

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?		Where should payments to the creditor be sent? (if different)	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Crowe LLP John Youens 320 E. Jefferson Blvd., P.O. Box 7 South Bend, IN 46624		Crowe LLP P.O. Box 71570 Chicago, IL 60694	
	Contact phone	713-353-1937	Contact phone	713-353-1937
	Contact email	John.Youens@crowe.com	Contact email	John.Youens@crowe.com
	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? \$ 8,222.82	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>Services Performed</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 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

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
Total Amount of Claim: 8,222.82	Includes Interest or Charges: No	
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:	
Subject to Right of Setoff: No	Basis for Perfection:	
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>



INVOICE AMOUNT DUE: \$ 8,072.82 USD

Past due invoice amounts may be subject to interest.

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 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	<u><u>\$ 8,072.82 USD</u></u>

Mail Payment to:	Wire/ACH funds to:	Questions?
<p>Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570</p> <p><i>Use P.O. Box address for payments only. Please reference Invoice #CI-222525</i></p>	<p>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: HATTRUS44</p> <p><i>Please reference Invoice #CI-222525 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i></p>	<p>Call: +1 (800) 599-2216</p> <p>Email: billing.department@crowe.com</p>

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>

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



INVOICE AMOUNT DUE: \$ 50.00 USD

Past due invoice amounts may be subject to interest.

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 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
<u>Total Invoice Amount</u>	<u>\$ 50.00 USD</u>

Mail Payment to:	Wire/ACH funds to:	Questions?
<p>Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570</p> <p><i>Use P.O. Box address for payments only. Please reference Invoice #CI-242532</i></p>	<p>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: HATTRUS44</p> <p><i>Please reference Invoice #CI-242532 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i></p>	<p>Call: +1 (800) 599-2216</p> <p>Email: billing.department@crowe.com</p>

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

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



INVOICE AMOUNT DUE: \$ 50.00 USD

Past due invoice amounts may be subject to interest.

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 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
<u>Total Invoice Amount</u>	<u>\$ 50.00 USD</u>

Mail Payment to:	Wire/ACH funds to:	Questions?
<p>Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570</p> <p><i>Use P.O. Box address for payments only. Please reference Invoice #CI-254175</i></p>	<p>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: HATTRUS44</p> <p><i>Please reference Invoice #CI-254175 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i></p>	<p>Call: +1 (800) 599-2216</p> <p>Email: billing.department@crowe.com</p>

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Thank You



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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 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
<u>Total Invoice Amount</u>	<u>\$ 50.00 USD</u>

Mail Payment to:	Wire/ACH funds to:	Questions?
<p>Crowe LLP P.O. Box 71570 Chicago, IL 60694-1570</p> <p><i>Use P.O. Box address for payments only. Please reference Invoice #CI-262459</i></p>	<p>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: HATTRUS44</p> <p><i>Please reference Invoice #CI-262459 and send Wire/ACH Confirmation information to: arremitadv@crowe.com</i></p>	<p>Call: +1 (800) 599-2216</p> <p>Email: billing.department@crowe.com</p>

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