

Fill in this information to identify the case:

Debtor 1 Henry Ford Village, Inc

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the Eastern District of Michigan

Case number 20-51066

Official 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. 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? Award Company of America, LLC
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)

<p>Where should notices to the creditor be sent?</p> <p><u>Award Company of America</u> Name</p> <p><u>6350 Old Montgomery Hwy</u> Number Street</p> <p><u>Tuscaloosa AL 35405</u> City State ZIP Code</p> <p>Contact phone <u>205-872-0941</u></p> <p>Contact email <u>accountsreceivable@awardcompany.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (if you use one):
KURTZMAN CARSON CONSULTANTS

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? \$ 1375.05 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: PPE - masks and stress Reliever balls

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: \$ 1375.05 (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: _____

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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 \$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).

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).

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 4/01/22 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 11/20/2020
MM / DD / YYYY

Becky Grammer
Signature

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

Name Becky Grammer
First name Middle name Last name

Title Accounting Manager

Company Award Company of America
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 6350 Old Montgomery Hwy
Number Street

Tuscaloosa AL 35405
City State ZIP Code

Contact phone 205-872-0941 Email Beckygrammer@awardcompany.com

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NOV 30 2020

KURTZMAN CARSON CONSULTANTS



**AWARD COMPANY
OF AMERICA®**

Accounts Receivable
P.O. Box 038988
Tuscaloosa, AL 35403

Overdue

Invoice: 37635

Date Ordered: 9/18/20
Date Invoiced: 9/30/20
Date Due: 10/30/20

Ordered By	Phone	Fax	Email
Matthew Wallace	313-584-1000		wallacemattthew@hfvillage.com

HENRY FORD VILLAGE
15101 FORD ROAD
DEARBORN, MI 48126

SHIP TO:
HENRY FORD VILLAGE
15101 FORD ROAD
DEARBORN, MI 48126

Customer #	PO Number	Terms	Sales Rep	Ship Method
33508		Net 30	Julie Gresham	Ground

Design ID	Design Title	Type
17615		SUB

Qty	Part Number	Color	Description	Unit Price	Total Price
1	SETUPCHRGAC A		Set Up Charge - SALESFLOOR	3.95	3.95
175	SBL300		WHITE SUBLIMATABLE FACE MASK	6.00	1,050.00
175					

Subtotal	1,053.95
Sales Tax	
Shipping	21.95
Total	1,075.90
Paid	
Balance	1,075.90

Note:

Remit To: Award Company of America | Fed Tax Id: 20-5856919
PO Box 038988
Tuscaloosa, AL 35403
Toll Free Number - 1-800-633-2021
Accounts Receivable - 1-205-872-0942





Accounts Receivable
P.O. Box 038988
Tuscaloosa, AL 35403

Overdue

Invoice: 37712

Date Ordered: 9/24/20
 Date Invoiced: 9/29/20
 Date Due: 10/29/20

Ordered By	Phone	Fax	Email
Matthew Wallace	313-584-1000		wallacemattthew@hfvillage.com

HENRY FORD VILLAGE
 15101 FORD ROAD
 DEARBORN, MI 48126

SHIP TO:
 HENRY FORD VILLAGE
 15101 FORD ROAD
 DEARBORN, MI 48126

Customer #	PO Number	Terms	Sales Rep	Ship Method
33508		Net 30	Julie Gresham	Ground

Design ID	Design Title	Type
17655		Promo

Qty	Part Number	Color	Description	Unit Price	Total Price
175	PS1003	BLUE	Stress Ball Sports Series Stress Reliver	1.23	215.25
1	SETUPCHRGAC A		Set Up Charge	50.00	50.00

175

Subtotal	265.25
Sales Tax	
Shipping	33.90
Total	299.15
Paid	
Balance	299.15

Note:

Remit To: Award Company of America | Fed Tax Id: 20-5856919
PO Box 038988
Tuscaloosa, AL 35403
Toll Free Number - 1-800-633-2021
Accounts Receivable - 1-205-872-0942

