

Fill in this information to identify the case:

Debtor 1 _____

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of _____

Case number _____

RECEIVED

JUN 01 2020

LEGAL SERVICES

Filed: USBC - Northern District of Texas
Tuesday Morning Corporation, et al (B10)
20-31476 (HDH)



0000000013

TUE

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?	<u>LEISURE MERCHANDISING CORP</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <u>LEISURE MERCHANDISING CORP</u> Name <u>105 NORTHFIELD AVE</u> Number Street <u>EDISON</u> <u>NJ</u> <u>08837</u> City State ZIP Code Contact phone <u>732 902 2243</u> Contact email <u>robert@leisureluggage.com</u>	Where should payments to the creditor be sent? (if different) _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
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 _____ MM / DD / YYYY
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? ☒ 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? \$ 163,790.00 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 - travel goods - luggage

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 \$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 05 28 2020
MM / DD / YYYY

Signature

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

Name

ROBERT

M

VANG

First name

Middle name

Last name

Title

CONTROLLER

Company

LEISURE MERCHANDISING CORP

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

Address

105 NORTHFIELD AVE

Number

Street

EDISON

City

NJ

State

08837

ZIP Code

Contact phone

732 902 2243

Email

robert@leisureluggage.com

Leisure Merchandising Corp

105 Northfield Ave.

Edison, NJ 08837

Tel:(732) 346-9009 Fax:(732) 346-0013 Duns 19-556-3804

Invoice

Date	Invoice #
3/6/2020	662791

Bill To
Tuesday Morning Accts. Payable Dept. 6250 LBJ Freeway Dallas, TX 75240

Ship To
Tuesday Morning Main Whse. 4610 Langland Rd. Farmers Branch, TX 75244

P.O. No.	Ship Date	Ship Via	Terms
417139001	3/6/2020		Net 60

Qty	Style Number	Description	Rate	Amount
66	M0730-3S RGLD_X	LDF Stonebridge 360 H/S 3 Pc. Set Rose Gold	105.00	6,930.00
62	M0730-3S SIL_X	LDF Stonebridge 360 H/S 3 Pc. Set Silver	105.00	6,510.00
62	M0730-3S CHM_X	LDF Stonebridge 360 H/S 3 Pc. Set Champagne	105.00	6,510.00
176	1470-4SU BWSJ_X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Square Jac (U, 20, 24, 28)	152.50	26,840.00
94	1470-4SU BMWZ_X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Multi Z-1 (U, 20, 24, 28)	152.50	14,335.00
			INVOICE TOTAL	\$61,125.00

NO CLAIMS OR RETURNS WILL BE ACCEPTED WITHOUT PRIOR WRITTEN AUTHORIZATION.
A SERVICE CHARGE OF 1% PER MONTH WILL BE MADE ON ALL CHARGES OVER 30 DAYS.

THANK YOU
WE APPRECIATE YOUR BUSINESS

Date: 03-06-2020

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: Leisure Merchandising Corp.

Address: 105 Northfield Ave.

City/State/Zip: Edison, NJ 08837

SID#:

FOB: ☐

SHIP TO

Name: Tuesday Morning

Location #:

Address: 4610 Langland Rd.

City/State/Zip: Farmers Branch, TX 75244

CID#:

FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER

PKGS

460

15,340

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Y

Leisure Merchandising Corp

105 Northfield Ave.

Edison, NJ 08837

Tel:(732) 346-9009 Fax:(732) 346-0013 Duns 19-556-3804

Invoice

Date	Invoice #
3/9/2020	662793

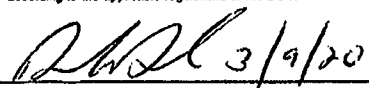
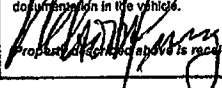
Bill To
Tuesday Morning Accts. Payable Dept. 6250 LBJ Freeway Dallas, TX 75240

Ship To
Tuesday Morning East Coast Bypass Facility 5 Logistics Drive Rd. Kearny, NJ 07032

P.O. No.		Ship Date	Ship Via	Terms	
417139006				Net 60	
Qty	Style Number	Description		Rate	Amount
99	M0730-3S RGLD X	LDF Stonebridge 360 H/S 3 Pc. Set Rose Gold		105.00	10,395.00
94	M0730-3S SIL X	LDF Stonebridge 360 H/S 3 Pc. Set Silver		105.00	9,870.00
94	M0730-3S CHM X	LDF Stonebridge 360 H/S 3 Pc. Set Champagne		105.00	9,870.00
253	1470-4SU BWSJ X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Square Jac (U, 20, 24, 28)		152.50	38,582.50
136	1470-4SU BWMZ_X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Multi Z-1 (U, 20, 24, 28)		152.50	20,740.00

NO CLAIMS OR RETURNS WILL BE ACCEPTED WITHOUT PRIOR WRITTEN AUTHORIZATION.
A SERVICE CHARGE OF 1% PER MONTH WILL BE MADE ON ALL CHARGES OVER 30 DAYS.

