

## Fill in this information to identify the case:

Debtor Russell Reid Waste Hauling and Disposal Service Co., Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)Case number 25-23629

## 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.

**Filets 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?	Bismark Road, LLC		
	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?	Where should payments to the creditor be sent? (if different)	
	Bismark Road, LLC Mitchell Weiner 189 Commande Drive Oceanport, NJ 07757, USA		
	Contact phone <u>908 227 2540</u>	Contact phone	_____
	Contact email <u>mitchell@orbismgd.com</u>	Contact email	_____
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim? \$ 6876.22	. Does this amount include interest or other charges? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.  <u>lease</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature or property:</b> <input type="checkbox"/> Real estate: If the claim is secured by the debtor's principle residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)
	<b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amount should match the amount in line 7.)
	<b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____
	<b>Annual Interest Rate</b> (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ 6876.22
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input checked="" type="checkbox"/> No	Amount entitled to priority
	<input type="checkbox"/> Yes. Check all that apply:	
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> 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)?	<input checked="" type="checkbox"/> No
	<input type="checkbox"/> 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 02/02/2026  
MM / DD / YYYY

/s/Mitchell Weiner

Signature

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

Name	<u>Mitchell Weiner</u>	First name	Middle name	Last name
Title	<u>Member</u>			
Company	<u>Bismarck Road LLC</u>			
Identify the corporate servicer as the company if the authorized agent is a servicer.				
Address	<u>189 Commanche Drive, Oceanport, NJ, 07757, United States</u>			

Contact phone 908 227 2540 Email mitchell@orbismgd.com



# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

<b>Debtor:</b> 25-23629 - Russell Reid Waste Hauling and Disposal Service Co., Inc.			
<b>District:</b> District of New Jersey, Trenton Division			
<b>Creditor:</b> Bismark Road, LLC Mitchell Weiner 189 Commanche Drive  Oceanport, NJ, 07757 USA <b>Phone:</b> 908 227 2540 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> mitchell@orbismgd.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> Authorized agent		
	<b>Amends Claim:</b> No		
	<b>Acquired Claim:</b> No		
	<b>Basis of Claim:</b> lease	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
	<b>Total Amount of Claim:</b> 6876.22	<b>Includes Interest or Charges:</b> No	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>		
<b>Has Secured Claim:</b> No	<b>Nature of Secured Amount:</b> <b>Value of Property:</b>		
<b>Amount of 503(b)(9):</b> No	<b>Annual Interest Rate:</b>		
<b>Based on Lease:</b> Yes, 6876.22	<b>Arrearage Amount:</b>		
<b>Subject to Right of Setoff:</b> No	<b>Basis for Perfection:</b> <b>Amount Unsecured:</b>		
<b>Submitted By:</b> Mitchell Weiner on 02-Feb-2026 12:40:24 p.m. Pacific Time			
<b>Title:</b> Member			
<b>Company:</b> Bismark Road LLC			
<b>Optional Signature Address:</b> 189 Commanche Drive  Oceanport, NJ, 07757 United States			
<b>Telephone Number:</b> 908 227 2540 <b>Email:</b> mitchell@orbismgd.com			

# Bismark Road, LLC

**Address:** C/O Mitchell Weiner  
189 Comanche Drive  
Oceanport, NJ 07757

**Phone:** 908-227-2540  
**Email:** mitchell@orbismgd.com

## Statement

**Statement #:** 2126

**Date:** February 1, 2026

**Customer ID:** RRWHDSCI

**Bill To:** Russell Reid WHDSCI  
200 Smith Street  
Keasbey, NJ 08832

DATE	DESCRIPTION	CHARGES	CREDITS	Amout Due
11/7/2025	December 2025 rent invoice #11720255 330 Bismark Road Jackson, NJ	\$ 32,048.12		
11/20/2025	December 2025 rent payment REF# 900000015759311		\$ (25,171.90)	\$ 6,876.22
<b>PAST DUE BALANCE</b>				<b>\$ 6,876.22</b>

For Electronic Payment

Routing number # 021214435

Account # 0108002585

Account name: Bismark Road, LLC

Bank name: Regal Bank