

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF DELAWARE

PROOF OF CLAIM

In re:

Case Number:

10-H637

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).

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



24838954001167

MARIA CASTILLO  
707 CARTER STREET  
MARTINSVILLE, VA 24112

new Does  
2194 Volunteer rd  
elm city NC  
27822

☐ 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.

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

Creditor Telephone Number 443-1176 OR 276-226-

Name and address where payment should be sent (if different from above): 7329

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AUG 05 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

\$ Estimated \$6,000 total \$ 26,000 total

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: FAILURE TO PROVIDE COBRA HEALTH INSURANCE AND UNPAID VACATION PAY \$7140, UNPAID WAGES, APPROX \$1400

(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:

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

Secured Claim Amount: \$

DO NOT include the priority portion of your claim here.

Nature of property or right of setoff:

☐ Real Estate ☐ Motor Vehicle ☐ Other

Unsecured Claim Amount: \$

Value of Property: \$

Annual Interest Rate: % if any: \$

Amount of arrearage and other charges as of time case fil 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.

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

THIS SPACE FOR COURT USE ONLY

ATE

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

Barcalounger



00326

# 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"> <tr> <td><b>Debtor Name</b></td> <td><b>Case No</b></td> </tr> <tr> <td>American of Martinsville, Inc.</td> <td>10-11638</td> </tr> <tr> <td>Barcouloung Corporation</td> <td>10-11637</td> </tr> </table>	<b>Debtor Name</b>	<b>Case No</b>	American of Martinsville, Inc.	10-11638	Barcouloung Corporation	10-11637	<p><b>5. Amount of Claim Entitled to Priority Under 11 U.S.C. §507(c).</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 filing 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						
Barcouloung 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 must 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> 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.</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

**DEBTOR**  
A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**CREDITOR**  
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.

**CLAIM**  
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.

**PROOF OF CLAIM**  
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.

**SECURED CLAIM Under 11 U.S.C. §506(a)**  
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.

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.

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).

**UNSECURED NONPRIORITY CLAIM**  
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.

**UNSECURED PRIORITY CLAIM Under 11 U.S.C. §507(a)**  
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.

**Evidence of Perfection**  
Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other

## INFORMATION

document showing that the lien has been filed or recorded.

**Redacted**  
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.

**Offers to Purchase a Claim**  
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.

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



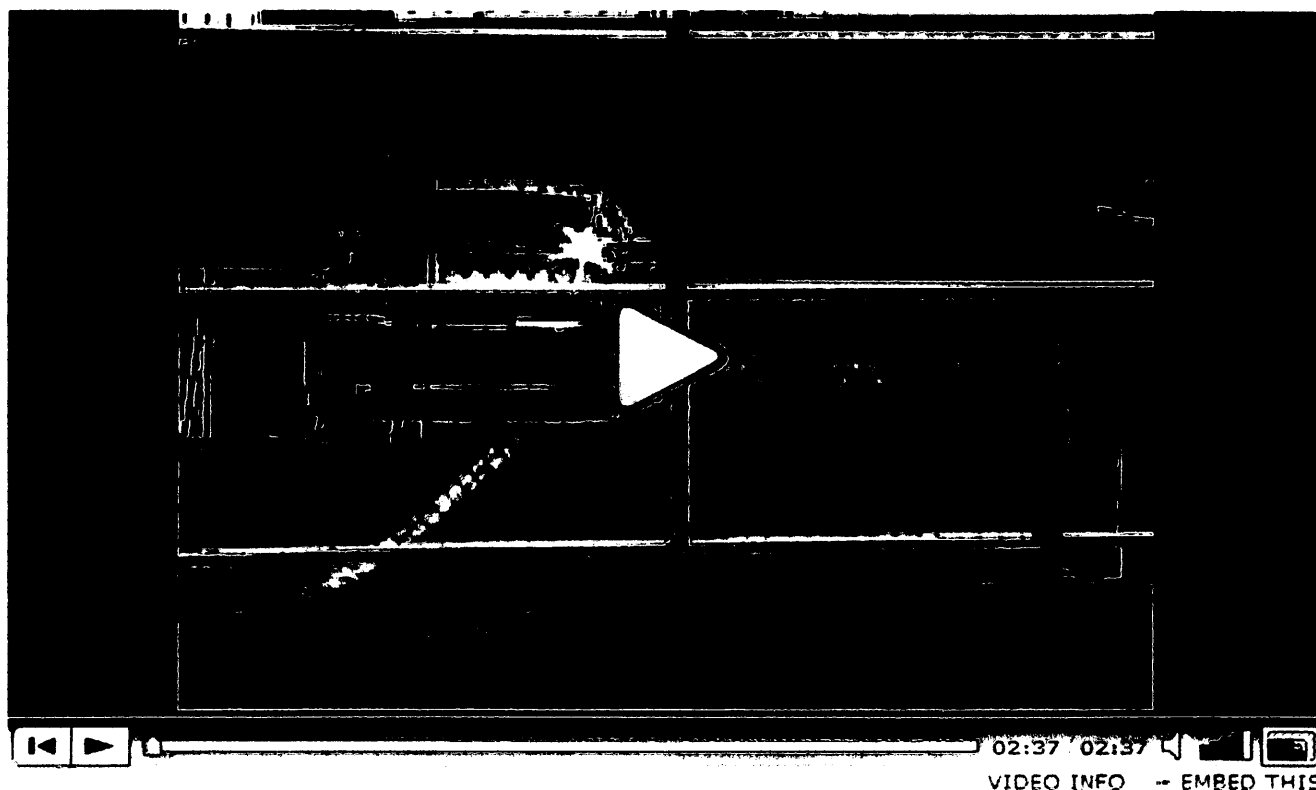
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## Local leaders not notified of Martinsville plant closing



