

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: 1411 ____

7. How much is the claim? \$ 5,225.63. 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 Services

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 03/16/2026
MM / DD / YYYY

/s/Amber Gould
Signature

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

Name Amber Gould
First name Middle name Last name

Title Credit Analyst

Company Atlas Copco Compressors 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: 26-10911 - W/S Packaging Group, LLC District: District of New Jersey, Trenton Division		
Creditor: Atlas Copco Compressors LLC 300 Technology Center Drive Rock Hill, SC, 29730 United States Phone: 8038177228 Phone 2: Fax: Email: amber.gould@atlascopco.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: Equipment Services	Last 4 Digits: Yes - 1411	Uniform Claim Identifier:
Total Amount of Claim: 5,225.63	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: Amber Gould on 16-Mar-2026 8:00:55 a.m. Pacific Time Title: Credit Analyst Company: Atlas Copco Compressors LLC		

Customer No.	Invoice No.	Invoice Date	Purchase Order No.	1/2
4000001411	1125136361	12/17/2025	1059611	

Atlas Copco Compressors LLC
300 Technology Center Way Ste. 550, Rock Hill, SC 29730

WS PACKAGING - PROMO EDGE
2571 S HEMLOCK ROAD
GREEN BAY, WI 54229-9508

Visit Address

WS PACKAGING MULTI-COLOR
950 BREEZEWOOD LN
NEENAH, WI 54956

Customer's Address

WS PACKAGING - PROMO EDGE
950 Breezewood Ln
Neenah, WI 54956-4524

Payer : WS PACKAGING - PROMO EDGE, 2571 S HEMLOCK ROAD, GREEN BAY, WI 54229-9508

Contract No. : 700226140

Contact Reference

Contact : ZM9 Appleton
Tel No. : 800-290-7408
E-mail : cts.central.
region@atlascopco.com

Pos.	Serial Number	Description	Billing Period	Total Net Price
10	HOL030229	GA 55-125 230V MKII	11/24/2025 - 02/23/2026	973.82
20	HOL030527	GA 55-125	11/24/2025 - 02/23/2026	952.80
30	API652063	GA 75VSD-175 AP 46	11/24/2025 - 02/23/2026	2,096.99
40	101050002	OIL WATER SEP	11/24/2025 - 02/23/2026	152.50
50	0374-2-9604-1	HANKINSON PR600	11/24/2025 - 02/23/2026	387.52
60	0365-1-9601-1K	KAESER KRD500	11/24/2025 - 02/23/2026	413.16

Subtotal	4,976.79	USD
Freight (Normal)	0.00	USD
Net / Tax base	4,976.79	USD
State Tax:WI	248.84	USD
Total	5,225.63	USD

Payment terms : Net 60 Days

Atlas Copco Compressors LLC

<http://www.atlascopco.com/ACCSalesTerms>

2501 Landmeier Rd
Elk Grove Village, IL 60007

Telephone: (847) 981-8995
Fax: (847) 981-8961
<https://www.atlascopco.com/en-us>

Federal Tax ID: 04-2700546
Remit To:
Atlas Copco Compressors LLC
DEPT CH 19511
Palatine, IL 60055-9511

ACH Payments: Nordea Bank Finland PLC
1211 Avenue of the Americas, 23rd Floor
New York, NY 10036
ABA # 026010786
Account # 7145273001
SWIFT # NDEAUS3N

Customer No.	Invoice No.	Invoice Date	Purchase Order No.	2/2
4000001411	1125136361	12/17/2025	1059611	

Payment Due Date : 02/15/2026
Delivery terms : DAP

Remit To:
Atlas Copco Compressors LLC
DEPT CH 19511
Palatine, IL 60055-9511