

Fill in this information to identify the case:

Debtor 1 WELLMADE FLOOR COVERINGS INTERNATIONAL, INC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN District of GEORGIA
(State)

Case number 25-58764

- ☒ 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?		American Express National Bank 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)	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
	Becket and Lee LLP Name		Becket and Lee LLP Name
	PO Box 3001 Number Street		PO Box 3001 Number Street
	Malvern PA 19355-0701 City State ZIP Code		Malvern PA 19355-0701 City State ZIP Code
	Contact phone 610-228-2570		Contact phone 610-228-2570
	Contact email proofofclaim@becket-lee.com		Contact email payments@becket-lee.com
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? _____	



25587642509290000000000003

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: 1 0 0 0

7. How much is the claim? \$215,589.28 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 healthcare information.

CREDIT CARD

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.)

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: _____

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12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

- ☒ No
☐ Yes. Check one:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- ☐ 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.

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

* 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 9/17/2025

MM / DD / YYYY

Sandra K. Curtin
 Signature

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

Name	Sandra Crystal	K. Jones	Curtin Oswald
	First Name	Middle Name	Last Name

Title Attorney/Agent for Creditor

Company Becket and Lee LLP

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 3001

Number Street

Malvern

City

PA 19355-0701

State ZIP Code

Contact phone

610-228-2570

Email proofofclaim@becket-lee.com

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 SEP 29 2025

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BECKET & LEE LLP
ATTORNEYS AT LAW

16 GENERAL WARREN BOULEVARD
P.O. BOX 3001
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CRYSTAL JONES OSWALD *
THOMAS F. GALLAGHER *

(610) 644-7800
FACSIMILE: (610) 993-8493
E-MAIL: _____

ALAN E. BECKET, OF COUNSEL *
WILLIAM J. BECKET, OF COUNSEL

* ALSO MEMBER NJ BAR
D ALSO MEMBER FL BAR
+ ALSO MEMBER CA BAR

Re: **PROOF OF CLAIM**

Enclosed please find this Proof of Claim for immediate filing. Please file stamp the extra copies provided and return them in the enclosed pre-addressed envelope(s). If there is an error in the bankruptcy number, or any other defect on the Proof of Claim, please also return the erroneous document(s) in the envelope provided.

Please do not hesitate to contact our office if we may assist you in the processing of these documents. Thank you for your cooperation.

Very truly yours,

BY: _____

Tom Wisk

BECKET & LEE LLP
16 General Warren Blvd
Malvern PA 19355
610-228-2570

E-Mail: proofofclaim@becket-lee.com

**Business Platinum Card**

WELLMADE FLOOR COVER

ZHU CHEN

Closing Date 08/27/25 Next Closing Date 09/26/25

Account Ending 1000

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Customer Care: 1-800-492-8468

TTY: Use Relay 711

Website: americanexpress.com

New Balance **\$215,609.27****Minimum Payment Due** **\$146,098.90**

Includes the past due amount of \$139,116.41

Payment Due Date **09/21/25****Membership Rewards® Points**

Available and Pending as of 07/31/25

536,565For up to date point balance and full program details, visit membershiprewards.com**Account Summary**

Pay In Full Portion	
Previous Balance	\$136,379.78
Payments/Credits	-\$0.00
New Charges	+\$4,229.49
Fees	+\$0.00
New Balance	= \$140,609.27

Pay Over Time Portion	
Previous Balance	\$75,000.00
Payments/Credits	-\$446.06
New Charges	+\$446.06
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$75,000.00
Minimum Due	\$5,489.63

Account Total	
Previous Balance	\$211,379.78
Payments/Credits	-\$446.06
New Charges	+\$4,675.55
Fees	+\$0.00
Interest Charged	+\$0.00
New Balance	\$215,609.27
Minimum Payment Due	\$146,098.90

Pay Over Time Limit	\$75,000.00
Available Pay Over Time Limit	\$0.00
Days in Billing Period:	31

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your Pay Over Time balance. For example:

If you make no additional charges and each month you pay...	You will pay off the balance shown on this statement in about...	And you will pay an estimated total of...
Only the Minimum Payment Due	35 years	\$176,478

If you would like information about credit counseling services, call 1-888-733-4139.

See page 2 for important information about your account.

Your account is cancelled.

Please refer to the **IMPORTANT NOTICES** section.For information on your Pay Over Time feature and limit, please refer to the **Information on Pay Over Time** section.MEMBERSHIP
rewards®

Because your payment was received late, you may have forfeited Membership Rewards® points. Please visit our website at www.membershiprewards.com/terms or call 1-800-AXP-EARN (297-3276) for more information or to reinstate points. There is a \$35.00 fee for each month of points you want to reinstate.

↓ Please fold on the perforation below, detach and return with your payment ↓

**Payment Coupon**

Do not staple or use paper clips

**Pay by Computer**americanexpress.com/business**Pay by Phone**

1-800-472-9297

Account Ending 1000

Enter 15 digit account # on all payments.
Make check payable to American Express.

ZHU CHEN
WELLMADE FLOOR COVER
WELLMADE FLOOR COVER
19150 SW 125TH CT
TUALATIN OR 97062

Payment Due Date
09/21/25
New Balance
\$215,609.27
Minimum Payment Due
\$146,098.90

See reverse side for instructions on how to update your address, phone number, or email.

