Fill in this information to identify the case:

Debtor Multi-Color Corporation

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

Case number 26-10910

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

1. **Who is the current creditor?**

Adhesive Applications

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?

Adhesive Applications
41 ONeill Street
Easthampton, Ma 01027, USA

Contact phone 413-527-7120 x1020

Contact email adextraze@adhesiveapps.com

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

Contact phone _____

Contact email _____

Uniform claim identifier (if you use one):

133228 _

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? _____

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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: MUL450 ___ ___

7. **How much is the claim?** $ 1190.88 . **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: _____

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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:*

	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 05/26/2026
MM / DD / YYYY

/s/Anna Dextraze
Signature

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

Name: Anna Dextraze
First name | Middle name | Last name

Title: AR Manager

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

Address

Contact phone _____ Email _____

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Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1788 | International (310) 751-2688

Debtor:
26-10910 - Multi-Color Corporation
District:
District of New Jersey, Trenton Division

Creditor:
Adhesive Applications
41 ONeill Street
Easthampton , Ma, 01027
USA
Phone:
413-527-7120 x1020
Phone 2:
Fax:
Email:
adextraze@adhesiveapps.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:
Goods Sold

Last 4 Digits:
Yes - MUL450

Uniform Claim Identifier:
133228

Total Amount of Claim:
1190.88

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:
Anna Dextraze on 26-May-2026 10:19:48 a.m. Pacific Time
Title:
AR Manager
Company:
Adhesive Applications

VN: AABAE642B4AA345A2BE4C35A7E11EE4D

INVOICE

Adhesive
Applications, Inc.

Acct. No: MUL450
Ref. No: 712903

41 O'Neill Street
Easthampton MA 01027
US
Phone: 413-527-7120 / 800-356-3572
Fax: 413-527-7249

REMIT TO:

PO Box 71
Easthampton, MA 01027

Sold To:
MULTI-COLOR CORPORATION
PO BOX 510228

LIVONIA MI 48151
USA

Shipped To:
MULTI-COLOR CORPORATION
SUITE 100
2501 EXPORT DRIVE
LOUISVILLE KY 40219
USA

Invoice # : 133228
Your Order: 40043715

Received: 12/11/25
A4586E
Via: UPS COLLECT

Invoice Date: 12/22/25
Terms: Net 30 Days

Order Quantity		Description	Price	Quantity Shipped			Amount
72	RL	S5513 SC YEL 1" X 72YD DI 1 MIL PET | 2.6 MIL SIL | 3" AAI CB ROL_S5513_008 N134OPSUPPFLX	16.54	72	RL	$	1190.88
		Lots/Qty Shipped B533731E 72					
		MUL450 C OF A SEPARATE C OF C EMAIL ACKS TO: jimmy.brewer@mcclabel.com EMAIL INVOICES TO: vendorinvoices@mcclabel.com					
		CTNS: 2 QTY/CTN: 36 SKIDS: 0 PACKED BY: PD INSPC'D BY: SK **********					
		Freight					0.00
		2 Parcels UPS Ground 12/22/2025 Trk#: 1Z93W9050363640298 – 19 lb Trk#: 1Z93W9050362488901 – 19 lb					

For terms and conditions visit http://www.adhesiveapps.com/

Salesperson: 41M

PAYMENT DUE BY: 01/21/26

INVOICES OVER 30 DAYS ARE SUBJECT TO A FINANCE CHARGE OF 1.5% PER MONTH (18% ANNUAL PERCENTAGE RATE).

NOTE: The total on this invoice reflects a 3% cash discount. The 3% discount will be added back to the total if the payment is made by any of the following credit cards: American Express, Visa, Discover Card or MasterCard.

MADE IN THE USA

SALES AMOUNT	$	1190.88
MISC. CHARGES		0.00
FREIGHT		0.00
SALES TAX		0.00
TOTAL USD	$	1190.88
AMT. RECEIVED		
BALANCE DUE		