

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

PROOF OF CLAIM



YOUR CLAIM IS SCHEDULED AS:

Schedule/Claim ID s844

Amount/Classification

\$203.36 Unsecured

In re:  
**American of Martinsville, Inc.**

Case Number:  
**10-11638**

NOTE: See Reverse for List of Debtors/Case Numbers/ important details. Other than claims under 11 U.S.C. § 503(b)(9), this form should not be used to make a claim for administrative expenses arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503(a).

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.

If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Name of Creditor and Address: the person or other entity to whom the debtor owes money or property

24838952000666  
SHELBA D JOHNSON TRUCKING INC.  
POST OFFICE BOX 7287  
HIGH POINT, NC 27264  
*Kristal Rose*

Creditor Telephone Number (374) 474-5221

Name and address where payment should be sent (if different from above):

RECEIVED  
JUL 23 2010  
BMC GROUP

Check this box to indicate that this claim amends a previously filed claim.

Claim Number (if known):

Filed on:

Payment Telephone Number ( )

1. AMOUNT OF CLAIM AS OF DATE CASE FILED \$ 653.33

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. BASIS FOR CLAIM:  
services performed

(See instructions #2 and #3a on reverse side.)

3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

3a. Debtor may have scheduled account as: DAVC 241151  
AMER 241150

4. SECURED CLAIM (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information

Nature of property or right of setoff:

Real Estate  Motor Vehicle  Other

Value of Property: \$ Annual Interest Rate: % if any: \$

Secured Claim Amount: \$

Unsecured Claim Amount: \$

**DO NOT** include the priority portion of your claim here.

Amount of arrearage and other charges as of time case fi included in secured claim, Basis for Perfection:

5. PRIORITY CLAIM

Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

You **MUST** specify the priority of the claim:

Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Wages, salaries, or commissions (up to \$11,725\*), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

Unsecured Priority Claim Amount: \$ Include **ONLY** the priority portion of your unsecured claim here.

Up to \$2,600\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use -11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a) ( ).

\* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

SECTION 503(b)(9) CLAIM \$

Check this box if your claim is for the value of goods received by the debtor within 20 days before the date of commencement of the case(11 U.S.C. § 503(b)(9)). Include the amount of such claim in the space for "Amount entitled to priority" above.

6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. SUPPORTING DOCUMENTS: Attach redacted copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See instruction 7 and definition of "redacted" on reverse side.) If the documents are not available, please explain.

DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 4:00 pm, prevailing Eastern Time on August 6, 2010 for Non-Governmental Claimants OR on or before November 15, 2010 for Governmental Units.

THIS SPACE FOR COURT USE ONLY

BY MAIL TO:  
BMC Group, Inc  
Attn: Barcalounger Corporation Claims Processing  
PO Box 3020  
Chanhassen, MN 55317-3020

BY HAND OR OVERNIGHT DELIVERY TO:  
BMC Group, Inc  
Attn: Barcalounger Corporation Claims Processing  
18750 Lake Drive East  
Chanhassen, MN 55317



00148

DATE  
7-19-10

SIGNATURE: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  
Kristal Rose - Kristal Rose

## INSTRUCTIONS FOR PROOF OF CLAIM FORM

*The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, there may be exceptions to these general rules.*

