

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>3034</u>
7. How much is the claim? \$ <u>1995.31</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>services provided</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. Check all that apply:</p> <ul style="list-style-type: none"> <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. \$ _____
<p>* 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.</p>	
<p>13. Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?</p>	<p><input checked="" type="checkbox"/> No</p> <p><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.</p> <p>\$ _____</p>

Part 3: Sign Below

**The person completing
this proof of claim must
sign and date it.**

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 01/28/2026
MM / DD / YYYY

/s/Meaghan Valentine
Signature

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

Name Meaghan Valentine
First name Meaghan Middle name Valentine Last name

Title Supervisor

Company Eversource

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: Connecticut Light and Power dba Eversource Eversource Legal Dept Attn: Honor Heath 107 Selden Ave Berlin , CT, 06037 Phone: 860-665-4865 Phone 2: Fax: Email: bankruptcynotices@eversource.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded Related Document Statement: Has Related Claim: No Related Claim Filed By: Filing Party: Creditor	
Other Names Used with Debtor:	Amends Claim: No Acquired Claim: No	
Basis of Claim: services provided	Last 4 Digits: Yes - 3034	Uniform Claim Identifier:
Total Amount of Claim: 1995.31	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: Meaghan Valentine on 28-Jan-2026 10:07:04 a.m. Pacific Time		
Title: Supervisor		
Company: Eversource		

Fill in this information to identify the case:

Debtor 1	UNITED SITE SERVICES INC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of New Jersey	
Case number 25-23630	

Official Form 410

Proof of Claim

04/22

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 of 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?	CONNECTICUT LIGHT & POWER DBA EVERSOURCE 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? Eversource Legal Attn: Honor Heath Name _____ 107 Selden Ave Number Street Berlin CT 06037 City State ZIP Code Contact phone 860-665-4865 Contact email _____	Where should payments to the creditor be sent? (if different) Eversource Name _____ PO Box 270 Number Street Hartford CT 06106 City State ZIP Code Contact phone 800-265-7497 Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (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? No Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 3 0 3 4

7. How much is the claim? \$ 1,995.31 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 provided

9. Is all or part of the claim secured? No Yes. The claim is secured by a lien on property.

Nature of property:

Real estate. If the claim is secured by the debtor's principal 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 amounts 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)?

No

Yes. Check one:

	Amount entitled to priority
<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 \$3,350* 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 \$15,150*) 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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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)(2) 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 acknowledgment 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 a 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

meaghan valentine
Signature

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

Name	Meaghan Valentine		
	First name	Middle name	Last name
Title	Supervisor		
Company	Eversource		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	Number	Street	
		City	State ZIP Code
Contact phone	800-265-7497		Email _____



Eversource Customer Service
P.O. Box 270
Hartford CT 06141-0270
Eversource.com

January 23, 2026

SANI CAN INC
118 FLANDERS RD
WESTBOROUGH MA 01581 1035

RE: Statement History
Billing Account: XXXXXXXX3034

Dear Valued Customer:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account, as well as your account balance.

You may also view your billing history online by logging in at Eversource.com. Stay connected with us. Visit Eversource.com, check out our mobile app or follow our social media channels on Facebook, Instagram and Twitter. We are proud to provide safe, reliable and sustainable energy to your neighborhood every day.

Sincerely,

Eversource
Customer Service

Service Account #: XXXX2002**Address:** 44 TABOR DR BRANFORD CT 06405**Service Type:** ELECTRIC**Meter #:** 890123512 **Rate:** RATE 30-DELIVERY

