

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>Bluegrass Metal Works, LLC</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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Bluegrass Metal Works, LLC</u> <u>Karen Schaefer</u> <u>4051 McCollum Ct</u> <u>Louisville, KY 40218, USA</u> Contact phone <u>502-912-9564</u> Contact email <u>ar@bluegrassmetalworks.com</u> 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: 5853 ____

7. How much is the claim? \$ 16,685.00. 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:

- | | Amount entitled to priority |
|---|-----------------------------|
| <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> 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). | \$ _____ |
| <input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). | \$ _____ |
| <input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | \$ _____ |
| <input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies. | \$ _____ |

* 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 02/26/2026
MM / DD / YYYY

/s/George ODaniel
Signature

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

Name George ODaniel
First name Middle name Last name

Title Vice President

Company Bluegrass Metal Works, LLC
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: Bluegrass Metal Works, LLC Karen Schaefer 4051 McCollum Ct Louisville, KY, 40218 USA Phone: 502-912-9564 Phone 2: Fax: 502-912-9565 Email: ar@bluegrassmetalworks.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: Services Performed	Last 4 Digits: Yes - 5853	Uniform Claim Identifier:
Total Amount of Claim: 16,685.00	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: George ODaniel on 26-Feb-2026 11:39:40 a.m. Pacific Time Title: Vice President Company: Bluegrass Metal Works, LLC		

Customer Name	Invoice	Invoice Date	Type	Reference	Amount (\$)	Current (\$)	30 - 60 (\$)	60 - 90 (\$)	OVER 90 (\$)	Sales Order
Multi Color	000832	10/15/2025	Invoice	See Below	10,167.00	0.00	0.00	0.00	10,167.00	0025711-001
Multi Color Louisville	000836	10/15/2025	Invoice	40042005	545.00	0.00	0.00	0.00	545.00	0025726-001
Multi Color	001114	12/15/2025	Invoice	1100181	925.00	0.00	925.00	0.00	0.00	0025840-001
Multi Color	001204	1/9/2026	Invoice	1100351	3,855.00	0.00	3,855.00	0.00	0.00	0025858-001
Multi Color	001280	2/4/2026	Invoice	1107586	1,193.00	1,193.00	0.00	0.00	0.00	0026152-001
					16,685.00	1,193.00	4,780.00	0.00	10,712.00	



INVOICE

Invoice No.	Date
000832	10/15/2025
Refer to Invoice Number When Remitting	

Sold To

Multi Color
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Ship To

Multi Color Scottsburg
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Sales Order	Cust No	Customer PO	Order Date	Mark Shipment	Terms
0025711-0000	00330	See Below	10/6/2025		NET45
Salesperson		Ship Date	Shipped Via	FOB Point	
George ODaniel		10/15/2025	OUR TRUCK		

Line	Quantity			Part Number/Revision	Description	Unit Price \$	Amount \$
	Order	BO	Ship				
001	1		1	25711	PO# 1091405-Corona treater duct fab	5,667.00	5,667.00
002	1		1	25711	PO# 1091403-Corona treater installation	4,500.00	4,500.00
Total \$							10,167.00