AMERICAN EXPRESS
PO BOX 60189
CITY OF INDUSTRY CA 91716-0189

 \$ _____
 Amount Enclosed




Business Platinum Card
WELLMADE FLOOR COVER
ZHU CHEN
Closing Date 08/27/25

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Account Ending 1000



Customer Care & Billing Inquiries
International Collect
Large Print & Braille Statements

1-800-492-8468
1-623-492-7719
1-800-492-8468



Website: americanexpress.com

**Customer Care
& Billing Inquiries**
P.O. BOX 981535
EL PASO, TX
79998-1535

Payments
PO BOX 60189
CITY OF INDUSTRY
CA
91716-0189

Hearing Impaired

Online chat at americanexpress.com or use Relay dial 711 and 1-800-492-8468

Payments and Credits

Summary

	Pay In Full	Pay Over Time ♦	Total
Payments	\$0.00	\$0.00	\$0.00
Credits	\$0.00	-\$446.06	-\$446.06
Total Payments and Credits	\$0.00	-\$446.06	-\$446.06

Detail

*Indicates posting date

♦ - Pay Over Time activity

Credits	Amount
08/12/25* POINTS FOR AMEX TRVL	-\$446.06 ♦

New Charges

Summary

	Pay In Full	Pay Over Time ♦	Total
Total New Charges	\$4,229.49	\$446.06	\$4,675.55

Detail

♦ - Pay Over Time activity



ZHU CHEN
Card Ending 0000

				Amount
07/27/25	AT&T UVERSE PAYMENT 330809091 97062	8002882020	TX	\$60.28
07/28/25	COMCAST / XFINITY CABLE SVCS	800-266-2278	GA	\$83.05
07/28/25	UPS* 100057605479 97062 DATE:07282025 TRK:00000038Y6E7295 FR ZIP 97062 TO ZIP 97062 US 00000 REF# SH# 000038Y6E7	800-811-1648	GA	\$338.59
08/01/25	MAIN STREET RENEWAL +18552394530	AUSTIN	TX	\$2,004.88
08/01/25	MAIN STREET RENEWAL +18552394530	AUSTIN	TX	\$1,655.70
08/03/25	COMCAST / XFINITY CABLE SVCS	800-266-2278	GA	\$67.00
08/07/25	ADOBE Adobe Systems ADOBE.LY/ENUS	SAN JOSE	CA	\$19.99

Continued on reverse

Detail Continued

◆ - Pay Over Time activity

					Amount
08/11/25	PwP AMEXTRAVEL.COM	800-297-2977	WA		\$446.06 ◆
	Arrival Date	Departure Date			
	08/13/25	08/14/25			
	00000000				
	LODGING				

Fees

Amount

Total Fees for this Period	\$0.00
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Interest Charged

Amount

Total Interest Charged for this Period	\$0.00
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About Trailing Interest

You may see interest on your next statement even if you pay the new balance in full and on time and make no new charges. This is called "trailing interest". Trailing interest is the interest charged when, for example, you didn't pay your previous balance in full. When that happens, we charge interest from the first day of the billing period until we receive your payment in full. You can avoid paying interest on purchases by paying your balance in full and on time each month. Please see the "When we charge interest" sub-section in your Cardmember Agreement for details.

2025 Fees and Interest Totals Year-to-Date

	Amount
Total Fees in 2025	\$695.00
Total Interest in 2025	\$2,490.32

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.
Variable APRs will not exceed 29.99%.

	Annual Percentage Rate	Balance Subject to Interest Rate	Interest Charge
Pay Over Time option	27.49% (v)	\$0.00	\$0.00
Total			\$0.00
(v) Variable Rate			

Information on Pay Over Time**There is a no pre-set spending limit on your Card**

No Preset Spending Limit means your spending limit is flexible. Unlike a traditional card with a set limit, the amount you can spend adjusts based on factors such as your purchase, payment, and credit history.

American Express National Bank**c/o Becket and Lee LLP
Attorneys/Agent for Creditor****PO Box 3001
Malvern , PA 19355-0701**

Bankruptcy Information	
Case Number:	25-58764
District:	NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION
Chapter:	11
Petition Date:	08/04/2025
Debtor(s) Name:	WELLMADE FLOOR COVERINGS INTERNATIONAL, INC

Claim Balance Itemization	
Debtor(s) Name:	WELLMADE FLOOR COVERINGS INTERNATIONAL, INC
Debtor(s) SSN:	***-**-8425
Debtor Address:	WELLMADE FLOOR COVER 19150 SW 125TH CT TUALATIN, OR 97062
Account Number:	*****1000
Name of entity from whom the creditor purchased the account : N/A	
Name of entity to whom the debt was owed at the time of the last transaction by the account holder: American Express	
Account Type:	CREDIT CARD
Open Date:	05/15/2024
Charge Off Date:	08/2025
Last Payment Date:	07/2025
Last Transaction Date:	08/2025
Principal:	\$215,589.28
Interest:	\$0.00
Fees:	\$0.00
Total:	\$215,589.28
The attached statement(s) of account was generated from the American Express billing system and reflects the current pre-petition balance. The statement(s) may not have been sent to the debtor.	