

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?	City of Fresno - Business Tax		
	Name of the current creditor (the person or entity to be paid for this claim)		
	Other names the creditor used with the debtor <u>City of Fresno</u>		
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)	City of Fresno - Business Tax City of Fresno - Business Tax 2600 Fresno Street, Room 2031 Fresno, CA 93721, United States		
	Contact phone <u>559-621-8374</u>	Contact phone _____	
	Contact email <u>See summary page</u>	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 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>2848</u> ____
7. How much is the claim?	\$ <u>636.59</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>Local business tax</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: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No	Amount entitled to priority
	<input checked="" type="checkbox"/> Yes. Check all that apply:	
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</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).	\$ _____
	<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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 636.59 _____
	<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 02/12/2026
MM / DD / YYYY

/s/ Corey Timpson

Signature

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

Name Corey Timpson
First name _____ Middle name _____ Last name _____

Title Deputy City Attorney

Company Fresno City Attorneys Office
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 Fresno - Business Tax City of Fresno - Business Tax 2600 Fresno Street, Room 2031 Fresno, CA, 93721 United States Phone: 559-621-8374 Phone 2: Fax: Email: valerie.lehn-belerique@fresno.gov	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: City of Fresno		
	Amends Claim: No Acquired Claim: No		
	Basis of Claim: Local business tax	Last 4 Digits: Yes - 2848	Uniform Claim Identifier:
	Total Amount of Claim: 636.59	Includes Interest or Charges: No	
Has Priority Claim: Yes	Priority Under: 11 U.S.C. §507(a)(8): 636.59		
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: Corey Timpson on 12-Feb-2026 3:46:42 p.m. Pacific Time Title: Deputy City Attorney Company: Fresno City Attorneys Office			



PHONE: (559)621-6880
businesstax@fresno.gov
www.fresno.gov

Mailing Address:
City of Fresno - Business Tax
P.O. Box 45017
Fresno, CA 93718-5017

Located At:
Fresno City Hall
2600 Fresno St. Room 2162
Fresno, CA 93721
(P & Tulare Streets)

Invoice

ACCOUNT NUMBER	PAYMENT DUE DATE	INVOICE NUMBER
25848	2/6/2026	133742

605 S FRUIT AVE

UNITED SITE SERVICES INC- BNKY
C/O CT-BL
120 S CENTRAL AVE STE 400
CLAYTON, MO 63105-1705

CHARGE	DESCRIPTION	YEAR	AMOUNT
ZR71202R	10/01/2025 -12/29/2025- Reporting Period	2026	\$636.59
Charges for this invoice			\$636.59
			Grand Total

Estimated gross receipts and business tax for October 01, 2025 - December 29, 2025.

Send just the bottom portion of this form back with your payment in the enclosed envelope. The top portion is for your records. Thank you.

FINANCE DEPARTMENT
Business Tax Section

REMIT BEFORE February 06, 2026

PLEASE MAKE CHECKS PAYABLE TO:

CITY OF FRESNO

NAME & ADDRESS
UNITED SITE SERVICES INC- BNKY
120 S CENTRAL AVE STE 400
CLAYTON, MO 63105-1705

ACCOUNT NUMBER	AMOUNT
25848	\$636.59

PLEASE PAY FROM THIS INVOICE-NO STATEMENT WILL BE RENDERED