### ITEMS TO BE COMPLETED IN PROOF OF CLAIM FORM (IF NOT ALREADY PROPERLY FILLED IN)

<p><b>Court, Name of Debtor, and Case Number:</b> Fill in the name of the federal judicial district where the bankruptcy case was filed (for example Central District of California), the name of the debtor in the bankruptcy case, and the bankruptcy case number. If you received a notice of the case from the Claims Agent, BMC Group, some or all of this information may have been already completed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Debtor Name</b></td> <td style="width: 50%;"><b>Case No</b></td> </tr> <tr> <td>American of Martinsville, Inc.</td> <td>10-11638</td> </tr> <tr> <td>Barcalounger Corporation</td> <td>10-11637</td> </tr> </table>	<b>Debtor Name</b>	<b>Case No</b>	American of Martinsville, Inc.	10-11638	Barcalounger Corporation	10-11637	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(a).</b> If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority. Claims entitled to administrative priority under 11 U.S.C. § 503(b)(9) should be asserted by filling in the appropriate information on this Proof of Claim form. All other administrative claims must be asserted by an appropriate "request" under 11 U.S.C. § 503(a) and should not be asserted on this Proof of Claim form.</p>
<b>Debtor Name</b>	<b>Case No</b>						
American of Martinsville, Inc.	10-11638						
Barcalounger Corporation	10-11637						
<p><b>Creditor's Name and Address:</b> Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).</p> <p><b>1. Amount of Claim as of Date Case Filed:</b> State the total amount owed to the creditor on the date of the Bankruptcy filing. Follow the instructions concerning whether to complete item 4. Check the box if interest or other charges are included in the claim.</p> <p><b>2. Basis for Claim:</b> State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card.</p> <p><b>3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:</b> State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.</p> <p><b>3a. Debtor May Have Scheduled Account As:</b> Use this space to report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.</p> <p><b>4. Secured Claim:</b> Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.</p>	<p><b>6. Credits:</b> 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><b>7. Supporting Documents:</b> Attach to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). Do not send original documents, as attachments may be destroyed after scanning.</p> <p><b>Date and Signature:</b> The person filing this proof of claim <u>must</u> sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2), authorizes courts to establish local rules specifying what constitutes a signature. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.</p> <p><b>Date-Stamped Copy</b> <b>Return claim form and attachments, if any. If you wish to receive an acknowledgement of your claim, please enclose a self-addressed stamped envelope and a second copy of the proof of claim form with any attachments to the Claims Agent, BMC Group, at the address on the front of this form.</b></p> <p><i>Please read – important information: upon completion of this claim form, you are certifying that the statements herein are true.</i></p> <p>Be sure all items are answered on the claim form. If not applicable, insert "Not Applicable."</p>						

### DEFINITIONS

### INFORMATION

<p><b>DEBTOR</b> A debtor is the person, corporation, or other entity that has filed a bankruptcy case.</p> <p><b>CREDITOR</b> A creditor is any person, corporation, or other entity to whom the debtor owed a debt on the date that the bankruptcy case was filed.</p> <p><b>CLAIM</b> A claim is the creditor's right to receive payment on a debt that was owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.</p> <p><b>PROOF OF CLAIM</b> A form telling the bankruptcy court how much the debtor owed a creditor at the time the bankruptcy case was filed (the amount of the creditor's claim). This form must be filed with the court-appointed Claims Agent, BMC Group, at the address listed on the reverse side of this page</p> <p><b>SECURED CLAIM Under 11 U.S.C. §506(a)</b> A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors.</p>	<p>The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car.</p> <p>A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien. A claim also may be secured if the creditor owes the debtor money (has a right to setoff).</p> <p><b>UNSECURED NONPRIORITY CLAIM</b> If a claim is not a secured claim it is an unsecured claim. A claim may be partly secured and partly unsecured if the property on which a creditor has a lien is not worth enough to pay the creditor in full.</p> <p><b>UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)</b> Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.</p> <p><b>Evidence of Perfection</b> Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other</p>	<p>document showing that the lien has been filed or recorded.</p> <p><b>Redacted</b> A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.</p> <p><b>Offers to Purchase a Claim</b> Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.), and any applicable orders of the bankruptcy court.</p>
---	---	---

ONCE YOUR CLAIM IS FILED YOU CAN OBTAIN OR VERIFY YOUR CLAIM NUMBER BY VISITING [www.bmcgroup.com](http://www.bmcgroup.com)

**SHELBA D. JOHNSON TRUCKING INC.**

PO BOX 7287 - HIGH POINT NC 27264 (336)476-2000 FAX (336) 476-0187  
THIS STATEMENT CREATED BY====> KSPAINHOUR F8

AMERICAN OF MARTINSVILLE  
PO BOX 5071  
MARTINSVILLE VA 24115

6/07/2010

**STATEMENT OF ACCOUNT**

PAGE 1

**PLEASE PAY AMOUNT DUE PROMPTLY**

CUSTOMER # **AMER241150** **AMERICAN OF MARTINSVILLE**

	TOT \$ DUE	CUR \$ DUE	---	31+--	---	60+--	---	90+--		
	237.44					183.89		53.55		
DEST/ORIGIN	PROBILL	-DATE-		CUR \$ DUE	---	31+--	---	60+--	---	90+--
COPPER RIDGE INC	<b>392989</b>	1/22/10								53.55
ANDERSON MOVING	<b>423677</b>	3/26/10				183.89				
COUNT		2								

FINAL NOTICE INVOICES ARE DELINQUENT. A RESPONSE IS REQUIRED. OUR TERMS ALLOW APPLICATION OF 1.5 PCT. PER MONTH INTEREST ON ALL AMOUNTS DUE IN EXCESS OF 30 DAYS. IF THIS IS NOT CLEARED UP IMMEDIATELY THE ACCOUNT WILL BE TURNED OVER TO A COLLECTION AGENCY OR ATTORNEY. OUR TERMS ALSO ALLOW RECOVERY OF ALL COSTS INCURRED IN COLLECTION OF AMOUNT DUE. THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.

