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?**

Brilliant Staffing LLC

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)
Brilliant Staffing LLC 125 S Wacker Dr, Ste 1150 Chicago, Illinois 60606, United States	
Contact phone 312-582-1800	Contact phone _____
Contact email acct@brilliantfs.com	Contact email _____

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? _____



26109102605280000000000001

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?** $ 38976.00 . **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.

Services performed

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: _____

26109102605280000000000001

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 05/28/2026
MM / DD / YYYY

/s/Ashley Cook
Signature

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

Name: Ashley Cook
First name Middle name Last name

Title: Operations Accountant

Company: Brilliant Staffing LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

26109102605280000000000001

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:
Brilliant Staffing LLC
125 S Wacker Dr, Ste 1150
Chicago, Illinois, 60606
United States
Phone:
312-582-1800
Phone 2:
Fax:
Email:
acct@brilliantfs.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:
Services performed

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
38976.00

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:
Ashley Cook on 28-May-2026 8:09:21 a.m. Pacific Time
Title:
Operations Accountant
Company:
Brilliant Staffing LLC

VN: 60B8C41482C5CA3AFD9150130A6FFCCA

BRILLIANT.

Invoice

DATE	INVOICE #
01/30/2026	745289
TERMS	DUE DATE
Net 90	04/30/2026

BILL TO
Joseph Nobleza Multi-Color Corporation (MCC) 6111 S. River Road Suite 800 Rosemont, Illinois 60018

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
01/30/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	Multi-Color Corporation (MCC) (Nobleza, Joseph)
Period:	01/24/2026 - 01/30/2026

BRILLIANT.

	Sat 01/24/2026	Sun 01/25/2026	Mon 01/26/2026	Tue 01/27/2026	Wed 01/28/2026	Thu 01/29/2026	Fri 01/30/2026
IN			**8:30 am**	**8:30 am**	**7:00 am**	**7:00 am**	**7:00 am**
OUT			**6:00 pm**	**5:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**
LUNCH	**0**	**0**	**1**	**1**	**1**	**1**	**1**
TOTAL	**0**	**0**	**8.5**	**7.5**	**8**	**8**	**8**

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (01/30/2026 5:20 pm) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Nobleza, Joseph on (01/30/2026 6:33 pm) at 76.136.61.220, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
02/06/2026	745398
TERMS	DUE DATE
Net 90	05/07/2026

BILL TO
Joseph Nobleza MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
02/06/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	Multi-Color Corporation (MCC) (Nobleza, Joseph)
Period:	01/31/2026 - 02/06/2026

BRILLIANT.

	Sat 01/31/2026	Sun 02/01/2026	Mon 02/02/2026	Tue 02/03/2026	Wed 02/04/2026	Thu 02/05/2026	Fri 02/06/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (02/06/2026 4:58 pm) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Nobleza, Joseph on (02/06/2026 5:28 pm) at 76.136.61.220, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
02/13/2026	745498
TERMS	DUE DATE
Net 90	05/14/2026

BILL TO
Joseph Nobleza MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
02/13/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Nobleza, Joseph)
Period:	02/07/2026 - 02/13/2026

BRILLIANT.

	Sat 02/07/2026	Sun 02/08/2026	Mon 02/09/2026	Tue 02/10/2026	Wed 02/11/2026	Thu 02/12/2026	Fri 02/13/2026
IN			**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**	**7:00 am**
OUT			**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**	**4:00 pm**
LUNCH	**0**	**0**	**1**	**1**	**1**	**1**	**1**
TOTAL	**0**	**0**	**8**	**8**	**8**	**8**	**8**

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (02/12/2026 10:36 am) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Nobleza, Joseph on (02/16/2026 11:58 am) at 76.136.61.220, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
02/20/2026	745603
TERMS	DUE DATE
Net 90	05/21/2026

BILL TO
Joseph Nobleza MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
02/20/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Nobleza, Joseph)
Period:	02/14/2026 - 02/20/2026

BRILLIANT.

	Sat 02/14/2026	Sun 02/15/2026	Mon 02/16/2026	Tue 02/17/2026	Wed 02/18/2026	Thu 02/19/2026	Fri 02/20/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (02/20/2026 11:09 pm) at 50.229.120.155, 23.209.83.17

Approval Signature: Electronically Approved by Brilliant Staffing LLC on (02/24/2026 7:39 am) at 174.229.115.202, 23.209.83.17

BRILLIANT.

Invoice

DATE	INVOICE #
02/27/2026	745710
TERMS	DUE DATE
Net 90	05/28/2026

BILL TO
Joseph Nobleza MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
02/27/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Nobleza, Joseph)
Period:	02/21/2026 - 02/27/2026

BRILLIANT.