THANK YOU
WE APPRECIATE YOUR BUSINESS

Date: 03-09-2020		BILL OF LADING		Page 1 of 1	
SHIP FROM			SHIP TO		
Name: Leisure Merchandising Corp. Address: 105 Northfield Ave. City/State/Zip: Edison, NJ 08837 SID#: _____ FOB: <input type="checkbox"/>			Bill of Lading Number: 662793 Auth. # SN1464		
Name: Tuesday Morning Address: 5 Logistics Drive City/State/Zip: Kearny, NJ 07032 CID#: _____ FOB: <input type="checkbox"/>			CARRIER NAME: WHITEACRE LOGISTICS Trailer number: UMXU 266258 Seal number(s): 3890219		
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC:		
Name: _____ Address: _____ City/State/Zip: _____			Pro number: _____ Time In: 8:50 Time Out: 9:58		
SPECIAL INSTRUCTIONS:			Freight Charge Terms: Prepaid _____ Collect <u>X</u> 3rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLETS/SLIP (CIRCLE ONE)	
PO# 417139006		676	22,512	Y (N)	
				Y N	
				Y N	
				Y N	
				Y N	
GRAND TOTAL		676	22,512		
CARRIER INFORMATION					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
676	Ctns			22,512	
				Luggage	
676				22,512	
				GRAND TOTAL	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.					
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>  3/9/20				CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>  3/9/2020	

OFFICE COPY

Leisure Merchandising Corp

105 Northfield Ave.

Edison, NJ 08837

Tel:(732) 346-9009 Fax:(732) 346-0013 Duns 19-556-3804

Invoice

Date	Invoice #
3/17/2020	662792

Bill To
Tuesday Morning Accts. Payable Dept. 6250 LBJ Freeway Dallas, TX 75240

Ship To
Tuesday Morning 563 S. 63rd Ave. Phoenix, AZ 85043

P.O. No.		Ship Date	Ship Via	Terms	
417139003		3/17/2020		Net 60	
Qty	Style Number	Description		Rate	Amount
15	M0730-3S RGLD_X	LDF Stonebridge 360 H/S 3 Pc. Set Rose Gold		105.00	1,575.00
14	M0730-3S SIL_X	LDF Stonebridge 360 H/S 3 Pc. Set Silver		105.00	1,470.00
14	M0730-3S CHM_X	LDF Stonebridge 360 H/S 3 Pc. Set Champagne		105.00	1,470.00
37	1470-4SU BWSJ_X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Square Jac (U, 20, 24, 28)		152.50	5,642.50
20	1470-4SU BWMZ_X	LDF Sheffield 360 UL 4 Pc. Set Blk/White Multi Z-1 (U, 20, 24, 28)		152.50	3,050.00

NO CLAIMS OR RETURNS WILL BE ACCEPTED WITHOUT PRIOR WRITTEN AUTHORIZATION.
A SERVICE CHARGE OF 1% PER MONTH WILL BE MADE ON ALL CHARGES OVER 30 DAYS.

THANK YOU
WE APPRECIATE YOUR BUSINESS

16-Mar-2020

BILL OF LADING

Page 1 / 1

SHIP FROM**Reference Number****Bill of Lading Number:** 4820141231

LEISURE MERCHANDISING CORP
105 Northfield Ave.
EDISON, NJ 08837
Pete Andrus, 732-902-2317,
17-Mar-2020 08:00 AM - 03:00 PM

PO Number:
417139003
Shipper Reference #:
SN1463
Unique ID:
TM000001788

Carrier Name: ESTES EXPRESS LINES
SCAC: EXLA
Pro Number: ,
Freight Charge Terms: Third Party
Payment Method: Prepaid
Services:

SHIP TO

Phoenix Warehouse
563 South 63rd Ave
Phoenix, AZ 85043
Andres Ongay, 602-338-9813,
23-Mar-2020 12:00 AM - 11:59 PM

THIRD PARTY FREIGHT CHARGES BILL TO
Mode Transportation
1314 81st Ave NE
Minneapolis, MN 55432

Origin/Terminal**Destination/Terminal**

S PLAINFIELD NJ
Phone: 908-226-1166
Fax:

PHOENIX AZ
Phone: 602-308-0870
Fax:

DESCRIPTION OF PACKAGES AND GOODS

PACKAGES		HM	ITEM DESCRIPTION <small>UN or NA Number, Proper Shipping Name, Hazard Class, Packing Group</small>	COMMODITY CLASS	NMFC	WEIGHT	DECLARED VALUE
QTY	TYPE						
7	PALLET		LUGGAGE	150.0	187645-04	3587 lb	

Special Instructions

VOLUME RATE QUOTE VM6SWZW

IMPORTANT

This bill of lading was prepared by an authorized agency of MODE in cooperation with the shipper. MODE is authorized by either the named shipper or the named consignee on this document to pay transportation charges SOLELY to the carrier listed on this document. If a motor carrier, freight forwarder, broker or other transportation service provider has been dispatched by anyone other than an authorized agency of MODE, then it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from MODE, the consignor, or consignee.



QTY		WGT	
Total per BOL:		07	3587 lb

STRAIGHT BILL OF LADING - SHORT FORM -- ORIGINAL - Not Negotiable

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and Mode, the property described above, received in good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown above. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, or maintained by the carrier, except as specifically agreed to in writing by Mode and carrier. Rate individually determined and NOT subject to filed tariffs. No limitation of carrier liability applies to this shipment.

OFFICE COPY

Signature Shipper: [Signature]
Date: 3/17/20

Signature Carrier: [Signature]Print Carrier Name: ESTES EXPRESS LINESDate: 3/17/20

LEISURE MERCHANDISING
105 NORTHFIELD AVE.
EDISON, NJ 08837

TON DANIELS

IND 670

28 MAY 20

PM 61



RECEIVED

JUN 01 2020

LEGAL SERVICES

TUESDAY MORNING CORP, CLAIMS PROCESSING CENTER
% EPIQ CORPORATE RESTRUCTURING, LLC
P.O. Box 4420
BEAVERTON, OR 97076-4420

97076-042020

