Fill in this information to identify the case:

Debtor 1 Multi-Color

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

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 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?**

AVI Foodsystems, 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?**
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

AVI Foodsystems, Inc.
Name

2590 Elm Rd NE
Number Street

Warren OH 44483
City State ZIP Code

Contact phone 330-372-6000

Contact email ardept@avifoodsystems.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?

2610910260622000000000001

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: 0 5 2 3

7. **How much is the claim?** $ 3,102.65. **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.)

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   JUN 22 2026
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   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 06/15/2026
MM / DD / YYYY

Signature

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

Name: Amanda Hilas
First name Middle name Last name

Title: A/R Manager

Company: AVI Foodsystems, Inc
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 2590 Elm Rd NE
Number / Street

Warren OH 44483
City State ZIP Code

Contact phone 3303726000 Email ardept@avifoodsystems.com

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JUN 22 2026
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AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 513-860-4191

ORDER/INVOICE:	**043-IA010040-A**
DELIVERY DATE:	**11/6/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN:**

MULTI COLOR/Batavia 1st Floor
4053 Clough Woods Drive Breakroom
Batavia, Ohio 45103
CONTACT: Crystal McCullough
PHONE: 513-688-2668 **CUST PO:**

FOR AVI USE:

LOCNCODE: 043 CINN ORD: 360604
DEL ACNT: 38686
FLD ACNT: FLD-0008065 ACNT TYPE: REC
ROUTE: 563 RT: DELIVERY RT. 2
DRIVER: 51 ELLIS, NELSON

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
HOT CUPS									
V00303	HOT CUP - 12 OZ PERFECT TOUCH	2	2	CS 1000	231.30	462.60	0.00	0.00	462.60
MISC									
V03883	LID- PERFECT TOUCH10 /12/16 OZ15000527	1	1	CS 500	56.38	56.38	0.00	0.00	56.38
COMMENTS:					**TOTALS:**	**518.98**		**0.00**	**518.98**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **518.98**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-043-084040006

PRINTED: 3/13/2026 2:49:55 PM
REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 513-860-4191

ORDER/INVOICE:	**043-IA010131-A**
DELIVERY DATE:	**11/24/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN:**

MULTI COLOR/Batavia 1st Floor
4053 Clough Woods Drive Breakroom
Batavia, Ohio 45103
CONTACT: Crystal McCullough
PHONE: 513-688-2668 **CUST PO:**

FOR AVI USE:

LOCNCODE: 043 CINN ORD: 362449
DEL ACNT: 38686
FLD ACNT: FLD-0008065 ACNT TYPE: REC
ROUTE: 563 RT: DELIVERY RT. 2
DRIVER: 51 ELLIS, NELSON

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V01122	FOLGERS FILTER PACK .9 OZ	4	4	CS 40	40.75	163.00	0.00	0.00	163.00
V05519	NESTLE CM 1.5L PUMP - FRENCH VANILLA	2	2	CS 2	75.75	151.50	0.00	0.00	151.50
V02400	SWISS MISS W/MARSHMALLOWS	2	2	BX 50	18.65	37.30	0.00	0.00	37.30
HOT CUPS									
V00303	HOT CUP - 12 OZ PERFECT TOUCH	1	1	CS 1000	231.30	231.30	0.00	0.00	231.30
COMMENTS:					**TOTALS:**	**583.10**		**0.00**	**583.10**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **583.10**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-043-084040006

PRINTED: 3/13/2026 2:49:59 PM
REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 513-860-4191

ORDER/INVOICE:	**043-IA010176-A**
DELIVERY DATE:	**12/5/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN:**

MULTI COLOR/Batavia 1st Floor
4053 Clough Woods Drive Breakroom
Batavia, Ohio 45103
CONTACT: Crystal McCullough
PHONE: 513-688-2668 **CUST PO:**

FOR AVI USE:

LOCNCODE: 043 CINN ORD: 363515
DEL ACNT: 38686
FLD ACNT: FLD-0008065 ACNT TYPE: REC
ROUTE: 563 RT: DELIVERY RT. 2
DRIVER: 51 ELLIS, NELSON