### Local leaders not notified of Martinsville plant...

One employee tells us most employees were laid off at American of Martinsville last Friday. Local leaders have not been notified of the plant closing.

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By [Jarett Henshaw](#)

Published: April 22, 2010

Updated: April 22, 2010

JULY 20 OF 2010:

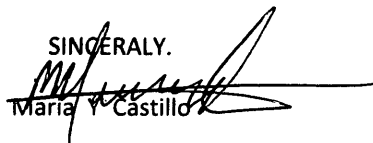
TO; WHOM

CONCERNING:

I USE THIS WAY TO LET KNOW MY COMPLAIN FOR DAMAGES TO PERSONAL Y LABOR AND I REQUIREN MY PAY FOR \$ 26,000.00 ( TWENTY SIX TOUSENDS DOLLAR S 00/100) FOR SHUT DOWN OUT NOTIFICATION, THIS MONEY INCLUUE MY VACATION 'S, WAGES AND INSURANCE CANCELATION OUT OF RIGHT TIME,TITIS MEANS EXPENSAS FOR MEDICAL & DENTAL BILLS NO PAY FOR INSURANCE WHEN AND POSTUBE COVER, FOR PREEXISTING CONDICIONS ON MY RAIHT ARM AND HAND REQUIERE AND OPERATION ON MY FOUR FINGER I WAS LET KNOW MY MANAGER MR. BILL TUSSING AND THE HUMAN RESOURCES MANAGER MISS .BERVELY THEY KNOW AND APPROVED MY OPERATION WHEN THE NEXT DAY THE COMPANY SHUT DOWN.

I 'WAS WORK FOR BARCALOUNGER CORPORATION FOR THE LAST 10 YEARS THE I NSURANGE WAS CANCELED ON APRIL 14 OT 2010. I WAS STILL WORKING TO MY LAST DAY ON APRIL 15 2010 AND THE COMPANY DROP FOR MY PAY CHECK THE PAY FOR MY INSURANCE UNTIL APRIL 2/9/17 APRIL 2010 WHY THEY CANCELED BEFORE MY LAST PAYMENT? . NOW INSURANCE NO WANT TO MY DENTIST BILLS BEFORE APRIL 15,2010 THIS NO JUSTICE. MY DENTIST BILL IT IS FOR \$ 5,200 DLS. WHEN BARCALOUNGER MOVE TO MARTINSVILLE VA. FROM ROCKY MOUNT N.C. WE MOVE WITH THE COMPANY NOW WE MOVE AGAIN TO OUR HOUSE BACK BECAUSE WE NO HAVE JOB ON VIRGINIA ( MARTINSVILLE ) AND WE EXPENSE MONEY FOR GO BACK TO OUR HOME PLUS WE LOST OUR DEPOSIT ON THE RENT ON THE HOUSE ON MARTINSVILLE BECAUSE THE LAND LORD NO GIVE THE MONEY BACK ,I FEEL TO MUCH STRESS AND I DEPRESIVE FOR LOT OF PROBLEMS FOR THIS CASE .