	Sat 02/21/2026	Sun 02/22/2026	Mon 02/23/2026	Tue 02/24/2026	Wed 02/25/2026	Thu 02/26/2026	Fri 02/27/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (02/27/2026 5:28 pm) at 172.59.191.39, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Nobleza, Joseph on (03/02/2026 9:04 am) at 76.136.61.220, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
03/06/2026	745830
TERMS	DUE DATE
Net 90	06/04/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,204.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
03/06/2026	Susan Belpedio	38	$58.00	$2,204.00
Subtotal				$2,204.00
Thank you for your business!			TOTAL	$2,204.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	02/28/2026 - 03/06/2026

BRILLIANT.

	Sat 02/28/2026	Sun 03/01/2026	Mon 03/02/2026	Tue 03/03/2026	Wed 03/04/2026	Thu 03/05/2026	Fri 03/06/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	2:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	6	8	8	8

Hours Summary

Actual Hours	**38.00**
Rounded Hours	**38.00**
Regular	**38.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (03/05/2026 5:03 pm) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (03/06/2026 8:59 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
03/13/2026	745939
TERMS	DUE DATE
Net 90	06/11/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
03/13/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	03/07/2026 - 03/13/2026

BRILLIANT.

	Sat 03/07/2026	Sun 03/08/2026	Mon 03/09/2026	Tue 03/10/2026	Wed 03/11/2026	Thu 03/12/2026	Fri 03/13/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (03/13/2026 4:53 pm) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (03/16/2026 10:52 am) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
03/20/2026	746059
TERMS	DUE DATE
Net 90	06/18/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
03/20/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	03/14/2026 - 03/20/2026

BRILLIANT.

	Sat 03/14/2026	Sun 03/15/2026	Mon 03/16/2026	Tue 03/17/2026	Wed 03/18/2026	Thu 03/19/2026	Fri 03/20/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (03/19/2026 5:07 pm) at 50.229.120.155, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (03/20/2026 8:08 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
03/27/2026	746163
TERMS	DUE DATE
Net 90	06/25/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
03/27/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	03/21/2026 - 03/27/2026

BRILLIANT.

	Sat 03/21/2026	Sun 03/22/2026	Mon 03/23/2026	Tue 03/24/2026	Wed 03/25/2026	Thu 03/26/2026	Fri 03/27/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (03/26/2026 10:21 am) at 172.59.190.100, 23.47.205.138

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (03/26/2026 5:58 pm) at 99.53.116.161, 23.208.24.230

BRILLIANT.

Invoice

DATE	INVOICE #
04/03/2026	746271
TERMS	DUE DATE
Net 90	07/02/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
04/03/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	03/28/2026 - 04/03/2026

BRILLIANT.

	Sat 03/28/2026	Sun 03/29/2026	Mon 03/30/2026	Tue 03/31/2026	Wed 04/01/2026	Thu 04/02/2026	Fri 04/03/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (04/02/2026 8:01 am) at 50.229.120.155, 23.215.31.207

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (04/03/2026 12:49 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
04/10/2026	746376
TERMS	DUE DATE
Net 90	07/09/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
04/10/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	04/04/2026 - 04/10/2026

BRILLIANT.

	Sat 04/04/2026	Sun 04/05/2026	Mon 04/06/2026	Tue 04/07/2026	Wed 04/08/2026	Thu 04/09/2026	Fri 04/10/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

Employee Signature: Electronically Submitted by Brilliant Staffing LLC on (04/13/2026 2:36 pm) at 73.50.163.9, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
04/17/2026	746476
TERMS	DUE DATE
Net 90	07/16/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
04/17/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	04/11/2026 - 04/17/2026

BRILLIANT.

	Sat 04/11/2026	Sun 04/12/2026	Mon 04/13/2026	Tue 04/14/2026	Wed 04/15/2026	Thu 04/16/2026	Fri 04/17/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

Employee Signature: Electronically Submitted by Brilliant Staffing LLC on (04/20/2026 12:02 pm) at 73.50.163.9, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
04/24/2026	746572
TERMS	DUE DATE
Net 90	07/23/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
04/24/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	04/18/2026 - 04/24/2026

BRILLIANT.

	Sat 04/18/2026	Sun 04/19/2026	Mon 04/20/2026	Tue 04/21/2026	Wed 04/22/2026	Thu 04/23/2026	Fri 04/24/2026
IN			7:00 am	7:00 am	7:00 am	7:00 am	7:00 am
OUT			4:00 pm	4:00 pm	4:00 pm	4:00 pm	4:00 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	8	8

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

Employee Signature:	Electronically Submitted by Brilliant Staffing LLC on (04/27/2026 10:34 am) at 46.110.121.75, 23.209.83.17
Approval Signature:	Electronically Approved by Brilliant Staffing LLC on (04/27/2026 4:35 pm) at 46.110.121.75, 23.1.104.237

BRILLIANT.

Invoice

DATE	INVOICE #
05/01/2026	746675
TERMS	DUE DATE
Net 90	07/30/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
05/01/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	04/25/2026 - 05/01/2026

BRILLIANT.

