

Fill in this information to identify the case:

Debtor Multi-Color Heiligenstadt Germany GmbH

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

Case number 26-10939

**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

<p>1. Who is the current creditor?</p>	<p><u>Engelbrecht Medizin- und Labortechnik GmbH</u></p> <hr/> <p>Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p>See summary page</p>	<p>Where should payments to the creditor be sent? (if different)</p>
	<p>Contact phone <u>0049 5603 916980</u></p> <p>Contact email <u>buchhaltung@engelbrecht.de</u></p> <p>Uniform claim identifier (if you use one): _____</p>	<p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	



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: 20000 ____

7. How much is the claim? \$ 120.33. 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)?

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 03/02/2026
MM / DD / YYYY

/s/Eike Engelbrecht
Signature

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

Name Eike Engelbrecht
First name Middle name Last name

Title Mr.

Company Engelbrecht Medizin- und Labortechnik GmbH
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: 26-10939 - Multi-Color Heiligenstadt Germany GmbH District: District of New Jersey, Trenton Division		
Creditor: Engelbrecht Medizin- und Labortechnik GmbH 13 Tiefenbachweg Edermünde, Hesse, 34295 Germany Phone: 0049 5603 916980 Phone 2: Fax: Email: buchhaltung@engelbrecht.de	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement:	
	Has Related Claim: No Related Claim Filed By:	
	Filing Party:	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Goods sold	Last 4 Digits: Yes - 20000	Uniform Claim Identifier:
Total Amount of Claim: 120.33	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: Eike Engelbrecht on 02-Mar-2026 1:00:42 a.m. Pacific Time Title: Mr. Company: Engelbrecht Medizin- und Labortechnik GmbH		



Engelbrecht GmbH • Tiefenbachweg 13 • 34295 Edermünde

Multi-Color Heiligenstadt Germany GmbH
Hugo-Engelmann-Strasse 1
37308 Heilbad Heiligenstadt

Rechnung

Belegnummer: 2026-302079
Datum: 22.01.2026
Kundennummer: D20000
Bearbeiter: Frau L. Niehoff
Versandart: Trans-o-Flex
Vorgangsnummer: 163456
USt.-Id.-Nr. Kunde:

Rechnungsdatum = Lieferdatum
Bitte Vorgangsnummer bei allen Rückfragen angeben!

Lieferanschrift:

Multi-Color Heiligenstadt Germany GmbH
Hugo-Engelmann-Strasse 1
37308 Heilbad Heiligenstadt

Bestell-Nr.: 22026908
Bestell-Datum: 15.01.2026



Pos.	Artikelnummer / Bezeichnung	Menge ME	Einzelpreis	Gesamtpreis
1	19180 REF 31001000+120065 Weithalsflasche aus PE 1000ml mit sep. Schraubverschluss	15 St.	3,50 / 1	52,50
2	19178 REF 3100500+120050 Weithalsflasche PE, 500ml mit sep. Schraubverschluss	20 St.	119,00 / 100	23,80
Zwischensumme EUR				76,30
zzgl. Fracht + Verpackung				10,00
Zwischensumme				86,30
zzgl. MwSt. 19,00% von				16,40
Endsumme EUR				102,70

** Bei Zahlung geben Sie bitte die Belegnummer der Rechnung im Verwendungszweck an **

Wenn Sie auf E-Rechnung umstellen möchten, treten Sie bitte mit unserer Buchhaltung unter buchhaltung@engelbrecht.de in Kontakt.

Zahlungsvereinbarungen:

14Tage (bis 05.02.2026) ohne Abzug 102,70EUR

Engelbrecht -
Medizin und Labortechnik GmbH
Tiefenbachweg 13
34295 Edermünde (Basse)
www.engelbrecht.de

Kontakt
engelbrecht.gmbh@t online.de
Tel.: +49 (0) 5603 916 980
Fax: +49 (0) 5603 916 98 20
Fax(analog): +49 (0) 5603 72 20

Bank
VR- Partner Bank
IBAN: DE25 5206 2601 0000 0111 18
SWIFT - BIC: GENODEF1HRV

Geschäftsführer
Wolfgang Engelbrecht, Eike Engelbrecht
Registergericht Amtsgericht Fritzlar HRB 8156
Ust-IdNr.: DE 151258306
IK-Nr.: 59 06 6123 7



Engelbrecht - Ihr direkter Kontakt
☎ +49 (0) 56 03 - 91 69 80
☎ +49 (0) 56 03 - 91 69 8 - 20
✉ engelbrecht.gmbh@t-online.de
🌐 www.engelbrecht.de



Engelbrecht Medizin- und Labortechnik GmbH Tiefenbachweg 13 34295 Edermünde

Multi-Color Heiligenstadt Germany GmbH
Hugo-Engelmann-Strasse 1
37308 Heilbad Heiligenstadt

ZAHLUNGSERINNERUNG

Datum: 19.02.2026

Sehr geehrte Damen und Herren,

sicher haben Sie übersehen, daß die unten aufgeführten Rechnungen zur Zahlung fällig geworden sind. Wir bitten Sie, den ausstehenden Rechnungsbetrag innerhalb von 8 Tagen an die unten aufgeführte Bankverbindung anzuweisen. Sollten Sie die Rechnung bereits beglichen haben, so bitten wir um Nachricht, wann und wohin die Zahlung erfolgte.