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V01122	FOLGERS FILTER PACK .9 OZ	4	4	CS 40	40.75	163.00	0.00	0.00	163.00
V02385	SUGAR - 20 oz CANISTER/24 ct.	24	24	Can	3.35	80.40	0.00	0.00	80.40
V02400	SWISS MISS W/MARSHMALLOWS	2	2	BX 50	18.65	37.30	0.00	0.00	37.30
MISC									
V00490	MAYONNAISE PACKET 9 GRAM- 200 CT	2	2	CS 200	16.25	32.50	0.00	0.00	32.50
COMMENTS:					**TOTALS:**	**313.20**		**0.00**	**313.20**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **313.20**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-043-084040006

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REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 513-860-4191

ORDER/INVOICE:	**043-IA010241-A**
DELIVERY DATE:	**12/18/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN:**

MULTI COLOR/Batavia 1st Floor
4053 Clough Woods Drive Breakroom
Batavia, Ohio 45103
CONTACT: Crystal McCullough
PHONE: 513-688-2668 **CUST PO:**

FOR AVI USE:

LOCNCODE: 043 CINN ORD: 364580
DEL ACNT: 38686
FLD ACNT: FLD-0008065 ACNT TYPE: REC
ROUTE: 563 RT: DELIVERY RT. 2
DRIVER: 51 ELLIS, NELSON

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V01122	FOLGERS FILTER PACK .9 OZ	2	2	CS 40	40.75	81.50	0.00	0.00	81.50
V05519	NESTLE CM 1.5L PUMP - FRENCH VANILLA	1	1	CS 2	75.75	75.75	0.00	0.00	75.75
V02400	SWISS MISS W/MARSHMALLOWS	2	2	BX 50	18.65	37.30	0.00	0.00	37.30
HOT CUPS									
V00303	HOT CUP - 12 OZ PERFECT TOUCH	2	2	CS 1000	231.30	462.60	0.00	0.00	462.60
COMMENTS:					**TOTALS:**	**657.15**		**0.00**	**657.15**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **657.15**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-043-084040006

PRINTED: 3/13/2026 2:50:07 PM
REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 513-860-4191

ORDER/INVOICE:	**043-IA010331-A**
DELIVERY DATE:	**1/9/2026**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN:**

MULTI COLOR/Batavia 1st Floor
4053 Clough Woods Drive Breakroom
Batavia, Ohio 45103
CONTACT: Crystal McCullough
PHONE: 513-688-2668 **CUST PO:**

FOR AVI USE:

LOCNCODE: 043 CINN ORD: 366504
DEL ACNT: 38686
FLD ACNT: FLD-0008065 ACNT TYPE: REC
ROUTE: 563 RT: DELIVERY RT. 2
DRIVER: 51 ELLIS, NELSON

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V01122	FOLGERS FILTER PACK .9 OZ	4	4	CS 40	40.75	163.00	0.00	0.00	163.00
V05519	NESTLE CM 1.5L PUMP - FRENCH VANILLA	2	2	CS 2	75.75	151.50	0.00	0.00	151.50
V05520	NESTLE CM 1.5L PUMP - HAZELNUT	0	0	CS 2	75.75	0.00	0.00	0.00	0.00
V17881	STIR STICK 7" RED WRAPPED PLASTIC	1	1	BX 1000	8.88	8.88	6.75	0.60	9.48
V02385	SUGAR - 20 oz CANISTER/24 ct.	24	24	Can	3.35	80.40	0.00	0.00	80.40
V02400	SWISS MISS W/MARSHMALLOWS	4	4	BX 50	18.65	74.60	0.00	0.00	74.60
MISC									
V03883	LID- PERFECT TOUCH10 /12/16 OZ15000527	2	2	CS 500	56.38	112.76	0.00	0.00	112.76
COMMENTS:					**TOTALS:**	**591.14**		**0.60**	**591.74**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **591.74**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-043-084040006

PRINTED: 3/13/2026 2:50:14 PM
REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 812-522-6669

ORDER/INVOICE:	**082-IA011240-A**
DELIVERY DATE:	**10/3/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN: Jeff Moffatt Josh Higgins**

