

Fill in this information to identify the case:Debtor Wellmade Industries MFR. N.A LLCUnited States Bankruptcy Court for the: Northern District of Georgia
(State)Case number 25-58760**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>Fermin Pacheco Yax</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?	Where should notices to the creditor be sent? <u>Fermin Pacheco Yax</u> <u>35 Holcomb Rd NW</u> <u>Adairsville, GA 30103-5409, USA</u> Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Contact phone <u>470-309-7358</u> Contact email <u>fermin_pacheco@att.net</u>	Where should payments to the creditor be sent? (if different) Contact phone _____ Contact email _____ (see summary page for notice party information) 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1058</u> <u> </u> <u> </u>
7. How much is the claim? \$ <u>8242</u>	Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<p>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.</p> <p><u>Services Performed</u></p>
9. Is all or part of the claim secured?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature or property: <div><input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</div> Basis for perfection: _____ <small>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.)</small> 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) _____ % <div><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</div></div>
10. Is this claim based on a lease?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</div>
11. Is this claim subject to a right of setoff?	<div><input checked="" type="checkbox"/> No</div> <div><input type="checkbox"/> Yes. Identify the property: _____</div>



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).

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).

\$ 8242

☐ 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.

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 11/14/2025
MM / DD / YYYY

/s/Aimee Pacheco
Signature

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

Name Aimee Pacheco
First name Middle name Last name

Title Staff Attorney

Company Sur Legal Collaborative
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

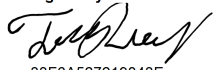
For phone assistance: Domestic (866) 812-2297 | International (781) 575-4050

Debtor: 25-58760 - Wellmade Industries MFR. N.A LLC District: Northern District of Georgia, Atlanta Division		
Creditor: Fermin Pacheco Yax 35 Holcomb Rd NW Adairsville, GA, 30103-5409 USA Phone: 470-309-7358 Phone 2: Fax: Email: fermin_pacheco@att.net	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Disbursement/Notice Parties: Sur Legal Collaborative Aimee Pacheco PO Box 17805 Atlanta, Georgia, 30316 Phone: 678-532-8418 Phone 2: 678-752-7301 Fax: E-mail: aimee@surlegal.org		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services Performed	Last 4 Digits: Yes - 1058	Uniform Claim Identifier:
Total Amount of Claim: 8242	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(4): 8242	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Aimee Pacheco on 14-Nov-2025 6:31:13 a.m. Pacific Time Title: Staff Attorney Company: Sur Legal Collaborative		

**DECLARATION OF FERMIN PACHECO YAX IN SUPPORT OF HIS PROOF OF
CLAIM AGAINST WELLMADE INDUSTRIES MFR NA LLC**

I, Fermin Pacheco Yax, hereby state under penalty of perjury that the following statements are true and accurate to the best of my knowledge, information, and belief, and that I incorporate the following statements into my proof of claim made against Wellmade Industries MFR NA LLC.

1. My name is Fermin Pacheco Yax. I began working at Wellmade Industries in October 2023.
2. Since working at Wellmade Industries, I have never been paid for one-hour of my work per work day, which includes one-hour lunch breaks as mandated by the company.
3. In 2023, I was not paid for approximately 21 hours worked, and I made an hourly rate of \$26 an hour, which equals \$546 without the additional interest of unpaid wages as mandated by Georgia law.
4. In 2024, I was not paid for approximately 96 hours worked, and I made an hourly rate of \$32 an hour, which equals \$3,072 without the additional interest of unpaid wages as mandated by Georgia law.
5. In 2025, I was not paid for approximately 96 hours worked, and I made an hourly rate of \$34 an hour, which equals \$3,264 without the additional interest of unpaid wages as mandated by Georgia law.
6. In 2025, I was also not paid for 40 hours of vacation time, and I made an hourly rate of \$34 an hour, which equals \$1,360 without the additional interest of unpaid wages as mandated by Georgia law.
7. Without interest, I am owed a total an approximate of \$8,242 in unpaid wages before interest.
8. I certify that all of the foregoing information has been translated to me in Spanish and that it is true and correct.

Signed by:

33F6A527219843E...

FERMIN PACHECO YAX

11/14/2025

DATE

WELLMADE INDUSTRIES MFR NA LLC
PO Box 116
Lagrange, GA 30241

Direct Deposit Advice



Check Date
November 14, 2025

Voucher Number
12273

Direct Deposits	Type	Account	Amount
Wells Fargo Bank, N.	C	***3369	3,498.61
Total Direct Deposits			3,498.61

135787 2700 596 12273 12388
Fermin Pacheco Yax
35 Holcomb Rd NW
Adairsville, GA 30103-5409

135787

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

WELLMADE INDUSTRIES MFR NA LLC

Fermin Pacheco Yax

Earnings Statement

Employee ID	596	Fed Taxable Income	4,382.52	Check Date	November 14, 2025	Voucher Number	12273
Location	2700	Fed Filing Status	M	Period Beginning	October 26, 2025	Net Pay	3,498.61
Hourly	\$34.00	State Filing Status	MJ1-0	Period Ending	November 8, 2025	Total Hours Worked	108.9499

