

CASE TYPE: Civil/Miscellaneous

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF HENNEPIN

STATE OF MINNESOTA

In Re: Wayzata Home Products, LLC
and cliqstudios.com LLC

Court File No.: 27-CV-20-4326

Judge: David L. Piper

**ORDER GRANTING ASSIGNEE'S
MOTION TO ESTABLISH A CLAIMS PROCESS**

The above-captioned matter came before the Court on the Motion of Lighthouse Management Group, Inc., in its capacity as assignee ("Assignee"), to Establish Claims Process ("Motion"). Based upon all of the files, records, and proceedings herein, the Court hereby orders:

1. The Motion to Establish Claims Process is **GRANTED**.
2. The Assignee has provided 21-days' notice of the Motion to all parties on the master service list, and the Court finds that this is adequate notice under Minn. Stat. § 576.35, for consideration of the claims procedures Motion. Such notice is on par with the notice period to consider non-dispositive motions under Minn. Gen. R. Practice § 115.04.
3. The proposed Proof of Claim Form and Instructions ("Proof of Claim Form"), attached hereto as Exhibit A, is approved.
4. The proposed Notice of Claims Procedure attached as Exhibit B to the Declaration of Samuel J.H. Sigelman in support the Motion, is approved.
5. Within 5-days of this Order, the Assignee will serve by mail the approved Proof of Claim Form and Notice of Claims Procedure, or forms that are substantially similar, to the known creditors and other parties in interest of assignors, Wayzata Home Products, LLC, and its

subsidiaries, including cliqstudios.com LLC (together with the other subsidiaries, Square Cabinets LLC f/k/a Itasca Cabinets LLC and Wayzata Cabinetry LLC, collectively the “Assignors”).

6. The Assignee will prepare a schedule of claims that sets forth the known creditors of the Assignor and the amounts owing to such creditors based upon the books and records of the Assignors (“Preliminary Schedule”). Each creditor’s Proof of Claim Form will be customized, based on the Preliminary Schedule, to set forth preliminary claim amount for that creditor. Creditors who do not object to their preliminary claim, as set forth on the customized Proof of Claim Form, need not file a proof of claim to establish their claim. If a creditor disputes the preliminary claim amount, as set forth on the customized Proof of Claim Form, or the customized Proof of Claim Form does not include a preliminary claim amount and the creditor believes it has a claim, the creditor must file a proof of claim in accordance with the claim process approved by the Court. Permitting non-objected-to and preliminary claims set forth on the customized Proof of Claim Form will reduce duplication and help facilitate an efficient claim process.

7. The deadline to submit a proof of claim to the Assignee shall be 5:00 p.m. CDT, 30 days after the date on which the Assignee sends the approved notice of claim procedure and Proof of Claim Form to the known creditors and other parties in interest of the Assignor.

8. Following the claim deadline, the Assignee will file a schedule of all submitted claims. The deadline for the Assignee to file a schedule of all claims shall be 5:00 p.m. CDT, 30 days after the claim filing deadline.

9. The Assignee will review each timely submitted claim and may request additional documentation or information from a claimant, as necessary, to verify or determine the allowed amount of the claim. If the amount of a claim as submitted corresponds with the amount verified

by the Assignee, and the claim is not disallowed by court order due to an objection or otherwise disallowed, the claim will be deemed an allowed claim. If after review by the Assignee of a submitted claim, the Assignee and the claimant agree that the claim should be allowed in an amount different than the amount of the claim as submitted, the Assignee will notify the Court of the allowed amount of the claim, which notice may be provided by the Assignee on an individual or omnibus basis.

10. To the extent that the Assignee is unable to verify the amount of a submitted claim, or if the claimant does not agree with the Assignee's verified amount of the submitted claim, the Assignee may file a written objection to the claim pursuant to Minnesota Statutes Section 576.50. The Assignee may file a written objection on an individual or omnibus basis. The Assignors, or any party in interest, may also file a motion objecting to a claim pursuant to Minn. Stat. § 576.50.

11. The deadline for Assignee and other interested parties to file written objections to claims shall be 5:00 p.m. CDT, 60 days after the claim filing deadline.

12. This Court shall retain jurisdiction over any and all matters arising from the interpretation and implementation of this Order.

