

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?	AMEX TRS Co., 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?	Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701	AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355-0701	
	Contact phone <u>610-228-2570</u>	Contact phone <u>610-228-2570</u>	
	Contact email <u>proofofclaim@becket-lee.com</u>	Contact email <u>payments@becket-lee.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 _____/_____/_____		
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 type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>1005</u>
7. How much is the claim?	\$ <u>381.00</u>	Does this amount include interest or other charges?
		<input type="checkbox"/> No
		<input checked="" 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>CREDIT CARD</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. Nature or property: <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: _____	
	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) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable	
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____	
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____	



<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply:</i></p>	<p>Amount entitled to priority</p>
	<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).</p>	\$ _____
	<p><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).</p>	\$ _____
	<p><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).</p>	\$ _____
	<p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p>	\$ _____
	<p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p>	\$ _____
	<p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(____) that applies.</p>	\$ _____

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.
EBRP 2011(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 02/10/2026
MM / DD / YYYY

/s/ *Shraddha Bharatia*
Signature

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

Name Shraddha Bharatia
First name Shraddha Middle name Bharatia Last name

Title **Claims Administrator**

Company Becket and Lee LLP

Call 619-338-3570 Email info@SalonChecklist.com



Verita (KCC) ePOC Electronic Claim Filing Summary

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

Debtor: 25-23629 - Russell Reid Waste Hauling and Disposal Service Co., Inc.		
District: District of New Jersey, Trenton Division		
Creditor: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern , PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: Email: proofofclaim@becket-lee.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Authorized agent	
	Disbursement/Notice Parties: AMEX TRS Co., Inc. c/o Becket and Lee LLP PO Box 3001 Malvern, PA, 19355-0701 Phone: 610-228-2570 Phone 2: Fax: E-mail: payments@becket-lee.com	
	DISBURSEMENT ADDRESS	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: CREDIT CARD	Last 4 Digits: Yes - 1005	Uniform Claim Identifier:
Total Amount of Claim: 381.00	Includes Interest or Charges: Yes	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: No	Nature of Secured Amount: Value of Property:	
Amount of 503(b)(9): No	Annual Interest Rate:	
Based on Lease: No	Arrearage Amount: Basis for Perfection:	
Subject to Right of Setoff: No	Amount Unsecured:	

Submitted By:

Shraddha Bharatia on 10-Feb-2026 9:38:55 a.m. Pacific Time

Title:

Claims Administrator

Company:

Becket and Lee LLP

Optional Signature Address:

PO BOX 3001

Malvern, PA, 19355-0701

Telephone Number:

610-228-2570

Email:

proofofclaim@becket-lee.com



Corporate Card Statement of Account

Prepared For
MITCHELL WEINER
RUSSELL REID CO.

Account Number

1005

Closing Date
10/28/21

Sign-up For Online
Statements

www.americanexpress.com/gopaperless

Page 1 of 2

Previous Balance \$	New Charges \$	Other Debits \$	Payments \$	Other Credits \$	Balance Please Pay By Due \$ 11/12/21
342.00	0.00	39.00	0.00	0.00	381.00 For important information regarding your account refer to page 2.

Account cancelled. Return all charge cards. Pay balance by 11/12/21 and avoid further delinquency charge.

To manage your Account online or to pay your bill, please visit us at corp.americanexpress.com. For additional contact information, please see the reverse side of this page.

Activity

Date reflects either transaction or posting date

Card Number	1005	Reference Code	Amount \$
10/28/21	DELINQUENCY CHARGE ON	342.00	39.00
Total for MITCHELL WEINER		New Charges/Other Debits Payments/Other Credits	39.00 0.00

↓ Please fold on the perforation below, detach and return with your payment ↓

Do not staple or use paper clips

Payment Coupon

Account Number **1005** Payable upon receipt in
U.S. Dollars.

Please Pay By **11/12/21** Enter 15 digit account
number on all payments.

Amount Due
\$381.00

Checks or drafts must be
drawn against banks
located in the U.S.

See reverse side for
instructions on how to
update your address,
phone number, or email.

Mail Payment to:

AMERICAN EXPRESS
P.O. BOX 1270
NEWARK NJ 07101-1270

AMEX TRS Co., Inc.

c/o Becket and Lee LLP
Attorneys/Agent for Creditor
PO Box 3001
Malvern , PA 19355-0701

Bankruptcy Information	
Case Number:	25-23629-MBK
District:	DISTRICT OF NEW JERSEY TRENTON DIVISION
Chapter:	11
Petition Date:	12/29/2025
Debtor(s) Name:	RUSSELL REID WASTE HAULING AND DISPOSAL SERVICES CO, INC
Claim Balance Itemization	
Debtor(s) Name:	RUSSELL REID WASTE HAULING AND DISPOSAL SERVICES CO, INC
Debtor(s) SSN:	***-**-5208
Debtor Address:	200 SMITH ST KEASBEY, NJ 08832
Account Number:	*****1005
Name of entity from whom the creditor purchased the account : N/A	
Name of entity to whom the debt was owed at the time of the last transaction by the account holder: American Express	
Account Type:	CREDIT CARD
Open Date:	05/18/2012
Charge Off Date:	11/2021
Last Payment Date:	03/2021
Last Transaction Date:	04/2021
Principal:	\$381.00
Interest:	\$0.00
Fees:	\$0.00
Total:	\$381.00
The attached statement(s) of account was generated from the American Express billing system and reflects the current pre-petition balance. The statement(s) may not have been sent to the debtor.	