

UNITED STATES BANKRUPTCY
Eastern District of Virginia – Richmond



Claim 1013

PROOF OF CLAIM

Name of Debtor Against Which You Assert your Claim. (check one box – if you are asserting a claim against more than one Debtor, you must file a separate Proof of Claim against each Debtor)

Cardinal Homes, Inc., Case No. 19-36275

Station 1
RECEIVED
JAN 08 2020
American Legal
Claim Services

Deadline for filing
Proofs of Claim:

April 9, 2020

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 or as otherwise instructed by Order of the Bankruptcy Court.

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 (i.e., December 2, 2019).

Part 1: Identify the Claim

1. Who is the current creditor? The Sherwin-Williams Company
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>Solodar & Solodar, Attorneys</u> Name	_____ Name
<u>4825 Radford Ave., Suite 201</u> Number Street	_____ Number Street
<u>Richmond VA 23230</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>804-510-0487</u>	Contact phone _____ Contact email _____
Contact email _____	<u>gwoo@solodarlaw.com</u>

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: 4 1 1 9

7. How much is the claim? \$ 31,017.23. 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 and services

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: _____

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

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).

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.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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 acknowledgement 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 01/07/2020

MM / DD / YYYY

Signature

Lenora N. Solodar

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

Name Lenora H. Solodar
First name Middle name Last name

Title Attorney

Company Solodar & Solodar, Attorney
Identify the corporate servicer as the company if the authorized agent is a servicer

Address 4825 Radford Avenue, Suite 201, Richmond VA 23230
Number Street City State Zip Code

Contact phone 804-510-0487 Email gwoo@solodarlaw.com

Submitting Proof of Claim Form: Submit original proof of claim form with any attachments to the following so that they are received by April 9, 2020:

If via USPS: Cardinal Homes, Inc. et al, c/o ALCS, P.O. Box 23650, Jacksonville, Florida 32241

If via Private Delivery Service or Hand Delivery: Cardinal Homes, Inc., et al., c/o ALCS, 8021 Philips Hwy., Ste. 1, Jacksonville, Florida 32256

CARDINAL HOMES INC
c/o American Legal Claim Services, LLC
PO Box 23650
Jacksonville, FL 32241-3650



26077-FC-000603

SHERWIN WILLIAMS
2225 WILBORN AVE
SOUTH BOSTON, VA 24592-1629



David Hans Solodar | Lenora Hoffer Solodar | Michael Warren Solodar

January 6, 2020

Cardinal Homes Claims
c/o ALCS
8021 Philips HWY, STE 1
Jacksonville FL 32256
by FEDEX

Re: Cardinal Homes
BK# 19-36275
Our Client: The Sherwin-Williams Company
Our File # 54119

Dear Sir:

Enclosed please find a proof of claim to be filed in the captioned matter on behalf of The Sherwin-Williams Company for the sum of \$31,017.23. Thank you.

Very truly yours,

A handwritten signature in blue ink that reads "Lenora Solodar". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Lenora H. Solodar

LHS:gjw
encl:

Chapter 11

EASTERN DISTRICT OF VIRGINIA

Case No. 19-36275

Filed: 11/20/2019

Cardinal Homes, Inc.

Itemized Amounts Due to: **The Sherwin-Williams Company**

Principal Amount: \$ 22847.45

Attorney Fees: \$ 5711.86

Court Costs: \$ 58.00

Interest from 4/20/19
to 11/19/19 at 18% : \$ 2399.92

Total: \$ 31017.23

THE SHERWIN-WILLIAMS COMPANY COMMERCIAL CREDIT APPLICATION DATE:

Full Legal Name of Business ("APPLICANT") **CARDINAL HOMES INC**

Please Select One: PROPRIETORSHIP PARTNERSHIP LLC CORPORATION STATE INCORPORATED:

Physical Headquarters Address: **525 BARNESVILLE HWY** Billing Address (if different): **PO BOX 10**

City, State, Zip: **WILLIESBURG VA 23976**

Name and Title of Authorized Representative(s): **Bret Bernecke, CEO / Jay Register, AP / Dale Hickman, PA**

