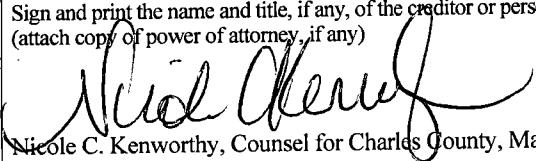


<b>United States Bankruptcy Court For the District of New Jersey</b>		<b>ADMINISTRATIVE PROOF OF CLAIM</b>  <b>Chapter 11</b>
<b>In re (Name of Debtor)</b>  <b>United Site Services of Maryland, Inc.</b>		<b>Case Number:</b>  <b>25-23644 MBK</b>
<b>Name and Address of Creditor:</b>  <b>Charles County, Maryland</b> <b>c/o Meyers, Rodbell &amp; Rosenbaum, P.A.</b> <b>6801 Kenilworth Avenue, Suite 400</b> <b>Riverdale, Maryland 20737-1385</b> <b>Telephone No. 301-699-5800</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed an Administrative Claim relating to this claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
<b>Account or other number by which creditor identifies debtor:</b>  <b>D06717011</b>		<input type="checkbox"/> replaces <small>Check here if this claim amends a previously filed claim dated</small> <input type="checkbox"/> amends
<b>1. Basis for claim:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold  <input type="checkbox"/> Services performed  <input type="checkbox"/> Money loaned  <input type="checkbox"/> Personal injury/wrongful death  <input checked="" type="checkbox"/> Taxes  <input checked="" type="checkbox"/> Other (describe briefly) Estimated Fiscal Year 2027 Personal Property Taxes         </div> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a)  <input type="checkbox"/> Wages, salaries and commissions (fill out below)          Your social security number:  <input type="checkbox"/> Severance  <input type="checkbox"/> Vacation         </div> </div>		
<b>2. Date or period during which debt was incurred:</b>  <b>Date of Finality: 1/1/2026</b>  <b>Due Date: 7/1/2026</b>  <b>Delinquent Date: 10/1/2026</b>		<b>3. If court judgment, date obtained:</b>
<b>4. For the purposes of this form, a claim is an administrative claim if it arose during the period after the PETITION As defined in 11 U.S.C. § 503 and § 507(a)(1).</b>  Further, for the purposes of this form, a claim is defined as administrative if it relates to the actual cost of preserving		
<b>Amount of claim: \$39,707.46, Plus Interest, See Exhibit "A"</b>		
<b>5. This form is to be used to record administrative claims as defined in 11 U.S.C. §503.</b> <b>6. This form should be completed in English and in U.S. dollars.</b> <b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interest. If the documents are not available, explain. If the documents are voluminous, attach a summary. Do not attach originals. <b>8. CREDITS AND OFFSETS:</b> The amount of all payments on this claim should be credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant represents that it has deducted all amounts that claimant owes to debtor.		
<b>CERTIFICATION:</b> The undersigned certifies under penalty of perjury that the debtor named above is indebted to the claimant in the amount shown, that there is no security for the debt other than that stated above or in an attachment to this form, that no unmatured interest is included, and that the undersigned is authorized to make this claim.		
<b>Date:</b>  <b>January 22, 2026</b>	Sign and print the name and title, if any, of the creditor or person authorized to file this claim <small>(attach copy of power of attorney, if any)</small>  <b>Nicole C. Kenworthy, Counsel for Charles County, Maryland</b>	



LAW OFFICES

**MEYERS, RODBELL**  
**& ROSENBAUM, P.A.**

**Nicole C. Kenworthy**

6801 KENILWORTH AVENUE, SUITE 400  
RIVERDALE PARK, MARYLAND 20737-1385  
DIRECT DIAL (301) 209-2546  
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EMAIL: [nkenworthy@mrrlaw.net](mailto:nkenworthy@mrrlaw.net)

January 22, 2026

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

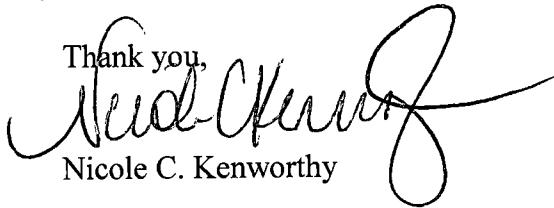
RE: 25-23630 MBK, *United Site Services, Inc.*

Dear Sir or Madam:

Enclosed please find the following on behalf of Charles County, Maryland:

25-23630 MBK, <i>United Site Services, Inc.</i> :	One (1) Proof of Claim
25-23644 MBK, <i>United Site Services of Maryland, Inc.</i> :	Two (2) Proofs of Claim (1 Pre-Petition, 1 Administrative)

Please note that the administrative claim does not require an application of administrative expenses because it is being filed by a governmental unit pursuant to 11 U.S.C. § 503(B)(1)(D). Copies of the claims are enclosed. Please date-stamp and return the extra copies in the enclosed self-addressed stamped envelopes. Thank you for your assistance with this matter.

