

ID: 24777474

PIN: 3dFomhzi

Fill in this information to identify the case:

Debtor P-D Valmiera Glass USA Corp.

United States Bankruptcy Court for the Northern District of Georgia, Atlanta Division

Case number 19-59440

The Debtor has listed your claim on Schedule F as a General Unsecured claim in an Unknown or \$0.00 amount. If you believe that you have a claim against the Debtor, please complete and return this form accordingly.

Modified Form 410 Proof of Claim

04/19

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Other than a claim under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for an administrative expense arising after the commencement of the case.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or 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.

Part 1: Identify the Claim NameID: 14003243

1. Who is the current creditor? Alvin Wright
Name of the current creditor (the person or entity to be paid for this claim)
 Other names the creditor used with the debtor _____
 Corporate Tax ID _____

2. Has this claim been acquired from someone else? No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent? Alvin Wright
576 Maes Lane Lot 7
East Dublin, GA 31027
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)
 Address _____
 Contact phone _____
 Contact email _____

Where should payments to the creditor be sent? (if different)
 Name _____
 Number Street _____
 City State ZIP Code _____
 Country _____
 Contact phone _____
 Contact email _____

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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? _____

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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? 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? \$ _____ 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. Company Closed/without notice

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 amount 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

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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)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

- unsure*
- No
- Yes. Check all that apply:
- | | |
|---|---|
| <input type="checkbox"/> 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
\$ _____ |
| <input type="checkbox"/> Up to \$3,025* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | \$ _____ |
| <input type="checkbox"/> Wages, salaries, or commissions (up to \$13,650*) 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies. | \$ _____ |

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of this claim entitled to allowance as an administrative expense pursuant to 11 U.S.C. § 503(b)(9)?

- No
- Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim, including but not limited to relevant invoices and confirmation of delivery including delivery date.

For each delivery of goods received by the Debtor between May 28, 2019 and June 17, 2019, please state the following:

(Attach additional pages as needed)

	Date each shipment left claimant's loading dock, factory, warehouse, pier, etc.	Date each shipment delivered to Debtor's facility	Amount of Claim for each shipment	All available documents relating to each shipment are attached to this Request Form (Yes/No)
1				
2				
3				
4				
5				
6				
7				
	Total Claim:			

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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 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 30 20
MM / DD / YYYY

Alvin Wright
Signature

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

Name Alvin Wright
First name Middle name Last name

Title Winder

Company Valmiera Glass
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 576 Mae's Lane Lot 7
Number Street
East Dublin GA 31027 U.S.
City State ZIP Code Country

Contact phone 478-304-6086 Email _____

COMPLETED PROOF(S) OF CLAIM SHOULD BE SENT TO THE FOLLOWING ADDRESS BY MAIL, OVERNIGHT OR HAND DELIVERY:

Valmiera Glass Claims Processing Center
c/o KCC
222 N. Pacific Coast Hwy., Ste. 300
El Segundo, CA 90245

Alternatively, proof(s) of claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/valmieraglassusa>.

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Modified Form 410

Proof of Claim
page 4



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