

Fill in this information to identify the case:

Debtor Multi-Color Corporation

United States Bankruptcy Court for the: _____ District of New Jersey
(State)

Case number 26-10910

**Official Form 410
Proof of Claim**

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Amerikal Products Corporation</u> _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<u>Amerikal Products Corporation</u> <u>2115 Northwestern Ave</u> <u>Waukegan, IL 60087, USA</u> Contact phone <u>847-244-3600</u> Contact phone _____ Contact email <u>rtd@amerikal.com</u> Contact email _____ Uniform claim identifier (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ _

7. How much is the claim? \$ 6245.37. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
Limit disclosing information that is entitled to privacy, such as health care information.
Goods Sold

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature or property:
 Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

No

Yes. Check all that apply:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that 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 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 02/09/2026
MM / DD / YYYY

/s/Robert Danielson
Signature

Print the name of the person who is completing and signing this claim:

Name Robert Danielson
First name Middle name Last name

Title President

Company Amerikal Products Corporation
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____

Contact phone _____ Email _____



Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1788 | International (310) 751-2688

Debtor: 26-10910 - Multi-Color Corporation District: District of New Jersey, Trenton Division		
Creditor: Amerikal Products Corporation 2115 Northwestern Ave Waukegan , IL, 60087 USA Phone: 847-244-3600 Phone 2: Fax: 847-244-2860 Email: rtd@amerikal.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Creditor	
Other Names Used with Debtor:		Amends Claim: No Acquired Claim: No
Basis of Claim: Goods Sold	Last 4 Digits: No	Uniform Claim Identifier:
Total Amount of Claim: 6245.37		Includes Interest or Charges: No
Has Priority Claim: No		Priority Under:
Has Secured Claim: No Based on Lease: No Subject to Right of Setoff: No		Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:
Submitted By: Robert Danielson on 09-Feb-2026 12:02:06 p.m. Pacific Time Title: President Company: Amerikal Products Corporation		

AMERIKAL PRODUCTS CORPORATION

2115 Northwestern Avenue
 Waukegan, Illinois 60087
 847-244-3600
 TELEFAX: 847-244-2860

INVOICE

Date: 01/28/26 Inv. No.: 99249
 Due Date: 02/27/26 Page No.: 1

3866
 MCC Verstraete USA Inc.
 4101 Founders Blvd

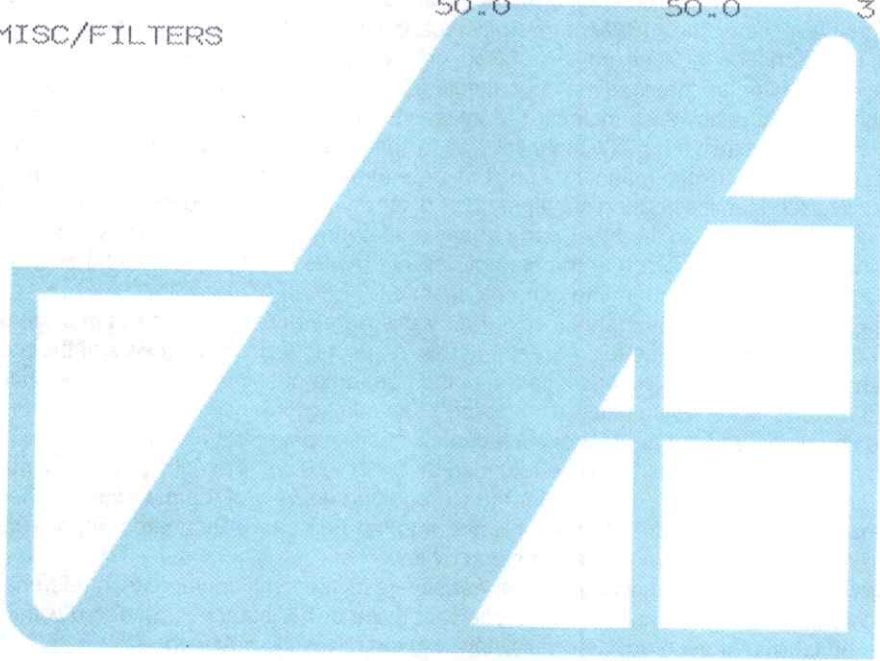
 Batavia OH 45103

Ship To/Remarks
 MCC Verstraete USA Inc.
 4101 Founders Blvd

 Batavia OH 45103

SHIP VIA UPS	FOB Waukegan	TERMS 0/ 0/ N30	YOUR # SEE BELOW	OUR #	SALES REP BS
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DESCRIPTION ITEM NUMBER	ORDERED UNIT MEASURE	SHIPPED BACK ORDERED	UNIT PRICE ITEM DISCOUNT	EXTENDED PRICE
6528752 Item #: MISC/FILTERS	20.0	20.0	21.2000	424.00
188752952P Item #: MISC/FILTERS	12.0	12.0	35.1000	421.20
1010FLP Item #: MISC/FILTERS	50.0	50.0	3.2500	162.50
PREPAID FREIGHT PO-PU1009415-2				205.16



