

AFFIDAVIT OF CLAIM
Chancery Court for the State of Delaware

In the Matter of:

CWC DIRECT PARENT, LLC

A Delaware Limited Liability Company
175 A Beal Street
Hingham, MA 02043

The undersigned creditor of **CW Direct Parent, LLC** hereby submits its claim in the general assignment estate created upon filing of the petition and Trust Agreements with the Chancery Court for the State of Delaware favor of CW ABC LLC, a Delaware Series LLC as of July 24, 2020, in the amount as set forth below, and substantiated by the attached invoices or statement of account.

Date Submitted: _____

Amount of Claim: _____

Name of Creditor: _____

By: _____
Title

Address: _____

City, State & Zip: _____

() _____ () _____
Telephone Facsimile

E-mail address: _____

NOTE: Interest is applicable only to the date of the assignment and then only in the event a written agreement exists between you and the debtor providing for the payment of interest.

*Return completed form to Development Specialists, Inc.
10 LaSalle Street, Suite 3300
Chicago, IL 60603
Fax: 312 263-1180*

Note: If faxing or e-mailing the proof of claim, the original must be received by the Assignee by October 31, 2020

AFFIDAVIT OF CLAIM
Chancery Court for the State of Delaware

In the Matter of:

CWC DIRECT, LLC

A Delaware Limited Liability Company
175 A Beal Street
Hingham, MA 02043

The undersigned creditor of **CW Direct, LLC** hereby submits its claim in the general assignment estate created upon filing of the petition and Trust Agreements with the Chancery Court for the State of Delaware favor of CW ABC LLC, a Delaware Series LLC as of July 24, 2020, in the amount as set forth below, and substantiated by the attached invoices or statement of account.

Date Submitted: _____

Amount of Claim: _____

Name of Creditor: _____

By: _____
Title

Address: _____

City, State & Zip: _____

() _____ () _____
Telephone Facsimile

E-mail address: _____

NOTE: Interest is applicable only to the date of the assignment and then only in the event a written agreement exists between you and the debtor providing for the payment of interest.

*Return completed form to Development Specialists, Inc.
10 LaSalle Street, Suite 3300
Chicago, IL 60603
Fax: 312 263-1180*

Note: If faxing or e-mailing the proof of claim, the original must be received by the Assignee by October 31, 2020

AFFIDAVIT OF CLAIM
Chancery Court for the State of Delaware

In the Matter of:

COLDWATER DIRECT, LLC

A Delaware Limited Liability Company
175 A Beal Street
Hingham, MA 02043

The undersigned creditor of **Coldwater Direct, LLC** hereby submits its claim in the general assignment estate created upon filing of the petition and Trust Agreements with the Chancery Court for the State of Delaware favor of CW ABC LLC, a Delaware Series LLC as of July 24, 2020, in the amount as set forth below, and substantiated by the attached invoices or statement of account.

Date Submitted: _____

Amount of Claim: _____

Name of Creditor: _____

By: _____
Title

Address: _____

City, State & Zip: _____

() _____ () _____
Telephone Facsimile

E-mail address: _____

NOTE: *Interest is applicable only to the date of the assignment and then only in the event a written agreement exists between you and the debtor providing for the payment of interest.*

*Return completed form to Development Specialists, Inc.
10 LaSalle Street, Suite 3300
Chicago, IL 60603
Fax: 312 263-1180*

Note: If faxing or e-mailing the proof of claim, the original must be received
by the Assignee by October 31, 2020

AFFIDAVIT OF CLAIM
Chancery Court for the State of Delaware

In the Matter of:

CW STORES, LLC

A Delaware Limited Liability Company
175 A Beal Street
Hingham, MA 02043

The undersigned creditor of **CW Stores, LLC** hereby submits its claim in the general assignment estate created upon filing of the petition and Trust Agreements with the Chancery Court for the State of Delaware favor of CW ABC LLC, a Delaware Series LLC as of July 24, 2020, in the amount as set forth below, and substantiated by the attached invoices or statement of account.

Date Submitted: _____

Amount of Claim: _____

Name of Creditor: _____

By: _____
Title

Address: _____

City, State & Zip: _____

() _____ () _____
Telephone Facsimile

E-mail address: _____

***NOTE:** Interest is applicable only to the date of the assignment and then only in the event a written agreement exists between you and the debtor providing for the payment of interest.*

*Return completed form to Development Specialists, Inc.
10 LaSalle Street, Suite 3300
Chicago, IL 60603
Fax: 312 263-1180*

Note: If faxing or e-mailing the proof of claim, the original must be received
by the Assignee by October 31, 2020