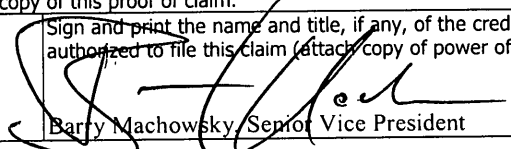


10-11637

FORM B116-90.

FORM 10. PROOF OF CLAIM

<b>United States Bankruptcy Court</b> <b>District of Delaware</b>		<b>PROOF OF CLAIM</b>	
<b>In re (Name of Debtor) American of Martinsville, Inc.</b>		<b>Case Number : 10-11638</b>	
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense maybe filed pursuant to 11 U.S.C. §503.</small>			
Name of Creditor (The person or entity to whom the debtor owes money or property) <b>MILBERG FACTORS, INC.</b>		<input type="checkbox"/> 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.	
Name and Addresses Where Notices Should be Sent  99 PARK AVENUE NEW YORK, NY 10016		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Telephone No. (212) 697-4200		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated	
<b>1. BASIS FOR CLAIM</b> <input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)		<div style="text-align: center;"> <b>RECEIVED</b>   <b>AUG 05 2010</b>   <b>BMC GROUP</b> </div> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from (date) _____ to _____ (date)	
<b>2. DATE DEBT WAS INCURRED</b>		<b>3. IF COURT JUDGMENT, DATE OBTAINED</b>	
<b>4. CLASSIFICATION OF CLAIM.</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM.			
<input type="checkbox"/> <b>SECURED CLAIM \$</b> Attach evidence of perfection of security interest  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)		<input type="checkbox"/> <b>UNSECURED PRIORITY CLAIM \$</b> Specify the priority of the claim.  <input type="checkbox"/> Wages, salaries, or commissions (up to \$2000), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtors business, whichever is earlier - 11 U.S.C. §507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(4)  <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a) (6)	
Amount of arrearage and other charges included in secured claim above, if any \$ _____		<input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. §507(a)(7) <input type="checkbox"/> ther- 11 U.S.C. §§507 (a)(2), (a)(5) - (Describe briefly)	
<input checked="" type="checkbox"/> <b>UNSECURED NONPRIORITY CLAIM \$975.70</b> A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b>			
\$ <u>975.70</u> (Unsecured)		\$ _____ (Priority)	
\$ _____ (Secured)		\$ <u>975.70</u> (Total)	
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>6. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.			
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. TIME-STAMPED COPY:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date July 14, 2010		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).  Barry Machowsky, Senior Vice President	

THIS SPACE IS FOR COURT USE ONLY

THIS SPACE IS FOR COURT USE ONLY

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AUG 19 PM 1:31

CLERK

U.S. BANKRUPTCY COURT

DISTRICT OF DELAWARE

Barcalounger

00321

03/11



*Milberg Factors Inc*

99 PARK AVENUE  
NEW YORK, N.Y. 10016  
(212) 697-4200  
(212) 697-4866 (FAX)

**SUMMARY OF MILBERG FACTORS, INC – PROOF OF CLAIM**

*NAME OF DEBTOR:*            *American of Martinsville, Inc.  
128 E. Church Street  
Martinsville, VA 24112*

*CASE NUMBER:*            *10-11638*

*DATE OF CLAIM:*        *07/14/10*

*TOTAL CLAIM:*            *\$975.70*

<u>CLIENT</u>	<u>AMOUNT</u>
<i>Coral</i>	<i>\$975.70</i>

*\*Statements Attached*

MILBERG FACTORS INC.  
99 PARK AVENUE  
NEW YORK, NY 10016-1502  
(212) 697-4200

STATEMENT REPRINT

PG	TO	CUSTOMER NUMBER	CLIENT NAME	STATEMENT DATE
1	AMERICAN OF MARTINSVILLE 128 E. CHURCH ST  MARTINSVILLE VA 24112	25001	CORAL	11/20/09