SUB TOTAL	1212.86
TAX	0.00
TOTAL	1212.86
NET TO PAY	1212.86

AMERIKAL PRODUCTS CORPORATION

2115 Northwestern Avenue
 Waukegan, Illinois 60087
 847-244-3600
 TELEFAX: 847-244-2860

INVOICE

Date: 12/09/25 Inv. No.: 99102
 Due Date: 01/08/26 Page No.: 1

3866
 MCC Verstraete USA Inc.
 4101 Founders Blvd

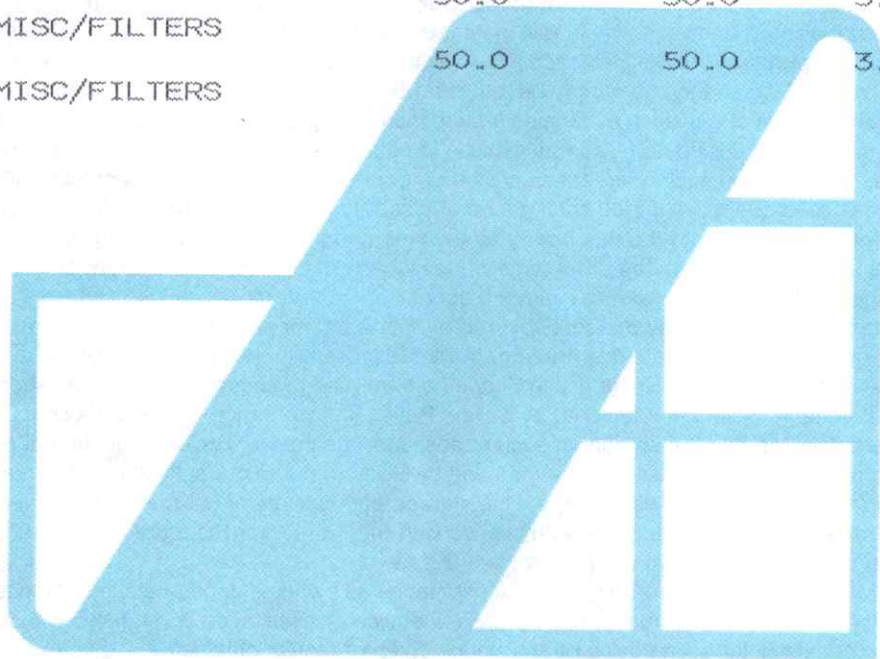
 Batavia OH 45103

Ship To/Remarks
 MCC Verstraete USA Inc.
 4101 Founders Blvd

 Batavia OH 45103

SHIP VIA UPS	FOB Waukegan	TERMS 0/ 0/ N30	YOUR # PU1009313	OUR #	SALES REP BS
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DESCRIPTION	ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
ITEM NUMBER	UNIT MEASURE	BACK ORDERED	ITEM DISCOUNT	
6528752 Item #: MISC/FILTERS	20.0	20.0	21.2000	424.00
14546FLP Item #: MISC/FILTERS	60.0	60.0	8.9600	537.60
1318 STDS Item #: MISC/FILTERS	50.0	50.0	5.2500	262.50
1010FLP Item #: MISC/FILTERS	50.0	50.0	3.2500	162.50
PREPAID FREIGHT				180.91



SUB TOTAL	1567.51
TAX	0.00
TOTAL	1567.51
NET TO PAY	1567.51

AMERIKAL PRODUCTS CORPORATION

2115 Northwestern Avenue
 Waukegan, Illinois 60087
 847-244-3600
 TELEFAX: 847-244-2860

INVOICE

Date: 11/19/25 Inv. No.: 99043
 Due Date: 12/19/25 Page No.: 1

3334
 MCC Rochester
 P.O. Box 22678

 Rochester NY 14692

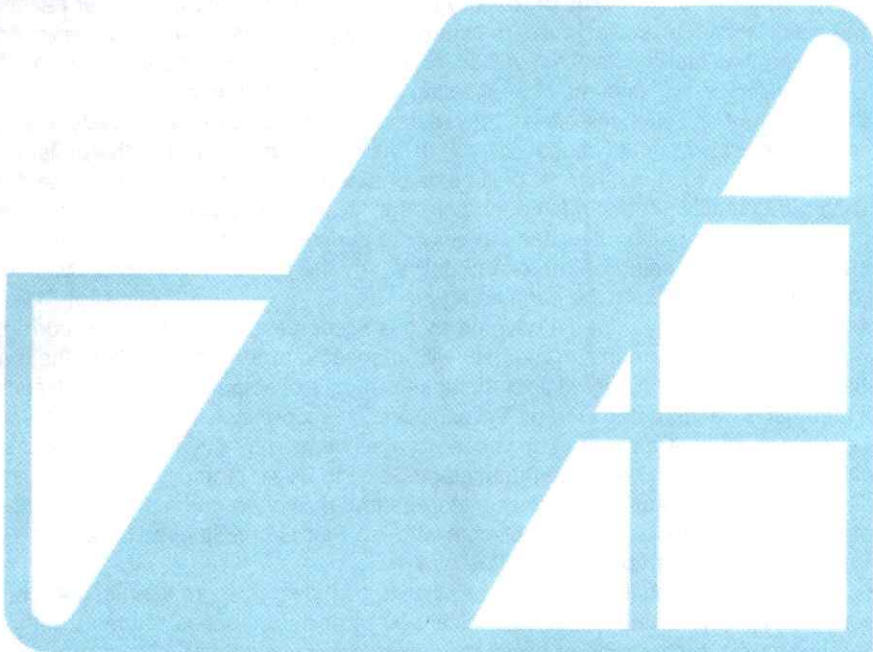
Ship To/Remarks
 Hammer Packaging
 200 Lucius Gordon Drive

 West Henrietta NY 14586

SHIP VIA	FOB	TERMS	YOUR #	OUR #	SALES REP
FED EX Collect	Waukegan	0/ 0/ N30	157625		
DESCRIPTION		ORDERED	SHIPPED	UNIT PRICE	EXTENDED PRICE
ITEM NUMBER	UNIT MEASURE	BACK ORDERED	ITEM DISCOUNT		

55 Gallon GENESIS WO PLUS Item #: 5510 WO PLUS	4.0	4.0	866.2500	3465.00
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Ex Collectt- HPC Account



SUB TOTAL	3465.00
TAX	0.00
TOTAL	3465.00
NET TO PAY	3465.00