

## Fill in this information to identify the case:

Debtor United Site Services, Inc.

United States Bankruptcy Court for the: \_\_\_\_\_ District of New Jersey  
(State)Case number 25-23630

## 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?	Black Hills Energy		
	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)	Black Hills Energy Po Box 6006 57709, SD 57709, United States		
	Contact phone <u>8888905554</u>	Contact phone	_____
	Contact email <u>bankruptcy@blackhillscorp.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 _____/_____/_____		
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>3134</u> ____
7. How much is the claim?	\$ <u>798.09</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>utility service</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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <b>Amount necessary to cure any default as of the date of the petition.</b> \$ _____
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 01/14/2026  
MM / DD / YYYY

/s/kimberly Anderson  
Signature

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

Name kimberly Anderson  
First name kimberly Middle name  Last name Anderson

Title credit and collections

Company Black Hills Energy  
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 (877) 634-7164 | International (424) 236-7220

<b>Debtor:</b> 25-23630 - United Site Services, Inc.		
<b>District:</b> District of New Jersey, Trenton Division		
<b>Creditor:</b> Black Hills Energy Po Box 6006 57709, SD, 57709 United States <b>Phone:</b> 8888905554 <b>Phone 2:</b> <b>Fax:</b> <b>Email:</b> bankruptcy@blackhillscorp.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>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No	
	<b>Acquired Claim:</b> No	
<b>Basis of Claim:</b> utility service	<b>Last 4 Digits:</b> Yes - 3134	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 798.09	<b>Includes Interest or Charges:</b> Yes	
<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> No	<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> kimberly Anderson on 14-Jan-2026 12:50:45 p.m. Pacific Time		
<b>Title:</b> credit and collections		
<b>Company:</b> Black Hills Energy		

UNITED SITE SERVICES

118 FLANDERS RD

WESTBOROUGH MA 01581-1035

Account Number: 5607383134 UNITED SITE SERVICES

Research Start Date: 12/11/2025 End Date: 1/12/2026

Todays Date: January 12,2026



**Total: \$798.09**

Service Agreement ID: 5607386384 Small General Service-Demand

Premise:32910 WALT BASSETT AVE,SHOP PUEBLO, CO

TRAN DATE		BILL AMT	CANCEL	Chg/Cr	PAY AMT	A/R BAL
12/11/2025	Previous Balance					\$23.10
12/11/2025	Pay				-\$23.10	\$0.00
1/2/2026	Bill	\$23.10				\$23.10
1/9/2026	Canceled Bill		-\$23.10			\$0.00
1/9/2026	Close	\$23.10				\$23.10
1/12/2026	Write off			\$23.10		

Service Agreement ID: 5607384922 Small General Serv-No Demand

Premise:32920 WALT BASSETT AVE PUEBLO, CO

TRAN DATE		BILL AMT	CANCEL	Chg/Cr	PAY AMT	A/R BAL
12/11/2025	Previous Balance					\$191.31
12/11/2025	Pay				-\$191.31	\$0.00
1/2/2026	Bill	\$240.28				\$240.28
1/9/2026	Canceled Bill		-\$240.28			\$0.00
1/9/2026	Close	\$240.28				\$240.28
1/12/2026	Write off			\$240.28		

Service Agreement ID: 5607386242 Small General Service-Demand

Premise:32910 WALT BASSETT AVE PUEBLO, CO

TRAN DATE		BILL AMT	CANCEL	Chg/Cr	PAY AMT	A/R BAL
12/11/2025	Previous Balance					\$423.90
12/11/2025	Pay				-\$423.90	\$0.00
1/2/2026	Bill	\$534.71				\$534.71
1/9/2026	Canceled Bill		-\$534.71			\$0.00
1/9/2026	Close	\$534.71				\$534.71
1/12/2026	Write off			\$534.71		