Proof of 503(b)(9) Claim Form						
United States Bankruptcy Court for the Northern District of Texas						
Indicate Debtor against which you assert a 503(b)(9) Claim by checking the appropriate box below.						
(Check only one Debtor per claim form.)	, ,					
☐ Corsicana Bedding, LLC						
(Case No. 22-90016-elm11)	`	o. 22-90022-el				
☐ Thetford Leasing LLC						
*	(Case No. 22-90017-elm11) (Case No. 22-90023-elm11)					
☐ Olive Branch Building, LLC (Case No. 22-90018-elm11)	☐ Symbol Mattress of Pennsylvania, Inc. (Case No. 22-90024-elm11)					
☐ Eastern Sleep Products Company						
(Case No. 22-90019-elm11) (Case No. 22-90025-elm11)						
	☐ Englander – Symbol Mattress of Mississippi, LLC ☐ Symbol Mattress Transportation, Inc.					
(Case No. 22-90020-elm11)	(Case No. 22-90026-elm11)					
☐ Hylton House Furniture, Inc. (Case No. 22-90021-elm11)		r Craft Sleep Products, Inc. No. 22-90027-elm11)				
			administrative expenses including the value of any			
			ruptcy case] in which the goods have been sold to the debtor			
in the ordinary course of such debtor's business." Your receipt of this form does not mean you hold a claim that is entitled to treatment pursuant to						
this section.						
Claimants should submit a signed original of this form in order to assert a claim pursuant to section 503(b)(9) of the Bankruptcy Code,						
	on referenced below, in pe	erson or by m	nail, hand delivery, overnight courier, or electronically			
as follows:						
If by First-Class Mail:	If by overnight courier or		If filed electronically, through the website of Donlin,			
Donlin, Recano & Company, Inc. Re: Corsicana Bedding, LLC, et al.	delivery: Donlin, Recano & Compar		Recano & Company, Inc., the Debtors' claims and noticing			
P.O. Box 199043	Re: Corsicana Bedding, LI		agent, using the interface located at:			
Blythebourne Station	6201 15th Avenue	20, 0 , un.	https://www.donlinrecano.com/Clients/cbl/File503b9Claim			
Brooklyn, NY 11219	Brooklyn, NY 11219					
With copies to: Haynes and Boone LLP Attn: Steven M. Pezanosky and David L. Staa 301 Commerce Street, Suite 2600 Fort Worth, TX 76102	ь					
NOTE: This form must be served upon Donlin, Recano & Company, Inc. ("DRC") and Haynes and Boone LLP at the above-referenced addresses or submitted electronically as described above, so as to be received by 5:00 p.m. (Prevailing Central Time) on or before September 8, 2022. This form may be submitted in person or by mail, hand delivery, overnight courier, or electronically through the website of DRC. Facsimile or email submissions will not be accepted. Claims shall be deemed filed when actually received by DRC.						
Name of Creditor:		Name and Address Where Payments Should Be Sent: (if different				
(the person or other entity to whom the Debtor of	owes money or property)	from Notice				
Nama and Address Where Notices Should Ro	Sont					
Name and Address Where Notices Should Be Sent:						
		Telephone No.:				
Telephone No.:						
Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars.						
Check this box if you have asserted a reclamation demand for any of the goods referenced on this claim form. Attach statement identifying any						
such goods. Check this box if you have filed any other claim against any of the Debtors regarding the goods underlying your claim asserted herein.						
Check this box if the alleged value of the goods underlying your claim asserted herein represents a combination of goods and services. If you checked this box, provide the percentage of alleged value related to services and to goods on the following line:						
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:			if this claim: replaces amends			

1. TOTAL AMOUNT OF SECTION 503(b)(9) CLAIM: \$							
2. DATE GOODS WERE RECEIVED BY THE DEBTOR:							
Attach proof of delivery o	of such goods.						
3. BRIEF DESCRIPTIO	ON OF CLAIM AND GOODS:						
Attach particular invoices	for which any of the amounts described in this form w	as applied.					
of lading and the like, such goods were recei	CUMENTS: Attach copies of supporting documents, so identifying the goods for which the claim is being asset ived by such Debtors, and the alleged value of such good ailable, explain. Any attachments must be 8-1/2" by 11	ted, which of the Debtor ds. DO NOT SEND OR	s such goods were shipped to, the date				
	COPY: To receive an acknowledgement of the filing of pe and copy of this proof of claim.	your claim, enclose a sta	mped,				
for which payment is	SE CERTIFICATION: By signing this claim form, y sought hereby, were sold to the Debtors in the ordinary ys prior to June 25, 2022, as required by 11 U.S.C. § 50	course of the Debtors' bu					
7. SIGN BELOW							
The person	Check the appropriate box:						
of claim must sign and	ompleting this proof claim must sign and						
date it. FRBP 9011(b).	☐ I am the creditor's attorney or authorized agent.						
A person who files a							
fraudulent claim	☐ I am a guarantor, surety, endorser, or other codebto	r. Bankruptcy Rule 3005	•				
could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.	I understand that an authorized signature on this 503(b)(9) Proof of Claim serves as an acknowledgment that: (i) the goods for which payment is sought hereby, were sold to the debtor in the ordinary course of the Debtor's business as required by 11 U.S.C. § 503(b)(9); and (ii) when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.						
, ,	I have examined the information in this Proof of Claim and have a reasonable belief that the information is true and						
	correct. I declare under penalty of perjury that the foregoing is true and correct.						
	Executed on date MM / DD / YYYY						
	MMI BB / TTT						
	Signature		_				
	Print the name of the person who is completing and signing this claim:						
	Name						
	First name Middle	name	Last name				
	Title						
	Company						
	Identify the corporate servicer as the compar	y if the authorized agent	is a servicer.				
	Address						
	Number Street						
	City	State	Zip Code				
	Contact Phone	Email					

