Fill in this in	formation to identify the case:	
Debtor 1	Beaulieu of America, Inc	-
Debtor 2 (Spouse, if filing)		7
United States I	Bankruptcy Court for the: Northern District of Georgia	~
Case number	17-41678	

Station 1 RECEIVED

AUG 03 2017

American Legal Claim Services

> 177 Beaulieu Group 17-41677



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.

H	and it identify the Ci	aim					
1.	Who is the current creditor?	Floor Covering Weekjly Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor Hearst Business Media - FCW					
2.	Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom	?				
and payments to the	Where should notices and payments to the	Where should notices to the creditor be sent? Hearst Business Media			Where should payments to the creditor be sent? (if different)		
	creditor be sent?				Hearst Business Media		
	Federal Rule of Bankruptcy Procedure	Name			Name		
	(FRBP) 2002(g)	214 North Tryon Street			P.O. Box 198785		
		Number Street			Number Stree		00004
		Charlotte	NC	28202	Atlanta	GA	30384
		City Contact phone 704-34	State 18-8617	ZIP Code	City Contact phone 704	State -348 - 8617	ZIP Code
		Contact email rheste		0,		ster@hearstsc.co	om
		Uniform claim identifier f		ents in chapter 13 (if you u		-	
4.	Does this claim amend one already filed?	☑ No ☐ Yes. Claim numb	per on court claim	ns registry (if known) _		Filed on	/ 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?	-			

*	art 2: Give informatio	on 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: 2 5 7 4					
7.	How much is the claim?	\$\$ Does this amount include interest or other charges?					
		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.					
	Jann	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.					
		Advertising Placement in Floor Covering Weekly					
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	☑ No					
	lease?	☐ Yes. Amount necessary to cure any default as of the date of the petition.					
11	1. Is this claim subject to a right of setoff?	☑ No					
	ngin or secon r	☐ Yes. Identify the property:					

12. Is all or part of the claim entitled to priority under	☑ No				
11 U.S.C. § 507(a)?	Yes. Check	one:			Amount entitled to priority
A claim may be partly priority and partly		c support obligations (inc C. § 507(a)(1)(A) or (a)(1)	luding alimony and child s)(B).	upport) under	\$
nonpriority. For example, in some categories, the law limits the amount entitled to priority.			purchase, lease, or rental e. 11 U.S.C. § 507(a)(7).	of property or services	s for \$
	bankrup	salaries, or commissions tcy petition is filed or the C. § 507(a)(4).	(up to \$12,850*) earned v debtor's business ends, w	vithin 180 days before hichever is earlier.	the \$
	☐ Taxes o	r penalties owed to gover	nmental units. 11 U.S.C. §	507(a)(8).	\$
	☐ Contribu	itions to an employee be	nefit plan. 11 U.S.C. § 507	(a)(5).	\$
	Other. 9	Specify subsection of 11 t	J.S.C. § 507(a)() that ap	plies.	\$
	* Amounts a	re subject to adjustment on	4/01/19 and every 3 years afte	r that for cases begun or	n or after the date of adjustment.
Part 3: Sign Below					
Part 3: Sign Below					
The person completing this proof of claim must	Check the appro	priate box:			
sign and date it.	☐ I am the cre	editor.			
FRBP 9011(b).	I am the cre	editor's attorney or author	ized agent.		
If you file this claim electronically, FRBP			ir authorized agent, Bankr		
5005(a)(2) authorizes courts	lam a guar	antor, surety, endorser, o	r other codebtor, Bankrup	cy Rule 3005.	
to establish local rules specifying what a signature					
is.			on this <i>Proof of Claim</i> ser debtor credit for any payr		ment that when calculating the
A person who files a	amount of the ci	aim, the creditor gave the	e debitor credit for any payr	nents received toward	the debt.
fraudulent claim could be fined up to \$500,000,	I have examined and correct.	the information in this Pi	roof of Claim and have a re	easonable belief that the	he information is true
Imprisoned for up to 5 years, or both.	aria obriooti				
18 U.S.C. §§ 152, 157, and	I declare under p	penalty of perjury that the	foregoing is true and corre	ect.	
3571.	Executed on date		ž		
		MM / DD / YYYY	1		
(L /) A			
	901	Du J. 4	Hous		
	Signature				
-	Print the name	of the person who is co	empleting and signing th	is claim:	
	Name	Robin	Denise	Hest	ter
		First name	Middle name	Last n	ame
	Title	Credit and Collect	tion Manager		
	Company	Hearst Business	Media		
	. ,	Identify the corporate sen	vicer as the company if the au	thorized agent is a service	er,
	Address	214 North Tryon S	Street		
		Number Street			
		Charlotte		NC 282	202
		City		State ZIP Co	ode
	Contact phone	704-348-8617	=======================================	Email rhester@l	nearstsc.com

