

Fill in this information to identify the case:Debtor RH Lakewind East LLCUnited States Bankruptcy Court for the: _____ District of New Jersey
(State)Case number 25-15344**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?	Bay Pest Control Company, 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent? Bay Pest Control Company, Inc. Bruno Milanese 6820 Washington Ave Ocean Springs, MS 39564, United States	Where should payments to the creditor be sent? (if different) Bay Pest Control Company, Inc. PO Box 1612 Ocean Springs, MS 39566, United States
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Contact phone <u>228-990-2226</u> Contact email <u>bruno@baypestcontrol.com</u>	Contact phone <u>228-990-2226</u> Contact email <u>bruno@baypestcontrol.com</u>
	Uniform claim identifier (if you use one): _____	
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: 6466 ____

7. How much is the claim? \$ 2001.00 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.

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

Debtor: 25-15344 - RH Lakewind East LLC		
District: District of New Jersey, Trenton Division		
Creditor: Bay Pest Control Company, Inc. Bruno Milanese 6820 Washington Ave Ocean Springs, MS, 39564 United States Phone: 228-990-2226 Phone 2: Fax: 228-875-1627 Email: bruno@baypestcontrol.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Creditor	
Disbursement/Notice Parties: Bay Pest Control Company, Inc. PO Box 1612 Ocean Springs, MS, 39566 United States Phone: 228-990-2226 Phone 2: Fax: 228-875-1627 E-mail: bruno@baypestcontrol.com DISBURSEMENT ADDRESS		
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: Pest Control Services Performed	Last 4 Digits: Yes - 6466	Uniform Claim Identifier:
Total Amount of Claim: 2001.00	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No Amount of 503(b)(9): No Based on Lease: No Subject to Right of Setoff: No	Nature of Secured Amount: Value of Property: Annual Interest Rate: Arrearage Amount: Basis for Perfection: Amount Unsecured:	
Submitted By: Bruno Milanese on 24-Jul-2025 10:42:53 a.m. Pacific Time Title: President Company: Bay Pest Control Company, Inc.		



Toll Free: 833-305-4229

www.BayPestControl.net

Email: Mail@BayPestControl.net

CUSTOMER

5131 Bundy Rd.

New Orleans, LA 70127

DATE _____

January 1, 2023

PHONE

504-308-1301/210-733-6125

PHONE

lyndinvoices@opstechnology.c

SERVICE LOCATION

SAME

This AGREEMENT, by and between the two parties indicated above and hereinafter referred to as "CUSTOMER" (the buyer) and Bay Pest Control.

PEST MANAGEMENT

BAY PEST CONTROL agrees to furnish Pest Control Service for a period of 1 YEAR from the date of this agreement under the following terms and conditions:

Initial service to be rendered on or about JANUARY 1, 2023. The second and following services to be rendered approximately MONTHLY thereafter for as long as this agreement remains in effect. Pest to be controlled are:

- ☒ American Cockroaches
- ☒ Brown Banded Cockroaches
- ☒ German Cockroaches
- ☒ Oriental Cockroaches
- ☒ Smokey Brown Cockroaches
- ☒ Household Ants
- ☒ Mice
- ☒ Rats

- ☒ Fleas (indoor)
- ☒ Ticks (indoor)
- ☒ Pillbugs/Sowbugs
- ☒ Spiders
- ☒ House Crickets
- ☒ Earwigs
- ☒ Silverfish
- ☒ Millipedes/Centipedes

ADDITIONAL CHARGE

Carpet Beetles/Clothes Moths N/A

Fire Ants

INCLUDED

Pharaoh Ants

N/A

Other **BED BUGS INCLUDED**

Additional Specifications SERVICE INTERIOR/EXTERIOR 1/3 OF PROPERTY APPROX. 116 UNITS MONTHLY (348 TOTAL UNITS).

SERVICE ALL COMMON AREAS AND OFFICE. SERVICE GROUNDS FOR FIRE ANT MOUNDS.

BAY PEST CONTROL agrees to return and treat any reinfestation, but cannot guarantee against reinvansion of these pest from neighboring properties and cannot be responsible for stings, bites or illnesses resulting from these pest.

In consideration of this service the CUSTOMER agrees to pay the sum of \$ 8004.00 + TAX per year. This amount is to be paid \$ 667.00 + TAX down and \$ 667.00 + TAX each service date until paid in full.

LANDSCAPE PEST MANAGEMENT

BAY PEST CONTROL agrees to furnish landscape pest management under the following terms and conditions:

Initial application to be rendered on or about _____. The second and following applications to be rendered _____.

Lawn Fertilization	_____	applications	@ _____	per application	Total _____
Shrub Spraying	_____	applications	@ _____	per application	Total _____
Deep-root fertilization	_____	applications	@ _____	per application	Total _____
Other	_____	per proposal	@ _____	per application	Total _____

Additional Specifications

In consideration of this service the CUSTOMER agrees to pay the sum of \$_____ per year. This amount is to be paid \$_____ down and \$_____ each service date until paid in full.