INVOICE				
DATE	NUMBER	PO #/DESCRIPTION	DUE DATE	AMOUNT
6/29/09	48348	1002937-1	7/29/09	35.95
9/10/09	49559	1004472-1	10/10/09	600.40
10/01/09	49800	1004912-1	10/31/09	339.35

TOTAL	CURRENT	1-30	31-60	61-90	OVER 90 DAYS
975.70					

SETTLEMENT FOR THE INVOICES ABOVE, WHICH HAVE BEEN DULY ASSIGNED AND MADE PAYABLE TO MILBERG FACTORS INC., MUST BE MADE DIRECT TO MILBERG FACTORS INC. NO OTHER SETTLEMENT WILL BE RECOGNIZED. PLEASE REMIT PAST DUE BALANCE OR EXPLAIN REASON FOR NON-PAYMENT. IF PAID INVOICES APPEAR ABOVE, PLEASE GIVE US DATE AND NET AMOUNT OF YOUR PAYMENT. ALWAYS IDENTIFY YOUR CUSTOMER NUMBER, SUPPLIER, DATE, NUMBER AND AMOUNT OF INVOICES ON PAYMENTS. OUR BOOKKEEPING SYSTEM PREVENTS US FROM SHOWING CREDITS ON THIS STATEMENT. ACCOUNT TOTALS AGED ABOVE ARE BASED ON INVOICE DUE DATES AND REFLECT PAYMENTS APPLIED THROUGH STATEMENT DATE. INTEREST WILL BE CHARGED ON ALL PAST DUE ITEMS.

**Coral**

102 Madison Avenue  
New York, NY 10016  
Tel: (212) 686-6829  
Fax: (212) 213-6459  
Web: www.coralfabrics.com  
Email: info@coralfabrics.com



Invoice No: 4M-8348

Invoice Date: June 29, 2009

Remit To: Coral  
C/O Millberg Factors  
99 Park Avenue  
New York, NY 10016

Sold To: American Of Martinsville  
Merrill Talbot  
128 E. Church Street  
Martinsville, VA 24112  
United States

Ship To: American of Martinsville  
11 Redd Level Plant Road  
Martinsville, VA 24112  
United States

Account No: 4252  
Customer PO: 1002937-1  
Sales Person: Burt Dalfon  
Frank Crecco

Shipped Via: UPS Ground  
Shipper Reference:  
FOB: Spartanburg, SC

Order No: 4CO-961

Terms: Due Net 30 Days

Sidemark: Item: P

Please Remit By: July 29, 2009

**THIS ACCOUNT HAS BEEN ASSIGNED TO MILBERG FACTORS. IF THIS INVOICE IS NOT FOUND TO BE CORRECT IN ALL RESPECTS, PLEASE NOTIFY MILBERG FACTORS AT (212) 697-4200 OR CORAL - CUSTOMER SERVICE.**

Pattern ID: Classic Suede - 22 Brass

Pattern Tag:

	Piece No.	Quality	Lot	Price	Yards	Extension
1Z3AT9130372484364	G113853 - 1	A		\$26.950	1.0	\$26.95
Totals:	1				1.0	\$26.95

Additional Fees:	Fee Description	Amount
	Shipping And Handling	\$9.00
	Fee Totals:	\$9.00

**PLEASE PAY THIS AMOUNT TO THE REMIT TO ADDRESS ABOVE - Pay In U.S. \$ Par Funds: \$35.95**

Deposit:  
Adjusted Total: \$35.95

Clauses: All claims must be made within thirty days before goods are cut or otherwise altered.  
Goods delivered to common carriers or sent via parcel post are at the risk of the purchaser.