BUT GOD IS JUSTICE AND I WAIT FOR HIS HOLY SOLUCION, THANKS FOR EVERYTHING AND GOD BLESS YOU.

SINCERALLY.  
  
Maria Y. Castillo

My.adress. 2194 Volunteer rd

Elm City N.C. 27822

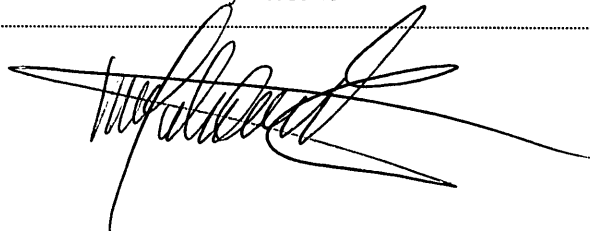
My. Phone # 252 443 11 76 home cell . 276 226 73 29

Julio 20 de 2010.

A QUIEN CORRESPONDA;

Por medio de la presente les notifico mi demanda por danos y perjuicios en lo personal y laboral ,y requiero una liquidacion de \$ y 26 ,000.00 dolls . por cierre de la compania sin notificarnos con anticipacion ,vacaciones no pagadas, gastos medicos no cubiertos x no pagar la seguridad , y descuentos de mi sueldo gastos medicos ,dentista,vista . requiero la devolucion de esos descuentos de mi cheque de sueldo de los ultimos pagos de abril . y lesion de mi brazo derecho y mi dedo por lo cual reclamo los gastos que me genera las consultas a los medicos x lo cual estaba notifique a mi managuer el sr. Bill Tussing y a la jefa de recursos humanos Berbely y me dijeron que no me preocupara que la seguridad no me la suspendian , pero al dia siguiente que tenia que sacar la cita para continuar con el tratamiento que por los anos trabajados en esa empresa como cortadora de piel a mano sillones y sofás que fueron 10 anos de cortar a mano lo cual me genero un problema en el brazo derecho de tunel carpó y en el dedo un quiste del tendón que cada dia crece y necesita una operacion por lo cual no puedo seguir con las consultas x que le dieron de baja a la seguridad el dia 14 de abril 2010 y yo todavia esta trabajando el dia 15 de abril y cuando termine mi trabajo del viernes me dijo mi supervisor que regrese el lunes 18 de abril a trabajar por que tenia 60 sillas para cortar a , mano por que las operadoras de las computadoras de cortar ya las habian descansado por 2 semanas mientras llegaba la piel para trabajar . pero estaba con el doctor que me estaba realizando un estudio del brazo y dedo por lo cual lo tuve que suspender x que nos hablaron para presentarnos en la oficina por que tenian algo urgente que informarnos ,fuimos mi esposo jose hernandez que también trabajaba barcalouger tenia un año allí de trabajar y yo que trabaje 10 anos por lo cual nunca falte a mi trabajo y nos informaron que la compañía iba a cerrar temporalmente ,hasta que les llegue el dinero que les iba a enviar el dueño de la compañía y que ellos nos avisaban como a las 3 semanas para continuar con nuestro trabajo, asi fue el sr. Bill tussing estuvo localizando a l 75 trabajadores incluyendo nos para empezar a trabajar , pero luego el gobierno embargo la compañía barcalouger end american of martinsville . entonces estuvimos tratando de localizar a los jefes inmediatos pero nadie nos contestaba y no podíamos entrar a la fabrica por que estaba un policía y nadie nos informaba .mientras nosotros no sabíamos que hacer por que pagamos renta y el contrato esta x vencer y no teníamos dinero x que ya 5 semanas sin trabajar no habia trabajo entonces decidimos regresar a carolina del norte ,x lo cual nos genero gastos extras de mudanzas \$ 500 dolls ,perdida de deposito \$ 400 dolls ,medicinas \$ 600 dolls no cubiertas por la seguridad medica esas medicinas son muy necesarias para mi esposo por que tiene diabetes y diario tiene que inyectarse ,y el dentista tampoco lo cubrieron x que el dentista paso el cobro el dia después que nos dieron de baja y ahora no puedo ni comer x que me dejo sin el puente y ahora me esta cobrando sin que me termine el trabajo x que la seguridad no quiere pagar . \$ 5,200.00 dolls. Y asi ,otros gastos de consultas generadas x extress y ahora estoy sin trabajo .sin dientes,con dolor ,en el brazo y dedo cada dia creciendo mas el tendón lesionado ,. y necesito la operación de mi dedo por que no puedo trabajar de da dolor y se me inflama , y el brazo se adormece y con dolor utilizo un protector que el doctor me receto mientras me operan el túnel carpó, y el dedo es del brazo derecho, por favor les suplico ayude me para poder operarme los danos del brazo causado x 10 anos de trabajo como cortadora a mano de piel.si ustedes requieren de algún a carta medica yo se los puedo proporcionar ,solo que necesito consultar de nuevo pero no tengo dinero y estoy adeuda con los gastos médicos anteriores y el dentista,y otros mas gastos generados por el cierre de la empresa que no nos notificaron a tiempo y nos tuvieron con extress, sin informarnos que pasaba y yo estoy en estado depresivo . Yo creo en la justicia divina y dios va obrar en ella ,