AMERICAN OF MARTINSVILLE  
PO BOX 5071  
MARTINSVILLE VA 24115

REMIT TO  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

PLEASE LIST PROBILL NUMBERS ON CHECK FOR PROPER CREDIT TO YOUR ACCOUNT. WE NOW ACCEPT VISA, MASTERCARD BY FAX OR ONLINE AT WWW.SDJTRUCKING.COM. WE ALSO ACCEPT CHECK BY FAX TOO.

ND

**DELIVERY RECEIPT**

SHELBA D. JOHNSON TRUCKING, INC.  
392989  
P.O. BOX 7287  
HIGH POINT, N.C. 27284  
PHONE: (336) 476-2000

I.C.C. NO. MC 179973

NPUCKETT

PLEASE REFER TO THIS PRO NUMBER ON ALL CORRESPONDENCE

392989

1 OF 1

DATE 1/22/2010	CONSIGNEE, AND DESTINATION COPPER RIDGE INC 710 OBRECHT RD SYKESVILLE MD 21784	SHIPPER AND ORIGIN SAM MOORE FURNITURE IND PO BOX 339 BEDFORD VA 24523	621
SHIPPER'S NUMBER 1614824		SEAT RATE CUSTOMER 540 5878114	
P.O. NUMBER 10057941	410-795-8808	026	059
ACKNOWLEDGE NO. 1175428	MINIMUM CHRG APPLIED		

RECEIVED				SHIPPED				INTER LINE		
CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	WEIGHT	RATE	CHARGES
	53651	1-24-10	2	1695	708	1-22-10	9	64	1.00	45.00

PIEZES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	CHARGES
5	2 CTN 4710 11 CHAIR ACK# 1175428 PO# 10057941 *****TTL CTNS***	64		45.00
2	FUEL SURCHARGE	64		45.00
				8.55

AMERICAN OF MARTINSVILLE  
PO BOX 5071  
MARTINSVILLE VA 24115  
A LADD FURNITURE INC CO  
MUST HAVE COPY OF BOL  
THANK YOU FOR YOUR BUSINESS  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

PAY THIS AMOUNT AFTER

2/21/2010

54.35

CHG.

**\*\* TOTAL 53.55**

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.

FIRM *COPPER RIDGE*

BY *Tom Butler*

DELIVERED BY *[Signature]*

TRUCK NO. *53651* DATE *1-20-10*

REMIT TO:

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

Date: 1/22/2010

**BILL OF LADING**

Page 1

**SHIP FROM**

Name: Sam Moore Furniture LLC  
 Address: 1556 Dawn Drive  
 City/State/Zip: Bedford VA 24523  
 SID#:   
 FOB:

Bill of Lading Number: 06628950001614824



(402) 06628950001614824

**SHIP TO**

Name: COPPER RIDGE INC Location #:   
 Address: 710 OBRECHT RD  
 City/State/Zip: SYKESVILLE MD 21784  
 CID#:   
 FOB:

**CARRIER NAME:** Shelba D. Johnson Trucking  
 Trailer number:  
 Seal number(s):

**SCAC:**  
 Pro: number:

392909

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: AMERICAN OF MARTINSVILLE  
 Address: ATTN: TRAFFIC DEPARTMENT  
 P O BOX 5071

City/State/Zip: MARTINSVILLE VA 24112

**Freight Charge Terms:** (freight charges are prepaid unless marked otherwise)

Prepaid  Collect  3rd Party

Master Bill of Lading: with attached underlying Bills of Lading

**SPECIAL INSTRUCTIONS:**

CARTON ALL ORDERS -- ATTACH PACKING SLIP

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	CUST# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
10057941	2.0000	64.0000	Y	N	1175428
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>	2.0000	64.0000			

**CARRIER INFORMATION**

HANDLING UNIT		PACKAGE		Weight	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
2	crtn	2	crtn	64 lbs		UPH.FURN.SET UP	175	175
2		2		64 lbs		<b>GRAND TOTAL</b>		

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:  Prepaid:   
 Customer check acceptable:

**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature SJD Shipper

**SHIPPER SIGNATURE / DATE**

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are applicable regulations of the DOT.

**Trailer Loaded**

- By Shipper
- By Driver

**Freight Counted**

- By Shipper
- By Driver/Pallets said to contain
- By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**

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.