Invoice Remarks: SPEC. Dalfon/Canada

**Coral**

102 Madison Avenue  
New York, NY 10016  
Tel: (212) 686-6829  
Fax: (212) 213-6459  
Web: www.coralfabrics.com  
Email: info@coralfabrics.com



Piece No: 4M-9559

Invoice Date: September 10, 2009

Remit To: Coral  
C/O Millberg Factors  
99 Park Avenue  
New York, NY 10016

Sold To: American Of Martinsville  
Merrill Talbot  
128 E. Church Street  
Martinsville, VA 24112  
United States

Ship To: Sam Moore  
1556 Dawn Drive  
Bedford, VA 24523  
United States

Account No: 4252  
Customer PO: 1004472-1  
Sales Person: Frank Crecco

Shipped Via: UPS Ground  
Shipper Reference:  
FOB: Spartanburg, SC

Order No: 4CO-3334

Terms: Due Net 30 Days

Sldemark:

Please Remit By: October 10, 2009

**THIS ACCOUNT HAS BEEN ASSIGNED TO MILBERG FACTORS. IF THIS INVOICE IS NOT FOUND TO BE CORRECT IN ALL RESPECTS, PLEASE NOTIFY MILBERG FACTORS AT (212) 697-4200 OR CORAL - CUSTOMER SERVICE.**

Pattern ID: Gracious - 9 Coral

Pattern Tag: TAG:PO 1002879

	Piece No.	Quality	Lot	Price	Yards	Extension
1Z3AT9130355917437	098130-1	A		\$35.950	16.0	\$575.20
<b>Totals:</b>	<b>1</b>				<b>16.0</b>	<b>\$575.20</b>

Additional Fees:	Fee Description	Amount
	Shipping And Handling	\$25.20
	<b>Fee Totals:</b>	<b>\$25.20</b>

**PLEASE PAY THIS AMOUNT TO THE REMIT TO ADDRESS ABOVE - Pay in U.S. \$ Par Funds: \$600.40**

Deposit:  
Adjusted Total: \$600.40

Clauses: All claims must be made within thirty days before goods are cut or otherwise altered.  
Goods delivered to common carriers or sent via parcel post are at the risk of the purchaser.

**Coral**

102 Madison Avenue  
 New York, NY 10016  
 Tel: (212) 686-8829  
 Fax: (212) 213-8459  
 Web: www.coralfabrics.com  
 Email: info@coralfabrics.com



Invoice No: **4M-9800**

Invoice Date: **October 01, 2009**

Remit To: **Coral  
 C/O Millberg Factors  
 99 Park Avenue  
 New York, NY 10016**

**Sold To: American Of Martinsville  
 Merrill Talbot  
 128 E. Church Street  
 Martinsville, VA 24112  
 United States**

**Ship To: American of Martinsville  
 11 Redd Level Plant Road  
 Martinsville, VA 24112  
 United States**

**Account No: 4252  
 Customer PO: 1004912-1  
 Sales Person: Frank Crecco**

**Shipped Via: UPS Ground  
 Shipper Reference:  
 FOB: Spartanburg, SC**

**Order No: 4CO-3895**

**Terms: Due Net 30 Days**

**Sldemark:**

**Please Remit By: October 31, 2009**

**THIS ACCOUNT HAS BEEN ASSIGNED TO MILBERG FACTORS. IF THIS INVOICE IS NOT FOUND TO BE CORRECT IN ALL RESPECTS. PLEASE NOTIFY MILBERG FACTORS AT (212) 697-4200 OR CORAL - CUSTOMER SERVICE.**

**Pattern ID: Gracious - 9 Coral**

**Pattern Tag: Item# PZ423**

	Piece No.	Quality	Lot	Price	Yards	Extension
1Z3AT9130355072260	098130-2	A		\$35.950	9.0	\$323.55
<b>Totals:</b>	<b>1</b>				<b>9.0</b>	<b>\$323.55</b>

Additional Fees:	Fee Description	Amount
	Shipping And Handling	\$15.80
	<b>Fee Totals:</b>	<b>\$15.80</b>

**PLEASE PAY THIS AMOUNT TO THE REMIT TO ADDRESS ABOVE - Pay In U.S. \$ Per Funds: \$339.35**

**Deposit:  
 Adjusted Total: \$339.35**

**Clauses: All claims must be made within thirty days before goods are cut or otherwise altered.  
 Goods delivered to common carriers or sent via parcel post are at the risk of the purchaser.**