

AUG 07 2017

American Legal  
Claim Services

Fill in this information to identify the case:

Debtor 1 Beaulieu of America

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-41678-mgd

177 Beaulieu Group  
17-41677



Claim 1007

## 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.

### Part 1: Identify the Claim

1. Who is the current creditor?	<u>Roy Johnson Inc.</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Mid South Roller</u>	
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? <u>Mid South Roller</u> Name <u>PO Box 130</u> Number Street <u>Clarksville</u> <u>AR</u> <u>72830</u> City State ZIP Code Contact phone <u>Carla Parker</u> Contact email <u>carla.parker@midsouthroller.com</u>	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
Uniform claim identifier for electronic payments in chapter 13 (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**

<b>6. Do you have any number you use to identify the debtor?</b>	<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>2</u> <u>5</u> <u>0</u> <u>2</u>
<b>7. How much is the claim?</b>	\$ <u>6,501.00</u> <b>Does this amount include interest or other charges?</b> <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).
<b>8. What is the basis of the claim?</b>	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.  <u>services performed and goods sold</u>
<b>9. Is all or part of the claim secured?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.  <b>Nature of property:</b> <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 <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input checked="" type="checkbox"/> Other. Describe: <u>manufacturing machinery</u>  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
<b>10. Is this claim based on a lease?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
<b>11. Is this claim subject to a right of setoff?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 one:

☐ 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 \$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).

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

☐ Wages, salaries, or commissions (up to \$12,850\*) 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 4/01/19 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)(2) 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 07/31/2017  
MM / DD / YYYY

Carla Parker  
Signature

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

Name	Carla Michelle Parker		
	First name	Middle name	Last name
Title	Accounts Receivable		
Company	Roy Johnson Inc. dba Mid South Roller		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	200 Porter Industrial Rd		
	Number	Street	
	Clarksville	AR	72830
	City	State	ZIP Code
Contact phone	800-643-8117		Email <u>carla.parker@midsouthrollerl.com</u>



**MID SOUTH ROLLER**  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## INVOICE

**Bill to:**  
BEAULIEU OF AMERICA

PO BOX 1248  
DALTON, GA 30722-1248

**Ship to:**  
BEAULIEU FABRICS

236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01126374	05-10-17	2502	MSRT	NET 60	17002613-OP	CAK

Line	Qty	Description	Unit Price	Extension
1	2	10.255 X 242 JOURNAL WORK ONLY WO# 560504   WIRE ROLLER	925.00	1850.00
2	1	BALANCE	525.00	525.00
			Freight	0.00
			subTotal	2375.00
			salesTax	0.00
			useTax	0.00
			Total	2375.00

Thank you. We appreciate your business.



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RCPT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
131548	05-08-17	2502	MSRT	NET 60	17002613-0P	CATHY KIMBROUGH

LINE #	QTY	DESCRIPTION
1	2	10.255 X 242 JOURNAL WORK ONLY WO# 360504 1 WIRE ROLLER
2	1	BALANCE 1 WIRE ROLLER

Received in Good Order by

date

\_\_\_/\_\_\_/\_\_\_



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## INVOICE

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DALTON, GA 30722-1248

**Ship to:**  
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236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

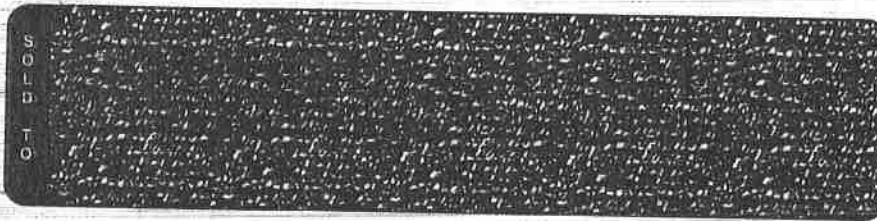
Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01126373	05-10-17	2502	MSRT	NET 60	17002152-09	CAK

Line	Qty	Description	Unit Price	Extension
1	10	0.7900 X 6.1/4 RUBBER COVER, W.O. 561202   COTS	49.00	490.00
			Freight	0.00
			subTotal	490.00
			salesTax	0.00
			useTax	0.00
			Total	490.00

Thank you. We appreciate your business.



