



**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: 3023 \_\_\_\_\_

7. How much is the claim? \$ 9620.61. 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.  
Equipment Lease

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. \$ 9620.61

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)?

No

Yes. Check all that apply:

Amount entitled to priority

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

- 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. \$ \_\_\_\_\_

\* 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 03/06/2026  
MM / DD / YYYY

/s/Amar A Agrawal  
Signature

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

Name Amar A Agrawal  
First name Middle name Last name

Title Attorney for Canon Financial Services, Inc.

Company Eisenberg, Gold and Agrawal, P.C.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1040 N Kings Highway Ste 200, Cherry Hill, NJ, 08034, United States

Contact phone 8563306200 Email aagrawal@egalawfirm.com



# Verita (KCC) ePOC Electronic Claim Filing Summary

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

<b>Debtor:</b> 26-10910 - Multi-Color Corporation <b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> Canon Financial Services, Inc. 158 Gaither Drive, Suite 200  Mt Laurel, NJ, 08054 United States <b>Phone:</b> 8002200200 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> aagrwal@egalawfirm.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Authorized agent	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Equipment Lease	<b>Last 4 Digits:</b> Yes - 3023	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 9620.61	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Based on Lease:</b> Yes, 9620.61 <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Amar A Agrawal on 06-Mar-2026 12:52:14 p.m. Pacific Time <b>Title:</b> Attorney for Canon Financial Services, Inc. <b>Company:</b> Eisenberg, Gold and Agrawal, P.C. <b>Optional Signature Address:</b> 1040 N Kings Highway Ste 200  Cherry Hill, NJ, 08034 United States <b>Telephone Number:</b> 8563306200 <b>Email:</b> aagrwal@egalawfirm.com		

**Canon Financial Services, Inc.**  
**Statement of Account**

Customer Name: MULTI-COLOR CORPORATION Statement Date: 2/18/2026  
Agreement Number:                      Default Date: 1/10/2026

---

Remaining L/R Balance	\$ 6,588.29
Purchase Option Price (per Agreement)	1,108.20

**Fair Market Value**

Sales/Use Tax	
Property Tax	-
Collection Fees	-
NSF Fees	-
Insurance Fees	-
Documentation Fees	-
Misc. Dealer Payable	-
Misc. Other	-
Late Charges	-
LESS Security Deposit	-
Miscellaneous SALES TAX	-
Subtotal	\$ 7,696.49
PLUS - Legal Fees	1,924.12
<b>Total Due and Owing</b>	<b>\$ 9,620.61</b>

---

I certify that the information listed above is a true and correct representation of the statement of account, as of the statement date, for the customer noted above.

*Ken Roderick*

---



Lease Schedule ("Schedule") - Blended (SER-800)

Canon Solutions America, Inc. ("CSA")  
 One Canon Park, Melville, NY 11747  
 (800) 613-2228

Customer: MULTI-COLOR CORPORATION

CFS App #: 1919250

Salesperson: Michael Douglas Ryder

Agreement #: MA16392

Transaction #: S1343988

Order Date: 01/17/23

Billing Information		Payment Information		Equipment Maintenance Information	
Customer Account		Listed Items	Lease Term	# of Lease Payments	Maintenance included for all Equipment
Company: MULTI-COLOR CORPORATION		48	Months	48	Excess Per Image Charge invoiced Monthly by CFS
DBA:		Payment* (*Plus Applicable Taxes)		CFS Invoicing	Per Unit Coverage Plan
Address: 21 EXECUTIVE WAY		Total		Lease Payment: shall be invoiced Monthly	Fixed Price Plan
Address 2:		\$486.00			Other Transaction Details
City: NAPA County: NAPA		Due at Signing			Purchase Option: Fair Market Value
State: CA Zip: 94558 Phone #: [REDACTED]		# of Payments in Advance	Total Due at Signing		
Contact: Syed Urrehman Fax #: [REDACTED]		0	\$0.00		
Email: [REDACTED]					

Rider A applies (Office Equip/Cut Sheet Production)	Covered Images Included in Payment	Excess Per Image Charge(s)
	B&W: 0 Color: 0	B&W: \$0.009300 Color: \$0.047

Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing information
36260002	IRADVXC5850i	1	Shipping: 21 EXECUTIVE WAY Delivery Date: 02/03/23
40320001	INNER TRAY (1ST COPY TRAY KIT-A1)	1	Address 2:
53580001	CABINET TYPE-V	1	City: NAPA County: NAPA State: CA Zip: 94558
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Primary Customer Contact: Syed Urrehman
3923V843	INSTALL PAK DX C5870i/C5860i/C5850i/C5840i	1	Phone #: [REDACTED]
IntSupplies	Pre-Installed Supplies /installed in Machine	1	Meter C: [REDACTED]
			Phone #: [REDACTED]
			IT Contact: [REDACTED]
			Phone #: [REDACTED]
			Billing:
			Address 2:
			City: County: State: Zip:
			Billing Contact:
			Phone #: Email:
			Elevator: Yes Loading Dock: Yes # of Steps: 0 Hrs of Operation: 9-5

Additional Requirements:
Consumables: Toner Only Auto-Toner Fulfillment**
Meter Method: Remote Reporting Agent:
For CSA USE ONLY: Config: A i 71701089
Fiscal Funding

