

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 29, 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: Unknown

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 29, 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 29, 2020. Any Proof of Claim not received by the Assignee on or before July 29, 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.