IT IS SO ORDERED.

Date:

Hon. David L. Piper
Judge of District Court

EXHIBIT A

(Proof of Claim Form)

PROOF OF CLAIM FORM TO BE SUBMITTED TO THE ASSIGNEE
DO NOT FILE WITH COURT

STATE OF MINNESOTA DISTRICT COURT
COUNTY OF HENNEPIN, FOURTH JUDICIAL DISTRICT

Court File No. 27-CV-20-4326

PROOF OF CLAIM FORM

**Wayzata Home Products, LLC and its subsidiaries, including cliqstudios LLC, 6 Square Cabinets LLC
f/k/a Itasca Cabinets LLC, and Wayzata Cabinetry LLC (collectively, the “Debtor”)**

PLEASE READ THE ENCLOSED BAR DATE NOTICE AND ATTACHED INSTRUCTIONS AND REQUIREMENTS FOR PROOFS OF CLAIM BEFORE COMPLETING THIS FORM.

PURPOSE OF COMPLETING THIS PROOF OF CLAIM FORM. You only have to complete this Proof of Claim form if you disagree with the Claim Amount listed in Line 4 below. If you agree with this amount, there is nothing further for you to do and the Assignee will treat the amount listed on Line 4 below as your Claim Amount. The deadline for filing this Proof of Claim is 5:00 p.m. CDT on July __, 2020.

1. Name, Address, of Claimant

[Claimant Name]

[Claimant Address]

2. Other contact information of Claimant

Primary Contact Name: _____

Primary Contact Phone Number: _____

Primary Contact E-mail Address: _____

3. Name, Address, Phone Number and E-Mail Address of Claimant’s Attorney (if any)

Name: _____

Address: _____

Phone Number: _____

E-mail Address: _____

4. Amount of Claim as of the Date of this Proof of Claim: \$ [AMOUNT]

5. Assignor Entity against which this Claim is made (Check box)

☐ Wayzata Home Products, LLC

☐ cliqstudios.com LLC

☐ 6 Square Cabinets LLC f/k/a Itasca Cabinets LLC

☐ Wayzata Cabinetry LLC

6. Documentation of Claim:

- (a) Date debt was incurred:_____
- (b) Nature / description of claim:_____
- (c) Attach copies of all documents in support of this claim, in accordance with Section 10 below.

7. Security Interests:

- (a) If any portion of your claim is secured by property of the Debtor, or any other entity, check this box: ☐
- (b) Attach copies of all documents on which you rely to establish that your claim is secured in whole or in part.

8. Setoffs / Counterclaims. If you are aware of any setoffs or counterclaims the Debtor may have against your claim, check this box and provide details and documentation of such setoff or counterclaim: ☐

9. Credits. By submitting this Proof of Claim, you are confirming that the amount of all payments made by the Debtor on this claim has been credited and deducted for the purpose of making this Proof of Claim.

10. Supporting Documentation. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. You may also attach a summary. **DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.** If the documents are not available, please explain.

11. Date-Stamped Copy. To receive an acknowledgement of filing of your claim, enclose a stamped, self-addressed envelope and a copy of this Proof of Claim.

Date: _____, 2020

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)

Sign_____

Print Name_____

Print Company_____

Print Title_____

By signing this Proof of Claim form you are representing that your claim is not subject to a charge back credit from a credit card company; or setoff from another supplier, or any other source. Providing false, misleading or incomplete information or incomplete documentation will delay any disbursement made from this Assignment and could jeopardize your distribution altogether.

DEADLINE FOR FILING PROOF OF CLAIM: The completed original Proof of Claim form must be received by the Assignee no later than 5:00 p.m. CDT on July __, 2020. Failure to timely file a claim by submitting a completed Proof of Claim form shall result in a waiver of any rights to revise the claim amount identified on your notice.

