

**Fill in this information to identify the case:**Debtor Crown Capital Holdings LLCUnited States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)Case number 25-15351**Modified 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?	<u>Bay Pest Control</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	<b>Where should notices to the creditor be sent?</b> <u>Bay Pest Control</u> <u>6820 Washington Ave</u> <u>Ocean Springs, MS 39564, United States</u>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)  Contact phone <u>228-990-2226</u> Contact email <u>bruno@baypestcontrol.com</u>  Uniform claim identifier (if you use one): _____	<b>Where should payments to the creditor be sent? (if different)</b>  Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



**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: 9937 \_\_\_\_

7. How much is the claim? \$ 2,696.40 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.

Pest Control 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: \_\_\_\_\_



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:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Amount entitled to priority

\$ \_\_\_\_\_

☐ 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.

13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?

☒ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

\$ \_\_\_\_\_

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 07/24/2025  
MM / DD / YYYY

/s/Bruno Milanese  
Signature

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

Name Bruno Milanese  
First name Middle name Last name

Title President

Company Bay Pest Control Company, Inc.  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 523-2941 | International 001-310-823-9000

<b>Debtor:</b> 25-15351 - Crown Capital Holdings LLC <b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> Bay Pest Control 6820 Washington Ave  Ocean Springs, MS, 39564 United States <b>Phone:</b> 228-990-2226 <b>Phone 2:</b>  <b>Fax:</b> 228-875-1627 <b>Email:</b> bruno@baypestcontrol.com	<b>Has Supporting Documentation:</b> Yes, supporting documentation successfully uploaded <b>Related Document Statement:</b>	
	<b>Has Related Claim:</b> No <b>Related Claim Filed By:</b>	
	<b>Filing Party:</b> Creditor	
<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No <b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> Pest Control Services Performed	<b>Last 4 Digits:</b> Yes - 9937	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 2,696.40	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> No <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b> <b>Annual Interest Rate:</b> <b>Arrearage Amount:</b> <b>Basis for Perfection:</b> <b>Amount Unsecured:</b>	
<b>Submitted By:</b> Bruno Milanese on 24-Jul-2025 11:33:57 a.m. Pacific Time <b>Title:</b> President <b>Company:</b> Bay Pest Control Company, Inc.		



PEST CONTROL

## ACCOUNT STATEMENT

6820 Washington Ave  
Ocean Springs, MS 39564  
228-875-8908

accountsreceivable@baypestcontrol.net

Bill to:  
**(HOLD) Chapel Ridge Apts. (Lynd Company)**  
1636 Raymond Rd  
Jackson, MS 39204

**Account Number** : 2147279937  
**Statement Date** : Jul 24, 2025  
**Statement Period** : Sep 1, 2024 - Jul 24, 2025

### NOTES

Pay online at <https://bay.briostack.com/customer/index.html?branchId=10029> or over the phone at 228-875-8908.

**PAST DUE:** Your account is past due, please make payment as soon as possible.

This statement includes only unpaid invoices and is not a complete list of transactions for the statement period.

Previous Balance: \$0.00    Current Balance: \$2,696.40

Amount due: \$2,696.40

DATE	ID	DETAILS	AMOUNT DUE
Sep 3, 2024	416556	<b>Description</b> : Invoice - Pest Monthly - Initial Service Charge Service Address : 1636 Raymond Rd Jackson, MS 39204 <b>Item</b> : Pest Monthly - Initial Service Charge Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Initial Service <b>Item Amount</b> : \$504.00 <b>Item</b> : Tax Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Initial Service <b>Item Amount</b> : \$35.28 <b>Invoice Total</b> : \$539.28	\$539.28
Oct 1, 2024	422512	<b>Description</b> : Invoice - Pest Monthly - Regular Service Charge Service Address : 1636 Raymond Rd Jackson, MS 39204 <b>Item</b> : Pest Monthly - Regular Service Charge Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount</b> : \$504.00 <b>Item</b> : Tax Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount</b> : \$35.28 <b>Invoice Total</b> : \$539.28	\$539.28

DATE	ID	DETAILS	AMOUNT DUE
Nov 5, 2024	429984	<b>Description :</b> Invoice - Pest Monthly - Regular Service Charge Service Address : 1636 Raymond Rd Jackson, MS 39204 <b>Item :</b> Pest Monthly - Regular Service Charge Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$504.00 <b>Item :</b> Tax Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$35.28 <b>Invoice Total :</b> \$539.28	\$539.28
Dec 3, 2024	435395	<b>Description :</b> Invoice - Pest Monthly - Regular Service Charge Service Address : 1636 Raymond Rd Jackson, MS 39204 <b>Item :</b> Pest Monthly - Regular Service Charge Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$504.00 <b>Item :</b> Tax Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$35.28 <b>Invoice Total :</b> \$539.28	\$539.28
Jan 7, 2025	442402	<b>Description :</b> Invoice - Pest Monthly - Regular Service Charge Service Address : 1636 Raymond Rd Jackson, MS 39204 <b>Item :</b> Pest Monthly - Regular Service Charge Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$504.00 <b>Item :</b> Tax Service Name : 1ST REG. SERVICE DAY Service Category : Pest Monthly Service Type : Regular Service <b>Item Amount :</b> \$35.28 <b>Invoice Total :</b> \$539.28	\$539.28
TOTAL AMOUNT DUE:			<b>\$2,696.40</b>

1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61+ DAYS PAST DUE \$2,696.40
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----- CUT HERE AND INCLUDE THIS SECTION WITH YOUR PAYMENT -----

**(HOLD) Chapel Ridge Apts. (Lynd Company)**

Current Amount Due: \$2,696.40

Account #2147279937

Statement Date: Jul 24, 2025

**Amount Enclosed \$**\_\_\_\_\_

Pay Online

<https://bay.briostack.com/customer/index.html?branchId=10029>

Send Payments To

Bay Pest Control Company  
P.O. Box 1677, Ocean Springs, MS 39566

Pay by Phone

228-875-8908

*Thank you for your business!*



Bay Pest Control Company, Inc.