Property described above is received in good order, except as noted

# SAM MOORE

## PACKING LIST

1556 Dawn Drive  
P.O. Box 339  
Bedford, Virginia 24523

2  
/  
2

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SOLD TO:	AMERICAN OF MARTINSVILLE P O BOX 5071 128 EAST CHURCH STREET MARTINSVILLE VA 24115-5071	SHIPPED DATE	1/22/2010
		DEPARTMENT	
CONSIGNEE TO:	COPPER RIDGE INC 710 OBRECHT RD SYKESVILLE MD 21784	SALES REP	193105-MOLDENHAUER, DAVID
		SHIP VIA	Shelba D. Johnson Trucking
		FREIGHT	Third Party Billing
		F.O.B.	FOB Factory

3 92989

SPECIAL INSTRUCTIONS: CARTON ALL ORDERS -- ATTACH PACKING SLIP

ORDERED	SHIPPED	P.O./COMMENTS	ORDER DATE	S.O.	STYLE/FABRICS/OPTIONS	UNIT WEIGHT
2.0000	2.0000	10057941 PLEASE NOTE PRICE COPPER RIDGE	11/24/2009	1175428	4710.11 (11710) Exposed Wood Chair CUSTOMER'S OWN MATERIAL/AOM 0	32.00 LB
TOTALS						
2.0000	2.0000					64.0000

**DELIVERY RECEIPT**

43

1/2  
 SHELBA D. JOHNSON TRUCKING, INC.  
 423677  
 P.O. BOX 7287  
 HIGH POINT, N.C. 27264  
 PHONE: (336) 476-2000

I.C.C. NO. MC 179973  
 CHERYL J  
 ON THE WEB AT WWW.SDJTRUCKING.COM

PLEASE REFER TO THIS  
 PRO NUMBER ON  
 ALL CORRESPONDENCE

423677

DATE 3/26/2010	CONSIGNEE, AND DESTINATION ANDERSON MOVING 14 FANARAS DRIVE SALISBURY MA 01952	SHIPPER AND ORIGIN KINCAID FURNITURE CO PO BOX 605 HUDSON NC 28638
SHIPPER'S NUMBER 0964476		
P.O. NUMBER 1006460 2		
ACKNOWLEDGE NO. 292590		
		PP % OF INVOICE 828 7283261 041

RECEIVED	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	INTER LINE
53449	2	1202	7204	4-7	2	1.00

PIECES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	CHARGES
B 1	CTN 91 084 CHINA BASE	250	.2535	63.38
B 1	CTN 91 088 CHINA DECK	357	.2535	90.50
2	*****TTL CTNS***	607		153.88
	FUEL SURCHARGE			30.01

AMERICAN OF MARTINSVILLE  
 PO BOX 5071  
 MARTINSVILLE VA 24115  
 A LADD FURNITURE INC CO  
 MUST HAVE COPY OF BOL  
 THANK YOU FOR YOUR BUSINESS  
 SHELBA D JOHNSON TRUCKING  
 PO BOX 536863  
 ATLANTA GA 30353-6863

\*\* TOTAL 183.89

PAY THIS AMOUNT AFTER 4/25/2010 186.65

REMIT TO:

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.	FIRM BY [Signature]	DELIVERED BY [Signature]
	TRUCK NO. 512	DATE 4-7-10

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

964476 TRAILER#: 53449  
SEAL: 20872

SHIPPER'S NUMBER



0964476

SIGNED TO AND DESTINATION

01 148000 LOAD#: 63229  
AMERICAN OF MARTINSVILLE  
AJL/ANDRESEN MVG & STG  
14 FANARUS DR C/O 438 WILSON MTN  
SALISBURY MA 01962  
USA

182  
423677

SOLD TO: AMERICAN OF MARTINSVILLE

**KINCAID**  
furniture company, inc.  
A L A S E B O Y COMPANY

Subject to Section 7 of conditions of application 22 of being, if this shipment is to be delivered in the consignee's warehouse, it is to be delivered to the consignee without payment on the consignee's account and the shipper shall sign the following statement:

This carrier shall not make delivery of the shipment without payment of freight and all other charges.

PER KINCAID  
(Signature of Consignor)

Clear or Vehicle (Article & Number)

Date Shipped 3/25/10

Shipped Via SHELBA JOHNSON

F.O.B. HUDSON, N.C.

IF CHARGES ARE TO BE PREPAID (CHECK FOR STAMP HERE "TO BE PREPAID")

**C.O.D. CHARGES TO BE PAID BY CONSIGNEE**

Receipt of apply to prepayment of the charges on the party described herein.

Agent/Carrier

PER (The signature and stamp must be stamped on the charges indicated)

\* If the shipment moves between this point by a carrier by water, the shipper shall be held of being stated whether it is "water's or shipper's weight."