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
12-01-2025	12-29-2025	28	2523.0	10.0	10.0	\$825.89
10-28-2025	12-01-2025	34	2057.0	7.2	7.2	\$544.32
09-29-2025	10-28-2025	29	1750.0	10.1	10.1	\$546.18
08-28-2025	09-29-2025	32	1551.0	6.3	6.3	\$416.81
07-30-2025	08-28-2025	29	1657.0	7.5	7.5	\$500.71
06-27-2025	07-30-2025	33	1840.0	7.7	7.7	\$559.18
05-29-2025	06-27-2025	29	1601.0	7.7	7.7	\$488.60
04-30-2025	05-29-2025	29	1635.7	6.5	6.5	\$494.36
04-29-2025	04-30-2025	1	56.3	6.5	6.5	\$18.33
03-28-2025	04-29-2025	32	1969.0	7.6	7.6	\$644.20
02-28-2025	03-28-2025	28	2061.0	10.7	10.7	\$752.97
01-30-2025	02-28-2025	29	2796.0	10.3	10.3	\$1,016.03
12-31-2024	01-30-2025	30	2617.0	9.7	9.7	\$951.41
11-27-2024	12-31-2024	34	2335.0	8.6	8.6	\$771.94
10-29-2024	11-27-2024	29	1712.0	8.7	8.7	\$536.74
09-30-2024	10-29-2024	29	1582.0	6.8	6.8	\$459.40
08-29-2024	09-30-2024	32	1501.0	7.5	7.5	\$466.41
07-30-2024	08-29-2024	30	1645.0	8.7	8.7	\$556.09
06-30-2024	07-30-2024	30	1689.2	8.5	8.5	\$525.01

Payments/Adjustments

Date	Amount		Date	Amount		Date	Amount
01-23-2026	\$864.57	TRF	01-08-2026	-\$864.57	MC C	01-08-2026	-\$864.57 PAY
12-11-2025	-\$544.32	PAY	11-18-2025	-\$546.18	PAY	10-16-2025	-\$416.81 PAY
09-11-2025	-\$500.71	PAY	08-07-2025	-\$559.18	PAY	07-10-2025	-\$488.60 PAY
06-12-2025	-\$512.69	PAY	05-08-2025	-\$644.20	PAY	04-10-2025	-\$752.97 PAY
03-13-2025	-\$1,025.54	PAY	03-06-2025	-\$951.41	PAY	02-28-2025	\$9.51 DPC
01-13-2025	-\$771.94	PAY	12-09-2024	-\$536.74	PAY	11-12-2024	-\$459.40 PAY
10-17-2024	-\$466.41	PAY	09-16-2024	-\$556.09	PAY	08-22-2024	-\$568.77 PAY

Legend: PAY = Payment, TRF = Transfer, DPC = Late Payment Charge, MCC = Adjustment, TTX = Tax

Current Balance: \$825.89



Eversource Customer Service
P.O. Box 270
Hartford CT 06141-0270
Eversource.com

January 23, 2026

UNITED SITE SERVICES NORTHEAST, INC.
118 FLANDERS RD
WESTBOROUGH MA 01581 1035

RE: Statement History
Billing Account: XXXXXXXX8023

Dear Valued Customer:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account, as well as your account balance.

You may also view your billing history online by logging in at Eversource.com. Stay connected with us. Visit Eversource.com, check out our mobile app or follow our social media channels on Facebook, Instagram and Twitter. We are proud to provide safe, reliable and sustainable energy to your neighborhood every day.

Sincerely,

Eversource
Customer Service

Service Account #: XXXX1005**Address:** 305 SELLECK ST STAMFORD CT 06902**Service Type:** ELECTRIC**Meter #:** 891314302 **Rate:** RATE 30-DELIVERY

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
12-08-2025	12-29-2025	21	6.0	0.1	0.1	\$31.54
11-05-2025	12-08-2025	33	8.0	0.0	0.0	\$44.99
10-06-2025	11-05-2025	30	8.0	0.0	0.0	\$44.99
09-08-2025	10-06-2025	28	9.0	0.0	0.0	\$45.12
08-07-2025	09-08-2025	32	10.0	0.1	0.1	\$45.31
07-08-2025	08-07-2025	30	10.0	0.0	0.0	\$45.33
06-06-2025	07-08-2025	32	12.0	0.1	0.1	\$45.69
05-07-2025	06-06-2025	30	11.0	0.1	0.1	\$45.58
04-30-2025	05-07-2025	7	2.4	0.1	0.1	\$9.68
04-04-2025	04-30-2025	26	8.6	0.1	0.1	\$36.14
03-07-2025	04-04-2025	28	8.0	0.1	0.1	\$45.38
02-06-2025	03-07-2025	29	5.0	0.1	0.1	\$44.86
01-08-2025	02-06-2025	29	5.0	0.1	0.1	\$44.86
12-06-2024	01-08-2025	33	9.0	0.1	0.1	\$45.41
11-05-2024	12-06-2024	31	7.0	0.0	0.0	\$45.06
10-07-2024	11-05-2024	29	7.0	0.0	0.0	\$45.06
09-09-2024	10-07-2024	28	6.0	0.0	0.0	\$44.90
08-08-2024	09-09-2024	32	9.0	0.1	0.1	\$45.35
07-09-2024	08-08-2024	30	7.0	0.0	0.0	\$45.03

