

Fill in this information to identify the case:Debtor 1 Tuesday Morning Corporation

Debtor 2 _____

(Spouse, if filing) _____

United States Bankruptcy Court Northern District of TexasCase number: 20-31476

FILED

U.S. Bankruptcy Court
Northern District of Texas

5/27/2020

Robert J. Colwell, Clerk

**Official Form 410
Proof of Claim**Read the instructions before filling out this form. This form is for making a claim
make a request for payment of an administrative expense. Make such a request aFiled: USBC - Northern District of Texas
Tuesday Morning Corporation, et al (B10)
20-31476 (HDH)

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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?		<u>Creative Converting</u>	
		Name of the current creditor (the person or entity to be paid for this claim)	
		Other names the creditor used with the debtor <u>Hoffmaster Group, Inc.</u>	
2. Has this claim been acquired from someone else?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?		Where should payments to the creditor be sent? (if different)
	<u>Creative Converting</u>		<u>PO Box 881 49</u>
	Name		Name
	<u>2920 N. Main St. Oshkosh, WI 54901</u>		<u>Milwaukee, WI 53288-5490</u>
	Contact phone <u>9202359330</u>		Contact phone <u>800-558-9300</u>
	Contact email <u>katie.marquardt@hoffmaster.com</u>		Contact email <u>accountsreceivable@hoffmaster.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____			
4. Does this claim amend one already filed?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ <div style="text-align: right;">MM / DD / YYYY</div>	
5. Do you know if anyone else has filed a proof of claim for this claim?		<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	2119										
7. How much is the claim?	\$ 519114.14 <div style="float: right; text-align: right;"> Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A). </div>											
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 healthcare information. <div style="text-align: center;">GOODS SOLD</div>											
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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.) <table style="width: 100%;"> <tr> <td style="width: 50%;">Value of property:</td> <td style="width: 50%;">\$ _____</td> </tr> <tr> <td>Amount of the claim that is secured:</td> <td>\$ _____</td> </tr> <tr> <td>Amount of the claim that is unsecured:</td> <td>\$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Amount necessary to cure any default as of the date of the petition:</td> <td style="width: 40%;">\$ _____</td> </tr> </table> <table style="width: 100%;"> <tr> <td style="width: 60%;">Annual Interest Rate (when case was filed)</td> <td style="width: 40%;">_____ %</td> </tr> </table> <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		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)	_____ %
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)	_____ %											
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____											
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<div style="text-align: right;">Amount entitled to priority</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <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). </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <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). </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies </div>
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* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date <u>5/27/2020</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Katie Marquardt</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Katie Marquardt</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>Corporate Credit Manager</u></p> <p>Company <u>Hoffmaster Group, Inc.</u></p> <p>Address <u>2920 N. Main St.</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Oshkosh, WI 54901</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>800-558-9300 x 2155</u> Email <u>katie.marquardt@hoffmaster.com</u></p>
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**Statement
of
Account**

Statement Date	Customer No.	Page
5/27/20	2042120	1 of 1

TUESDAY MORNING ***CHAPTER 11 5/27/20***
 MERCHANDISE AP
 6250 LBJ FWY
 DALLAS TX 75240

REMIT TO
 CREATIVE CONVERTING INC
 CREATIVE CONVERTING B110149
 PO BOX 88149
 MILWAUKEE, WI 532888149 USA
 Questions?
 Call 715-823-3104 and ask
 for your credit representative.
 ANN KNAPP X5524

Desc	Invoice Number	Customer P. O. #	Invoice Date	Final Due	Discount Date	Discount Amount	Amount	Past Due *
INV	10351519	401287	1/07/20	3/07/20	1/07/20	.00	38478.40	*
INV	10353581	401945	1/08/20	3/08/20	1/08/20	.00	33194.44	*
INV	10353582	404919	1/08/20	3/08/20	1/08/20	.00	25338.10	*
INV	10355433	412054	1/09/20	3/09/20	1/09/20	.00	34317.20	*
INV	10390470	412053	1/24/20	3/24/20	1/24/20	.00	45840.00	*
INV	10417115	412082	2/05/20	4/05/20	2/05/20	.00	40153.92	*
INV	10417116	412082	2/05/20	4/05/20	2/05/20	.00	50731.92	*
INV	10418887	412083	2/06/20	4/06/20	2/06/20	.00	29961.00	*
INV	10428290	412085	2/12/20	4/12/20	2/12/20	.00	57675.24	*
INV	10429689	412084	2/13/20	4/13/20	2/13/20	.00	35104.32	*
INV	10429690	412086	2/13/20	4/13/20	2/13/20	.00	25932.48	*
INV	10442748	412087	2/24/20	4/24/20	2/24/20	.00	33195.84	*
INV	10447804	414579	2/26/20	4/26/20	2/26/20	.00	26697.60	*
INV	10481071	414580	3/17/20	5/16/20	3/17/20	.00	42493.68	*

Total Due	Last	Date	Amount	Check No.
519114.14		3/09/20	13300.00	778567

USD US DOLLARS

Summary of Past Due Items

1 to 30 Days	31 to 60 Days	61 to 90 Days	Over 90 Days	TOTAL PAST DUE
42493.68	299452.32	177168.14	.00	519114.14

We reserve the right to assess a service charge in the amount of 1.5% per month on past due balances.

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20-31476
CASE NO.

2-1
COURT CLAIM NO.

5/28/20
DATE RETRIEVED

TRS
RECEIVED BY