

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

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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>3 0 0 8</u>
7.	How much is the claim?	Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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?	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. <u>CREDIT CARD</u>	
9.	Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor vehicle _____ <input type="checkbox"/> 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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10.	Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11.	Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

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Address

PO Box 3001

Number Street

Malvern

City

PA 19355-0701

State ZIP Code

Contact phone

610-228-2570

Email proofofclaim@becket-lee.com

BECKET & LEE LLP
ATTORNEYS AT LAW

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P.O. BOX 3001
MALVERN, PA 19355

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THOMAS F. GALLAGHER *

(610) 644-7800

FACSIMILE: (610) 993-8493

E-MAIL: _____

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

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

EMail: proofofclaim@becket-lee.com

**Delta SkyMiles® Reserve Business Card**

WELLMADE FLOOR COVER

MING CHEN

Closing Date 08/22/25

Next Closing Date 09/21/25

Account Ending 3008

A DELTA

SKYMILES®

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Customer Care: 1-800-297-6200

TTY: Use Relay 711

Website: americanexpress.com

New Balance	\$3,148.81
Minimum Payment Due	\$35.00
Payment Due Date	09/16/25

Delta SkyMiles®

Miles Earned this Period

3,901For more details about Rewards, please visit americanexpress.com/rewardsinfo**Account Summary**

Previous Balance	\$650.00
Payments/Credits	-\$1,250.00
New Charges	+\$3,748.81
Fees	+\$0.00
Interest Charged	+\$0.00

New Balance	\$3,148.81
Minimum Payment Due	\$35.00

Credit Limit	\$30,000.00
Available Credit	\$26,851.19

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 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	13 years	\$7,563
\$120	3 years	\$4,336 (Savings = \$3,227)

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.

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

**Payment Coupon**

Do not staple or use paper clips

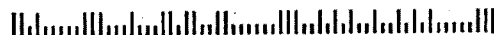
**Pay by Computer**americanexpress.com/business**Pay by Phone**

1-800-472-9297

Account Ending 3008

Enter 15 digit account # on all payments.
Make check payable to American Express.MING CHEN
WELLMADE FLOOR COVER
WELLMADE FLOOR COVER
19150 SW 125TH CT
TUALATIN OR 97062Payment Due Date
09/16/25New Balance
\$3,148.81Minimum Payment Due
\$35.00

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



Delta SkyMiles® Reserve Business Card
WELLMADE FLOOR COVER
MING CHEN
 Closing Date 08/22/25

DELTA
SKYMILES

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Account Ending **3008**



Customer Care & Billing Inquiries
 International Collect
 Cash Advance at ATMs Inquiries
 Large Print & Braille Statements

1-800-297-6200
1-623-492-7719
1-800-CASH-NOW
1-800-297-6200

Hearing Impaired
 Online chat at americanexpress.com or use Relay dial 711 and 1-800-297-6200



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

Payments and Credits

Summary

	Total
Payments	-\$1,250.00
Credits	\$0.00
Total Payments and Credits	-\$1,250.00

Detail

*Indicates posting date

Payments	Amount
07/27/25* ONLINE PAYMENT - THANK YOU	-\$1,250.00

New Charges

Summary

	Total
Total New Charges	\$3,748.81

Detail



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 Card Ending **3008**

				Amount
07/24/25	ZIPLY FIBER INTERNET INTERNET	866-699-4759	WA	\$600.00
07/25/25	FEDEX39164893 FedEx 39164893 38132 FEDEX CBS TRANSACTION FEDEX CART# 39164893 FEDEX #1-800-622-1147	MEMPHIS	TN	\$92.00
07/28/25	KUNI LEXUS OF PORTLAND 503-297-9017	PORTLAND	OR	\$2,541.82
08/01/25	D J*CN.WSJ.COM SUBSCRIPTION	800-568-7625	NJ	\$28.99
08/05/25	INTUIT QUICKBOOKS CL.INTUIT.COM	800-446-8848	CA	\$275.00
08/15/25	FEDEX55762399 FedEx 55762399 38132 FEDEX EPA TRANSACTION FEDEX CART# 55762399 FEDEX #1-800-622-1147	MEMPHIS	TN	\$23.00
08/15/25	USPS PO BOXES ONLINE 660247000 8007826724	800-344-7779	DC	\$188.00

Continued on reverse

Fees

	Amount
Total Fees for this Period	\$0.00

Interest Charged

	Amount
Total Interest Charged for this Period	\$0.00

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	\$650.00
Total Interest in 2025	\$0.00

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
Purchases	21.99% (v)	\$0.00	\$0.00
Total			\$0.00
(v) Variable Rate			

Miles Earned

SkyMiles® Account Number: [REDACTED]



	Current Period	Year to Date
Miles Earned for Eligible Purchases	3,749	102,943
Total Bonus Miles Earned and Adjustments	152	45,149
Total Miles Earned	3,901	148,092

Bonus Miles Earned and Adjustments

	Current Period
U.S. Shipping	152
Total	152

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:	WELLMAC FLOOR COVERINGS INTERNATIONAL, INC

Claim Balance Itemization	
Debtor(s) Name:	WELLMAC FLOOR COVERINGS INTERNATIONAL, INC
Debtor(s) SSN:	***-**-8425
Debtor Address:	WELLMAC FLOOR COVER 19150 SW 125TH CT TUALATIN, OR 97062
Account Number:	*****3008
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:	06/24/2022
Charge Off Date:	08/2025
Last Payment Date:	07/2025
Last Transaction Date:	08/2025
Principal:	\$2,662.81
Interest:	\$0.00
Fees:	\$0.00
Total:	\$2,662.81
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.	