Payments/Adjustments

Date	Amount		Date	Amount		Date	Amount
01-14-2026	-\$31.54	MC C	12-23-2025	-\$44.99	PAY	12-05-2025	-\$44.99 PAY
10-23-2025	-\$45.12	PAY	09-18-2025	-\$45.31	PAY	08-14-2025	-\$45.33 PAY
07-17-2025	-\$45.69	PAY	06-19-2025	-\$45.58	PAY	05-15-2025	-\$45.82 PAY
04-17-2025	-\$45.38	PAY	03-20-2025	-\$44.86	PAY	03-06-2025	-\$44.86 PAY
01-27-2025	-\$91.37	PAY	01-08-2025	\$0.45	DPC	12-16-2024	-\$45.51 PAY
12-09-2024	\$0.45	DPC	11-08-2024	-\$44.90	PAY	11-06-2024	\$0.45 DPC
10-02-2024	-\$45.35	PAY	09-06-2024	-\$45.03	PAY	07-30-2024	-\$45.24 PAY

Legend: PAY = Payment, TRF = Transfer, DPC = Late Payment Charge, MCC = Adjustment, TTX = Tax

Current Balance: \$31.54



Eversource Customer Service
P.O. Box 270
Hartford CT 06141-0270
Eversource.com

January 23, 2026

UNITED SITE SERVICES NORTHEAST, INC.
118 FLANDERS RD
WESTBOROUGH MA 01581 1035

RE: Statement History
Billing Account: XXXXXXX9018

Dear Valued Customer:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account, as well as your account balance.

You may also view your billing history online by logging in at Eversource.com. Stay connected with us. Visit Eversource.com, check out our mobile app or follow our social media channels on Facebook, Instagram and Twitter. We are proud to provide safe, reliable and sustainable energy to your neighborhood every day.

Sincerely,

Eversource
Customer Service

Service Account #: XXXX2005**Address:** 236 STAFFORD RD MANSFIELD CTR CT 06250**Service Type:** ELECTRIC**Meter #:** 891610632 **Rate:** RATE 30-DELIVERY

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
12-03-2025	12-29-2025	26	311.0	5.0	5.0	\$170.59
10-31-2025	12-03-2025	33	715.0	5.2	5.2	\$229.91
10-01-2025	10-31-2025	30	576.0	6.6	6.6	\$254.75
09-03-2025	10-01-2025	28	354.0	5.1	5.1	\$179.34
08-04-2025	09-03-2025	30	444.0	5.1	5.1	\$194.74
07-02-2025	08-04-2025	33	1208.0	6.4	6.4	\$342.50
06-03-2025	07-02-2025	29	684.0	6.9	6.9	\$292.10
05-02-2025	06-03-2025	32	277.0	4.6	4.6	\$159.67
04-30-2025	05-02-2025	2	20.0	3.9	3.9	\$9.27
04-01-2025	04-30-2025	29	289.0	3.9	3.9	\$138.01
03-04-2025	04-01-2025	28	291.0	2.6	2.6	\$109.84
02-03-2025	03-04-2025	29	312.0	2.5	2.5	\$110.78
01-03-2025	02-03-2025	31	363.0	3.6	3.6	\$148.81
12-03-2024	01-03-2025	31	341.0	3.2	3.2	\$128.25
10-31-2024	12-03-2024	33	288.0	1.7	1.7	\$87.61
10-02-2024	10-31-2024	29	175.0	3.0	3.0	\$97.14
09-04-2024	10-02-2024	28	55.0	1.1	1.1	\$52.33
08-05-2024	09-04-2024	30	51.0	0.6	0.6	\$51.56
07-03-2024	08-05-2024	33	53.0	0.6	0.6	\$51.82