HEARST BUSINESS MEDIA - FCW

P.O. Box 198785 Atlanta, GA 30384-8785 212-649-7981

EIN: 13-3047654





Issue/Invoice Date: 2/20/2017 Invoice Number: 215166

Customer ID: 10002574

Wire Transfer: Hearst Business Media Bank of America - Dallas, TX 75283-2406

Account # 375-033-0687 SWIFT Code: BOFAUS3N ABA # FOR ACH TRANSACTIONS ONLY: 111000012

ABA # FOR WIRE TRANSFERS ONLY: 0260-0959-3

For Billing Questions Call: Sherridan Basdeo 212-649-7981

US Dollars

Advertiser Agency

Beaulieu of America Inc

1502 Coronet Dr. Dalton, GA 30722 Beaulieu of America Inc Tom Ellis 1502 Coronet Dr. Dalton, GA 30722

Order Date	Ship VIA	Contract ID	Customer P.O. #	Terms	Sales Person
		0000022248		Date of invoice	CXC Charlton Calhoun
Description			Quantity	Units	Price

7,500.00 Full page ad 1

7,500.00

Return this stub with payment to insure proper credit to your account

HEARST BUSINESS MEDIA - FCW

P.O. Box 198785 Atlanta, GA 30384-8785

Beaulieu of America Inc Tom Ellis 1502 Coronet Dr. Dalton, GA 30722

Issue/Invoice Date: 2/20/2017 Invoice Number: 215166

10002574

Customer ID:

Amount Due

7,500.00

US Dollars

HEARST BUSINESS MEDIA - FCW

P.O. Box 198785 Atlanta, GA 30384-8785 212-649-7981 EIN: 13-3047654





Invoice Date: 5/22/2017 Invoice Number: 217009 Customer ID: 10002574

Wire Transfer: Hearst Business Media Bank of America - Dallas, TX 75283-2406

SWIFT Code: BOFAUS3N Account # 375-033-0687 ABA # FOR ACH TRANSACTIONS ONLY: 111000012 ABA # FOR WIRE TRANSFERS ONLY: 0260-0959-3

US Dollars

For Billing Questions Call: Sherridan Basdeo 212-649-7981

Bill To

Beaulieu of America Inc 1502 Coronet Dr. Dalton, GA 30722

Ship To

Beaulieu of America Inc Tom Ellis 1502 Coronet Dr. Dalton, GA 30722

Order Date	Ship VIA	Contract ID	Customer P.O. #	Terms	Sales Person
		0000022248		Net 30 days	CXC Charlton Calhoun
escription			Quantity	Units	Price

7,500.00 1 Full page ad

7,500.00

Return this stub with payment to insure proper credit to your account

HEARST BUSINESS MEDIA - FCW

P.O. Box 198785 Atlanta, GA 30384-8785

Beaulieu of America Inc Tom Ellis 1502 Coronet Dr. Dalton, GA 30722

Invoice Date: 5/22/2017 Invoice Number: 217009

Customer ID:

10002574

Amount Due

7,500.00

US Dollars

8/2/2017

American Legal Claims

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1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialog

folded label using clear plastic shipping tape over the entire label.

3. GETTING YOUR SHIPMENT TO UPS

Customers with a Daily Pickup

Your driver will pickup your shipment(s) as usual:

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Staples@ or Authorized Shipping Outlet near you. Items sent via UPS Return Services(SM) (including via Ground) are also

2. Fold the printed label at the solid line below. Place the label in a UPS Shipping Pouch. If you do not have a pouch, affix the

box that appears. Note: It your browser does not support this function select Print from the File menu to print the label.

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704.348.8634
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214 N TRYON STREET
CHARLOTTE NC 28202 REFERENCE 1: 100-002-200-3300-8030-0300 BILLING: P/P SHIP TO: TRACKING #: 1Z 3W5 0A0 01 9235 9836 BEAULIEU GROUP, LLC, ET AL CLAIMS JACKSONVILLE FL 32216-5926 5985 RICHARD STREET 704-348-8617 3 2 2 0.0 LBS WINDINUSD 90.0A 07/2017 OF

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