

## 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?	BRAZORIA COUNTY  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)	BRAZORIA COUNTY Melissa E. Valdez 1235 North Loop West Suite 600 Houston, TX 77008	BRAZORIA COUNTY 237 E Locust Angleton, TX 77515	
	Contact phone <u>713-862-1860</u> Contact email <u>mvaldez@pbfcml.com</u>	Contact phone _____ 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 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? \$ <u>14,914.99</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>Ad Valorem Property Taxes</u>
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Describe: <u>Personal Property</u>
	<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> \$ <u>Fully Secured</u> <b>Amount of the claim that is secured:</b> \$ <u>14,914.99</u> <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) <u>12</u> % <input checked="" 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	<input type="checkbox"/> Yes. Check all that apply:	Amount entitled to priority
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,800* 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 02/03/2026  
MM / DD / YYYY

/s/Melissa E. Valdez

Signature

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

Name	<u>Melissa E. Valdez</u>	First name	Middle name	Last name
Title	<u>Attorney</u>			
Company	<u>PBFCM</u>			
	Identify the corporate servicer as the company if the authorized agent is a servicer.			
Address	<u>1235 North Loop West Suite 600, Houston, TX, 77008</u>			

Contact phone 713-862-1860 Email mvaldez@pbfcm.com



# 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> BRAZORIA COUNTY Melissa E. Valdez 1235 North Loop West Suite 600  Houston , TX, 77008  <b>Phone:</b> 713-862-1860 <b>Phone 2:</b>  <b>Fax:</b>  <b>Email:</b> mvaldez@pbfcml.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>Disbursement/Notice Parties:</b> BRAZORIA COUNTY 237 E Locust  Angleton, TX, 77515  <b>Phone:</b>  <b>Phone 2:</b>  <b>Fax:</b>  <b>E-mail:</b>	
	<b>DISBURSEMENT ADDRESS</b>	
	<b>Other Names Used with Debtor:</b>	<b>Amends Claim:</b> No
		<b>Acquired Claim:</b> No
<b>Basis of Claim:</b> Ad Valorem Property Taxes	<b>Last 4 Digits:</b> No	<b>Uniform Claim Identifier:</b>
<b>Total Amount of Claim:</b> 14,914.99	<b>Includes Interest or Charges:</b> Yes	
<b>Has Priority Claim:</b> No	<b>Priority Under:</b>	
<b>Has Secured Claim:</b> Yes: 14,914.99	<b>Nature of Secured Amount:</b> Other  <b>Amount of 503(b)(9):</b> No <b>Based on Lease:</b> No <b>Subject to Right of Setoff:</b> No	
	<b>Describe: Personal Property</b>  <b>Value of Property:</b> Fully Secured <b>Annual Interest Rate:</b> 12%, Fixed <b>Arrearage Amount:</b>  <b>Basis for Perfection:</b>  <b>Amount Unsecured:</b>	

**Submitted By:**

Melissa E. Valdez on 03-Feb-2026 6:50:12 a.m. Pacific Time

**Title:**

Attorney

**Company:**

PBFCM

**Optional Signature Address:**

1235 North Loop West Suite 600

Houston, TX, 77008

**Telephone Number:**

713-862-1860

**Email:**

mvaldez@pbfcm.com

# Tax Statement

## Brazoria County

KRISTIN R. BULANEK - TAC  
111 E Locust  
Angleton, TX 77515  
Telephone: (979) 864-1320

UNITED SITE SERVICES OF TEXAS INC  
118 FLANDERS RD STE 1000  
WESTBOROUGH, MA 01581-1035

Taxpayer ID: 87541

IF YOU ARE 65 YEARS OF AGE OR OLDER OR ARE DISABLED AND YOU OCCUPY THE PROPERTY DESCRIBED IN THIS DOCUMENT AS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE APPRAISAL DISTRICT REGARDING ANY ENTITLEMENT YOU MAY HAVE TO A POSTPONEMENT IN THE PAYMENT OF THESE TAXES.

	Tax Year	Tax Due	P and I	Total Due
<b>BRAZORIA COUNTY</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$2,722.86	\$0.00	\$2,722.86
BRAZORIA COUNTY TOTAL -->				\$2,722.86
<b>Brazoria County Emergency Services District # 2</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$819.00	\$0.00	\$819.00
Brazoria County Emergency Services District # 2 TOTAL -->				\$819.00
<b>SPECIAL ROAD AND BRIDGE DISTRICT</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$437.76	\$0.00	\$437.76
SPECIAL ROAD AND BRIDGE DISTRICT TOTAL -->				\$437.76
<b>West Brazoria County Drainage District # 11</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$153.29	\$0.00	\$153.29
West Brazoria County Drainage District # 11 TOTAL -->				\$153.29
<b>SWEENEY INDEPENDENT SCHOOL DISTRICT</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$8,752.00	\$0.00	\$8,752.00
SWEENEY INDEPENDENT SCHOOL DISTRICT TOTAL -->				\$8,752.00
<b>SWEENEY COMMUNITY HOSPITAL DISTRICT</b>				
Legal: FURN FIXT EQUIP OTHER PERSONAL PROPERTY 8821 FM 524 GEO Code: 98001020111 Client Property Code: 698020				
	2025	\$2,030.08	\$0.00	\$2,030.08

SWEENEY COMMUNITY HOSPITAL DISTRICT TOTAL -->	\$2,030.08
<i>Total If Paid By 12/31/2025</i>	<b>\$14,914.99</b>