INSTRUCTIONS

1. **Where to File a Proof of Claim**

This form should only be completed if you disagree with the claim amount indicated on line 4 of the Claim Form. If this form is to be completed, it must be completed in accordance with the instructions below and timely filed with Lighthouse Management Group, Inc. (the “Assignee”), as assignee for Wayzata Home Products, LLC. The Claim Form may be submitted by email at: Cliqclaim@lighthousemanagement.com; or by sending it to the Assignee by U.S. Mail at the following mailing address:

Lighthouse Management Group, Inc.
Attn: Cliq Claims Processing
900 Long Lake Road, Suite 180
New Brighton, MN 55112

2. **Deadline for Filing a Proof of Claim**

The deadline for filing this Proof of Claim is 5:00 p.m. CDT on July __, 2020. Any Proof of Claim not received by the Assignee on or before July __, 2020, will be considered untimely and may result in disallowance of the claim.

3. **Information and Documentation to be Provided by Claimant**

Each item of information and documentation provided by the Claimant will be used by the Assignee in determining the Claimant’s eligibility to participate in any distribution of the assets of the Debtor, and in calculating the appropriate amount of the Claimant’s Allowed Claim. Please be as detailed and complete as possible with regard to submissions, as it may affect the amount of your allowed claim, if any. You must identify the specific Debtor entity against which You are making Your claim (i.e. Wayzata Home Products, LLC or identify the affiliate or subsidiary entity). Providing false, misleading or incomplete information or documentation will delay any disbursement made from Debtor’s assets and could jeopardize your distribution altogether.

4. **“You” or “Your”**

The terms “you” or “your” contained in the Proof of Claim form refer to the Claimant on whose behalf the Proof of Claim is being submitted. A Claimant can be a company, an individual, or represent a married couple.

5. **Claimant Contact Information**

Complete the information section on the first page of the Proof of Claim form, giving the name, address, telephone number and address of the Claimant to whom the Debtor allegedly owes money or property.

6. **Claim Amount**

If you are vendor, the Claim Amount listed on line 4 of the Proof of Claim form is that amount indicated in the Debtor’s records for services or materials provided as of the filing date of March 13, 2020, less any credits or other applicable setoffs. If you believe you are owed a different amount, please cross out the amount shown and write in the amount you believe due to you along with supporting documentation.

If you are a customer that paid in advance for a product but did not receive it, your Claim Amount is likely, in most cases, equal to the amount you paid the Debtor less any reimbursement you received from your credit card provider or any other source; or if delivery of your product was eventually made to you. Your Claim Amount may also include amounts due for properly

documented warranty issues. If your Claim Amount listed in line 4 of the Proof of Claim is listed as “Unknown,” it does not mean you are not owed anything, but rather it means that the amount is still being calculated due to potential chargebacks and other issues the Assignee is currently reviewing.

If you are an employee, the Claim Amount listed on line 4 of the Proof of Claim form is the known amount you are owed for PTO, commissions, or any other amounts due based on the Debtor’s records. If you believe you are owed a different amount, please cross out the amount shown and write in the amount you believe due to you along with supporting documentation.

7. Claim Status

If this Proof of Claim form is submitted to change, replace, or supplement a Proof of Claim form previously filed by you, provide the date the previous Proof of Claim form was submitted.

8. Supporting Documents

You must attach to the Proof of Claim form all documents that show the Debtor owes the amount claimed. If documents are not available, you must attach an explanation as to why they are not available. DO NOT SEND ORIGINAL DOCUMENTS.

9. Signatures – Legal Authority to Submit Claim

The Proof of Claim form must be signed and dated by the Claimant, or a duly-authorized officer or legal representative, in the space provided. To the extent the signature is authorized pursuant to a power of attorney or court appointment, documentation of such authority must be provided.

Providing false, misleading or incomplete information or documentation will delay any disbursement made from Debtor’s assets and could jeopardize your distribution altogether.

10. Independent Verification of Claims – Requests for Supplemental Information

All claims are subject to verification by the Assignee. It is important to provide complete and accurate information to facilitate this effort. Claimants may be asked to supply additional information to complete this process. Claims will not be considered for payment until they have been verified.

11. Acknowledgment of Filing Proof of Claim

To receive acknowledgment by the Assignee of receipt of a Proof of Claim, submit to the Assignee concurrently with the original Proof of Claim (a) a copy of the Proof of Claim, and (b) a self-addressed, stamped return envelope.

12. Communications with the Assignee

Any questions about this form or process (including supporting documentation) should be directed by email to the Assignee at Cliqclaim@lighthousemanagement.com.