

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.

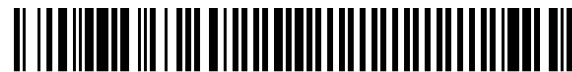
Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, 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? | Crowe LLP | |
| | 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? Crowe LLP John Youens 320 E. Jefferson Blvd., P.O. Box 7 South Bend, IN 46624 Contact phone <u>713-353-1937</u> Contact email <u>John.Youens@crowe.com</u> Uniform claim identifier (if you use one): _____ | Where should payments to the creditor be sent? (if different) Crowe LLP P.O. Box 71570 Chicago, IL 60694 Contact phone <u>713-353-1937</u> Contact email <u>John.Youens@crowe.com</u> |
| 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: ____

7. How much is the claim? \$ 8,222.82. 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.
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 01/23/2026
MM / DD / YYYY

/s/David Cullers
Signature

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

Name David Cullers
First name Middle name Last name

Title Director of Accounting

Company Crowe LLP
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

| | | |
|---|---|----------------------------------|
| Debtor: 25-23630 - United Site Services, Inc. District: District of New Jersey, Trenton Division | | |
| Creditor: Crowe LLP John Youens 320 E. Jefferson Blvd., P.O. Box 7 South Bend, IN, 46624 Phone: 713-353-1937 Phone 2: Fax: Email: John.Youens@crowe.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: Crowe LLP P.O. Box 71570 Chicago, IL, 60694 Phone: 713-353-1937 Phone 2: Fax: E-mail: John.Youens@crowe.com DISBURSEMENT ADDRESS | | |
| Other Names Used with Debtor: | Amends Claim: No Acquired Claim: No | |
| Basis of Claim: Services Performed | Last 4 Digits: No | Uniform Claim Identifier: |
| Total Amount of Claim: 8,222.82 | 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: David Cullers on 23-Jan-2026 6:19:51 a.m. Pacific Time Title: Director of Accounting Company: Crowe LLP | | |

| Customer | Project | Invoice | Date | Amount |
|----------------------------|--|-----------|-----------|-----------------|
| United Site Services, Inc. | Day Pitney LLP - United Site Services Inc. v. Rivera - 13732 | CI-222525 | 7/30/2025 | 8,072.82 |
| United Site Services, Inc. | Day Pitney LLP - United Site Services Inc. v. Rivera - 13732 | CI-242532 | 10/6/2025 | 50.00 |
| United Site Services, Inc. | Day Pitney LLP - United Site Services Inc. v. Rivera - 13732 | CI-254175 | 11/3/2025 | 50.00 |
| United Site Services, Inc. | Day Pitney LLP - United Site Services Inc. v. Rivera - 13732 | CI-262459 | 12/4/2025 | 50.00 |
| | | | | <u>8,222.82</u> |

**Crowe LLP**

Independent Member Crowe Global

320 East Jefferson Blvd.

South Bend, IN 46601

United States of America

*Do not send payment to this address.**See below for remittance options***INVOICE AMOUNT DUE: \$ 8,072.82 USD***Past due invoice amounts may be subject to interest.*

| Invoice Date | Invoice Number | Payment Terms | Due Date | PO Number | Customer Number |
|---------------|----------------|---------------|-----------------|-----------|-----------------|
| July 30, 2025 | CI-222525 | Net 30 | August 29, 2025 | | C-0003009733 |

United Site Services, Inc.
118 Flanders Rd
Westborough, MA 01581-1035
United States of America

Professional Fees

Services related to the United Site Services Inc. matter for the period ended June 30, 2025. See attached addendum for additional details.

\$ 8,072.82

| | |
|----------------------|------------------------|
| Invoice Subtotal | \$ 8,072.82 USD |
| Tax Total | \$ 0.00 USD |
| Total Invoice Amount | \$ 8,072.82 USD |

| Mail Payment to: | Wire/ACH funds to: | Questions? |
|---|---|--|
| Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570 <i>Use P.O. Box address for payments only. Please reference Invoice #CI-222525</i> | BMO Bank N.A., 320 South Canal Street, Chicago, IL 60606 Account of: CROWE LLP ABA Routing Number: 071000288 Account Number: 202-483-4 Account Type: Checking SWIFT code for international wires: HATRUS44 <i>Please reference Invoice #CI-222525 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i> | Call: +1 (800) 599-2216 Email: billing.department@crowe.com |