Thank you,  
  
Nicole C. Kenworthy

*Enclosures*

**EXHIBIT "A"**

**PROOF OF CLAIM BY CHARLES COUNTY, MARYLAND FOR PERSONAL  
PROPERTY TAXES IN THE BANKRUPTCY OF UNITED SITE SERVICES  
OF MARYLAND, INC.  
CASE NO. 25-23644 MBK**

In regard to Personal Property Tax Account No. D06717011

The (\*Estimated) Fiscal Year 2027 taxes will become delinquent as of October 1, 2026. Interest will continue to accrue on these taxes at the rate of 12% per annum until fully paid.

**Tax Lien**

The above-referenced taxes constitute a first lien on the subject personal property pursuant to Sections 14-804 and 14-805 of the Tax Property Article of the Annotated Code of Maryland.

\*Claim will be amended upon issuance of actual bill.



**CHARLES COUNTY  
MARYLAND**

P.O. Box 2607, La Plata, MD 20646  
301-645-0685

2025-2026 Corporation

BILL NUMBER	BILL DATE	LIBER	FOLIO	PROPERTY NUMBER
255030013	7/09/2025			D06717011

Payment due upon receipt. No partial payments accepted. Failure to receive tax bill does not excuse payment of taxes, interest or penalty.  
IT IS THE TAXPAYER'S RESPONSIBILITY TO FORWARD THE TAX BILL TO THE LENDING INSTITUTION FOR PAYMENTS.

UNITED SITE SERVICES OF MARYLAND, INC.  
118 FLANDERS RD  
SUITE 1000  
WESTBOROUGH MA 01581

COUNTY ASSESSMENT: 1,318,090			PAYMENT IN FULL			Levy Year 25/26	Levy Year 24/25
STATE ASSESSMENT:			PAYMENT AMOUNT SHOWN FOR MONTH OF PAYMENT			CNTY 1.141	CNTY 1.141
TYPE	RATE	AMOUNT	MONTH	INTEREST	PAYMENT	IMPORTANT: See notes on reverse side	
CNTY FIRE	2.852500 .160000	37,598.52 2,108.94		INTEREST & PENALTY OF 1% PER MONTH BEGINS 10/01/2025			
				TAXES	39,707.46	Make checks payable to: Charles County Treasurer P.O. Box 2607 La Plata, MD 20646-2607 Phone: 301-645-0685 or 301-870-2249	
				INTEREST & PENALTY	.00	Maryland Relay Service: 7-1-1 Relay TDD# 1-800-735-2258 www.CharlesCountyMD.gov	
				SERVICE CHARGE	.00	E-mail: Treasurer@CharlesCountyMD.gov	
				PAYMENT RECEIVED	39,707.46	INTEREST AND PENALTY OF 1% PER MONTH BEGINS ON THE APPROPRIATE DELINQUENT DATE.	
				TOTAL DUE W/SVC CHG	.00		

TOTAL TAXES IF PAID IN FULL	39,707.46	SEMIANNUAL PAYMENT SCHEDULE
		Semiannual payment schedule is only applicable for Full Year Real Property designated Principal Residence or Business Property.
		1st Semiannual Payment must be received by September 30. If the 1st semiannual payment is late, this payment schedule is no longer available.
		2nd Semiannual Payment includes the State and County service charges. Interest on the 2nd Semiannual Payment amount will accrue after December 31.

2nd SEMIANNUAL PAYMENT 2025-2026 Corporation



**CHARLES COUNTY  
MARYLAND**

P.O. Box 2607, La Plata, MD 20646  
301-645-0685

Please indicate any change in mailing address below:

UNITED SITE SERVICES OF MARYLAND, INC.  
118 FLANDERS RD  
SUITE 1000  
WESTBOROUGH MA 01581

BILL NUMBER	BILL DATE	DELINQUENT DATE	PROPERTY NUMBER
255030013	7/09/2025	10/01/2025	D06717011

2ND SEMI ANNUAL PAYMENT
N/A

ONLY RETURN THIS PAYMENT STUB WHEN REMITTING 2ND SEMIANNUAL PAYMENT.  
PLEASE WRITE YOUR PROPERTY NUMBER ON YOUR CHECK TO ENSURE PROPER CREDIT.  
Make checks payable to Charles County Treasurer.

PAYMENT IN FULL or 1st SEMIANNUAL PAYMENT Please circle appropriate payment amount



**CHARLES COUNTY  
MARYLAND**

P.O. Box 2607, La Plata, MD 20646  
301-645-0685

Please indicate any change in mailing address below:

UNITED SITE SERVICES OF MARYLAND, INC.  
118 FLANDERS RD  
SUITE 1000  
WESTBOROUGH MA 01581

BILL NUMBER	BILL DATE	DELINQUENT DATE	PROPERTY NUMBER
255030013	7/09/2025	10/01/2025	D06717011

1ST SEMI ANNUAL PAYMENT	PAYMENT IN FULL
N/A	.00

PLEASE RETURN THIS PAYMENT STUB WITH YOUR REMITTANCE AND WRITE YOUR  
PROPERTY NUMBER ON YOUR CHECK TO ENSURE PROPER CREDIT.  
Make checks payable to Charles County Treasurer.