

**Fill in this information to identify the case:**

Debtor Thrasio Holdings, Inc.

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

Case number 24-11840

Official Form 410  
**Proof of Claim**

04/22

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?** Innovative Packaging Solution, Inc.  
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?**

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Innovative Packaging Solution, Inc.</u> <u>43620 Ridge Park Dr</u> <u>Temecula, CA 92590</u>	
Contact phone <u>951-693-5580</u>	Contact phone _____
Contact email <u>yesenia@ipspack.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (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? \_\_\_\_\_



**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: 00125 \_\_\_\_

7. How much is the claim? \$ 16800.34. 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
<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 \$3,350* 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 \$15,150*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. 503(b)(9)?

No

Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

**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)(2) 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 03/11/2024  
MM / DD / YYYY

/s/Yesenia Perez  
Signature

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

Name Yesenia Perez  
First name Middle name Last name

Title Controller

Company Innovative Packaging Solution, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# KCC ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-0496 | International 001-310-823-9000

<b>Debtor:</b> 24-11840 - Thrasio Holdings, Inc.		
<b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> Innovative Packaging Solution, Inc. 43620 Ridge Park Dr Temecula, CA, 92590 <b>Phone:</b> 951-693-5580 <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> yesenia@ipspack.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> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Goods Sold	<b>Last 4 Digits:</b> Yes - 00125	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 16800.34	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <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> Yesenia Perez on 11-Mar-2024 6:41:21 p.m. Eastern Time <b>Title:</b> Controller <b>Company:</b> Innovative Packaging Solution, Inc.		



# INVOICE

Reference Nbr.: AR-000879  
 Date: 29-Jan-2024  
 Due Date: 28-Feb-2024  
 Customer ID: C000125  
 Currency: USD

Innovative Packaging Solutions  
 43620 Ridge Park Dr  
 Suite 200  
 Temecula, CA, 92590  
 Phone: 9516935580  
 Web: <https://www.ipspack.com/>

<b>BILL TO:</b>	<b>SHIP TO:</b>
THRASIO LLC, DBA CHAROPE Inc. 85 West St., Suite 3 Walpole MA 02081 United States of America	THRASIO LLC, DBA CHAROPE Inc. WePackIt 6140 Duquesne Drive SW, Ste B Atlanta GA 30336 United States of America

<b>CUSTOMER REF. NBR.</b>	<b>TERMS</b>	<b>CONTACT</b>
PO60672	Net 30 Days	

NO.	ITEM	QTY.	UOM	UNIT PRICE	DISC.	EXTENDED PRICE
1	I00001093: 16oz Miss Mouths Messy Eater Stain Treater, pouch	53.4600	1000	314.2600	0%	16,800.34
NOTE: (84 CTN = 83 @ 640 PCS, 1 @ 3,460 PCS)						

NOTE:

<b>Sales Total:</b>	16,800.34
<b>Less Discount:</b>	0.00
<b>Tax Total:</b>	0.00
<b>Total (USD):</b>	<b>16,800.34</b>
<b>Cash Discount:</b>	0.00

# THRASIO™

Thrasio's Terms and Conditions (Direct), a copy of which is attached, are hereby incorporated into this purchase order by reference.

Page 2 of 8

Line No.	SKU	ASIN	NeedBy	Quantity	Ship Unit Selection Type	Items Per Ship Unit	Number of Ship Units	Unit Price	Total Price
1	THS-COMP-MSMTHPCH-16OZ Component SKU for Miss Mouths 16oz Pouch		12/22/2023	51,200	Case			\$0.31426	\$16,090.11
				<b>Total Quantity</b>	51200			<b>Total Price</b>	\$16,090.11



PO60672

## Invoicing Details

1. Mark PO# on all invoices and shipping documents
2. Documents should be in PDF format for all documents (invoices, shipping docs etc)
3. Send us Proforma Invoice (PI) containing the following information:
  - a) Cargo Ready Date for each SKU line item
  - b) HTS Code for Country of Destination
  - c) Incoterms & Payment terms
  - d) Deposit & Balance amount Breakdown
  - e) Bank Information including beneficiary and account details
  - f) IOR on PI - same as mentioned on this PO.
  - g) Country of Origin
  - h) Contact Details: Att: Seth Walter Email id: Seth.Walter@thrasio.com Ph: (+1) (347) 307-4616
4. Invoice Processing - AFTER THE CONFIRMATION ONLY, Pls send your Invoices to our Payable department directly through an email, To: supplychain.payables@thras.io CC: Buyer \*Note: - Each cartons should be less than 25 inches long on each side, weighs less than 50 lbs. - Shipping Plan for this PO is required.

Thrasio's Terms and Conditions (Direct), a copy of which is attached, are hereby incorporated into this purchase order by reference.

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**ips** INNOVATIVE PACKAGING SOLUTIONS

**Packing List**

Innovative Packaging Solutions  
 43620 Ridge Park Dr  
 Suite 200  
 Temecula, CA, 92590  
 Phone: 9516935580  
 Web: <https://www.ipspack.com/>

SH-001149  
 1/22/2024  
 C000125

**SHIP TO:**  
 THRASIO LLC, DBA CHAROPE Inc.  
 WePackit  
 6140 Duquesne Drive SW, Ste B  
 Atlanta GA 30336  
 United States of America

**NOTE:**  
 V-143-23/3 | IPS PO-000416 | ETA: 01/29/24  
 TOTAL CARTONS: 90 | PALLETS: 15 PALLETS

**IPS CONTACT**

Jessica Yoanna Torres - [jessica@ipspack.com](mailto:jessica@ipspack.com)

SHIP VIA

FOB POINT

WAREHOUSE  
 WH-IPS

**SO TYPE**

SO NUMBER

CUSTOMER P.O. NO.

SO

SO-000603

PO60672

NO.

CUST ALT ID

ITEM

QTY. UOM

QTY. SHIPPED

QTY. B/O

1

THS-COMP-

100001093, 16oz Miss Mousins Messy Eater Stain  
 Treaters, pouch

51,2000 1000

53,4600

0 0000

**NOTE:** (84 CARTONS=83 CARTONS @ 640/PIECES; 1 CARTON @ 340/PIECES)  
 10mm White PE Cap= 5 Cartons @ 10,000/PIECES; 1 Carton @ 3,460/Pieces

*Carlos Muñoz* 1-29-267

Total Qty: 53,4600  
 Total Weight (LBS): 0  
 Total Volume (CUIN): 0