Work Phone: **434-735-8111** Cell Phone: Fax #: **434-735-8121**

Year Business Started: **1990** Annual Sales: # of Employees: **50** Contracted License #:

Parent Company (if any) Name: City: State: Zip:

Type of Business: **modular home MANUFACTURING** For Partners Please Check Main Work Type: Commercial Industrial Maintenance New Residential Residential Repair/Other

Email address for notices/statements: **Jay@cardinalhomes.com**

Would you like to receive promotional offers via email? **Y N** Email Address for Promotions:

GUARANTOR INFORMATION-RECOMMENDED for all Partnerships, Majority Owners of a Partnership and for Corporations or LLCs in business less than 5 years. If completing the guarantor information do NOT enter any number other than your Social Security # in the space provided for the social security #.

APPLICATION INFORMATION MAY BE USED TO OBTAIN A PERSONAL CREDIT REPORT FROM A CONSUMER REPORTING AGENCY.

Name:	Relation to Applicant:	Social Security #							
Home Address:	City:	State:	Zip Code:						
Name:	Relation to Applicant:	Social Security #							
Home Address:	City:	State:	Zip Code:						

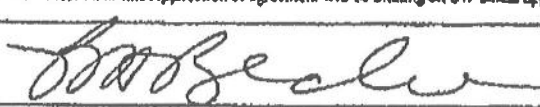
Trade References (Name, Address, City, State, Zip) Phone # Fax #

1) WOLF PO Box 62809 Baltimore MD 21264	800-388-9653	717-852-4810
2) PLY Gym 433 N MAWST Rock Mount Va 24151	877-314-8869	855-257-8217
3) HATCOCA 1901 Memorial Ave Lynchburg VA 24501	801-612-4582	801-612-4503

Applicant, through its authorized representative, represents and warrants that Applicant is applying for a commercial credit account from The Sherwin-Williams Company ("SW") that will be used for business purposes. Applicant and each person whose information is provided in the Guarantor section of this Application (each, a "Guarantor") authorizes SW to investigate Applicant's and Guarantor's credit history, respectively, both business and personal (which may include obtaining business and personal credit reports from a credit reporting agency), bank references and any other information deemed necessary by SW in connection with the establishment and maintenance of Applicant's commercial credit account. SW may report account activity and payment history to certain third parties, including credit bureaus.

If credit is granted, it is understood that the terms of sale are net 20th of the month following purchase. Applicant agrees (a) to make timely payment for all goods and services supplied to Applicant regardless of any credit limit assigned by SW, and (b) in the event Applicant's account is placed for collection to pay all costs including actual attorney's fees and court costs incurred by SW in the collection of any amounts owed to SW by Applicant. In the event of default and in addition to all other available remedies, SW may charge interest on any past due balance at the rate of 1.5% per month (i.e., 18% per annum) with said interest being calculated from the date of default. By signing below, each Guarantor personally guarantees to SW the collection of the amounts due hereunder upon Applicant's failure to pay as agreed and shall be jointly and severally liable for the debt of Applicant, including any fees and charges.

No Modification of this Application or agreement will be binding on SW unless approved by an authorized representative of SW's Credit Department.

Signature:  Date: **1/16/17** Signature: Date:

Printed Name: **Bret A. Bernecke** Printed Name:

INTERNAL USE	STORE #	CAC	TRK #	ACCOUNT #							
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CARDINAL HOMES
 525 BARNESVILLE HWY
 WYLLIESBURG, VA 23976 5217



CONSOLIDATED STATEMENT OF COMMERCIAL ACCOUNT
 STATEMENT DATE: 04/30/19
 CUSTOMER NUMBER: 2747-3852-5

JOB#	JOB NAME	TOTAL BALANCE	CURRENT DUE (PAYABLE BY 20TH OF THE CURRENT MONTH)	TOTAL PAST DUE (PAY IMMEDIATELY)	PAST DUE 1-30 DAYS	PAST DUE 31-60 DAYS	PAST DUE 61-90 DAYS	PAST DUE OVER 90 DAYS	NET AMOUNT DUE (INCLUDES CURRENT DUE & PAST DUE)
01	CARDINAL HOMES	22,847.45	0.00	22,847.45	10,042.93	9,396.16	3,408.36	0.00	22,847.45
	TOTAL BALANCE AS OF 04/30/19	22,847.45	0.00	22,847.45	10,042.93	9,396.16	3,408.36	0.00	22,847.45