Credit card payments are accepted from all states/territories except for Colorado, Connecticut, Massachusetts, Maine, and Puerto Rico, at the following web address <https://www.crowe.com/contact-us/invoice-payment>



Invoice Addendum

Billable Time

| Transaction Date | Task | Hours | Rate | Amount |
|----------------------------|--------------------------------|--------------|-----------|--------------------|
| 6/12/2025 | Client Meeting/Communication | 0.75 | \$ 498.75 | \$ 374.06 |
| 6/13/2025 | Case Management | 1.50 | \$ 498.75 | \$ 748.13 |
| 6/18/2025 | Client Meeting/Communication | 0.50 | \$ 498.75 | \$ 249.38 |
| 6/18/2025 | Processing-Culling & Filtering | 1.25 | \$ 498.75 | \$ 623.44 |
| 6/20/2025 | Processing-Culling & Filtering | 2.00 | \$ 446.25 | \$ 892.50 |
| 6/20/2025 | Forensic Analysis | 3.00 | \$ 446.25 | \$ 1,338.75 |
| 6/23/2025 | Forensic Analysis | 3.00 | \$ 446.25 | \$ 1,338.75 |
| 6/23/2025 | Deliverable | 0.25 | \$ 446.25 | \$ 111.57 |
| 6/23/2025 | Forensic Analysis | 0.25 | \$ 735.00 | \$ 183.75 |
| 6/24/2025 | Client Meeting/Communication | 0.50 | \$ 446.25 | \$ 223.13 |
| 6/25/2025 | Deliverable | 1.25 | \$ 682.50 | \$ 853.13 |
| 6/25/2025 | Processing-Culling & Filtering | 0.50 | \$ 682.50 | \$ 341.25 |
| Total Billable Time | | 14.75 | | \$ 7,277.82 |

Billable Expenses

| Transaction Date | Item | Qty | Rate | Amount |
|--------------------------------|-----------------------------|------|-----------|------------------|
| 6/13/2025 | Forensic Hard Drive Imaging | 1.00 | \$ 795.00 | \$ 795.00 |
| Total Billable Expenses | | | | \$ 795.00 |

Time and Expenses Grand Total

\$ 8,072.82

*Some amounts have been rounded to the nearest cent

**Crowe LLP**

Independent Member Crowe Global

320 East Jefferson Blvd.

South Bend, IN 46601

United States of America

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| Invoice Date | Invoice Number | Payment Terms | Due Date | PO Number | Customer Number |
|-----------------|----------------|---------------|------------------|-----------|-----------------|
| October 6, 2025 | CI-242532 | Net 30 | November 5, 2025 | | C-0003009733 |

United Site Services, Inc.
118 Flanders Rd
Westborough, MA 01581-1035
United States of America

Professional Fees

| | |
|--|----------|
| Services related to the United Site Services Inc. matter for the period ended August 31, 2025. See attached addendum for additional details. | |
| 8/25/2025 Physical Device Storage 2 @ \$25.00ea | \$ 50.00 |

| | |
|----------------------|---------------------|
| Invoice Subtotal | \$ 50.00 USD |
| Tax Total | \$ 0.00 USD |
| Total Invoice Amount | <u>\$ 50.00 USD</u> |

| Mail Payment to: | Wire/ACH funds to: | Questions? |
|---|---|--|
| Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570 <i>Use P.O. Box address for payments only. Please reference Invoice #CI-242532</i> | BMO Bank N.A., 320 South Canal Street, Chicago, IL 60606 Account of: CROWE LLP ABA Routing Number: 071000288 Account Number: 202-483-4 Account Type: Checking SWIFT code for international wires: HATRUS44 <i>Please reference Invoice #CI-242532 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i> | Call: +1 (800) 599-2216 Email: billing.department@crowe.com |

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Invoice Addendum

This invoice is for storage fees for physical devices and/or electronic evidence (image files) currently held in evidence storage for the case/matter in which Crowe LLP has been retained. If the matter is currently ongoing the storage fees will recur monthly.

If the matter is resolved and you wish to avoid recurring storage fees, can you confirm for us one of the evidence return and/or disposal options below, so we can close out the matter?