Bill To: Multi-Color Corporation
 2281 South US 31
 Scottsburg, IN 47170

25711

Purchase Order

T: +1 (812) 752-3187
 F: +1 (812) 752-1615

Supplier 712167 BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	Deliver To: Multi-Color Corporation 2281 South US 31 Scottsburg, IN 47170
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
1091405	JMo	10/03/25		Jeffrey Moffatt
Quantity	Item/Description	Price/Per	Value	
1 EACH PO Line: 1	AFE ITEM Item Code: AFE Item Required Delivery Date: 10/10/2025 Suppliers Item Reference: Corona Treater Exhaust work <input type="checkbox"/> (1) Fab & Installation of galvanized roof curb, cut roof opening, support curb, & sealing from qualified roofer (Geoghegan) <input type="checkbox"/> (1) Fab & Installation of 16ga. Galvanized welded exhaust duct 8" dia. with offsets from Corona Treater fan to roof including gooseneck with bird screen <input type="checkbox"/> Delivery & Installation during normal business hours Email invoices to vendorinvoices@mcclabel.com along wth copying apinvoice1530@mcclabel.com. For AP questions and statements, email vendorinquiry@mcclabel.com. When MCC has an agreement or price list to pay freight charges, Supplier shall call Transplace at 866-936-5969 or email multicolortraffic@transplace.com for full load or partial truck load shipments. MCC does not authorize use of "Early AM" or purchase of insurance without written consent from MCC. MCC reserves the right to offset Supplier invoice(s) unauthorized charges for freight. A delivery appointment is required 48 hours in advance. Shipments less than 150 lbs Supplier must use MCC's UPS account # 5049X8. ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at http://mcclabel.com/en/terms. MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.	5,667.0000 EACH	\$ 5,667.00	
Total (US\$)			\$ 5,667.00	

ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at <http://mcclabel.com/en/terms>. MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.



25711

Bill To: Multi-Color Corporation
 2281 South US 31
 Scottsburg, IN 47170

Purchase Order

T: +1 (812) 752-3187
 F: +1 (812) 752-1615

Supplier ✓ BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	712167 Deliver To: ✓ Multi-Color Corporation 2281 South US 31 Scottsburg, IN 47170
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
1091403	JMo	10/03/25		Jeffrey Moffatt
Quantity	Item/Description	Price/Per	Value	
1 EACH PO Line: 1	AFE ITEM Item Code: AFE Item Required Delivery Date: 10/10/2025 Suppliers Item Reference: Corona Treater Exhaust work <input type="checkbox"/> (1) Fab & Installation of galvanized roof curb, cut roof opening, support curb, & sealing from qualified roofer (Geoghegan) <input type="checkbox"/> (1) Fab & Installation of 16ga. Galvanized welded exhaust duct 8" dia. with offsets from Corona Treater fan to roof including gooseneck with bird screen <input type="checkbox"/> Delivery & Installation during normal business hours Email invoices to vendorinvoices@mcclabel.com along with copying apinvoice1530@mcclabel.com. For AP questions and statements, email vendorinquiry@mcclabel.com. When MCC has an agreement or price list to pay freight charges, Supplier shall call Transplace at 866-936-5969 or email multicolortraffic@transplace.com for full load or partial truck load shipments. MCC does not authorize use of "Early AM" or purchase of insurance without written consent from MCC. MCC reserves the right to offset Supplier invoice(s) unauthorized charges for freight. A delivery appointment is required 48 hours in advance. Shipments less than 150 lbs Supplier must use MCC's UPS account # 5049X8. ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at http://mcclabel.com/en/terms . MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.	4,500.0000 each	\$ 4,500.00	
			Total (US\$)	\$ 4,500.00

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Christy Willham

From: Christy Willham
Sent: Friday, February 6, 2026 11:48 AM
To: adriana.sailer@mcclabel.com
Cc: George O'Daniel; AR
Subject: FW: Payment Advice Note from 12/19/2025
Attachments: Payment Advice Note from 12/19/2025.PDF

Importance: High

We did not receive this payment. Would you please follow up your bank?

Thank you,

Christy Willham

Bluegrass Metal Works
4051 McCollum Ct.
Louisville, KY 40218
502-912-9564
ar@bluegrassmetalworks.com
www.bluegrassmetalworks.com



From: Adriana Sailer <Adriana.Sailer@mcclabel.com>
Sent: Friday, December 19, 2025 12:57 PM
To: AR <ar@bluegrassmetalworks.com>
Subject: Payment Advice Note from 12/19/2025
Importance: Low



MULTI-COLOR CORPORATION Advice To:

BLUEGRASS METAL WORKS, INC
4051 MCCOLLUM CT
LOUISVILLE KY 40218

Payment advice

Document / Date
2000328967 / 12/19/2025
Accounts Payable Contact:
Accounts Payable
Telephone
920-866-6585
Email
vendorinquiry@mcclabel.com
Your account with us
712167

Dear Sir/Madam,

We have cleared the items listed below with document 2000328967.