NOTE - Unless the rate is dependent on value, consignee is required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be and exceeding

Kind of Package, Description of Article, Special Mark & Enclosures	No. Packages	No. Pieces	Weight (Net, in Case)	Value	Class. Category
*--CO 292590 P/L 964476 PO 1006460-2					
91-084 CHINA BASE	1	1	250	44.4	
91-088 CHINA DECK	1	1	357	65.6	
XAZ9007 522 RAS00210500SL	2		607	110.0	

THE PACKAGES OR PACKING USED IN THIS SHIPMENT CONFORM TO SPECIF. OF UNIFORM FREIGHT CLASSIFICATION

CAID FURNITURE CO., INC.

SHIPPER \_\_\_\_\_ Agent

Per \_\_\_\_\_ Per SLC 3/25/2010

present post-office address of shipper, HUDSON, NC 28638-0889



964476 TRAILER#: 53449  
SEAL: 20872

SHIPPER'S NUMBER

Every consignor is required to file this document (consensus and specific elements of product information, material composition, and chemical analysis) with the manufacturer's information. Multiple copies of this form are required in possession of the carrier before the carrier is to carry the goods. It is the responsibility of the shipper to ensure that the information is accurate and complete. The carrier is not responsible for the accuracy of the information provided by the shipper. The carrier is not responsible for the accuracy of the information provided by the shipper. The carrier is not responsible for the accuracy of the information provided by the shipper. The carrier is not responsible for the accuracy of the information provided by the shipper.

SIGNED TO AND DESTINATION

\*\*\*\*\*  
\*Certification of Compliance\*  
\* Regulation: 16 CFR 1303 \*  
\*\*\*\*\*

282  
423677

**KINCAID**  
furniture company, inc.  
A L A B O Y COMPANY

Subject to Section 7 of conditions of application bill of lading, if this shipment is to be delivered to the consignee without receipt on the consignee, the consignor shall sign the following statement:  
The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.  
PER \_\_\_\_\_  
(Signature of Consignor)

Car or Vehicle (Make & Number)  
Date Shipped: 3-25-10  
Shipped Via: SHJH  
F.O.B. HUDSON, N.C.

IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE "TO BE PREPAID"

C.O.D. CHARGES TO BE PAID BY CONSIGNEE

Receipt of \_\_\_\_\_  
copy to consignee of the charges on the party concerned herein.  
Agent or Carrier  
PER \_\_\_\_\_  
(This signature has no effect unless copy is enclosed herewith.)  
Consignor referenced to

"If the shipment moves between this point by a carrier by water, the law requires that the bill of lading shall state whether it is "water or shipper's weight."  
NOTE - When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.  
The agreed or declared value of the property is hereby specifically stated by the shipper to be and accepted.

Kind of Package, Description of Article, Special Marks & Exceptions	No. Packages	No. Pieces	Weight (Gross, in Car.)	Class	Special Conditions
Cert# Item# MfgDate Qty Mfg# 9001 91-084 3/2010 1 35807  Tested: Hudson, NC 28638  Mfg#: Summit Furniture CO., LTD DORCHESTER MARKETING INT BANK 01357741254 KEOHSIUNG, TAIWAN  Importer/Contact: 1 CPSIA Compliance Office Kincaid Furniture Co. 240 Pleasant Hill Rd Hudson, NC 28638  215332	1		22195		Importer# 1

THE PACKAGES OR PACKING USED IN THIS SHIPMENT CONFORMS TO SPECS. OF UNIFORM FREIGHT CLASSIFICATION

CAID FURNITURE CO., INC.

SHIPPER: SLC 3-25-10 Agent

Per \_\_\_\_\_ Per \_\_\_\_\_  
Mailing post-office address of shipper, HUDSON, NC 28638-4803

**SHELBA D. JOHNSON TRUCKING INC.**

PO BOX 7287 - HIGH POINT NC 27264 (336)476-2000 FAX (336) 476-0187  
THIS STATEMENT CREATED BY==> KSPAINHOUR F8

BARCALOUNGER FURNITURE  
PO BOX 5071  
ATTN TRAFFIC DEPT  
MARTINSVILLE VA 24115

6/07/2010

**STATEMENT OF ACCOUNT**

PAGE 1

**PLEASE PAY AMOUNT DUE PROMPTLY**

CUSTOMER # **BARC241151** **BARCALOUNGER FURNITURE**

DEST/ORIGIN	PROBILL	-DATE-	CUR \$ DUE	---	31+--	---	60+--	---	90+--
			TOT \$ DUE						
			415.89				327.39		88.50
BARCALOUNGER COMPANY	<b>408146</b>	2/18/10							88.50
BARCALOUNGER COMPANY	<b>417794</b>	3/05/10				237.76			
BARCALOUNGER COMPANY	<b>420398</b>	3/23/10				89.63			
COUNT									3

FINAL NOTICE INVOICES ARE DELINQUENT. A RESPONSE IS REQUIRED. OUR TERMS ALLOW APPLICATION OF 1.5 PCT. PER MONTH INTEREST ON ALL AMOUNTS DUE IN EXCESS OF 30 DAYS. IF THIS IS NOT CLEARED UP IMMEDIATELY THE ACCOUNT WILL BE TURNED OVER TO A COLLECTION AGENCY OR ATTORNEY. OUR TERMS ALSO ALLOW RECOVERY OF ALL COSTS INCURRED IN COLLECTION OF AMOUNT DUE. THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.

