

Fill in this information to identify the case:

Debtor 1 United Site Services, Inc. et al.

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: _____ District of New Jersey

Case number 25-23630 (MBK)

- Date Stamped Copy Returned
- No self addressed stamped envelope
- No copy to return

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 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? AlixPartners, 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? No
 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)**

AlixPartners LLP Name _____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g) Number Street _____
2000 Town Center, Suite 2400 Number Street _____
Southfield MI 48075 City State ZIP Code _____
City State ZIP Code _____
Contact phone 9472170330 Contact phone _____
Contact email rstamper@alixpartners.com Contact email _____

Uniform claim identifier (if you use one): _____

4. Does this claim amend one already filed? No
 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? No
 Yes. Who made the earlier filing? _____

RECEIVED
APR 01 2026
VERITA GLOBAL



252363026040100000000001

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: 4 0 4 6

7. How much is the claim? \$ 4,084,238.22. 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.
Consulting Services

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.)

RECEIVED
APR 01 2026
VERITA GLOBAL

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)?

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:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

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).

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).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* 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.

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 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 03/31/2026
MM / DD / YYYY

Rachel Stamper
Signature

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

Name Rachel Stamper
First name Middle name Last name

Title Legal Counsel

Company AlixPartners, LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 2000 Town Center #2400
Number Street

Southfield MI 48075
City State ZIP Code

Contact phone 9472170330 Email rstamper@alixpartners.com

RECEIVED
APR 01 2026

VERITA GLOBAL

AlixPartners

March 31, 2026

United Site Services Claims Processing Center
c/o KCC dba Verita Global
222 N Pacific Coast Highway, Suite 300
El Segundo, CA 90245

Re: AlixPartners, LLP Proof of Claim

To Whom It May Concern:

Enclosed please find AlixPartners LLP's ("AlixPartners") completed Proof of Claim and Statement of Account for filing. Also enclosed is a pre-paid return mailer and a copy of the Proof of Claim to be returned to AlixPartners as confirmation of filing.

Please feel free to contact me at rstamper@alixpartners.com if you have any questions.

Regards,

/s/ Rachel Stamper

Rachel Stamper
Legal Counsel
AlixPartners LLP

Enc.

February 3, 2026

John Hafferty
United Site Services, Inc.
118 Flanders Rd
Westborough, MA 01581

Customer: 20014046

Federal Tax ID: [REDACTED] 7158

Statement of Account

<u>Project</u>	<u>Invoice #</u>	<u>Date</u>	<u>Amount</u>
20014046PA0001	90092894	6/2/2025	\$ 3,581,771.23
20014046PA0002	90098326	9/1/2025	\$ 522,466.99

Total Amount Due

USD \$ 4,084,238.22

AlixPartners will never email or text you with request to change invoice details or bank payment instructions without verbal confirmation. If in doubt please contact the responsible Partner MD via phone.

**Please send payment remittance with reference to invoice number noted above to
RevenueAccounting@AlixPartners.com. Thank You.**

Send Check remittance to:
AlixPartners LLP
PO Box 7410063
Chicago, IL 60674-5063

If Remitting in any currency:
Account Name: AlixPartners LLP
Account Number: [REDACTED] 9732
Bank Name: Bank of America
ACH ABA/Routing & Transit: [REDACTED] 0 039
Wire ABA/Routing & Transit: [REDACTED] 9 593
SWIFT: [REDACTED] US3N