Our Document	Your Invoice	Date	Discount Amt.	Net amount
✓ 5100082552	<u>000832</u>	10/15/2025	0.00	10,167.00
5100011827	000836	10/15/2025	0.00	545.00
Sum total			0.00	10,712.00

Payment document	Date	Currency	Payment amount
2000328967	12/19/2025	USD	*****10,712.00*



INVOICE

Invoice No.	Date
000836	10/15/2025
Refer to Invoice Number When Remitting	

Sold To

Multi Color Louisville
 2501 Export Dr.
 Louisville, KY 40219

 Attn:

Ship To

Multi Color Louisville
 2501 Export Dr.
 Louisville, KY 40219

 Attn:

Sales Order	Cust No	Customer PO	Order Date	Mark Shipment	Terms
0025726-0000	00331	40042005	10/13/2025		NET45
Salesperson		Ship Date	Shipped Via	FOB Point	
George ODaniel		10/15/2025	OUR TRUCK		

Line	Quantity			Part Number/Revision	Description	Unit Price \$	Amount \$
	Order	BO	Ship				
001	1		1	25726	Rooftop duct inspections-repair	545.00	545.00
Total \$							545.00



25726

Bill To: Multi-Color Corporation
 PO Box # 510228
 LIVONIA, MI 48151
 VendorInvoices@mcclabel.com

Purchase Order

Supplier ✓ BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	712167 Deliver To: ✓ Multi-Color Corporation 2501 Export Drive Suite 100 Louisville, KY 40219
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
✓ 40042005		10/13/25		Jimmy Brewer

Quantity	Item/Description	Price/Per	Value
1 EACHES PO Line: 1	PLANT CONTRACT MAINTENANCE Item Code: NI34MAINTCONT Required Delivery Date: 10/13/2025 Suppliers Item Reference: LABOR Inspection of all Roof Top Press Ex Fans ----- Send all invoices in PDF format to louisville.acctspayable@mcclabel.com Send all payment status inquiries to vendorinquiry@mcclabel.com <div style="text-align: center;"> <p><i>Thanks!</i></p> <p><i>Jo 10/13/25</i></p> </div>	545.0000 EACHES	\$ 545.00 ✓
Total (US\$)			\$ 545.00

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MULTI-COLOR CORPORATION Advice To:

BLUEGRASS METAL WORKS, INC
4051 MCCOLLUM CT
LOUISVILLE KY 40218

Payment advice

Document / Date
2000328967 / 12/19/2025
Accounts Payable Contact:
Accounts Payable
Telephone
920-866-6585
Email
vendorinquiry@mcclabel.com
Your account with us
712167

Dear Sir/Madam,

We have cleared the items listed below with document 2000328967.

Our Document	Your Invoice	Date	Discount Amt.	Net amount
5100082552	000832	10/15/2025	0.00	10,167.00
✓ 5100011827	<u>000836</u>	10/15/2025	0.00	545.00
Sum total			0.00	10,712.00

Payment document	Date	Currency	Payment amount
2000328967	12/19/2025	USD	*****10,712.00*

Christy Willham

From: Christy Willham
Sent: Friday, February 6, 2026 11:48 AM
To: adriana.sailer@mcclabel.com
Cc: George O'Daniel; AR
Subject: FW: Payment Advice Note from 12/19/2025
Attachments: Payment Advice Note from 12/19/2025.PDF

Importance: High

We did not receive this payment. Would you please follow up your bank?