Que dios les bendiga  
Maria y castillo



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# MARTINSVILLE BULLETIN

Friday, July 30, 2010

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## BREAKING NEWS: American not operating Monday

Back

Monday, April 19, 2010

By DEBBIE HALL - Bulletin Staff Writer

American of Martinsville was not operating on Monday.

"We have ceased our operations for the moment," said Bobby Mims, vice president of human resources for American.

He declined to elaborate.

Last week, Mims said there are about 225 full-time employees at the Redd Level Plant off Rives Road.

"The retail industry continues to be a challenge," he said last week.

Less than a year ago, American announced that more than 100 jobs would be created as American consolidated operations with its sister company, Barcalounger Home.

The "shared services agreement" was to bring 94 new full-time production jobs paying an average wage of \$12.29 per hour, plus a benefits package, to the Redd Level facility, company officials said at the time.

Barcalounger's corporate offices also moved to American's headquarters in uptown Martinsville, bringing another 14 jobs to the community, in addition to the 40 people already employed there.

American was founded in 1908.

See Tuesday's Martinsville Bulletin and this Web site for more details.

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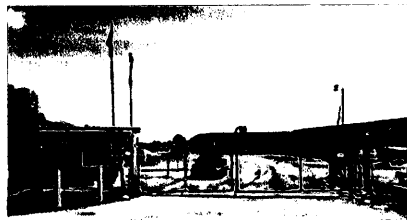
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GREATEST SELECTION ON THE PLANET

## Work disrupted at American

Back



American of Martinsville's Redd Level plant, which employs 225 people, has "ceased operations for the moment," the company's vice president of human resources said Monday. The plant was closed Monday and will not be open today, Bobby Mims said. Above, an off-duty Henry County Sheriff's Office deputy mans the plant's front gate Monday afternoon. (Bulletin photo by Mike Wray)

Tuesday, April 20, 2010

By DEBBIE HALL - Bulletin Staff Writer

American of Martinsville's Redd Level plant will not operate today.

It also did not operate on Monday.

"We have ceased our operations for the moment," Bobby Mims, vice president of human resources for American, said Monday.

He added the plant would not be operating today but noted there will be employees in the main office.

Mims declined to answer further questions.

There are about 225 full-time employees at the company's Redd Level Plant off Rives Road, he said last week.

Off-duty Henry County deputies were hired to watch the gate at the entrance to the Redd Level plant. They were working there at midday Monday.

Less than a year ago, American announced that more than 100 jobs would be created as it consolidated operations with its sister company, Barcalounger Home.

That "shared services agreement" was to bring 94 new full-time production jobs paying an average wage of \$12.29 per hour, plus a benefits package, to the Redd Level facility, company officials said at the time.