	Sat 04/25/2026	Sun 04/26/2026	Mon 04/27/2026	Tue 04/28/2026	Wed 04/29/2026	Thu 04/30/2026	Fri 05/01/2026
IN			**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**
OUT			**3:30 pm**	**3:30 pm**	**3:30 pm**	**3:30 pm**	**3:30 pm**
LUNCH	**0**	**0**	**1**	**1**	**1**	**1**	**1**
TOTAL	**0**	**0**	**8**	**8**	**8**	**8**	**8**

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (05/01/2026 12:56 pm) at 73.209.221.40, 23.209.83.29

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (05/01/2026 6:03 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
05/08/2026	746784
TERMS	DUE DATE
Net 90	08/06/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,204.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
05/08/2026	Susan Belpedio	38	$58.00	$2,204.00
Subtotal				$2,204.00
Thank you for your business!			TOTAL	$2,204.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	05/02/2026 - 05/08/2026

BRILLIANT.

	Sat 05/02/2026	Sun 05/03/2026	Mon 05/04/2026	Tue 05/05/2026	Wed 05/06/2026	Thu 05/07/2026	Fri 05/08/2026
IN			**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**
OUT			**3:30 pm**	**3:30 pm**	**1:30 pm**	**3:30 pm**	**3:30 pm**
LUNCH	**0**	**0**	**1**	**1**	**1**	**1**	**1**
TOTAL	**0**	**0**	**8**	**8**	**6**	**8**	**8**

Hours Summary

Actual Hours	**38.00**
Rounded Hours	**38.00**
Regular	**38.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (05/08/2026 3:17 pm) at 73.209.221.40, 23.209.83.29

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (05/08/2026 7:00 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
05/15/2026	746884
TERMS	DUE DATE
Net 90	08/13/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,320.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
05/15/2026	Susan Belpedio	40	$58.00	$2,320.00
Subtotal				$2,320.00
Thank you for your business!			TOTAL	$2,320.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	05/09/2026 - 05/15/2026

BRILLIANT.

	Sat 05/09/2026	Sun 05/10/2026	Mon 05/11/2026	Tue 05/12/2026	Wed 05/13/2026	Thu 05/14/2026	Fri 05/15/2026
IN			**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**	**6:30 am**
OUT			**3:30 pm**	**3:30 pm**	**3:30 pm**	**3:30 pm**	**3:30 pm**
LUNCH	**0**	**0**	**1**	**1**	**1**	**1**	**1**
TOTAL	**0**	**0**	**8**	**8**	**8**	**8**	**8**

Hours Summary

Actual Hours	**40.00**
Rounded Hours	**40.00**
Regular	**40.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (05/14/2026 12:07 pm) at 73.209.221.40, 23.209.83.29

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (05/15/2026 2:48 pm) at 99.53.116.161, 23.209.83.29

BRILLIANT.

Invoice

DATE	INVOICE #
05/22/2026	746981
TERMS	DUE DATE
Net 90	08/20/2026

BILL TO
Terri Michel-Smith MCC Premium Label 3284 Northside Parkway NW Suite 400 Atlanta, Georgia 30327

AMOUNT DUE	PO Number
$2,088.00	

MAKE PAYABLE TO
New Lockbox Address Effective 5/14/2024: Brilliant Staffing LLC P.O. Box 2599 Palatine, IL 60078-2599 ACCT@brilliantfs.com

Please detach top portion and return with your payment.

Date Ending	Description	Quantity	Rate	Amount
05/22/2026	Susan Belpedio	36	$58.00	$2,088.00
Subtotal				$2,088.00
Thank you for your business!			TOTAL	$2,088.00

Employee:	Belpedio, Susan (Accounts Payable Analyst)
Company:	MCC Premium Label (Michel-Smith, Terri)
Period:	05/16/2026 - 05/22/2026

BRILLIANT.

	Sat 05/16/2026	Sun 05/17/2026	Mon 05/18/2026	Tue 05/19/2026	Wed 05/20/2026	Thu 05/21/2026	Fri 05/22/2026
IN			6:30 am	6:30 am	6:30 am	6:30 am	6:30 am
OUT			3:30 pm	3:30 pm	3:30 pm	11:30 am	3:30 pm
LUNCH	0	0	1	1	1	1	1
TOTAL	0	0	8	8	8	4	8

Hours Summary

Actual Hours	**36.00**
Rounded Hours	**36.00**
Regular	**36.00**
Overtime	**0.00**
Doubletime	**0.00**

Expense Summary

Amount	**$0.00**

Notes

You agree that you have entered the correct hours worked, and that all hours and expenses are accurate to the best of your knowledge.

Employee Signature: Electronically Submitted by Belpedio, Susan on (05/26/2026 9:38 am) at 172.58.166.133, 23.209.83.17

By clicking OK, you agree that all hours reported are accurate, as well as any expenses associated with these timesheets.

Approval Signature: Electronically Approved by Michel-Smith, Terri on (05/26/2026 10:58 am) at 99.53.116.161, 23.209.83.29