Fill in this information to identify the case:

Debtor 1 Yardbird Group LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of Delaware

Case number 26-11479

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?**

Uline
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?

Uline
Name

12575 Uline Dr
Number Street

Pleasant Prairie WI 53158
City State ZIP Code

Contact phone 888-884-6910

Contact email arbankruptcy@uline.com

Where should payments to the creditor be sent? (if different)

_____
Name

_____
Number Street

_____
City State ZIP Code

Contact phone _____

Contact email _____

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Uniform claim identifier (if you use one):

_ _

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? _____



2611479261005000000000002

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: 4 3 0 2

7. **How much is the claim?** $ 1,419.12 **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 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

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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 one:*

	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)(2) that applies.	$ 1,419.12

* 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 09/21/2026
MM / DD / YYYY

DeAnn Zeitler
Signature

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

Name: DeAnn (First name) Middle name Zeitler (Last name)

Title: Sr. AR Specialist

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

Address: 12575 Uline Dr.
Number Street

Pleasant Prairie WI 53158
City State ZIP Code

Contact phone 888-884-6910 Email arbankruptcy@uline.com

ULINE

1-800-295-5510
uline.com
PO Box 88741 • Chicago, IL 60680-1741

DUPLICATE
INVOICE

ULINE FED ID#: 36-3684738
INVOICE #: 213030970
ORDER #: 59377419

THANK YOU FOR YOUR ORDER. ULINE CUSTOMER SINCE 2022

SOLD TO: YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON DC 20001-4432

SHIP TO: YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON DC 20001-4432

CUSTOMER NO.	PURCHASE ORDER NO.	SHIP VIA	ORDER DATE	DATE SHIPPED	TERMS	INVOICE DATE
23284302	DANIEL	A DUIE PYLE	09/08/26	09/08/26		09/08/26

QTY ORDERED	U/M	BACK ORDERED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
50	EA		S-4105	10 X 10 X 10" CORRUGATED BOXES	.89	44.50
3	CT		S-18282	DELUXE BOX LINERS - 10 X 10 X 10"	126.00	378.00
5	CT		S-18253	SINGLE-USE COLD PACKS - 16 OZ	12.00	60.00
3	CT		S-18283	DELUXE BOX LINERS - 12 X 12 X 12"	192.00	576.00
50	EA		S-4125	12 X 12 X 12" CORRUGATED BOXES	1.16	58.00
1	EA		S-26157R	YETI® 26 OZ RAMBLER®	.00	.00
				THIS ITEM AT NO CHARGE		

ORDER PLACED BY: DANIEL CAHALL
INTERNET PRO #: 573552361

SUB-TOTAL	SALES TAX	SHIPPING/HANDLING	AMOUNT DUE
1,116.50	80.33	222.29	$ 1,419.12

PLEASE PAY FROM THIS INVOICE REFER TO THIS INVOICE NUMBER WHEN CONTACTING US REGARDING THIS TRANSACTION

CUSTOMER NAME	CUSTOMER NUMBER	INVOICE NUMBER	INVOICE DATE	AMOUNT DUE
YARDBIRD WASHINGTON DC	23284302	213030970	09/08/26	1,419.12

AMOUNT ENCLOSED
IF DIFFERENT THAN AMOUNT DUE $_____
EXPLAIN DIFFERENCES ON REVERSE SIDE

IMPORTANT – PLEASE DETACH AND RETURN THIS PORTION TO ENSURE PROPER CREDIT

MAKE CHECK PAYABLE AND MAIL TO:

ULINE
ATTN: ACCOUNTS RECEIVABLE
PO Box 88741
Chicago IL 60680-1741

2328430202130309702609080001419121

A. DUIE PYLE, INC.
P O BOX 564
WEST CHESTER, PA 19381-0564
PH: (800)523-5020

PYLE
MC - 39140
USDOT 11394

A.DuiePYLE™ LTL Services

DELIVERY RECEIPT PICKUP DATE: 09/08/26	PYLE FREIGHT #: 573552361	PAGE 1 of 2
P O NUMBER:	SHIPPER / BL NUMBER: 1028314534	
P U UNIT:	TERMS: Prepaid	

CONSIGNEE: YAWA1N (202) 333-2450 *BAL*
YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON, DC 20001

SHIPPER: ULAL80 (610) 366-9140 *ALE*
ULINE PA BRANCH U6
800 N ULINE WAY
ALLENTOWN, PA 18106

MONEY BOX

PIECES	CONTAINER	HM	FREIGHT DESCRIPTION	CLASS	WT/LBS	RATE	INVOICE AMOUNT
6	CTN		NMFC 020475-07 POLYOLEFIN MAILERS	925	70		
5	CTN		NMFC 050125-00 COLD PACKS	55	96		
4	BDL		NMFC 029785-09 CORR BOXES KDF 12 # PER C	70	84		
1	CTN		NMFC 187645-05 MISC	125	2		
			INSIDE DELIVERY				
			LIFT GATE CHARGE				
			1 PALLETS Do NOT Deliver Double Stacked				
			DO NOT BREAKDOWN SKID				
			INSIDE DELIVERY				
			BOL#: 1028314534				
			PO#: DANIEL				
			59377419				
			PRO #: 573552361				
			CONS CONTACT: DANIEL CAHALL				
16	TOTAL PIECES				252		0