Barcalounger's corporate offices also moved to American's headquarters in uptown Martinsville, bringing another 14 jobs to the community, in addition to the 40 people already employed there, officials said then.

"Absolutely jobs were created as part of the Barcalounger project," Mims said Monday.

Founded in 1908, American is a Delaware corporation with operations in Martinsville.

Barbara Redd, manager of the Virginia Employment Commission office on Spruce Street, did not return a call for comment Monday.

**MARTINSVILLE HENRY COUNTY**  
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## MARTINSVILLE BULLETIN

Sunday, August 1, 2010

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## Plant closing is official

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Sunday, April 25, 2010

By DEBBIE HALL - Bulletin Staff Writer

Some American of Martinsville employees gathered Friday to bid farewell, as the company started the process of notifying workers that its Redd Level plant is closing permanently.

Bobby Mims, vice president of human resources, said American started the process to distribute WARN letters to employees on Friday. WARN stands for Worker Adjustment and Retraining Notification Act and is a federal mandate to help ensure advance notice in cases of qualified plant closings and mass layoffs.

Last week, Mims estimated that there were about 225 full-time employees.

The WARN letter informs employees that they are permanently laid off, Mims said.

The termination of employees is "effective immediately," the letter stated.

Mims said Friday that he could not elaborate.

Mary Foley, who was among several employees gathered to bid farewell to former co-workers, said she had not been notified of the permanent shut-down early Friday afternoon.

Foley, of Bassett, said she was employed by American for 14 years before Thursday, April 15 — her last day of work.

"I was told to come in Friday (April 16) to do some samples for product development," Foley said, but when she arrived that morning, she was met in the parking lot by and told "the plant was shut down till further notice."

The following Monday, Foley said, she was told employees no longer had health insurance or benefits.

Her husband was laid off from Stanley Furniture in January, Foley said. The loss of her job at American "kicks in the gut."

"We all worked really hard and we all worked together. Some had been there longer and some had not been there as long, but we spent more time with (co-workers) than we did with our own families," Foley said.

She said she attended Friday's gathering because "it just didn't seem right to end with no goodbyes" or wishing co-workers good luck in the future.

Foley drew a paycheck on Friday, paying her for the last 32 hours she worked at American. She said she was not, however, paid for 4.5 days vacation.

Wayne Brim, of Martinsville, said he lost 12 days of vacation pay.

He said he had been with the company for 10 years, before he was put on what he thought was a temporary furlough.

An April 15 phone call changed all that.

Brim said the supervisor told him the plant was closed until further notice.

"I had gotten no letters and no reason" from the company, Brim said.

Sherry Jefferson, also of Martinsville, worked for American for the last six or seven months, before her final day on April 7, she said.

When Jefferson went to pickup her check on April 16, she said she was met at the gate by off-duty police officers. There, Jefferson said a plant official told her that the plant was closed temporarily.

Some employees were told April 16 to "come, get your stuff and leave," Jefferson said. Others were not allowed entry.

"Even supervisors on salary were told to leave Friday (April 16) and that their benefits run out at midnight" that same date, Jefferson said she was told.

Several of the employees who gathered Friday lived in Rocky Mount, N.C., and worked for American's sister company, Barcalounger, until those operations moved to the Redd Level plant about a year ago.

Barcalounger employees like Maria Costello jumped at the offer to follow their jobs to Martinsville.

Costello said she spent a decade working at Barcalounger and is now owed a week's worth of accrued vacation days.

She received no notice that the company was closing, and last worked on April 15.

Costello also said she suffers from a work-related injury that still requires treatment.

"Now, the insurance (is) gone ... The people knew nothing. They didn't tell people," Costello said. "It's (a) big problem," especially since she is making two house payments: one in North Carolina and the

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BOBBY L. MIMS  
VICE PRESIDENT- HUMAN RESOURCES

P.O. Box 5071  
128 East Church Streets  
Martinsville, VA 24115-5071  
PHONE (276) 632-4027  
E-MAIL [bmims@americanofmartinsville.com](mailto:bmims@americanofmartinsville.com)

April 7, 2010

As we go forward please note the changes in our holiday pay policy as stated below. **This change is effective immediately** for questions regarding the changes please contact Bobby Mims or Beverly Riddle.