Earnings	Rate	Hours	Amount	YTD
Doubletime	68.00	8.00	544.00	544.00
Holiday				1,552.00
Overtime	51.00	28.8499	1,471.34	11,580.12
PTO				2,080.00
Regular	34.00	72.10	2,451.40	56,548.74
Gross Earnings		108.9499	4,466.74	72,304.86
Taxes			Amount	YTD
FITW			369.09	4,881.72
GA			179.55	2,618.54
MED			63.55	1,025.69
SS			271.72	4,385.62
Taxes			883.91	12,911.57

Deductions	Amount	YTD
Dental Ins	11.63	257.48
HSA	6.66	153.18
Medical Ins	63.23	1,096.14
Vision	2.70	62.10
Deductions	84.22	1,568.90
Direct Deposits		Type Account Amount
Wells Fargo Bank, N.A.		C ***3369 3,498.61
Total Direct Deposits		3,498.61

Time Off	Available Plan Year	Used
Paid Time	38.67	56.00

WELLMADE INDUSTRIES MFR NA LLC
PO Box 116
Lagrange, GA 30241

Direct Deposit Advice



Check Date
December 13, 2024

Voucher Number
10089

	Direct Deposits	Type	Account	Amount
Direct Deposit Voucher	Wells Fargo Bank, N.	C	***3369	2,264.54
	Total Direct Deposits			2,264.54

135787 2700 596 10089 10203
Fermin Pacheco Yax
35 Holcomb Rd NW
Adairsville, GA 30103-5409

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WELLMADE INDUSTRIES MFR NA LLC

Fermin Pacheco Yax

Earnings Statement

Employee ID	596	Fed Taxable Income	2,751.03	Check Date	December 13, 2024	Voucher Number	10089
Location	2700	Fed Filing Status	M	Period Beginning	November 24, 2024	Net Pay	2,264.54
Hourly	\$32.00	State Filing Status	MJ1-0	Period Ending	December 7, 2024	Total Hours Worked	59.7167

Earnings	Rate	Hours	Amount	YTD
Holiday	32.00	16.00	512.00	1,904.00
Overtime	48.00	8.00	384.00	14,098.16
PTO	32.00	8.00	256.00	1,984.00
Regular	32.00	51.7167	1,654.93	58,376.70
Gross Earnings		83.7167	2,806.93	76,362.86
Taxes			Amount	YTD
FITW			177.51	5,207.35
GA			98.53	2,835.76
MED			39.89	1,090.26
SS			170.56	4,661.71
Taxes			486.49	13,795.08

Deductions	Amount	YTD
Dental Ins	10.86	259.79
HSA	6.66	189.92
Medical Ins	35.68	659.05
Vision	2.70	64.63
Deductions	55.90	1,173.39
Direct Deposits	Type	Account
Wells Fargo Bank, N.A.	C	***3369
Total Direct Deposits		2,264.54
Time Off	Available	Plan Year
	to Use	Used
Paid Time	29.33	64.00

WELLMADE INDUSTRIES MFR NA LLC
PO Box 116
Lagrange, GA 30241

Direct Deposit Advice



Check Date
October 31, 2025

Voucher Number
12159

	Direct Deposits	Type	Account	Amount
Direct Deposit Voucher	Wells Fargo Bank, N.	C	***3369	2,823.34
	Total Direct Deposits			2,823.34

135787 2700 596 12159 12275
Fermin Pacheco Yax
35 Holcomb Rd NW
Adairsville, GA 30103-5409

135787

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

WELLMADE INDUSTRIES MFR NA LLC

Fermin Pacheco Yax

Employee ID 596 Fed Taxable Income 3,484.07 Check Date October 31, 2025
Location 2700 Fed Filing Status M Period Beginning October 12, 2025
Hourly \$34.00 State Filing Status MJ1-0 Period Ending October 25, 2025

Earnings Statement

Voucher Number 12159
Net Pay 2,823.34
Total Hours Worked 91.2999

Earnings	Rate	Hours	Amount	YTD
Holiday				1,552.00
Overtime	51.00	11.2999	576.29	10,108.78
PTO	34.00	8.00	272.00	2,080.00
Regular	34.00	80.00	2,720.00	54,097.34
Gross Earnings		99.2999	3,568.29	67,838.12
Taxes			Amount	YTD
FITW			261.28	4,512.63
GA			132.92	2,438.99
MED			50.52	962.14
SS			216.01	4,113.90
Taxes			660.73	12,027.66

Deductions	Amount	YTD
Dental Ins	11.63	245.85
HSA	6.66	146.52
Medical Ins	63.23	1,032.91
Vision	2.70	59.40
Deductions	84.22	1,484.68
Direct Deposits	Type	Account
Wells Fargo Bank, N.A.	C	***3369
Total Direct Deposits		2,823.34
Time Off	Available	Plan Year
	to Use	Used
Paid Time	38.67	56.00