

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.

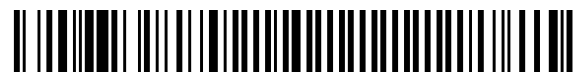
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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>Clean Harbors Environmental Services, Inc.</u> _____ Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor <u>Clean Harbors</u> _____	
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? See summary page	Where should payments to the creditor be sent? (if different)
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>331-322-5227</u> Contact email <u>lowy.brandon@cleanharbors.com</u>	Contact phone _____ 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: 32159 ____

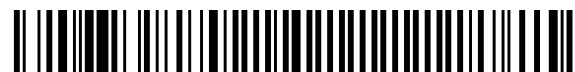
7. How much is the claim? \$ 9,949.47. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

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.
Services performed

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 02/13/2026
MM / DD / YYYY

/s/Brandon Lowy
Signature

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

Name Brandon Lowy
First name Middle name Last name

Title In-House Counsel

Company Clean Harbors Environmental Services, Inc.
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: Clean Harbors Environmental Services, Inc. Brandon Lowy 42 Longwater Drive Norwell, MA, 02061 United States Phone: 331-322-5227 Phone 2: Fax: Email: lowy.brandon@cleanharbors.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party: Authorized agent	
Other Names Used with Debtor: Clean Harbors	Amends Claim: No Acquired Claim: No	
Basis of Claim: Services performed	Last 4 Digits: Yes - 32159	Uniform Claim Identifier:
Total Amount of Claim: 9,949.47	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: Brandon Lowy on 13-Feb-2026 11:36:56 a.m. Pacific Time Title: In-House Counsel Company: Clean Harbors Environmental Services, Inc.		



42 Longwater Drive
 P.O. Box 9149
 Norwell, MA 02061-9149

INVOICE
 Invoice No 1005840362



REMIT TO:

Clean Harbors Environmental Services, Inc.
 PO Box 734867
 Dallas, TX 75373-4867

OFFICE:

Clean Harbors Environmental Services, Inc.
 6741 VIP Parkway
 Syracuse, NY 13211
 (315) 463-9901

If you have any questions regarding this invoice, please contact your customer service representative at the telephone number listed above

Louane Wolskij
 Hammer Packaging
 Po Box 22678
 Attn Accts Payable
 Rochester, NY 14692 - 2678

JOB SITE/GENERATOR:
 Hammer Packaging
 234 Wallace Way Bldg 9
 Rochester, NY 14624

EIN: 04-2698999

Job Description: Harbor Quote < 55 Gallon

**** Payable in USD funds ****

Last Service Date	Invoice No	Customer	Branch	Sales Order	Purchase Order	Terms
22 Jan 2026	1005840362	HA32159	62	2506357316	157481	Net 30 Days

Last Service Date	Task	Task Type	Description	Total
22 Jan 2026	2506357316-001	GENERAL	Day Rate	\$2,500.00
22 Jan 2026	2506357316-002	GENERAL	Disposal	\$147.00

SUBTOTAL \$2,647.00

TAX \$211.76

PLEASE PAY THIS AMOUNT → INVOICE TOTAL \$2,858.76

REMIT PAYMENT BY → DUE DATE 28 Feb 2026

Interest will be charged at a rate of 1.5% per month for all past due amounts.



42 Longwater Drive
P.O. Box 9149
Norwell, MA 02061-9149

INVOICE
Invoice No 1005840362



TASK 2506357316-001 - Day Rate

Item ID	Description	Fixed Price Amount	Percent Complete	Billable Amount
22 Jan 2026				
FIXD	Day Rate	2,500.0000	100% T	\$2,500.00
SUBTOTAL				\$2,500.00
TAX				\$200.00
TASK TOTAL				\$2,700.00

TASK 2506357316-002 - Disposal

Manifest Info	Item ID	Description	Manifest Qty	Manifest UOM	Billing Qty	Billing UOM	Unit Price	Amount
22 Jan 2026								
020288762FLE 1	DISPSL / LCCRD	Labpack Flammables For Incineration LCCRD	1	30CF	60.000	LBS	2.0000 T	\$120.00
	EMANIFEST	E-Manifest Fee			1.000	EA	27.0000 T	\$27.00
SUBTOTAL								\$147.00
TAX								\$11.76
TASK TOTAL								\$158.76

T indicates SALES TAXABLE ITEM



42 Longwater Drive
 P.O. Box 9149
 Norwell, MA 02061-9149

INVOICE
 Invoice No 1005838245



REMIT TO:

Clean Harbors Environmental Services, Inc.
 PO Box 734867
 Dallas, TX 75373-4867

OFFICE:

Clean Harbors Environmental Services, Inc.
 6741 VIP Parkway
 Syracuse, NY 13211
 (315) 463-9901

If you have any questions regarding this invoice, please contact your customer service representative at the telephone number listed above

Louane Wolskij
 Hammer Packaging
 Po Box 22678
 Attn Accts Payable
 Rochester, NY 14692 - 2678

JOB SITE/GENERATOR:
 Hammer Packaging
 234 Wallace Way Bldg 9
 Rochester, NY 14624

EIN: 04-2698999

Job Description: On-site Management

**** Payable in USD funds ****

Last Service Date	Invoice No	Customer	Branch	Sales Order	Purchase Order	Terms
15 Jan 2026	1005838245	HA32159	62	2506435946	157481	Net 30 Days

Last Service Date	Task	Task Type	Description	Total
15 Jan 2026	2506435946-001	GENERAL	Mobilization	\$3,870.43
13 Jan 2026	2506435946-002	GENERAL	On-site Management	\$2,574.25
13 Jan 2026	2506435946-003	GENERAL	Remote Openings	\$120.80

SUBTOTAL \$6,565.48

TAX \$525.23

PLEASE PAY THIS AMOUNT → INVOICE TOTAL \$7,090.71

REMIT PAYMENT BY → DUE DATE 27 Feb 2026

Interest will be charged at a rate of 1.5% per month for all past due amounts.



42 Longwater Drive
P.O. Box 9149
Norwell, MA 02061-9149

INVOICE
Invoice No 1005838245



TASK 2506435946-001 - Mobilization

Item ID	Description	Fixed Price Amount	Percent Complete	Billable Amount
15 Jan 2026				
FIXD	Mobilization	3,204.0000	100% T	\$3,204.00
FEE	Recovery Fee	0.2080	T	\$666.43
SUBTOTAL				\$3,870.43
TAX				\$309.63
TASK TOTAL				\$4,180.06

TASK 2506435946-002 - On-site Management

Item ID	Description	Fixed Price Amount	Percent Complete	Billable Amount
13 Jan 2026				
FIXD	On-site Management	2,131.0000	100% T	\$2,131.00
FEE	Recovery Fee	0.2080	T	\$443.25
SUBTOTAL				\$2,574.25
TAX				\$205.94
TASK TOTAL				\$2,780.19

TASK 2506435946-003 - Remote Openings

Manifest Info	Item ID	Description	Manifest Qty	Manifest UOM	Billing Qty	Billing UOM	Unit Price	Amount
13 Jan 2026								
	HHROPN	Remote Opening Charge per item	1.000	EA	100.0000	T		\$100.00
	FEE	Recovery Fee	100.000	EA	0.2080	T		\$20.80
SUBTOTAL								\$120.80
TAX								\$9.66
TASK TOTAL								\$130.46

T indicates SALES TAXABLE ITEM