---

#### **Overtime Pay (Hourly Paid)**

From time to time it may be necessary for you to perform overtime work in order to complete a job on time. All overtime must be approved in advance by your manager. When it is necessary to work overtime, you are expected to cooperate as a condition of your employment. There are two types of overtime work:

1. **Scheduled Overtime**: Scheduled overtime work is announced in advance and generally will involve an entire department or operation.
2. **Incidental Overtime**: Incidental overtime isn't scheduled; it becomes necessary in response to extenuating circumstances.

If you are an "hourly" associate and you perform overtime work, you will be paid one and one-half (1-1/2) times your regular hourly wage for any time over forty (40) hours per week that you work.

Full-time "hourly" associates who work on a company holiday will be given another day off for the holiday and be paid time and one half (1-1/2) for work performed on the holiday. All hours worked on holidays are paid one and one-half (1-1/2) times your regular pay. Notice to work overtime will take into consideration your need to make personal adjustments, where possible. Holiday pay, vacation pay, jury duty pay, and bereavement pay will not be counted in calculating overtime pay for the week.



*Recibe mayo 5/2010*

P.O. Box 5071  
128 East Church Street  
Martinsville, VA 24115-5071  
PHONE (276) 632-2081

April 23, 2010

Employee Name  
Employee Address

**RE: WARN Notification - American of Martinsville**

**Dear Employee First Name:**

American of Martinsville is announcing its intent to shutdown its Redd Level manufacturing facility located at:

11 Redd Level Plant Road  
Martinsville, VA 24112

As a result of this action, your employment will end. Your termination may be covered by the Worker Adjustment and Retraining Notification Act (WARN). Therefore, we are providing you the following information:

1. **Separation:** American of Martinsville has begun terminating employees affected by the permanent shutdown of its Redd Level operations. Your termination is effective immediately.

2. **Bumping Rights:** No bumping rights exist.

3. **Statement Regarding Status of Planned Action:** The employment losses that will occur are expected to be permanent.

4. **Company Contact Information:** For information regarding your upcoming termination or the facility shutdown, please contact Bobby Mims, VP HR, (276) 634-2942.

Very truly yours,

American of Martinsville

American of Martinsville  
Period 04/11/2010 - 04/17/2010

Bank Name		Account Type		Account Deposited		Tax Status: Federal		Married		State VA	
Current Earnings		Current Deductions		Net Pay		YTD Earnings		YTD Deductions		YTD Net Pay	
456.00		103.05		352.95		12456.77		2516.94		9939.83	

Invoice 4/15/10

Earnings	Department	Hours	Reg Rate	Current	YTD	Deductions	Current	YTD
Regular	618105	32.00	14.25000	456.00	10,414.01	FEDERAL INCOME	0.00	198.88
Overtime-Weekly					924.13	FEDERAL MEDICARE	5.70	166.06
Holiday					228.00	FEDERAL SOCIAL	24.35	710.06
Vacation					890.63	VIRGINIA	9.78	438.02
						Medical HStat	54.92	872.72
						Vision	4.84	77.44
						Dental	3.46	53.76

Employee Name: Maria Castillo    Employee Number: 002121    Social Security No: \*\*\*-\*\*-1276    Advice Date: 04/23/2010    Advice Number: D010748

4 weeks pay

Employee Name		Employee Number		Social Security No.		Advice Date		Advice Number	
Maria Castillo		002121		***-**-1276		04/02/2010		D010526	
Earnings	Department	Hours	Reg Rate	Current	YTD	Deductions	Current	YTD	
Regular	618105	42.50	14.25012	605.63	8,969.05	FEDERAL INCOME	0.00	198.88	
Overtime-Weekly	618105	2.50	7.12400	17.81	924.13	FEDERAL MEDICARE	8.12	144.55	
Holiday					114.00	FEDERAL SOCIAL	34.73	618.10	
Vacation					776.63	VIRGINIA	18.80	392.35	
						Medical HStat	54.92	707.96	
						Vision	4.84	62.92	
						Dental	3.46	43.38	
Current Earnings		Current Deductions		Net Pay		YTD Earnings		YTD Deductions	
623.44		124.87		498.57		10783.81		2168.14	
								YTD Net Pay	
								8615.67	