800 ULINE WAY = ULAL80
CHECK SHIPPER ADDRESS CAREFULLY
700 ULINE WAY = ULAL0U
MUST ALWAYS BE ACCURATE WHEN PROVIDED.
CONTACT PHONE#, ATTN NAME & PROD DESC

A. DUIE PYLE NOW PROVIDES SERVICE TO THE CARIBBEAN.

THANK YOU FOR YOUR BUSINESS!
PYLE PEOPLE DELIVER

CONSIGNEE: YAWA1N (202) 333-2450 *BAL*
YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON, DC 20001

SHIPPER: ULAL80 (610) 366-9140 *ALE*
ULINE PA BRANCH U6
800 N ULINE WAY
ALLENTOWN, PA 18106

DELIVERY RECEIPT PICKUP DATE: 09/08/26	PYLE FREIGHT #: 573552361	PAGE 1 OF 1
P O NUMBER:	SHIPPER / BL NUMBER: 1028314534	
P U UNIT:	TERMS: Prepaid	

CHECK OFF SPECIAL SERVICES: INSIDE DELIVERY X **LIFTGATE** X **SORT/SEG** ___
PERFORMED NOT OTHERWISE NOTED BELOW **LIMITED ACCESS/RESIDENTIAL** ____ **# PCS** ____

573 552 361

PIECES	CONTAINER	HM	FREIGHT DESCRIPTION	CLASS	WT/LBS	RATE	INVOICE AMOUNT
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			BOL#: 1028314534				
			PO#: DANIEL				
			59377419				
			PRO #: 573552361				
			CONS CONTACT: DANIEL CAHALL				
16	TOTAL PIECES				252		0

ARRIVAL TIME: 0149PM **DEPARTURE TIME:** 0149PM **PCS DELIVERED:** _____ **SHRINK WRAP INTACT:** (Y) (N)

FREIGHT RECEIVED IN GOOD CONDITION, SHRINK WRAP INTACT, UNLESS OTHERWISE NOTED DESIGNATED SPECIAL SERVICES WERE AUTHORIZED AND PERFORMED AT DELIVERY.

SIGNATURE: Daniel **DATE:** 09/09/26

PRINT NAME: Daniel **DRIVER:** TL52

MONEY BOX

A. DUIE PYLE, INC.
P O BOX 564
WEST CHESTER, PA 19381-0564
PH: (800)523-5020

PYLE
MC - 39140
USDOT 11394

A.DuiePYLE™ LTL Services

DELIVERY RECEIPT PICKUP DATE: 09/08/26	PYLE FREIGHT #: 573552361	PAGE 2 of 2
P O NUMBER:	SHIPPER / BL NUMBER: 1028314534	
P U UNIT:	TERMS: Prepaid	

CONSIGNEE: YAWA1N (202) 333-2450 *BAL*
YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON, DC 20001

SHIPPER: ULAL80 (610) 366-9140 *ALE*
ULINE PA BRANCH U6
800 N ULINE WAY
ALLENTOWN, PA 18106

MONEY BOX

PIECES	CONTAINER	HM	FREIGHT DESCRIPTION	CLASS	WT/LBS	RATE	INVOICE AMOUNT
			CONS PHONE: 202-333-2450 1 HANDLING UNITS PALLET WEIGHT ARBITRARY		45		
16	TOTAL PIECES				45		0

800 ULINE WAY = ULAL80
CHECK SHIPPER ADDRESS CAREFULLY
700 ULINE WAY = ULAL0U
MUST ALWAYS BE ACCURATE WHEN PROVIDED.
CONTACT PHONE#, ATTN NAME & PROD DESC

A. DUIE PYLE NOW PROVIDES SERVICE TO THE CARIBBEAN.

THANK YOU FOR YOUR BUSINESS!
PYLE PEOPLE DELIVER

CONSIGNEE: YAWA1N (202) 333-2450 *BAL*
YARDBIRD WASHINGTON DC
901 NEW YORK AVE NW
WASHINGTON, DC 20001

SHIPPER: ULAL80 (610) 366-9140 *ALE*
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DELIVERY RECEIPT PICKUP DATE: 09/08/26	PYLE FREIGHT #: 573552361	PAGE 1 OF 1
P O NUMBER:	SHIPPER / BL NUMBER: 1028314534	
P U UNIT:	TERMS: Prepaid	

CHECK OFF SPECIAL SERVICES: INSIDE DELIVERY X LIFTGATE X SORT/SEG ___
PERFORMED NOT OTHERWISE NOTED BELOW LIMITED ACCESS/RESIDENTIAL _____ # PCS _____

573 552 361

PIECES	CONTAINER	HM	FREIGHT DESCRIPTION	CLASS	WT/LBS	RATE	INVOICE AMOUNT
			CONS PHONE: 202-333-2450 1 HANDLING UNITS PALLET WEIGHT ARBITRARY		45		
16	TOTAL PIECES				45		0

ARRIVAL TIME: 0149PM **DEPARTURE TIME:** 0149PM **PCS DELIVERED:** _____ **SHRINK WRAP INTACT:** (Y) (N)

FREIGHT RECEIVED IN GOOD CONDITION, SHRINK WRAP INTACT, UNLESS OTHERWISE NOTED DESIGNATED SPECIAL SERVICES WERE AUTHORIZED AND PERFORMED AT DELIVERY.

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PRINT NAME: Daniel **DRIVER:** TL52

MONEY BOX