASE	RATE	CUSTOMER-PROJECT	SERVICE ITEM	AMOUNT	PAYROLL ITEM WORKPLACE	MANUAL ENTRY	DEPARTMENT	CLASS	LOCATION
01-SALARY	16	1,153.85			1,153.85	GEORGIA	Yes			
01-SALARY	86.6667	6,250.00			6,250.00	GEORGIA				