**KHS** AMERICAN OF MARTINSVILLE INC.  
c/o Kanawha HealthCare Solutions, Inc.  
PO Box 1000  
Lancaster, SC 29721

**Address Service Requested**



MARIA CASTILLO  
707 CARTER ST  
MARTINSVILLE, VA 24112-6401

**If You Have Any Questions Call Our  
Customer Service Department at  
(800) 822-1274  
Visit us at [www.khsonline.com](http://www.khsonline.com)**

**Claim No.:** 101131453G  
**Approver:** TAL  
**Ins/Mem:** MARIA CASTILLO  
**ID#:** 0401800772  
**Claimant:** MARIA CASTILLO  
**Patient#:**  
**Date:** 05/11/2010  
**Group:** AMERICAN OF MARTINSVILLE  
  
**Group#:** L40180  
**Location#:** 0000000  
**Check#:** 0

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an EMDEON payer. For more information  
contact us online at [khsonline.com](http://khsonline.com)

**EXPLANATION OF BENEFITS**

Line No.	Provider	Date(s) Of Service	Procedure	Proc Code	Total Charges	Excluded Charges	Co-Pay	Deductible	Covered Expense	Paid At	Balance Paid By Plan
01	DIETRICH CRAIG B	04/20/10 - 04/20/10	BRIDGE	D6752	1,300.00	1,300.00	0.00	0.00	0.00	0%	0.00
02	DIETRICH CRAIG B	04/20/10 - 04/20/10	BRIDGE	D6242	1,950.00	1,950.00	0.00	0.00	0.00	0%	0.00
03	DIETRICH CRAIG B	04/20/10 - 04/20/10	BRIDGE	D6242	650.00	650.00	0.00	0.00	0.00	0%	0.00
04	DIETRICH CRAIG B	04/20/10 - 04/20/10	BRIDGE	D6752	1,300.00	1,300.00	0.00	0.00	0.00	0%	0.00
<b>TOTALS</b>					<b>5,200.00</b>	<b>5,200.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>0.00</b>
<b>To Be Paid By Plan</b>											<b>0.00</b>
<b>Patient Responsibility to Provider</b>											<b>5,200.00</b>

**Accumulators**

N/A

**Payment To**

N/A

**Amount**

**Claim Remarks**

Line No.	Explanation
01, 02, 03, 04	(Line 01 - \$1,300.00) (Line 02 - \$1,950.00) (Line 03 - \$650.00) (Line 04 - \$1,300.00) Charges incurred after the termination of coverage are not covered. refer to the provisions of your plan document regarding termination of coverage.
<p>On request at no charge KHS will provide you the internal rules, guidelines, protocols, criteria, or standards for determining medical necessity, experimental treatment or similar exclusions or limits, which were relied on in making this determination. You or an authorized representative may appeal this determination by following a 2-level appeal procedure. To file a Level 1 Appeal, send KHS a written request within 180 days of receipt of this notice to P.O. Box 1000, Lancaster, SC 29721. You may submit written comments, documents, records and other information relating to this claim. On request at no charge KHS will provide you copies of information relevant to this claim, which will be reviewed even if not considered in the original determination. The Level 1 Appeal will not be reviewed by the person who made the initial determination nor a subordinate thereof, and no deference will be given to the initial determination. If the initial determination was based in any way on a medical judgment, the plan administrator will consult with a health care professional(s) neither involved in the initial determination nor a subordinate thereof. On request KHS will provide the identity(ies) of the medical or vocational experts utilized during the appeal. You will be notified of the Level 1 Appeal decision within 15 days (pre-service claim) or 30 days (post-service claim) of the date the Plan receives the appeal. If the appeal is denied, you may file a Level 2 Appeal within 60 days of the date you receive the Level 1 Appeal decision. Level 1 Appeal procedures will apply to Level 2 Appeals. If the Level 2 Appeal is denied, you may bring a civil action under ERISA Section 502(a). For further information, please consult your summary plan description.</p>	