MULTI-COLOR CORPORATION/RECEIVABLE-Main
2281 S US HWY 31
SCOTTSBURG, IN 47170
CONTACT: Jeff Moffatt & Josh Higgins
PHONE: 812-820-3278 **CUST PO:**

FOR AVI USE:

LOCNCODE: 082 SEYM ORD: 298505
DEL ACNT: 7414
FLD ACNT: FLD-0003652 ACNT TYPE: REC
ROUTE: 424 RT: Madison Drop
DRIVER: 2 Hall, Tommy

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V02437	NESTLE CM PC FRENCH VAN 4/50 CT	2	2	CS 200	42.84	85.68	0.00	0.00	85.68
V02428	NESTLE CM PC REGULAR 180 CT	2	2	CS 180	25.98	51.96	0.00	0.00	51.96
COMMENTS:					**TOTALS:**	**137.64**		**0.00**	**137.64**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **137.64**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-082-084040015

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REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 812-522-6669

ORDER/INVOICE:	**082-IA011412-A**
DELIVERY DATE:	**11/4/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN: Jeff Moffatt Josh Higgins**

MULTI-COLOR CORPORATION/RECEIVABLE-Main
2281 S US HWY 31
SCOTTSBURG, IN 47170
CONTACT: Jeff Moffatt & Josh Higgins
PHONE: 812-820-3278 **CUST PO:**

FOR AVI USE:

LOCNCODE: 082 SEYM ORD: 301597
DEL ACNT: 7414
FLD ACNT: FLD-0003652 ACNT TYPE: REC
ROUTE: 424 RT: Madison Drop
DRIVER: 2 Hall, Tommy

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V02437	NESTLE CM PC FRENCH VAN 4/50 CT	2	2	CS 200	42.84	85.68	0.00	0.00	85.68
COMMENTS:					**TOTALS:**	**85.68**		**0.00**	**85.68**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **85.68**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-082-084040015

PRINTED: 3/13/2026 2:51:18 PM
REV: 11-20-15

AVI FOODSYSTEMS INC®
THE FAMILY DIFFERENCE IN HOSPITALITY SERVICES

AVI Foodsystems
2590 ELM ROAD NE
WARREN, OH 44483-2997
PHONE: 812-522-6669

ORDER/INVOICE:	**082-IA011585-A**
DELIVERY DATE:	**12/12/2025**
PAYMENT TYPE:	**FUND**

THANK YOU FOR YOUR ORDER

***** DUPLICATE COPY *****

BILL/SHIP TO: **ATTN: Jeff Moffatt Josh Higgins**

MULTI-COLOR CORPORATION/RECEIVABLE-Main
2281 S US HWY 31
SCOTTSBURG, IN 47170
CONTACT: Jeff Moffatt & Josh Higgins
PHONE: 812-820-3278 **CUST PO:**

FOR AVI USE:

LOCNCODE: 082 SEYM ORD: 305001
DEL ACNT: 7414
FLD ACNT: FLD-0003652 ACNT TYPE: REC
ROUTE: 424 RT: Madison Drop
DRIVER: 2 Hall, Tommy

ITEM	DESCRIPTION	QTY SHP	QTY REC	UOFM	UNIT PRICE $	EXT PRICE $	TAX RATE %	TAX $	TOTAL PRICE $
COFFEE SVC									
V02437	NESTLE CM PC FRENCH VAN 4/50 CT	2	2	CS 200	42.84	85.68	0.00	0.00	85.68
V02428	NESTLE CM PC REGULAR 180 CT	2	2	CS 180	25.98	51.96	0.00	0.00	51.96
V02335	SUGAR - PACKETS .1oz/2,000 ct.	2	2	CS 2000	38.76	77.52	0.00	0.00	77.52
COMMENTS:					**TOTALS:**	**215.16**		**0.00**	**215.16**

TOTAL AMOUNT DEDUCTED FROM YOUR FUND $: **215.16**

PACKED BY: _____ RECEIVED BY: _____

DATE: _____ DATE: _____

CODE B

SRC: AR1
D: 10100-082-084040015

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REV: 11-20-15