Option A:

The matter is resolved, and no electronic or physical evidence items need to be retained. Please securely delete all forensic images and case data from Crowe servers, and/or destroy any physical evidence items for the matter. A final invoice will be issued to cover evidence disposal and to close out the matter.

Option B:

Delete all electronic evidence (forensic images and case data) from Crowe servers and return the physical evidence items (if any). A final invoice will be issued to cover evidence preparation, shipping, tax, etc. A client contact name and address will be provided to return ship any physical evidence items.

Option C:

Send a copy of the electronic evidence and return the original physical evidence items. Any physical devices will be returned, and an encrypted disk will be prepared with a copy of the forensic images for you to retain. After confirmation that the encrypted disk has been delivered and the contents of the disk are accessible, all electronic evidence and case data will be deleted from Crowe servers. A final invoice will be issued to cover evidence preparation, storage media, shipping, tax, etc.

Option D:

The matter is still current and ongoing. Please continue to store any evidence items and continue to recur storage fees in the regular monthly invoicing for the matter.

We appreciate your business,

Thank You

**Crowe LLP**

Independent Member Crowe Global

320 East Jefferson Blvd.

South Bend, IN 46601

United States of America

*Do not send payment to this address.**See below for remittance options***INVOICE AMOUNT DUE: \$ 50.00 USD***Past due invoice amounts may be subject to interest.*

| Invoice Date | Invoice Number | Payment Terms | Due Date | PO Number | Customer Number |
|------------------|----------------|---------------|------------------|-----------|-----------------|
| November 3, 2025 | CI-254175 | Net 30 | December 3, 2025 | | C-0003009733 |

United Site Services, Inc.
118 Flanders Rd
Westborough, MA 01581-1035
United States of America

Professional Fees

Services related to the United Site Services Inc. matter for the period ended September 30, 2025. See attached addendum for additional details.

09/25/2025 | Physical Device Storage | 2 @ \$25.00ea

\$ 50.00

Invoice Subtotal \$ 50.00 USD

Tax Total \$ 0.00 USD

Total Invoice Amount \$ 50.00 USD

| Mail Payment to: | Wire/ACH funds to: | Questions? |
|---|---|--|
| Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570 <i>Use P.O. Box address for payments only. Please reference Invoice #CI-254175</i> | BMO Bank N.A., 320 South Canal Street, Chicago, IL 60606 Account of: CROWE LLP ABA Routing Number: 071000288 Account Number: 202-483-4 Account Type: Checking SWIFT code for international wires: HATRUS44 <i>Please reference Invoice #CI-254175 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i> | Call: +1 (800) 599-2216 Email: billing.department@crowe.com |

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Option B:

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We appreciate your business,

Thank You

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320 East Jefferson Blvd.

South Bend, IN 46601

United States of America

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| Invoice Date | Invoice Number | Payment Terms | Due Date | PO Number | Customer Number |
|------------------|----------------|---------------|-----------------|-----------|-----------------|
| December 4, 2025 | CI-262459 | Net 30 | January 3, 2026 | | C-0003009733 |

United Site Services, Inc.
118 Flanders Rd
Westborough, MA 01581-1035
United States of America

Professional Fees

Services related to the United Site Services Inc. matter for the period ended October 31, 2025. See attached addendum for additional details.

10/25/2025 | Physical Device Storage | 2 @ \$25.00ea

\$ 50.00

| | |
|----------------------|---------------------|
| Invoice Subtotal | \$ 50.00 USD |
| Tax Total | \$ 0.00 USD |
| Total Invoice Amount | <u>\$ 50.00 USD</u> |

| Mail Payment to: | Wire/ACH funds to: | Questions? |
|---|---|--|
| Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570 <i>Use P.O. Box address for payments only. Please reference Invoice #CI-262459</i> | BMO Bank N.A., 320 South Canal Street, Chicago, IL 60606 Account of: CROWE LLP ABA Routing Number: 071000288 Account Number: 202-483-4 Account Type: Checking SWIFT code for international wires: HATRUS44 <i>Please reference Invoice #CI-262459 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i> | Call: +1 (800) 599-2216 Email: billing.department@crowe.com |

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Thank You