

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>1154</u>
7. How much is the claim?	\$ <u>918.40</u>
	. 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>Utility acct xxxx1154</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 02/04/2026
MM / DD / YYYY

/s/ *Adelita Cavada*
Signature

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

Name Adelita Cavada
First name Middle name Last name

Title Assistant City Attorney

Company City of Corpus Christi
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: City of Corpus Christi Attn: Bankruptcy Attorney PO Box 9277 Corpus Christi, TX, 78469-9277 USA Phone: 3618263360 Phone 2: Fax: Email: adelitac@cctexas.com	Has Supporting Documentation: Yes, supporting documentation successfully uploaded	
	Related Document Statement:	
	Has Related Claim: No	
	Related Claim Filed By:	
	Filing Party: Authorized agent	
	Other Names Used with Debtor:	Amends Claim: No
	Acquired Claim: No	
Basis of Claim: Utility acct xxxx1154	Last 4 Digits: Yes - 1154	Uniform Claim Identifier:
Total Amount of Claim: 918.40	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: Amount Unsecured:	
Submitted By: Adelita Cavada on 04-Feb-2026 11:21:03 a.m. Pacific Time		
Title: Assistant City Attorney		
Company: City of Corpus Christi		

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

04/19

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?	City of Corpus Christi Name of the current creditor (the person or entity to be paid for this claim)	Where should notices to the creditor be sent? City of Corpus Christi - Bankruptcy Attorney Name PO Box 9277 Number Street Corpus Christi TX 78469 City State ZIP Code Contact phone 361-826-3360 Contact email AdelitaC@cctexas.com	Where should payments to the creditor be sent? (if different) City of Corpus Christi; Attn: BK Legal Assistant Name 1201 Leopard St. - 5th Floor Number Street Corpus Christi TX 78401 City State ZIP Code Contact phone 361-826-3382 Contact email josiee@cctexas.com
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?	<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>1 1 5 4</u>
7. How much is the claim?	\$ <u>918.40</u> . 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>Utility acct # xxxx1154</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 of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal 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 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) _____ % <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: _____

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 one:

<input type="checkbox"/> 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 \$ _____
<input type="checkbox"/> Up to \$3,025* 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 \$13,650*) 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 4/01/22 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.

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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 01/29/2026
MM / DD / YYYY

Adelita Cavada
Signature

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

Name	Adelita Cavada		
	First name	Middle name	Last name
Title	Assistant City Attorney		
Company	City of Corpus Christi - Legal		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	1201 Leopard		
	Number	Street	
	Corpus Christi		TX 78401
	City	State	ZIP Code
Contact phone	361-826-3360		Email <u>AdelitaC@cctexas.com</u>

Bankruptcy Worksheet

Customer Name UNITED SITE SERVICES, INC

Address 118 FLANDERS ROAD SUITE
1000
CITY/STATE/ZIPCODE WESTBOROUGH, MA 01581

Account Name UNITES SITE SERVICES OF
TEXAS

Account Number 20451112

Legacy Account Number 649817-131154

Location Address 6754 LEOPARD ST CC TX
78409

Pre-Petition Deposit YES

Deposit Amount \$150.00

Filing Date 12/29/2025

Case Number 25-23630

Bankruptcy Worksheet Calculation

1.) Bill amount for month of filing	<u>\$411.20</u>
2.) Number of days in billing cycle	<u>19</u>
3.) Days in billing cycle before filing date	<u>18</u>
4.) Filing month prorated bill	<u>\$389.56</u>
5.) Total balance owed prior to month of filing	<u>\$678.84</u>
6.) Applied Deposit	<u>-\$150.00</u>
7.) Total amount pre-petition	<u>\$918.40</u>

Post Petition Account Calculation

1.) Utility bill amount for month of filing	<u>\$411.20</u>
2.) Filing month pro-rated bill (pre-petition portion calculated above)	<u>\$389.56</u>
3.) Total of charges owed after month of filing	<u>\$0.00</u>
4.) Total-post Petition	<u>\$21.64</u>