

Fill in this information to identify the case:

Debtor 1 Beaulieu Group, LLC, et al.,

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Georgia

Case number 17-41677

Station 1
RECEIVED

AUG 07 2017

American Legal
Claim Services

177 Beaulieu Group
17-41677



Claim 1017

Official Form 410

Proof of Claim

12/15

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? Uline Shipping Supplies
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?
 No
 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>Uline Shipping Supplies</u> | <u>Uline Shipping Supplies</u> |
| Name | Name |
| <u>12575 Uline Drive</u> | <u>PO BOX 88741</u> |
| Number Street | Number Street |
| <u>Pleasant Prairie WI 53158</u> | <u>Chicago IL 60680</u> |
| City State ZIP Code | City State ZIP Code |
| Contact phone <u>888-884-6910</u> | Contact phone _____ |
| Contact email <u>accounts.receivable@uline.com</u> | Contact email _____ |

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 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?
 No
 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: _____

7. How much is the claim? \$ 156.47. 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.
Goods Sold

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 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 \$2,775* 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 \$12,475*) 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

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 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


Signature

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

Name Dana Elisabeth Rohde
First name Middle name Last name

Title Sr. Ar. Specialist

Company Uline Shipping Supplies
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 12575 Uline Drive
Number Street
Pleasant Prairie WI 53158
City State ZIP Code

Contact phone _____ Email _____



1-800-295-5510
 uline.com
 12575 Uline Dr
 Pleasant Prairie, WI 53158

86189925

INVOICE
 ULINE FED ID#: 36-3684738

THANK YOU FOR YOUR ORDER.

YOUR ORDER # 91592382

SOLD TO:

BEAULIEU OF AMERICA INTERNATIONAL EUROPE B.V.
 PO BOX 1248
 DALTON GA 30722

SHIP TO:

BEAULIEU OF AMERICA
 607 5TH AVE
 DALTON GA 30721

| CUSTOMER NO. | PURCHASE ORDER NO. | | SHIP VIA | ORDER DATE | DATE SHIPPED | TERMS | INVOICE DATE |
|--------------|--------------------|--------------|---------------|--------------------------------|--------------|----------------|--------------|
| 4843650 | 17004523OP | | UP | 04/18/2017 | 04/18/2017 | #REF! | 04/18/2017 |
| QUANTITY | | | ITEM NUMBER | DESCRIPTION | UNIT PRICE | EXTENDED PRICE | |
| ORDERED | U/M | BACK ORDERED | | | | PRICE | PRICE |
| 400 | KT | | 0 S-9934B-W | 4 OZ CLR WM JAR BULK-WHITE CAP | 0.33 | | 132.00 |
| 400 | EA | | 0 S-9934B-JAR | 4 OZ CLEAR WIDE MOUTH JARS | 0.00 | | 0.00 |
| 400 | EA | | 0 S-9934B-LID | WIDE MOUTH JAR CAPS 400/CT | 0.00 | | 0.00 |

| SUB-TOTAL | SALES TAX | FRT/HNDLNG | AMOUNT DUE |
|-----------|-----------|------------|------------|
| 132.00 | - | 24.47 | 156.47 |

ORDER PLACED BY: MICHELLE WHITE

PLEASE PAY FROM THIS INVOICE
 REFER TO THIS CUSTOMER NUMBER
 WHEN CONTACTING US REGARDING
 THIS TRANSACTION

ULINE FED ID# 36-3684738

| CUSTOMER NAME | CUSTOMER # | INVOICE NUMBER | INVOICE DATE | AMT DUE |
|---------------------|------------|----------------|--------------|---------|
| BEAULIEU OF AMERICA | 4843650 | 86189925 | 04/18/2017 | 156.47 |

| | |
|------------------------------------|----|
| AMOUNT ENCLOSED | \$ |
| IF DIFFERENT THAN AMOUNT DUE | |
| EXPLAIN DIFFERENCE ON REVERSE SIDE | |

IMPORTANT- PLEASE DETACH AND RETURN THIS
 PORTION TO INSURE PROPER CREDIT

MAKE CHECK
 PAYABLE AND MAIL
 TO:

ULINE
 PO Box 88741
 Chicago, IL 60680

Uline

12575 Uline Drive
Pleasant Prairie, WI 53158

Uline.com



BETHUE GROUP, LLC; ET. AL. CLAIMS
c/o ALCS
PO BOX 23650
JACKSONVILLE, FL 32241

FIRST CLASS
FIRST CLASS PERMITS PSNOC 532
MON 31 JUL 2017



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