Fill in this information to identify the case:

Debtor 1 LABL Holding Corporation

Debtor 2 (Spouse if filing) _____

United States Bankruptcy Court for the District of New Jersey (Trenton)

Case number 26-10925-MBK

Official Form 410

Proof of Claim

04/22

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?

ARIZONA DEPARTMENT OF REVENUE
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?

Office of the Arizona Attorney General - BCE
Name

2005 N Central Ave, Suite 100
Number Street

Phoenix AZ 85004
City State ZIP Code

Contact phone 602-542-8811

Contact email BankruptcyUnit@azag gov

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 for electronic payments in chapter 13 (if you use one)

_____

4 Does this claim amend one already filed?

☐ No
☑ Yes Claim number on court claims registry (if known) 64 Filed on 02/20/2026
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? _____



26109252608100000000000001

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 8 3 0

7 **How much is the claim?** $ 50 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

Taxes

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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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 $3,350* 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 $15,150*) 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)	$ 50 00
☐ 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 4/01/25 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)(2) 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 08/03/2026
MM / DD / YYYY

Lorraine Averitt
Signature

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

Name: Lorraine (First name) Averitt (Last name)

Title: Bankruptcy Services

Company: Arizona Department of Revenue
Identify the corporate servicer as the company if the authorized agent is a servicer

Address: 1600 W Monroe 7th Floor
Number Street

Phoenix (City) AZ (State) 85007 (ZIP Code)

Contact phone 602-716-7806 Email laveritt@azdor gov

STATE OF ARIZONA - PROOF OF CLAIM FOR ARIZONA DEPARTMENT OF REVENUE

United States Bankruptcy Court for the District of New Jersey (Trenton)
1st AMENDED

n the Matter of **LABL HOLDING CORPORATION & SUBS**

Case Number 26-10925-MBK
Chapter Bankruptcy Chapter 11
Taxpayer ID 82-4037830
Tax Type COR
Petition Date 01/29/2026

Total Priority	$50 00
Amount Due as of this Statement.	**$50.00**

The undersigned is the agent of the Arizona Department of Revenue and is authorized to make this proof of claim on its behalf
The Debtor was at the time of the filing of the petition initiating this case, and still is, indebted to the State of Arizona
The amount of all payments on this claim have been credited and deducted for the purpose of making this claim
The grounds for the liability are for taxes due under the Arizona Revised Statutes
a Secured Lien(s) in the event there is insufficient property for the lien to attach, all claims so entitled will be treated as priority under 11 USC Section 507(a)(8)
b Unsecured Priority under Section 507(a)(8) of the Bankruptcy Code

Tax Type	Memo	Period	Tax	Penalty	Interest	Total
COR	Est due to non-filing	12/31/2025	$50 00	$0 00	$0 00	$50 00
				Total Section Priority		$50 00

c Amounts claimed as Priority under Section 1305
d Unsecured General Claims

Amount Due as of this Statement: **$50.00**

No note or other negotiable instrument has been received for the account or any part of it, except
No judgement has been rendered on this claim, except
The Department may have a right to setoff The Department does not waive such right
Make checks payable to the "ARIZONA DEPARTMENT OF REVENUE"
All tax returns shall be filed directly with the Arizona Department of Revenue, Bankruptcy Section

ARIZONA DEPARTMENT OF REVENUE

Signed Lorraine Averitt

Dated 08/03/2026

Lorraine Averitt

ffice of the Arizona Attorney General
l notices, correspondence, pleadings and payments will be sent to the following
ldress
ɔ Tax, Bankruptcy and Collection Section
)05 N Central Ave Suite 100
ıoenix, AZ 85004
ıone 602-542-1719