Thank you,

Christy Willham

Bluegrass Metal Works
4051 McCollum Ct.
Louisville, KY 40218
502-912-9564
ar@bluegrassmetalworks.com
www.bluegrassmetalworks.com



From: Adriana Sailer <Adriana.Sailer@mcclabel.com>
Sent: Friday, December 19, 2025 12:57 PM
To: AR <ar@bluegrassmetalworks.com>
Subject: Payment Advice Note from 12/19/2025
Importance: Low



INVOICE

Invoice No.	Date
001114	12/15/2025
Refer to Invoice Number When Remitting	

Sold To

Multi Color 2281 S US 31 Scottsburg, IN 47170 Attn:
--

Ship To

Multi Color Scottsburg 2281 S US 31 Scottsburg, IN 47170 Attn:

Sales Order	Cust No	Customer PO	Order Date	Mark Shipment	Terms
0025840-0000	00330	1100181	12/5/2025		NET45
Salesperson		Ship Date	Shipped Via	FOB Point	
George ODaniel		12/15/2025	OUR TRUCK		

Line	Quantity			Part Number/Revision	Description	Unit Price \$	Amount \$
	Order	BO	Ship				
001	1		1	25840	Ink pan repair	925.00	925.00
Total \$							925.00



Bill To: Multi-Color Corporation
 2281 South US 31
 Scottsburg, IN 47170

Purchase Order

T: +1 (812) 752-3187
 F: +1 (812) 752-1615

Supplier 712167 BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	Deliver To: Multi-Color Corporation 2281 South US 31 Scottsburg, IN 47170
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
1100181	JMo	12/09/25		Jeffrey Moffatt
Quantity	Item/Description	Price/Per	Value	
1 EACH PO Line: 1	PRESS SUPPLIES Item Code: NI-GEN-PRSSUPP Required Delivery Date: 12/16/2025 Suppliers Item Reference: Ink Pan Repair Email invoices to vendorinvoices@mcclabel.com along with copying apinvoice1530@mcclabel.com. For AP questions and statements, email vendorinquiry@mcclabel.com. When MCC has an agreement or price list to pay freight charges, Supplier shall call Transplace at 866-936-5969 or email multicolortraffic@transplace.com for full load or partial truck load shipments. MCC does not authorize use of "Early AM" or purchase of insurance without written consent from MCC. MCC reserves the right to offset Supplier invoice(s) unauthorized charges for freight. A delivery appointment is required 48 hours in advance. Shipments less than 150 lbs Supplier must use MCC's UPS account # 5049X8. ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at http://mcclabel.com/en/terms . MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.	925.0000 each	\$ 925.00	
			Total (US\$)	\$ 925.00

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INVOICE

Invoice No.	Date
001204	1/9/2026
Refer to Invoice Number When Remitting	

Sold To

Multi Color
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Ship To

Multi Color Scottsburg
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Sales Order	Cust No	Customer PO	Order Date	Mark Shipment	Terms
0025858-0000	00330	1100351	12/10/2025		NET45
Salesperson		Ship Date	Shipped Via	FOB Point	
George ODaniel		1/9/2026	OUR TRUCK		

Line	Quantity			Part Number/Revision	Description	Unit Price \$	Amount \$
	Order	BO	Ship				
001	1		1	25858	Aluminum slip not ramp	3,855.00	3,855.00
Total \$							3,855.00