BARCALOUNGER FURNITURE  
PO BOX 5071  
MARTINSVILLE VA 24115

REMIT TO  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

ATTN TRAFFIC DEPT

PLEASE LIST PROBILL NUMBERS ON CHECK FOR PROPER CREDIT TO YOUR ACCOUNT. WE NOW ACCEPT VISA, MASTERCARD BY FAX OR ONLINE AT WWW.SDJTRUCKING.COM. WE ALSO ACCEPT CHECK BY FAX TOO.

43

SHELBA D. JOHNSON TRUCKING, INC.

DELIVERY RECEIPT

I.C.C. NO. MC 178973

PLEASE REFER TO THIS PRO NUMBER ON ALL CORRESPONDENCE

408146

FLAT

P.O. BOX 7287  
HIGH POINT, N.C. 27264  
PHONE: (336) 476-2000

ON THE WEB AT WWW.SDJTRUCKING.COM

SANDYG



DATE 2/18/2010	CONSIGNEE, AND DESTINATION BARCALOUNGER COMPANY 11 REDD PLANT ROAD MARTINSVILLE VA 24115	SHIPPER AND ORIGIN J CONN SCOTT 6 E CHURCH ST SELBYVILLE DE 19975	1 OF 1
SHIPPER'S NUMBER RA 2484			
P.O. NUMBER NO ORIG PRO			
ACKNOWLEDGE NO.	276 6322061 FLAT CHARGE APPLIED	LOC 034	302 4368205 041

RECEIVED				SHIPPED				INTER LINE		
CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	WEIGHT	RATE	CHARGES
	98010			100	727	2-27	1	100	2484	

PIECES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	CHARGES
A 1	CTN 794048 5231 17 PO# NO ORIG PRO NO ORIG PRO RA 2484 DRIVER LAYMAN CRUTHIS FRGT IN R OW 10	100		75.00
1	*****TTL CTNS*** FUEL SURCHARGE	100		75.00 13.50

BARCALOUNGER FURNITURE  
PO BOX 5071  
MARTINSVILLE VA 24115  
ATTN: TRAFFIC DEPT

\*\* TOTAL 88.50

PAY THIS AMOUNT AFTER 3/20/2010

REMIT TO:

THANK YOU FOR YOUR BUSINESS!  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.	FIRM BY <i>Mout Mouton (1pc)</i>	DELIVERED BY <i>[Signature]</i>	TRUCK NO. 304	DATE 2/23/10
---	--	------------------------------------	------------------	-----------------

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

Barcalounger Corporation  
128 East Church St.  
Martinsville, NC 24112  
(276) 632-2061

RETURN AUTHORIZATION FORM  
=====

Authorization Number: 2484

December 30, 2009

*10/31/10 No Orig P/O*

J CONN SCOTT INC  
CHURCH ST  
SELBYVILLE, DE 19975  
ATTN:

*RF 408142*

*PREVENT FOR CREDIT*

IMPORTANT NOTICE  
\*\*\*\*\*  
\* NO RETURNS WILL BE \*  
\* ACCEPTED UNLESS BOXED \*  
\*\*\*\*\*

Return authorization allowed for the following:  
1 794048 5231-17

Merchandise weight: 110 pounds    Return via: WORLD WIDE LOGISTICS  
1-800-985-0038 EXT 6729

\*\*\*\*\*  
\* BARCALOUNGER WILL NOT BE RESPONSIBLE FOR FREIGHT CHARGES \*  
\* WHEN OUR DESIGNATED CARRIER IS NOT USED \*  
\*\*\*\*\*

Return all merchandise to: BARCALOUNGER CORPORATION  
Attn: Steve Richardson  
11 Redd Level Plant Road  
Martinsville, VA 24112

=====

BARCALOUNGER CORPORATION  
DEBBIE MITCHELL  
CUSTOMER SERVICE REPRESENTATIVE

cc: STEVE RICHARDSON  
GERALD C SHAPPELL

*DRIVERS COPY*

**DELIVERY RECEIPT**

SHELBA D. JOHNSON TRUCKING, INC.

