FILED:BANKRUPTCY:NJB
2026 MAR 30 PM2:03:11

Fill in this information to identify the case:

Debtor 1 MULTI-COLOR CORPORATION

Debtor 2 (Spouse, if filing) W/S PACKAGING GROUP LLC

United States Bankruptcy Court for the: District of New Jersey

Case number 26-10910(MBK) 26-10911

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?**

ASSOCIATED SALES & BAG COMPANY
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor ASSOCIATED BAG CO

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)
ASSOCIATED BAG CO Name	Name
400 W BODEN ST Number Street	Number Street
MILWAUKEE WI 53207 City State ZIP Code	City State ZIP Code
Contact phone 800-926-6100	Contact phone
Contact email CRDLIST@ASSOCIATEDBAG.COM	Contact email

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APR 02 2026
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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? _____

2610911260330000000000001

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 1 7

7. **How much is the claim?** $ 7,032.33. **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: $ 7,032.33 (The sum of the secured and unsecured amounts should match the amount in line 7.)

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   APR 02 2023
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   Amount necessary to cure any default as of the date of the petition: $ 7,032.33

   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 03/25/2026
MM / DD / YYYY

Signature

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

Name: ANDREA (First name) Middle name FINCH (Last name)

Title: CREDIT COORDINATOR

Company: ASSOCIATED BAG CO
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 400 W BODEN ST
Number Street

MILWAUKEE (City) WI (State) 53207 (ZIP Code)

Contact phone 800-926-6100 Email CRDLIST@ASSOCIATEDBAG.COM

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550 LILLARD DRIVE
SPARKS, NV 89434

PHONE: 800-926-6100
FAX: 800-926-4610

FOR BILLING INQUIRIES
PHONE: 800-926-4613
FAX: 800-760-2348

associatedbag.com

YOUR CUSTOMER NUMBER IS: 80050517

PLEASE USE THIS NUMBER WHEN ORDERING OR WHEN YOU NEED INFORMATION

REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820

SOLD TO
WS PACKAGING GROUP INC
1530 MORSE AVE
ELK GROVE VILLAGE IL 60007-5724
USA

SHIPPED TO
WS PACKAGING GROUP
10215 CANEEL DR
DBA MULTI COLOR
KNOXVILLE TN 37931-31
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1092835	

BUYER: FRANK SILVA
PHONE: 865-4373400

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
10-15-2025	G634383	LTL		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
10000	10000	0	64-1-21 10X4X20 1MIL GUSSETED POLY BAG	41.850	1000	418.50
10000	10000	0	64-1-27 16X14X24 1MIL GUSSETED POLY BAG	75.200	1000	752.00

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

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or pay online at associatedbag.com

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
0.00	1,170.50	0.00	9.75 %	114.13		1,284.63

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14. HAVING NO CONTROL OVER THE USE OF THE ABOVE PRODUCTS, WE ASSUME NO LIABILITY CONNECTED WITH THEIR USE. UNDER NO CIRCUMSTANCES IS ASSOCIATED BAG LIABLE FOR ANY LOSS, DAMAGE, OR EXPENSES ARISING OUT OF THE USE OF OR INABILITY TO USE OUR PRODUCTS.

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SPARKS, NV 89434

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USA

SHIPPED TO
WS PACKAGING GROUP
10215 CANEEL DR
DBA MULTI COLOR
KNOXVILLE TN 37931-31
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1097937	

BUYER: FRANK SILVA
PHONE: 865-4373400

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
11-21-2025	G642028	LTL		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
5000	5000	0	64-1-21 10X4X20 1MIL GUSSETED POLY BAG	41.850	1000	209.25
15000	15000	0	64-1-27 16X14X24 1MIL GUSSETED POLY BAG	78.860	1000	1,182.90

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NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
0.00	1,392.15	0.00	9.75 %	135.73		1,527.88

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1530 MORSE AVE
ELK GROVE VILLAGE IL 60007-5724
USA

SHIPPED TO
WS PACKAGING GROUP INC
531 AIRPARK DR
DBA MULTI COLOR
FULLERTON CA 92833-25
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1099298	

BUYER: THOMAS ZOLZER
PHONE: 714-2530458

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
12-03-2025	G644123	UPS GROUND		OUR DOCK COLLECT	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
			EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com			
1	1	0	140-30 1/2"X3000' BLACK POLYPROPYLENE STRAPPING KIT	75.863	EACH	75.86
2	2	0	140-30 1/2"X3000' BLACK POLYPROPYLENE STRAPPING KIT	75.863	EACH	151.73

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

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or pay online at associatedbag.com

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
227.59	0.00	0.00	0.00 %	0.00		227.59

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14. HAVING NO CONTROL OVER THE USE OF THE ABOVE PRODUCTS, WE ASSUME NO LIABILITY CONNECTED WITH THEIR USE. UNDER NO CIRCUMSTANCES IS ASSOCIATED BAG LIABLE FOR ANY LOSS, DAMAGE, OR EXPENSES ARISING OUT OF THE USE OF OR INABILITY TO USE OUR PRODUCTS.