Bill To: Multi-Color Corporation
 2281 South US 31
 Scottsburg, IN 47170

25-858

Purchase Order

T: +1 (812) 752-3187
 F: +1 (812) 752-1615

Supplier ✓ BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	712167	Deliver To: ✓ Multi-Color Corporation 2281 South US 31 Scottsburg, IN 47170
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
1100351	JMo	12/10/25		Jeffrey Moffatt
Quantity	Item/Description	Price/Per	Value	
1 EACH PO Line: 1	FINISHING SUPPLIES Item Code: NI-GEN-FINSUPP Required Delivery Date: 12/17/2025 1/7/26 or 84 Suppliers Item Reference: Q25-1281 <input type="checkbox"/> Fab & deliver one 3/8" thick slip not ramp 45-7/8" wide x 36" long with 1/2x1-1/2" aluminum sides and one 3/8" dia rod lifting handle Email invoices to vendorinvoices@mcclabel.com along with copying apinvoice1530@mcclabel.com. For AP questions and statements, email vendorinquiry@mcclabel.com. When MCC has an agreement or price list to pay freight charges, Supplier shall call Transplace at 866-936-5969 or email multicolortraffic@transplace.com for full load or partial truck load shipments. MCC does not authorize use of "Early AM" or purchase of insurance without written consent from MCC. MCC reserves the right to offset Supplier invoice(s) unauthorized charges for freight. A delivery appointment is required 48 hours in advance. Shipments less than 150 lbs Supplier must use MCC's UPS account # 5049X8. ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at http://mcclabel.com/en/terms . MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing. <div style="text-align: center;"> <p>Thanks!</p> <p>Jo 12/10/25</p> </div>	3,855.0000 each	\$ 3,855.00 ✓	
			Total (US\$)	\$ 3,855.00

ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at <http://mcclabel.com/en/terms>. MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.



4051 McCollum Court
Louisville, Ky. 40218

INVOICE

Invoice No.	Date
001280	2/4/2026
Refer to Invoice Number When Remitting	

Sold To

Multi Color
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Ship To

Multi Color Scottsburg
 2281 S US 31
 Scottsburg, IN 47170

 Attn:

Sales Order	Cust No	Customer PO	Order Date	Mark Shipment	Terms
0026152-0000	00330	1107586	1/20/2026		NET45
Salesperson		Ship Date	Shipped Via	FOB Point	
George ODaniel		2/4/2026	OUR TRUCK		

Line	Quantity			Part Number/Revision	Description	Unit Price \$	Amount \$
	Order	BO	Ship				
001	1		1	26152	Ink Pan Repair	1,193.00	1,193.00
Total \$							1,193.00



Bill To: Multi-Color Corporation
 2281 South US 31
 Scottsburg, IN 47170

26-152

Purchase Order

T: +1 (812) 752-3187
 F: +1 (812) 752-1615

Supplier 712167 BLUEGRASS METAL WORKS, INC 4051 MCCOLLUM CT LOUISVILLE, KY 40218 TEL: 5029129564 FAX: 5029129565	Deliver To: Multi-Color Corporation 2281 South US 31 Scottsburg, IN 47170
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PO No.	Supplier Ref	Date	Your Contact	Our Contact
1107586	JMo	02/02/26		Jeffrey Moffatt
Quantity	Item/Description	Price/Per	Value	
1 EACH PO Line: 1	PRESS SUPPLIES Item Code: NI-GEN-PRSSUP Required Delivery Date: 2/3/2026 Suppliers Item Reference: Ink Pan Repair Email invoices to vendorinvoices@mcclabel.com along with copying apinvoice1530@mcclabel.com. For AP questions and statements, email vendorinquiry@mcclabel.com. When MCC has an agreement or price list to pay freight charges, Supplier shall call Transplace at 866-936-5969 or email multicolortraffic@transplace.com for full load or partial truck load shipments. MCC does not authorize use of "Early AM" or purchase of insurance without written consent from MCC. MCC reserves the right to offset Supplier invoice(s) unauthorized charges for freight. A delivery appointment is required 48 hours in advance. Shipments less than 150 lbs Supplier must use MCC's UPS account # 5049X8. ALL PURCHASES AND PURCHASE ORDERS ARE SUBJECT TO MCC's "TERMS AND CONDITIONS OF PURCHASE" then in effect, which are available at http://mcclabel.com/en/terms . MCC and/or its purchasing affiliate submitting this order expressly reject any competing terms except as specifically agreed otherwise in writing.	1,193.0000 each	\$ 1,193.00	
Total (US\$)			\$ 1,193.00	

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