SEE INCLUDED PAGES FOR TRANSACTION DETAIL AND OTHER INFORMATION BY JOB



STATEMENT OF COMMERCIAL ACCOUNT

STATEMENT DATE: 04/30/19 PAGE 1

THE SHERWIN-WILLIAMS CO.
ACCOUNTS RECEIVABLE DEPT.
2225 WILBORN AVE
SOUTH BOSTON, VA 24592 1629

REMITTANCE ADVICE
CUSTOMER NO.

2747-3852-5

PAGE 1

JOB NUMBER : 01 5061 / 00166

CARDINAL HOMES
525 BARNESVILLE HWY
WYLLIESBURG, VA 23976 5217

JOB NUMBER: 01
JOB NAME: CARDINAL HOMES
PAYMENT TERMS: NET 20TH PROX

DUE DATE
05/20/2019

PLEASE PAY
\$22,847.45

PLEASE RETURN THIS REMITTANCE ADVICE WITH
YOUR PAYMENT IN THE ENCLOSED ENVELOPE

THANK YOU FOR YOUR PAYMENT

ACCOUNT SUMMARY

PAST DUE AMOUNTS MUST BE PAID IMMEDIATELY

PREVIOUS BALANCE: \$22,847.45 CURRENT DUE: \$0.00
CURRENT MONTH CHARGES: \$0.00 PAST DUE 1-30 DAYS: \$10,042.93
CURRENT MONTH PAYMENTS: \$0.00 PAST DUE 31-60 DAYS: \$9,396.16
CURRENT MONTH STORE CREDITS: \$0.00 PAST DUE 61-90 DAYS: \$3,408.36
CURRENT MONTH OTHER DEBITS: \$0.00 PAST DUE OVER 90 DAYS: \$0.00
CURRENT MONTH OTHER CREDITS: \$0.00
ACCOUNT BALANCE: \$22,847.45

NET AMOUNT DUE: \$22,847.45

AMOUNT PAID	
CHECK NO.	

ACCOUNT DETAIL

DATE	TYPE	STORE	REF NO	P.O. NUMBER	JOB DESC	AMOUNT	SUBTOTAL	REF NO	AMOUNT	PLEASE CHECKMARK ITEMS PAID IN FULL OR ENTER AMOUNT PAID
01/24/2019	CHARGE	5250	55185	22101		\$228.12		55185	\$228.12	
01/24/2019	CHARGE	5250	55193	21672		\$163.84		55193	\$163.84	
01/24/2019	CHARGE	5250	14938	22101		\$834.60		14938	\$834.60	
01/28/2019	CHARGE	5250	16016	22101		\$256.80		16016	\$256.80	
01/31/2019	CHARGE	5061	38687	21749		\$1,927.00		38687	\$1,927.00	
02/04/2019	CHARGE	5061	38901	21758		\$128.40		38901	\$128.40	
02/04/2019	CHARGE	5061	32543	GRACO PART BEN		\$287.52		32543	\$287.52	
02/06/2019	CHARGE	5061	32865	21758		\$1,537.81		32865	\$1,537.81	
02/06/2019	CHARGE	5252	88779	PUMP REPAIR		\$234.10		88779	\$234.10	
02/08/2019	CHARGE	5061	32964	21847		\$666.71		32964	\$666.71	
02/11/2019	CHARGE	5252	33143	PUMP REPAIR		\$170.34		33143	\$170.34	
02/14/2019	CHARGE	5061	40311	21873		\$183.55		40311	\$183.55	
02/15/2019	CHARGE	5061	33830	21847		\$1,403.60		33830	\$1,403.60	
02/15/2019	CHARGE	5061	33848	21891		\$2,351.41		33848	\$2,351.41	
02/19/2019	CHARGE	5061	34093	21891		\$429.36		34093	\$429.36	
02/27/2019	CHARGE	5061	35223	21976		\$2,003.36		35223	\$2,003.36	
03/01/2019	CHARGE	5061	43059	22011		\$120.12		43059	\$120.12	
03/04/2019	CHARGE	5061	43414	21923		\$1,426.91		43414	\$1,426.91	
03/04/2019	CHARGE	5061	43398	21976		\$448.44		43398	\$448.44	
03/04/2019	CHARGE	5061	35769	22018		\$359.32		35769	\$359.32	



STATEMENT OF COMMERCIAL ACCOUNT

STATEMENT DATE: 04/30/19

PAGE: 2

REMITTANCE ADVICE
CUSTOMER NO.