Bitte beachten Sie, dass Ihnen ab der zweiten Mahnstufe Gebühren i.H.v. € 10,00 entstehen.

Kundennummer: **D20000**

Belegnr.	MS	Fällig	Zinstage	Datum	Forderung	Zahlung	Saldo	WKz
2026-302079	1	05.02.2026		22.01.2026	102,70		102,70	EUR

Restforderung gesamt	102,70	EUR
Mahngebühren	0,00	EUR
Gesamtsumme	102,70	EUR

Mit freundlichen Grüßen

Engelbrecht Medizin- und Labortechnik GmbH

Claudia Wenning

📍 Engelbrecht - Medizin- und Labortechnik GmbH
Tiefenbachweg 13, 34295 Edermünde (Besse)
☎ +49 (0) 56 03 - 91 69 8 - 0 | ☎ Wien: 01 - 31 01 28 1
☎ +49 (0) 56 03 - 91 69 8 - 20

🏦 Bankverbindung
VR-PartnerBank
IBAN: DE25 5206 2601 0000 0111 18
BIC: GENODEF1HRV

📄 Registergericht: Amtsgericht Fritzlar HRB 8156
Geschäftsführer: Dipl.-Ing. Wolfgang Engelbrecht
Ust-IdNr.: DE 151258306
IK 590 66 1237



Bestellung

N/A

VAT MCC: DE261600273

VAT Lieferant:

Lieferant: 721819 ENGELBRECHT MEDIZIN UND LABORTECHNIK GMBH TIEFENBACHWEG 13 EDERMÜNDE 34295, GERMANY TEL: Email:	Lieferadresse: Multi Color Heiligenstadt Germany GmbH Hugo-Engelmann-Str. 1 Heiligenstadt 37308 , GERMANY Lieferbedingung: EXW Inco Revision: Inco Location: Zahlungsbedingungen: 2% 10/Netto 30
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Bestellnummer:	Lieferantenreferenz:	Datum:	Strategischer Einkauf	Unser Ansprechpartner:
22026908		15/01/2026		

Position	Artikel / Bezeichnung	Menge	Menge	Preis	Gesamtpreis:
Position: 1	PE WEITHALSFLASCHEN 1000 ML NR. WHF 1000/4208 1 VPE= 50 Stk. Artikel:: MG-LAB-212248 Liefertermin: 29/01/2026 <i>79180</i>	✓ 15,00 STK	15,00 STK	2,1000 STK	31,50
Position: 2	PE WEITHALSFLASCHEN 500 ML 1 VPE= 100 Stk. NR. WHF 500/4206 Artikel:: MG-LAB-212247 Liefertermin: 29/01/2026 <i>19178</i>	✓ 20,00 STK	20,00 STK	1,0800 STK	21,60
				<i>13 Stk. (LP)</i> <i>1191. (LP)</i> <i>20000</i> Auftragsbearbeitung LN 202548 Vertragsprüfung: <input checked="" type="checkbox"/> <i>LN</i> Verz. Auftrag: <input checked="" type="checkbox"/> Versandan: TOF Datum der Warenübergabe: <i>22.01.26</i> V: 163456 <i>1x</i>	LN LN t10€ F+V
				Gesamt (EUR)	53,10

Multi-Color Heiligenstadt Germany GmbH
 Postanschrift: Kesselstraße 2,
 D-34346 Hann. Münden
 Firmensitz: Hugo-Engelmann-Strasse 1
 D-37308 Heilbad Heiligenstadt
 T +49 5541 704 0

Geschäftsführung
 Amtsgericht Jena; HRB 503086
 Steuernummer 20/200/28612
 USt-Ident-Nr. DE 261600273
 F+49 5541 704 277

Bankverbindungs:
 Citibank Europe Plc, Germany Plc, Branch
 EUR: IBAN DE74 6221 0800 0218 3134 26
 USD: IBAN DE24 6021 0800 1218 3130 31
 SWIFT: CITIDF33
 www.mcclabel.com
 E-Mail: Office.Germany@mcclabel.com

Fill in this information to identify the case:

Debtor 1 _____
Debtor 2 _____
(Spouse, if filing)
United States Bankruptcy Court for the: _____ District of _____
Case number _____

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 of 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?**
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?**
 No
 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)
	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____ Uniform claim identifier (if you use one): _____	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____

4. **Does this claim amend one already filed?**
 No
 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?**
 No
 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?** \$_____. **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.

9. **Is all or part of the claim secured?** No
 Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal 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 amounts 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)?

No

Yes. Check one:

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 acknowledgment 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 a 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 _____
MM / DD / YYYY

E.Engelbrecht
Signature

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

Name _____
First name Middle name Last name

Title _____

Company _____
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address _____
Number Street

City State ZIP Code

Contact phone _____ Email _____