6820 Washington Ave

Ocean Springs, MS, 39564

(228) 875-8908

accountsreceivable@baypestcontrol.net

**Send Payments to:**

P.O. Box 1612 & 1677

Ocean Springs, Mississippi, 39566

# INVOICE

**Bill To:**  
(HOLD) Chapel Ridge Apts. (Lynd Company)  
1636 Raymond Rd  
Jackson, MS 39204  
(601) 372-9981

**Service Address:**  
1636 Raymond Rd  
Jackson, MS 39204

**Service Name:**  
1ST REG. SERVICE DAY

INVOICE #	ACCOUNT #	INVOICE DATE
416556	2147279937	Sep 3, 2024

**INVOICE TOTAL**

**\$539.28**  
Due Sep 3, 2024

## Invoice Detail - Pest Monthly (1ST REG. SERVICE DAY)

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Initial Service	Pest Monthly - Initial Service Charge	\$504.00	1	\$504.00

### DETAILS

Service Category: Pest Monthly  
Appointment Type: Initial Service  
Service Date: September 3, 2024  
Payment is due September 3, 2024. Make checks payable to Bay Pest Control Company.  
Access your account online and pay your bill at  
<https://bay.briostack.com/customer/index.html?branchId=10029>.

Subtotal	\$504.00
Tax	\$35.28
<b>Total</b>	<b>\$539.28</b>

*Thank you for your business!*



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Ocean Springs, MS, 39564

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accountsreceivable@baypestcontrol.net

**Send Payments to:**

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Ocean Springs, Mississippi, 39566

# INVOICE

**Bill To:**

(HOLD) Chapel Ridge Apts. (Lynd Company)  
1636 Raymond Rd  
Jackson, MS 39204  
(601) 372-9981

**Service Address:**

1636 Raymond Rd  
Jackson, MS 39204

**Service Name:**

1ST REG. SERVICE DAY

INVOICE #	ACCOUNT #	INVOICE DATE
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422512	2147279937	Oct 1, 2024
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INVOICE TOTAL

**\$539.28**

Due Oct 1, 2024

## Invoice Detail - Pest Monthly (1ST REG. SERVICE DAY)

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$504.00	1	\$504.00

### DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: October 1, 2024

Payment is due October 1, 2024. Make checks payable to Bay Pest Control Company.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10029>.

Subtotal	\$504.00
Tax	\$35.28
Total	\$539.28

Thank you for your business!



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Ocean Springs, Mississippi, 39566

# INVOICE

**Bill To:**

(HOLD) Chapel Ridge Apts. (Lynd Company)

1636 Raymond Rd

Jackson, MS 39204

(601) 372-9981

**Service Address:**

1636 Raymond Rd

Jackson, MS 39204

**Service Name:**

1ST REG. SERVICE DAY

INVOICE #	ACCOUNT #	INVOICE DATE
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429984

2147279937

Nov 5, 2024

**INVOICE TOTAL**

**\$539.28**

Due Nov 5, 2024

## Invoice Detail - Pest Monthly (1ST REG. SERVICE DAY)

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$504.00	1	\$504.00

### DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: November 5, 2024

Payment is due November 5, 2024. Make checks payable to Bay Pest Control Company.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10029>.

Subtotal	\$504.00
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Tax	\$35.28
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Total	\$539.28
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*Thank you for your business!*



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# INVOICE

**Bill To:**

(HOLD) Chapel Ridge Apts. (Lynd Company)

1636 Raymond Rd

Jackson, MS 39204

(601) 372-9981

**Service Address:**

1636 Raymond Rd

Jackson, MS 39204

**Service Name:**

1ST REG. SERVICE DAY

INVOICE #	ACCOUNT #	INVOICE DATE
435395	2147279937	Dec 3, 2024

**INVOICE TOTAL**

**\$539.28**

Due Dec 3, 2024

## Invoice Detail - Pest Monthly (1ST REG. SERVICE DAY)

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$504.00	1	\$504.00

### DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: December 3, 2024

Payment is due December 3, 2024. Make checks payable to Bay Pest Control Company.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10029>.

Subtotal	\$504.00
Tax	\$35.28
Total	\$539.28

*Thank you for your business!*



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# INVOICE

**Bill To:**

(HOLD) Chapel Ridge Apts. (Lynd Company)

1636 Raymond Rd

Jackson, MS 39204

(601) 372-9981

**Service Address:**

1636 Raymond Rd

Jackson, MS 39204

**Service Name:**

1ST REG. SERVICE DAY

INVOICE #	ACCOUNT #	INVOICE DATE
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442402

2147279937

Jan 7, 2025

**INVOICE TOTAL**

**\$539.28**

Due Jan 7, 2025

## Invoice Detail - Pest Monthly (1ST REG. SERVICE DAY)

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$504.00	1	\$504.00

### DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: January 7, 2025

Payment is due January 7, 2025. Make checks payable to Bay Pest Control Company.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10029>.

Subtotal	\$504.00
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Tax	\$35.28
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Total	\$539.28
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*Thank you for your business!*