INSTRUCTIONS FOR FILING SECTION 503(b)(9) PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In particular types of cases or circumstances, there may be exceptions to the general rules.

Definitions

Section 503(b)(9) Claim:

Any claim entitled to treatment in accordance with Section 503(b)(9) of the Bankruptcy Code. Specifically, Section 503(b)(9) Claims are those claims for the "value of any goods received by the debtor, within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business." 11 U.S.C. § 503(b)(9).

Alternatively, your proof of claim may be filed electronically on DRC's website at:

https://www.donlinrecano.com/Clients/cbl/File503b9Claim

OR, if_through the Bankruptcy Court's website, you **must**: (i) use this 503(b)(9) Claim Form and (ii) upload the completed 503(b)(9) Claim Form to the Electronic Case Filing System for the applicable Debtor. For the avoidance of doubt, 503(b)(9) Claimants should **not** file 503(b)(9) Claims using the ePOC (Electronic Proof of Claim) system.

Section 503(b)(9) Bar Date:

By Order of the United States Bankruptcy Court, all requests for allowance of a 503(b)(9) Claim must be submitted so as to be received no later than 5:00 p.m., Prevailing Central Time on September 8, 2022, as follows:

If by U.S. Mail, send to:

Donlin, Recano & Company, Inc. Re: Corsicana Bedding, LLC, et al. P.O. Box 199043 Blythebourne Station Brooklyn, NY 11219

If by Overnight Courier or Hand Delivery, send to:

Donlin, Recano & Company, Inc. Re: Corsicana Bedding, LLC, et al. 6201 15th Avenue Brooklyn, NY 11219

- 1. Please read this Proof of 503(b)(9) Claim form carefully and fill it in completely and accurately. Print legibly.
- 2. Attach additional pages on 8-1/2 x 11" paper if more space is required to complete this Proof of 503(b)(9) Claim form.
- 3. This form should only be used by a claimant asserting a Section 503(b)(9) claim. It should <u>not</u> be used for any claims that are <u>not</u> entitled to priority in accordance with 11 U.S.C. § 503(b)(9).
- 4. Indicate the Debtor against which you assert a 503(b)(9) Claim by checking the appropriate box at the top of the form. You must indicate the specific Debtor name and case number against which your claim is being asserted. If you are asserting claims against more than one Debtor, you MUST file a separate 503(b)(9) proof of claim for each Debtor.
- 5. **Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth.
- 6. ANY DOCUMENTS RELIED UPON BY ANY 503(b)(9) CLAIMANT TO SUPPORT ITS SECTION 503(b)(9) CLAIM, INCLUDING ALL DOCUMENTS THAT PURPORT TO ESTABLISH THAT SUCH CLAIMANT SUPPLIED THE DEBTOR "GOODS" WITHIN THE 20 DAY PERIOD BEFORE JUNE 25, 2022, THE "VALUE" OF SUCH GOODS AND THAT SUCH GOODS WERE "SOLD TO THE DEBTOR IN THE ORDINARY COURSE OF THE DEBTOR'S BUSINESS," SHOULD BE ANNEXED TO THIS PROOF OF 503(b)(9) CLAIM FORM. IF ANY SUCH DOCUMENTS ARE UNAVAILABLE, PLEASE PROVIDE AN EXPLANATION AS TO WHY. DO NOT ATTACH ORIGINAL DOCUMENTS BECAUSE ATTACHMENTS MAY BE DESTROYED AFTER SCANNING.
- 7. To be considered timely filed, this Section 503(b)(9) Claim Form must be electronically filed with the Court or actually received by DONLIN, RECANO & COMPANY, INC. on or before 5:00 p.m. (Prevailing Central Time) on September 8, 2022, and should include appropriate documents/materials establishing the claimants entitlement to an allowed Section 503(b)(9) Claim and the amount of the asserted claim.

Do not file these instructions with your claim form.