PAGE 2

2747-3852-5

THE SHERWIN-WILLIAMS CO.
ACCOUNTS RECEIVABLE DEPT.
2225 WILBORN AVE
SOUTH BOSTON, VA 24592 1629

CARDINAL HOMES
525 BARNESVILLE HWY
WYLLIESBURG, VA 23976 5217

JOB NUMBER : 01

5061 / 00166

DUE DATE
05/20/2019

PLEASE PAY
\$22,847.45

JOB NUMBER: 01
JOB NAME: CARDINAL HOMES
PAYMENT TERMS: NET 20TH PROX

PLEASE RETURN THIS REMITTANCE ADVICE WITH
YOUR PAYMENT IN THE ENCLOSED ENVELOPE

THANK YOU FOR YOUR PAYMENT

IF YOU HAVE ANY QUESTIONS CONCERNING YOUR ACCOUNT, PLEASE CALL 434-572-3090

ACCOUNT DETAIL

DATE	TYPE	STORE	REF NO	P.O. NUMBER	JOB DESC	AMOUNT	SUBTOTAL	REF NO	AMOUNT	PLEASE CHECKMARK ITEMS PAID IN FULL OR ENTER AMOUNT PAID
03/08/2019	CHARGE	5061	36437	22032		\$340.80		36437	\$340.80	
03/08/2019	CHARGE	5061	36502	22038		\$513.60		36502	\$513.60	
03/08/2019	CHARGE	5061	36510	22038		\$226.88		36510	\$226.88	
03/13/2019	CHARGE	5061	45120	22038		\$54.73		45120	\$54.73	
03/15/2019	CHARGE	5061	37385	22064		\$142.08		37385	\$142.08	
03/16/2019	CHARGE	5061	37476	22072		\$66.00		37476	\$66.00	
03/16/2019	CHARGE	5061	37468	22071		\$923.92		37468	\$923.92	
03/18/2019	CHARGE	5013	32413	22068		\$128.40		32413	\$128.40	
03/18/2019	CHARGE	5061	46235	22036		\$99.72		46235	\$99.72	
03/19/2019	CHARGE	5061	46508	22074		\$1,636.44		46508	\$1,636.44	
03/21/2019	CHARGE	5061	38185	22069		\$2,439.60		38185	\$2,439.60	
03/25/2019	CHARGE	5061	38771	22093		\$43.36		38771	\$43.36	
03/25/2019	CHARGE	5061	38763	22093		\$351.46		38763	\$351.46	
03/25/2019	CHARGE	5061	38755	22095		\$256.80		38755	\$256.80	
03/26/2019	CHARGE	5061	38920	22089		\$464.35		38920	\$464.35	
							\$22,847.45			

FedEx

Express

envelope shipping

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

to **CARDINAL HOME CLAIMS**

ALCS

8021 PHILIPS HWY, STE1

JACKSONVILLE FL 32256

(904) 517-1442

REF:

PO:

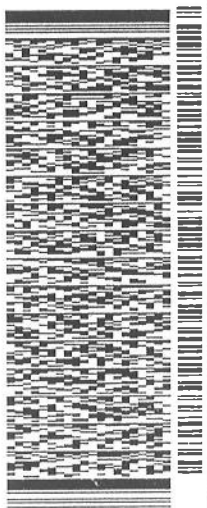
DEPT:

American In-23
Claim Services
Urban Services

UNIT COUNCIL

RECEIVED

JAN 08 2020



WED - 08 JAN 3:00P

STANDARD OVERNIGHT

TRK# 7774 1627 2932

0201

XH NRBA

32256

FL-US

JAX



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2932
13:00
01:10

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29
PZ

Align bottom of peel and stick airbill or pouch here.