

Name of Debtor:

- | | | |
|---|--|--|
| <input type="checkbox"/> CarbonLite Holdings LLC (Case No. 21-10527) | <input type="checkbox"/> CarbonLite PI Holdings, LLC (Case No. 21-10532) | <input type="checkbox"/> Pinnpack P, LLC (Case No. 21-10537) |
| <input type="checkbox"/> CarbonLite Industries LLC (Case No. 21-10528) | <input type="checkbox"/> CarbonLite Pinnpack, LLC (Case No. 21-10533) | <input type="checkbox"/> Pinnpack Packaging, LLC (Case No. 21-10538) |
| <input type="checkbox"/> CarbonLite P Holdings, LLC (Case No. 21-10529) | <input type="checkbox"/> CarbonLite Recycling Holdings LLC (Case No. 21-10534) | |
| <input type="checkbox"/> CarbonLite P, LLC (Case No. 21-10531) | <input type="checkbox"/> CarbonLite Recycling LLC (Case No. 21-10535) | |
| | <input type="checkbox"/> CarbonLite Sub-Holdings, LLC (Case No. 21-10536) | |

NOTE: This form should only be used by claimants as specified in the Notice of the Administrative Expense Claims Bar Date. IT SHOULD NOT BE USED FOR CLAIMS EXCLUDED BY SAID NOTICE NOR SHOULD IT BE USED FOR ANY CLAIMS THAT ARE NOT OF A KIND AND ENTITLED TO PRIORITY IN ACCORDANCE WITH 11 U.S.C. §§ 503(b) AND 507(a)(2)

Name and address of Creditor (The person or other entity to whom the debtor owes money or property):

- Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- Check box if you have never received any notices from the bankruptcy court in this case.
- Check box if the address differs from the address on the envelope sent to you by the court.

Telephone No. of Creditor:

Creditor Tax ID #:

Account or other number by which Creditor identifies Debtor:

Check here if this claim replaces amends

a previously filed claim, dated: _____
prior claim number, if known: _____

1. Basis for Claim

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other _____

- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensations for services performed from _____ to _____
(date) (date)

2. Date debt was incurred:

3. If court judgment, date obtained:

4. Total Amount of Administrative Claim: \$ _____

Check this box if your claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Brief Description of Claim (attach any additional information):

6. Offsets, Credits and Setoffs

- All payments made on this claim by the Debtor have been credited and deducted from the amount claimed hereon
- This claim is not subject to any setoff or counterclaim
- This claim is subject to any setoff or counterclaim as follows:

7. Assignment:

- If the claimant has obtained this claim by assignment, a copy is attached hereto.

8. Supporting Documents: Attach copies of supporting documents. DO NOT SEND ORIGINAL DOCUMENTS.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Check the appropriate box:

- I am the creditor.
- I am the creditor's authorized agent. (Attach copy of power of attorney, if any.)
- I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.)
- I am a guarantor, surety, endorser, or other codebtor. (See Bankruptcy Rule 3005.)

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

(Signature) (Date)

Print Name: _____
Title: _____
Company: _____

Address and telephone number (if different from notice address above):

Email: _____