RX # 0074145-12495

DATE: 04/15/10

**NAPROXEN 500MG TABLETS**

QTY: 60 4 REFILLS BEFORE 04/15/11

New NDC: 68462-0190-05

Retail Price: \$19.99 Your Insurance Saved You: \$12.04

\$ 7.95

DR. M. WENKSTERN  
MFG: GLENMARK  
QLB/FRJ/FRJ/FRJPLAN: ANT  
CLAIM REF# 30001221071500*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Customer  
Receipt

(252)937-4891

RX # 0074145-12495

DATE: 04/15/10

**NAPROXEN 500MG TABLETS**

QTY: 60 4 REFILLS BEFORE 04/15/11

New NDC: 68462-0190-05

Retail Price: \$19.99 Your Insurance Saved You: \$12.04

\$ 7.95

DR. M. WENKSTERN  
MFG: GLENMARK  
QLB/FRJ/FRJ/FRJPLAN: ANT  
CLAIM REF# 30001221071500*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Duplicate  
Receipt

Pharmacy use only

**WAITING**

THU 5:44PM

New

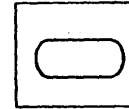
NAPROXEN 500MG TABLETS

68462-0190-05

FAST RACK

QTY 60

20 DRAM



LIGHT ORANGE

FRONT: G 32

BACK: 500

QLB/FRJ/FRJ/FRJ

Med Guide

**MARIA CASTILLO**2194 Volunteer Rd, Elm City, NC 27822  
(252)937-4891

RX # 0064280-12495

DATE: 04/24/10

**NASONEX 50MCG (120 SPRAYS) 17G**

QTY: 17 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00085-1288-01

Retail Price: \$111.99 Your Insurance Saved You: \$91.99

\$ 20.00

C. PARK, MD  
MFG: SCHERING  
DBP/DBP/DBP /DBPPLAN: ANT  
CLAIM REF# 30001226773165*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Customer  
Receipt**MARIA CASTILLO**2194 Volunteer Rd, Elm City, NC 27822  
(252)937-4891

RX # 0064280-12495

DATE: 04/24/10

**NASONEX 50MCG (120 SPRAYS) 17G**

QTY: 17 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00085-1288-01

Retail Price: \$111.99 Your Insurance Saved You: \$91.99

\$ 20.00

C. PARK, MD  
MFG: SCHERING  
DBP/DBP/DBP /DBPPLAN: ANT  
CLAIM REF# 30001226773165*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Duplicate  
Receipt

Pharmacy use only

SAT 2:00PM

Refill

NASONEX 50MCG (120 SPRAYS) 17G

00085-1288-01

FAST RACK

QTY 17

DBP/DBP/DBP /DBP

**JOSE HERNANDEZ**707 Cutters St, Elm City, NC 27822  
(252)937-4891

RX # 0072564-12495

DATE: 03/23/10

**LANTUS SOLOSTAR PEN INJ 5 X 3ML**

QTY: 15 3 REFILLS BEFORE 03/23/11

New NDC: 00088-2220-60

Retail Price: \$221.99 Your Insurance Saved You: \$201.99

\$ 20.00

C. PARK, MD  
MFG: AVENTIS  
QLB/DSR/DSR/DSR/D.S. ROBERSONPLAN: ANT  
CLAIM REF# 30001204081444*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Customer  
Receipt**JOSE HERNANDEZ**707 Cutters St, Elm City, NC 27822  
(252)937-4891

RX # 0072564-12495

DATE: 03/23/10

**LANTUS SOLOSTAR PEN INJ 5 X 3ML**

QTY: 15 3 REFILLS BEFORE 03/23/11

New NDC: 00088-2220-60

Retail Price: \$221.99 Your Insurance Saved You: \$201.99

\$ 20.00

C. PARK, MD  
MFG: AVENTIS  
QLB/DSR/DSR/DSR/D.S. ROBERSONPLAN: ANT  
CLAIM REF# 30001204081444*Walgreens*2707 GREENSBORO RD MARTINSVILLE, VA 24112  
PH: (276)632-0180Duplicate  
Receipt

Pharmacy use only

**WAITING**

TUE 6:37PM

New

LANTUS SOLOSTAR PEN INJ 5 X 3ML

00088-2220-60

REFRIG

QTY 15

LIQUID

QLB/DSR/DSR/DSR/D.S. ROBERSON

## Med Guide