131549



RCPT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
131549	05-08-17	2502	MSRT	NET 60	17002152-09	CATHY KIMBROUGH

LINE #	QTY	DESCRIPTION
1	10	0.7900 X 6.1/4 RUBBER COVER, W.O. 561202 1 COTS

Received in Good Order by Leland Stern date     /    /



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

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BRIDGEPORT, AL 35740

Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01126008	04-19-17	2502	MSRT	NET 60	17001880-09	CAK

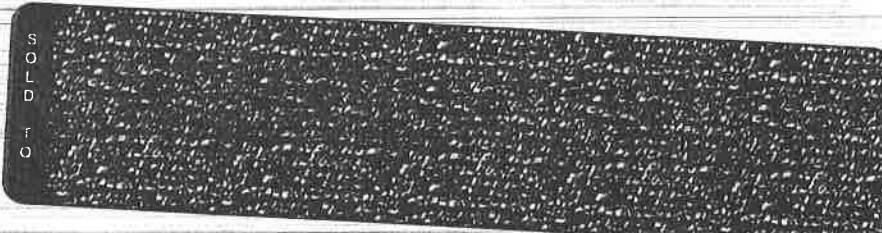
Line	Qty	Description	Unit Price	Extension
1	7	0.7900 X 6.1/8 RUBBER COVER, W.O. 560878   COTS	49.00	343.00
2	3	.820 X .440 NO WORK PERFORMED WO# 560891	0.00	0.00
			Freight	0.00
			subTotal	343.00
			salesTax	0.00
			useTax	0.00
			Total	343.00

Thank you. We appreciate your business.





131176



RCPT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
131176	04-17-17	2502	MSRT	NET 60	17001880-09	CATHY KIMBROUGH
LINE #	QTY	DESCRIPTION				
1	7	0.7500 X 6.1/8 RUBBER COVER, W.O. 560878 1 COTS				
2	3	.820 X .440 NO WORK PERFORMED WO# 560891				

ved in Good Order by Dean Dixon date 4/20/17



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## INVOICE

**Bill to:**  
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BEAULIEU FABRICS

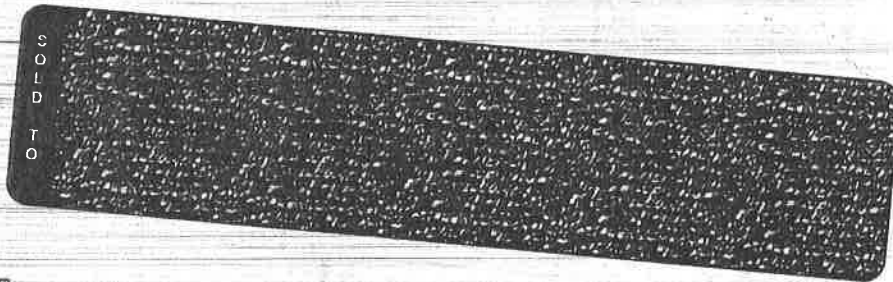
236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01125659	03-29-17	2502	MSRT	NET 60	17002615-OP	CAK

Line	Qty	Description	Unit Price	Extension
1	2	10.255 X 228.1/2 JOURNAL WORK ONLY WO#560505	925.00	1850.00
2	1	BALANCE	525.00	525.00
			Freight	0.00
			subTotal	2375.00
			salesTax	0.00
			useTax	0.00
			Total	2375.00

Thank you. We appreciate your business.