I.C.C. NO. MC 179973

PLEASE REFER TO THIS  
PRO NUMBER ON  
ALL CORRESPONDENCE

417794

FLAT

P.O. BOX 7287  
HIGH POINT, N.C. 27284  
PHONE: (336) 476-2000

ON THE WEB AT WWW.SDJTRUCKING.COM

SANDYG



1 OF 1

DATE 3/05/2010	CONSIGNEE, AND DESTINATION BARCALOUNGER COMPANY 11 REDD PLANT ROAD MARTINSVILLE VA 24115	SHIPPER AND ORIGIN GEHMANS FURNITURE 7 MT JOY STREET MT JOY PA 17552
SHIPPER'S NUMBER RA 2640		
P.O. NUMBER ORIG PRO 405367		
ACKNOWLEDGE NO.	276 6322061 FLAT CHARGE APPLIED	L O C 034 717 6531488 041

RECEIVED				SHIPPED				INTER LINE		
CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	WEIGHT	RATE	CHARGES
	98010			621	555	3-10-10	2	1.00	2640	

PIECES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	RATE	CHARGES
1	CTN 706514082 RECLINER			
	PO# ORIG PRO 405367			
A	1 CTN 704440082 RECLINER	236		199.80
	REFUSED ON PRO 405367			
	RA 2640			
	DBLE FRGT BOTH WAYS			
	DRIVER MARK YATES			
	FRGT IN ROW 12			
2	*****TTL CTNS***	236		199.80
	FUEL SURCHARGE			37.96

BARCALOUNGER FURNITURE  
PO BOX 5071  
MARTINSVILLE VA 24115  
ATTN: TRAFFIC DEPT

\*\* TOTAL 237.76

PAY THIS AMOUNT AFTER 4/04/2010 241.33

THANK YOU FOR YOUR BUSINESS!  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

REMIT TO:

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.	FIRM	DATE	DELIVERED BY
	BY <i>[Signature]</i>	3-11-10	<i>[Signature]</i>
	TRUCK NO.	DATE	
	306	3/11/10	

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

23A

DELIVERY RECEIPT

SHELBA D. JOHNSON TRUCKING, INC.

I.C.C. NO. MC 179973

PLEASE REFER TO THIS PRO NUMBER ON ALL CORRESPONDENCE

420398

FLAT

ON THE WEB AT WWW.SDJTRUCKING.COM

1 OF 1

DATE 3/23/2010	CONSIGNEE, AND DESTINATION BARCALOUNGER COMPANY 11 REDD PLANT ROAD MARTINSVILLE VA 24115	SHIPPER AND ORIGIN GEHMAN & COMPANY 121 GETTYSBURG PIKE MECHANICSBURG PA 17055 AKA-HOLLY TREE FARM INC
SHIPPER'S NUMBER RA 2699		
P.O. NUMBER NO ORIG PRO	276 6322061	L O C 034
ACKNOWLEDGE NO. NO PICK UP PRO	FLAT CHARGE APPLIED	717 6202323

RECEIVED				SHIPPED				INTER LINE		
CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	WEIGHT	RATE	CHARGES
	98010			1042	455	3-23	2	1.00	2699	
PIECES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS							WEIGHT	RATE	CHARGES
A	2 WRP	CHAIRS						330		75.00
	ACK#	NO PICK UP PRO PO# NO ORIG PRO NO PICK UP PRO/NO ORIG PRO RA 2699 DRIVER ROGER CARROLL FRGT IN ROW 13								
	2	*****TTL CTNS***						330		75.00
		FUEL SURCHARGE								14.63

BARCALOUNGER FURNITURE  
PO BOX 5071  
MARTINSVILLE VA 24115  
ATTN: TRAFFIC DEPT

\*\* TOTAL 89.63

NOT BOXED, MOSTLY WRAPPED

PAY THIS AMOUNT AFTER 4/22/2010 90.97

THANK YOU FOR YOUR BUSINESS!  
SHELBA D JOHNSON TRUCKING  
PO BOX 536863  
ATLANTA GA 30353-6863

REMIT TO:

RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.	DATE 3-25-10	DELIVERED BY [Signature]
	TRUCK NO. 380	DATE 3-24-10

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

**DELIVERY RECEIPT**

SHELBA D. JOHNSON TRUCKING, INC.