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FAX: 800-926-4610

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PHONE: 800-926-4613
FAX: 800-760-2348

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YOUR CUSTOMER NUMBER IS: 80050517

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ELK GROVE VILLAGE IL 60007-5724
USA

SHIPPED TO
WS PACKAGING GROUP INC
DBA MULTI COLOR
531 AIRPARK DR
FULLERTON CA 92833
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1099298/BALANCE	

BUYER: THOMAS ZOLZER
PHONE: 714-2530458

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
12-05-2025	G644589	UPS GROUND		OUR DOCK COLLECT	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
1	1	0	140-30 1/2"X3000' BLACK POLYPROPYLENE STRAPPING KIT	75.863	EACH	75.86

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820
or pay online at associatedbag.com

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
75.86	0.00	0.00	0.00 %	0.00		75.86

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ELK GROVE VILLAGE IL 60007-5724
USA

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531 AIRPARK DR
DBA MULTI COLOR
FULLERTON CA 92833-25
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1099819	

BUYER: THOMAS ZOLZER
PHONE: 714-2530458

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
12-08-2025	G644689	AAA COOPER		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
10000	10000	0	28-1-278 20X20 1MIL POLY BAG	103.913	1000	1,039.13
PN POLYBAG-1014						

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

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NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
1,039.13	0.00	0.00	0.00 %	0.00		1,039.13

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FOR BILLING INQUIRIES
PHONE: 800-926-4613
FAX: 800-760-2348

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YOUR CUSTOMER NUMBER IS: 80050517

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PAGE: 1

SOLD TO	SHIPPED TO
WS PACKAGING GROUP INC 1530 MORSE AVE	WS PACKAGING GROUP 10215 CANEEL DR DBA MULTI COLOR
ELK GROVE VILLAGE IL 60007-5724 USA	KNOXVILLE TN 37931-31 USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1103806	

BUYER: FRANK SILVA
PHONE: 865-4373400

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
01-09-2026	G649975	LTL		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
8	8	0	47-3-14W 16X14X36 1.5MIL WHITE GUSSETED POLY CAN LINER P/N 102006	84.620	250/C	676.96
			THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!			
			REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820 or pay online at associatedbag.com			

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
0.00	676.96	0.00	9.75 %	66.01		742.97

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14. HAVING NO CONTROL OVER THE USE OF THE ABOVE PRODUCTS, WE ASSUME NO LIABILITY CONNECTED WITH THEIR USE. UNDER NO CIRCUMSTANCES IS ASSOCIATED BAG LIABLE FOR ANY LOSS, DAMAGE, OR EXPENSES ARISING OUT OF THE USE OF OR INABILITY TO USE OUR PRODUCTS.

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FAX: 800-760-2348

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REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820

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1530 MORSE AVE

ELK GROVE VILLAGE IL 60007-5724
USA

SHIPPED TO
WS PACKAGING GROUP INC
531 AIRPARK DR
DBA MULTI COLOR
RECVG HRS MON-FRI 7AM-5:30PM

FULLERTON CA 92833-25
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1104479	

BUYER: THOMAS ZOLZER
PHONE: 714-2530458

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
01-14-2026	G650924	LTL		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com						
10000	10000	0	28-1-278 20X20 1MIL POLY BAG	103.913	1000	1,039.13

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820
or pay online at associatedbag.com

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
1,039.13	0.00	0.00	0.00 %	0.00		1,039.13

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ELK GROVE VILLAGE IL 60007-5724
USA

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10215 CANEEL DR
DBA MULTI COLOR
KNOXVILLE TN 37931-31
USA

CUSTOMER PURCHASE ORDER	DATE REQUIRED
1105791	

BUYER: FRANK SILVA
PHONE: 865-4373400

INVOICE DATE	INVOICE NO.	SHIPPED VIA	B.O.L. NO.	F.O.B./FREIGHT TERMS	TERMS
01-22-2026	G652674	LTL		OUR DOCK 3RD	NET90

ORDERED	SHIPPED	B/O	STOCK NUMBER/DESCRIPTION	UNIT PRICE		AMOUNT
EMAIL INVOICE TO vendorinvoices@mcclabel.com CC to accountspayable@wspackaging.com Thank you for your order. The pricing has been adjusted to reflect our current pricing. Please contact us at 800-926-6100 or via email at customerservice@associatedbag.com if you have any questions.						
5000	5000	0	64-1-21 10X4X20 1MIL GUSSETED POLY BAG	41.850	1000	209.25
10000	10000	0	64-1-27 16X14X24 1MIL GUSSETED POLY BAG	78.860	1000	788.60

THANK YOU FOR YOUR ORDER! WE APPRECIATE YOUR BUSINESS!

REMIT TO: PO Box 8820, Carol Stream, IL 60197-8820
or pay online at associatedbag.com

NON-TAXABLE	TAXABLE	SHIPPING	TAX RATE	TAX	PLEASE PAY THIS AMOUNT	TOTAL AMOUNT
0.00	997.85	0.00	9.75 %	97.29		1,095.14

WE HEREBY CERTIFY THAT THESE GOODS WERE PRODUCED IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS OF SECTIONS 6, 7, AND 12 OF THE FAIR LABOR STANDARDS ACT, AS AMENDED, AND OF REGULATIONS AND ORDERS OF THE UNITED STATES DEPARTMENT OF LABOR ISSUED UNDER SECTION 14. HAVING NO CONTROL OVER THE USE OF THE ABOVE PRODUCTS, WE ASSUME NO LIABILITY CONNECTED WITH THEIR USE. UNDER NO CIRCUMSTANCES IS ASSOCIATED BAG LIABLE FOR ANY LOSS, DAMAGE, OR EXPENSES ARISING OUT OF THE USE OF OR INABILITY TO USE OUR PRODUCTS.