110799



SOLD TO

PT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
0799	03-27-17	2508	MSRT	NET 60	17002615-OP	CATHY KIMBROUGH
E #	QTY	DESCRIPTION				
1	2	10.255 X 228.1/2 JOURNAL WORK ONLY WD#560505				
2	1	BALANCE				

DATE 11-07-77

1 Box

Good Order by Cathy Williams date 1/1/



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## INVOICE

**Bill to:**  
BEAULIEU OF AMERICA  
  
PO BOX 1248  
DALTON, GA 30722-1248

**Ship to:**  
BEAULIEU FABRICS  
  
236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01125215	03-08-17	2502	MSRT	NET 60	17001146-09	CAK

Line	Qty	Description	Unit Price	Extension
1	9	0.7900 X 6.1/4 RUBBER COVER, W.O. 560197   COTS-TRIAL	49.00	441.00
			Freight	0.00
			subTotal	441.00
			salesTax	0.00
			useTax	0.00
			Total	441.00

Thank you. We appreciate your business.



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RCPT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
130343	03-06-17	2502	MSRT	NET 60	17001146-09	CATHY KIMBROUGH

LINE #	QTY	DESCRIPTION
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1	9	0.7900 X 6.1/4 RUBBER COVER, W.O. 560197 I COTS-TRIAL
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Received in Good Order by *Late St* date     /    /



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## CREDIT MEMO

**Bill to:**  
BEAULIEU OF AMERICA

PO BOX 1248  
DALTON, GA 30722-1248

**Ship to:**  
BEAULIEU FABRICS

236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

CreditMemo Nbr	CreditMemo Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
C6892	03-22-17	2502			17001146-09	CAK

Line	Qty	Description	Unit Price	Extension
1	1	FABRICATED BEARING SURFACE ON INVOICE 01125216	-50.00	-50.00
			Freight	0.00
			subTotal	-50.00
			salesTax	0.00
			useTax	0.00
			Total	-50.00

Thank you. We appreciate your business.



MID SOUTH ROLLER  
PO Box 130  
Clarksville, AR 72830  
800-643-8117

## INVOICE

**Bill to:**  
BEAULIEU OF AMERICA

PO BOX 1248  
DALTON, GA 30722-1248

**Ship to:**  
BEAULIEU FABRICS

236 BEAULIEU DRIVE  
BRIDGEPORT, AL 35740

Invoice Nbr	Invoice Date	Customer Nbr	Shipped Via	Terms	P.O. Number	Sales Rep
01125216	03-08-17	2502	MSRT	NET 60	17001146-09	CAK

Line	Qty	Description	Unit Price	Extension
1	9	1.2030 X 6.1/4 RUBBER COVER, W.O. 560198   COTS	53.00	477.00
2	1	FABRICATED BEARING SURFACE	50.00	50.00
Freight				0.00
subTotal				527.00
salesTax				0.00
useTax				0.00
Total				527.00

Thank you. We appreciate your business.



130344

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RCPT NO.	RCPT DATE	CUST NO.	SHIP VIA	TERMS	CUST PO #	SALES REP
130344	03-06-17	2502	MSRT	NET 60	1700146-09	CATHY KIMBROUGH

LINE #	QTY	DESCRIPTION
1	9	1.2030 X 6.1/4 RUBBER COVER, W.O. 560198 1 COTS
2	1	FABRICATED BEARING SURFACE 1 COTS

*Leah Sten*

Received in Good Order by \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_



**M S R**

MID SOUTH ROLLER

HANDLED WITH CARE TO AND FROM YOUR DOCK  
1-800-643-8117 • 479-754-6993 • FAX 479-754-3417

P.O. Box 130, Porter Industrial Road

Clarksville, Arkansas 72830

Email: [info@midouthroller.com](mailto:info@midouthroller.com)

Internet: [www.midouthroller.com](http://www.midouthroller.com)

Station 1

**RECEIVED**

**AUG 07 2017**

American Legal  
Claim Services

Beaulieu Group LLC, et. al. Claims  
c/o ALCS  
PO Box 23650  
Jacksonville, FL 32241



UNITED STATES POSTAGE



**\$ 000.88**

02 1P  
0000273570 JUL 31 2017  
MAILED FROM ZIP CODE 72830