GUARANTEE

If, during the regular services, you are not completely satisfied with the results, BAY FEST CONTROL will return to treat the area again at no extra charge.

TERMS: CASH UPON COMPLETION OF INITIAL WORK UNLESS CREDIT ARRANGEMENTS HAVE BEEN AGREED UPON.

By signing below, I acknowledge having read this agreement in its entirety both front and back.

Bruno Milanese
Bay Pest Control Representative

CUSTOMER SIGNATURE _____

X Candace H Sheppard, as agent for Owner
By: Candace H Sheppard, as agent for Owner Title: RVP



PEST CONTROL

ACCOUNT STATEMENT

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

accountsreceivable@baypestcontrol.net

Bill to:
April Accounts payable
5131 Bundy Rd.
New Orleans, LA 70127

Account Number : 5042416466
Customer Name : Laguna Reserve Apartments (Lynd Company)
Statement Date : Jul 23, 2025
Statement Period : May 1, 2025 - Jul 23, 2025

NOTES

Pay online at <https://bay.briostack.com/customer/index.html?branchId=10031> 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: \$2,001.00 Amount due: \$2,001.00

DATE	ID	DETAILS	AMOUNT DUE
May 1, 2025	464704	Description : Invoice - Pest Monthly - Regular Service Charge Service Address : 5131 Bundy Rd. New Orleans, LA 70127 Item : Pest Monthly - Regular Service Charge Service Category : Pest Monthly Service Type : Regular Service Item Amount : \$667.00 Invoice Total : \$667.00	\$667.00
Jun 5, 2025	472181	Description : Invoice - Pest Monthly - Regular Service Charge Service Address : 5131 Bundy Rd. New Orleans, LA 70127 Item : Pest Monthly - Regular Service Charge Service Category : Pest Monthly Service Type : Regular Service Item Amount : \$667.00 Invoice Total : \$667.00	\$667.00
Jul 3, 2025	477992	Description : Invoice - Pest Monthly - Regular Service Charge Service Address : 5131 Bundy Rd. New Orleans, LA 70127 Item : Pest Monthly - Regular Service Charge Service Category : Pest Monthly Service Type : Regular Service Item Amount : \$667.00 Invoice Total : \$667.00	\$667.00

TOTAL AMOUNT DUE: **\$2,001.00**

1-30 DAYS PAST DUE \$667.00	31-60 DAYS PAST DUE \$667.00	61+ DAYS PAST DUE \$667.00
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----- CUT HERE AND INCLUDE THIS SECTION WITH YOUR PAYMENT -----

Laguna Reserve Apartments (Lynd Company)

Account #5042416466

Statement Date: Jul 23, 2025

Current Amount Due: \$2,001.00

Amount Enclosed \$ _____

Pay Online

<https://bay.briostack.com/customer/index.html?branchId=10031>

Send Payments To

Bay Pest Control

P.O. Box 1612, 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:

April Accounts payable
5131 Bundy Rd.
New Orleans, LA 70127
(504) 308-1301

Service Address:

5131 Bundy Rd.
New Orleans, LA 70127

INVOICE # ACCOUNT # INVOICE DATE

464704 5042416466 May 1, 2025

INVOICE TOTAL

\$667.00

Due May 1, 2025

Invoice Detail - Pest Monthly

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$667.00	1	\$667.00

DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: May 1, 2025

Payment is due May 1, 2025. Make checks payable to Bay Pest Control.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10031>.

Subtotal	\$667.00
Tax	\$0.00
Total	\$667.00

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:

April Accounts payable

5131 Bundy Rd.

New Orleans, LA 70127

(504) 308-1301

Service Address:

5131 Bundy Rd.

New Orleans, LA 70127

INVOICE # ACCOUNT # INVOICE DATE

472181

5042416466

Jun 5, 2025

INVOICE TOTAL

\$667.00

Due Jun 5, 2025

Invoice Detail - Pest Monthly

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$667.00	1	\$667.00

DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: June 5, 2025

Payment is due June 5, 2025. Make checks payable to Bay Pest Control.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10031>.

Subtotal	\$667.00
Tax	\$0.00
Total	\$667.00

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:

April Accounts payable
5131 Bundy Rd.
New Orleans, LA 70127
(504) 308-1301

Service Address:

5131 Bundy Rd.
New Orleans, LA 70127

INVOICE # ACCOUNT # INVOICE DATE

477992 5042416466 Jul 3, 2025

INVOICE TOTAL

\$667.00

Due Jul 3, 2025

Invoice Detail - Pest Monthly

ITEM	DESCRIPTION	PRICE	QTY	TOTAL
Regular Service	Pest Monthly - Regular Service Charge	\$667.00	1	\$667.00

DETAILS

Service Category: Pest Monthly

Appointment Type: Regular Service

Service Date: July 3, 2025

Payment is due July 3, 2025. Make checks payable to Bay Pest Control.

Access your account online and pay your bill at

<https://bay.briostack.com/customer/index.html?branchId=10031>.

Subtotal	\$667.00
Tax	\$0.00
Total	\$667.00

Thank you for your business!