I.C.C. NO. MC 179973

PLEASE REFER TO THIS PRO NUMBER ON ALL CORRESPONDENCE

PICK UP

P.O. BOX 7287  
HIGH POINT, N.C. 27264  
PHONE: (336) 478-2000

ON THE WEB AT WWW.SDJTRUCKING.COM

JACKSON

420898  
REF PRO 411954  
1 OF 1

DATE 3/24/2010	CONSIGNEE, AND DESTINATION FLEMINGTON DEPT 7, RICCA 1011 RTE 22 EAST MOUNTAINSIDE NJ 07092	SHIPPER AND ORIGIN LEA INDUSTRIES-LADD/NO DE 3203 SHERRILL DR STATESVILLE NC 28687
SHIPPER'S NUMBER		
P.O. NUMBER	RATE CHAIRS B 908 6541516	
ACKNOWLEDGE NO. 411954		L O C 336 3154160

RECEIVED				SHIPPED				INTER LINE	
CHECKER	TRAILER NO.	DATE	NO. OF CARTONS	CHECKER	TRAILER NO.	DATE	NO. OF CARTONS		
	98000							411954	
PIECES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS						WEIGHT	RATE	CHARGES

1 CTN 203-171

CHEST  
PICK UP DAMGAGED CHEST FOR  
SALVAGE.

DO NOT PICKUP UNLESS PROPERLY PACKAGED OR CARTONED AND LABELED WITH CUSTOMER NAME & ADDRESS, MANUFACTURER NAME & ADDRESS, AND A COPY OF RETURN AUTHORIZATION FORM STAPLE OR RA# WRITTEN ON BOX.  
411954

1

\*\*\*\*\*TTL CTNS\*\*\*

PICK UP

② 53539

REMIT TO: SHELBA D JOHNSON TRUCKING PO BOX 536863 ATLANTA GA 30353-6863	RECEIVED IN GOOD CONDITION EXCEPT AS NOTED.	FIRM BY <i>[Signature]</i>	DELIVERED BY <i>[Signature]</i>
		TRUCK NO. 764	DATE 3-25

SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND AGREEMENT TO TERMS ON REVERSE UNLESS OTHERWISE NOTED. MAKE INSPECTION ON DELIVERY. SEE IMPORTANT INFORMATION ON REVERSE.

MAR-19-2010 11:44 From:

To:13364769701

P.2/2

From:276-6 388810

To:7176202324 GERMAN & COMPANY

M200958055.0.1 03/19/2010 14:28 Page 1 of 1

**RTF 420398**

Barcalounger Corporation  
128 East Church St.  
Martinsville, NC 24112  
(276) 632-2061

**RETURN AUTHORIZATION FORM**

Authorization Number: 2699

March 19, 2010

GERMAN & COMPANY  
121 GETTYSBURG PIKE  
MECHANICSBURG, PA 17055  
ATTN: SETU

*Raw B*

**IMPORTANT NOTICE**

\*\*\*\*\*  
\* NO RETURNS WILL BE \*  
\* ACCEPTED UNLESS BOXED \*  
\*\*\*\*\*

Return authorization allowed for the following:

ACK# 947811/PO# 101705 6/6801/6802/6810 TN 8413-11 \*SHOULD'VE HAD NO CUP HLDRS

Merchandise weight: 330 pounds Return via: WORLDWIDE LOGISTICS  
1-800-746-3687

\*\*\*\*\*  
\* BARCALOUNGER WILL NOT BE RESPONSIBLE FOR FREIGHT CHARGES \*  
\* WHEN OUR DESIGNATED CARRIER IS NOT USED \*  
\*\*\*\*\*

Return all merchandise to: BARCALOUNGER CORPORATION  
Attn: Steve Richardson  
11 Redd Level Plant Road  
Martinsville, VA 24112

BARCALOUNGER CORPORATION

CADEMY  
CUSTOMER SERVICE REPRESENTATIVE

cc: STEVE RICHARDSON  
BRIAN J. COUTU

*JCS*

*Roger Carroll*

*Shelba - 3/19*

*Julie - cust serv  
x5217*

*fax 336-476-9701*

*ONTREL# 53389*



RF 420398

GEHMAN CO.

FINE FURNITURE AND INTERIORS

P: 717.620.2323  
F: 717.620.2324  
171 Gettysburg Pike  
Mechanicsburg, PA 17055-5605  
www.GehmanAndCo.com

Pro # 418139

Fax

To: Julie From: Seth  
Fax: 336-476-9701 Pages: 2 (Inclusive)  
Phone: Date: 3/19/10  
Re: Parachute chairs CC:

( Urgent ( For Review ( Please Comment ( Please Reply ( Please Recycle

Hi Julie,

I just noticed they put the wrong return carrier on this paper. If there is any trouble I will pay the freight.

\*Note: we're returning (2) pieces of freight out of the (4) on that Pro #