Payments/Adjustments

Date	Amount		Date	Amount		Date	Amount
01-09-2026	-\$170.59	MC C	01-08-2026	-\$183.05	MC C	12-11-2025	-\$229.91 PAY
11-13-2025	-\$254.75	PAY	10-16-2025	-\$179.34	PAY	09-18-2025	-\$194.74 PAY
08-14-2025	-\$342.50	PAY	07-17-2025	-\$292.10	PAY	06-19-2025	-\$159.67 PAY
05-15-2025	-\$147.28	PAY	04-17-2025	-\$109.84	PAY	03-13-2025	-\$112.27 PAY
03-06-2025	-\$148.81	PAY	03-04-2025	\$1.49	DPC	01-27-2025	-\$218.93 PAY
01-03-2025	\$0.89	DPC	12-16-2024	-\$10.86	PAY	12-16-2024	-\$217.61 PAY
12-03-2024	\$2.18	DPC	11-08-2024	-\$141.00	PAY	11-01-2024	\$1.42 DPC
10-02-2024	-\$185.14	PAY	08-29-2024	-\$164.65	PAY	07-24-2024	-\$158.34 PAY

Legend: PAY = Payment, TRF = Transfer, DPC = Late Payment Charge, MCC = Adjustment, TTX = Tax

Current Balance: \$170.59



Eversource Customer Service
P.O. Box 270
Hartford CT 06141-0270
Eversource.com

January 23, 2026

UNITED SITE SERVICES, INC
118 FLANDERS RD
WESTBOROUGH MA 01581 1035

RE: Statement History
Billing Account: XXXXXXX9097

Dear Valued Customer:

We are pleased to provide a summary of your recent billing history. This summary provides detailed information about your monthly usage, payments and adjustments to your account, as well as your account balance.

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Sincerely,

Eversource
Customer Service

Service Account #: XXXX1003**Address:** 331 SELLECK ST STAMFORD CT 06902**Service Type:** ELECTRIC**Meter #:** 890268122 **Rate:** RATE 30-DELIVERY

From Date	To Date	# of Days	RD1 Usage	RD2 Usage	Bill Demand	Bill Amount
12-08-2025	12-29-2025	21	3810.0	22.4	22.4	\$967.29
11-05-2025	12-08-2025	33	4842.0	16.1	16.1	\$1,108.72
10-06-2025	11-05-2025	30	4426.0	16.0	16.0	\$1,050.90
09-08-2025	10-06-2025	28	4713.0	18.9	18.9	\$1,177.98
08-07-2025	09-08-2025	32	5927.0	19.4	19.4	\$1,392.70
07-08-2025	08-07-2025	30	6736.0	22.3	22.3	\$1,608.88
06-06-2025	07-08-2025	32	6140.0	26.1	26.1	\$1,698.71
05-07-2025	06-06-2025	30	4342.0	14.5	14.5	\$1,085.59
04-30-2025	05-07-2025	7	1033.6	18.2	18.2	\$271.63
04-04-2025	04-30-2025	26	3839.4	18.2	18.2	\$1,090.32
03-07-2025	04-04-2025	28	4502.0	18.2	18.2	\$1,316.25
02-06-2025	03-07-2025	29	5850.0	23.3	23.3	\$1,706.31
01-08-2025	02-06-2025	29	5859.0	21.2	21.2	\$1,648.43
12-06-2024	01-08-2025	33	5987.0	22.4	22.4	\$1,610.02
11-05-2024	12-06-2024	31	5234.0	18.9	18.9	\$1,359.00
10-07-2024	11-05-2024	29	5218.0	18.2	18.2	\$1,336.58
09-09-2024	10-07-2024	28	4867.0	19.3	19.3	\$1,311.22
08-08-2024	09-09-2024	32	7101.0	23.7	23.7	\$1,775.14
07-09-2024	08-08-2024	30	7235.0	24.6	24.6	\$1,813.67

Payments/Adjustments

Date	Amount	Date	Amount	Date	Amount
01-14-2026	-\$967.29	MC C	12-23-2025	-\$1,108.72	PAY
10-23-2025	-\$1,177.98	PAY	09-18-2025	-\$1,392.70	PAY
07-17-2025	-\$1,698.71	PAY	06-19-2025	-\$1,085.59	PAY
04-17-2025	-\$1,316.25	PAY	03-20-2025	-\$1,706.31	PAY
01-17-2025	-\$1,610.02	PAY	12-18-2024	-\$1,359.00	PAY
10-17-2024	-\$1,311.22	PAY	10-02-2024	-\$1,775.14	PAY
07-30-2024	-\$1,656.01	PAY			

Legend: PAY = Payment, TRF = Transfer, DPC = Late Payment Charge, MCC = Adjustment, TTX = Tax

Current Balance: \$967.29