Fill in this information to identify the case:

Debtor 1 Ample Inc

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 25-90817

United States Courts
Southern District of Texas
FILED

JAN 12 2026

Nathan Ochsner, Clerk of Court

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?

McMaster-Carr Supply Co
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?

McMaster-Carr Supply Co
Name

9630 Norwalk Blvd
Number Street

Santa Fe Springs CA 90670
City State ZIP Code

Contact phone 562-692-5911

Contact email sales@mcmaster.com

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

McMaster-Carr Supply Co
Name

PO Box 7690
Number Street

Chicago IL 60680
City State ZIP Code

Contact phone 562-692-5911

Contact email sales@mcmaster.com

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?

2590817260114000000000007

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 3 0 0

7. **How much is the claim?** $ 48,330.14 . **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

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)(__) 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 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 01/06/2026
MM / DD / YYYY

Lily Vanderbloemen
Signature

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

Name: Lily Vanderbloemen
First name Middle name Last name

Title: Customer Accounts Director

Company: McMaster-Carr Supply Co
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 9630 Norwalk Blvd
Number Street

Santa Fe Springs CA 90670
City State ZIP Code

Contact phone: 562-692-5911 Email: sales@mcmaster.com



McMASTER-CARR

Statement

562-692-5911
562-695-2323 (fax)
la.sales@mcmaster.com

Statement Date	**12/21/25**
Billing Period	**11/22/25-12/21/25**
Current Balance	**$0.00**
Balance Past Due	**$48,330.14**
Total Account Balance	**$48,330.14**
Payment Terms	**2% 10, Net 30**

Billed to

AMPLE INC
100 HOOPER ST STE 25
SAN FRANCISCO CA 94107

Mail Payment to McMaster-Carr
PO Box 7690
Chicago IL 60680-7690

Your Account 380907300

Invoice Date	Age	Purchase Order / Release	Invoice	Packing List	Invoice Total	Balance Due
Over 90 Days:						
9/3/25	110	PO-9168	51451969	3137900-01	116.65	116.65
8/27/25	117	PO-9129	51110529	2845346-01	147.19	147.19
8/27/25	117	PO-9144	51110545	2845453-00	813.15	813.15
8/27/25	117	PO-9159	51132203	2845565-01	77.96	77.96
8/19/25	125	PO-9140	50703485	2448085-01	45.13	45.13
8/19/25	125	PO-9068	50708827	2454052-01	1,227.48	1,227.48
8/14/25	130	PO-9131	50437914	2250218-01	48.56	48.56
8/12/25	132	PO-9102	50298693	2076866-01	278.58	278.58
8/8/25	136	PO-8901	50144076	1935970-00	2,222.38	2,222.38
8/7/25	137	PO-9105	50058136	1899247-01	79.47	79.47
8/6/25	138	PO-9113	50012535	1827327-00	277.97	277.97
7/24/25	151	PO-8672	49278874	3795393-00	551.04	551.04
7/17/25	158	PO-9071	48939715	8852957-01	262.79	262.79
7/2/25	173	PO-8912	48183860	7684768-04	2,960.00	2,960.00
7/2/25	173	PO-9046	48215604	8161419-01	16.80	16.80
6/30/25	175	PO-8905	48032176	7685123-02	1,902.00	1,902.00
6/30/25	175	PO-8912	48041160	7684768-03	627.60	627.60
6/25/25	180	PO-9012	47837730	7819497-01	297.24	297.24
6/24/25	181	PO-8669	47713859	4030634-02	926.88	926.88
6/24/25	181	PO-8669	47713862	4030634-03	115.86	115.86
6/23/25	182	PO-8912	47699199	7684768-11	25.46	25.46
6/23/25	182	PO-8912	47707644	7684768-00	4,862.50	4,862.50
6/23/25	182	PO-8905	47707762	7685123-01	380.40	380.40



McMASTER-CARR

Statement

562-692-5911
562-695-2323 (fax)
la.sales@mcmaster.com

Statement Date	**12/21/25**
Billing Period	**11/22/25-12/21/25**
Current Balance	**$0.00**

Invoice Date	Age	Purchase Order / Release	Invoice	Packing List	Invoice Total	Balance Due
6/19/25	186	PO-9010	47527212	7418649-01	1,273.00	1,273.00
6/5/25	200	PO-8852	46773136	5600536-11	238.56	238.56
6/3/25	202	PO-8984	46595257	6700628-00	558.16	558.16
6/3/25	202	PO-8984	46607566	6700628-00	279.08	279.08
5/30/25	206	PO-8963	46454937	6430291-01	165.54	165.54
5/28/25	208	PO-8919	46319273	6375812-01	7.62	7.62
5/27/25	209	PO-8919	46275300	6375812-02	625.20	625.20
5/23/25	213	PO-8852	46154094	5600536-02	710.00	710.00
5/22/25	214	PO-8907	46126419	6239682-01	316.61	316.61
5/21/25	215	PO-8856	45987129	5599697-01	751.55	751.55
5/15/25	221	PO-8672	45723126	3795393-05	3,694.82	3,694.82
5/9/25	227	PO-8872	45419214	5548926-01	602.70	602.70
5/9/25	227	PO-8852	45429897	5600536-01	986.38	986.38
5/8/25	228	PO-8873	45323667	5548992-00	1,547.59	1,547.59
5/8/25	228	PO-8872	45365656	5548926-02	774.90	774.90
5/8/25	228	PO-8862	45370247	5548874-01	995.22	995.22
5/8/25	228	PO-8857	45373658	5548836-00	1,732.23	1,732.23
4/23/25	243	PO-8669	44462496	4030634-01	798.30	798.30
4/14/25	252	PO-8672	43981978	3795393-04	11,750.50	11,750.50
4/9/25	257	0409HHAIDAIR	43800742	4101149-01	2,259.09	2,259.09
				Total Over 90 Days:		$48,330.14

Summary: <30 Days = $0.00 31-60 Days = $0.00 61-90 Days = $0.00 90+ Days = $48,330.14

Current Balance	0.00
Balance Past Due	48,330.14
Total Account Balance	$48,330.14