THIS SCHEDULE IS ENTERED INTO PURSUANT TO, AND INCORPORATES THE TERMS OF, THE MASTER SALES AND SERVICES AGREEMENT REFERENCED AS THE AGREEMENT # ABOVE ("AGREEMENT"), INCLUDING THE MASTER LEASE TERMS SET FORTH AS RIDER G THERETO WHICH SHALL CONTROL (THE "LEASE TERMS"); TO THE EXTENT THE TERMS OF AN EXISTING CFS MASTER AGREEMENT ARE REFERENCED ON THIS SCHEDULE (THE "EXISTING MASTER CFS LEASE") AND ARE APPLICABLE TO THIS SCHEDULE, THEY SHALL CONTROL OVER THE MASTER LEASE TERMS SET FORTH AS RIDER G TO THE AGREEMENT FOR SO LONG AS THE EXISTING MASTER CFS LEASE REMAINS IN EFFECT. STANDARD TERMS AND CONDITIONS AND APPLICABLE RIDERS INCORPORATED HEREIN ARE AVAILABLE AT <https://csa.canon.com/customerdocuments> AND SHALL APPLY TO THE EXTENT NOT MODIFIED BY THE AGREEMENT. THIS SCHEDULE CONSTITUTES A LEASE OF THE LISTED ITEMS, AND IS BINDING ON CUSTOMER UPON SIGNING BY CUSTOMER, AND IS BINDING ON CSA AND LESSOR AS PROVIDED IN THE LEASE TERMS. THIS SCHEDULE IS NON-CANCELABLE BY CUSTOMER. CUSTOMER REPRESENTS THAT EXECUTION OF THIS SCHEDULE HAS BEEN DULY AUTHORIZED BY YOUR SIGNATURE. CUSTOMER AGREES TO LEASE THE LISTED ITEMS AND, IF SELECTED, TO PURCHASE THE MAINTENANCE SERVICES DESCRIBED HEREIN. YOU ACKNOWLEDGE RECEIPT OF A COPY OF THIS SCHEDULE.

Customer Authorized Signature: *Mike Huntsinger* Printed Name: Mike Huntsinger Title: President NA W&S Date: 1.20.23

ACCEPTANCE CERTIFICATE

To: CSA and Lessor. Customer certifies that (a) the Listed Items referred to in the above Schedule have been received, (b) installation has been completed, (c) the Listed Items have been examined by Customer and are in good operating order and condition and are in all respects satisfactory to the Customer and (d) the Listed Items are irrevocably accepted by the Customer for all purposes under the Agreement. Accordingly, Customer hereby authorizes billing under this Schedule.

Authorized Signature: *[Signature]* Printed Name: Title: Date:

For Internal Purposes Only: CFS Authorized Signature: *Michael Gisek* Printed Name: MICHAEL GISEK Title: DOC ADMIN Date: 1/30/23

SER-900 Blended Lease May 2022 \*\*Requires Remote Reporting Agent



Additional Equipment List to: S1343988 (SER-801)

Page 2 of 2

Customer: MULTI-COLOR CORPORATION

Agreement #: MA16392

Order Date: 01/17/23 Salesperson: Michael Douglas Ryder

Order Applies (Office Equip/Cut Sheet Production)		Covered Images Included in Payment	Excess Per Image Charge(s)
		B&W: 0 Color: 0	B&W: \$0.009300 Color: \$0.047
Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
3826C002	IRACVDXC585G1	1	Shipping: 21 EXECUTIVE WAY Delivery Date: 02/03/23
4032D001	INNER TRAY (1ST COPY TRAY KIT-A1)	1	Address 2:
5358C001	CABINET TYPE-V	1	City: NAPA County: NAPA State: CA Zip: 94558
3598C001	SUPER G3 FAX BOARD-AX1	1	Contact: Syed Urehman
2368V120	MID VOLUME CONNECTIVITY 30+PPM UP TO 79PPM	1	Mtr Contact:
3923V543	INSTALL FAX DX C5870(C5860)/C5860(C5840)	1	IT Contact: Syed Urehman
IntSupplies	Pre-Installed Supplies Installed in Machine	1	Billing:
			Address 2:
			City: County: State: Zip:
			Contact: Ph #: Email:
			Elevator: Yes Loading Dock: Yes # of Steps: 0 Hrs of Operation: 9-5
			Consumables: Toner Only Auto-Toner Fulfillment**
			Meter Method: Remote Reporting Agent
			For CSA USE ONLY:
			Config. B: 71701090

		Covered Images Included in Payment	Excess Per Image Charge(s)
Item Code	Listed Items Description	Qty	Ship To & Maintenance Billing Information
			Shipping: Delivery Date:
			Address 2:
			City: County: State: Zip:
			Contact: Ph #: Email:
			Mtr Contact: Ph #: Email:
			IT Contact: Ph #: Email:
			Billing:
			Address 2:
			City: County: State: Zip:
			Contact: Ph #: Email:
			Elevator: Loading Dock: # of Steps: Hrs of Operation:
			For CSA USE ONLY:

SER-801 Blended Lease May 2022

\*\*Requires Remote Reporting Agent