Fill in this information to identify the case:

Debtor United Site Services of Texas, Inc.

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

Case number 25-23647

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.

Filers 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?**

Houston City College

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?**

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	**Where should payments to the creditor be sent?** (if different)
Houston City College c/o Tara L. Grundemeier PO Box 3064 Houston, TX 77253-3064, United States	
Contact phone 713-844-3400	Contact phone _____
Contact email houston_bankruptcy@lgbs.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? _____

25236472601150000000000002

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: ___ ___ ___ ___

7. **How much is the claim?** $ 1,677.4 . **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.

Ad Valorem Taxes

9. **Is all or part of the claim secured?**

☐ No

☑ Yes. The claim is secured by a lien on property.

Nature or property:

☐ Real estate: If the claim is secured by the debtor's principle residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☑ Other. Describe: Ad Valorem Taxes

Basis for perfection: Ad Valorem Taxes

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: $ 1,677.4

Amount of the claim that is secured: $ 1,677.4

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) 12 %

☑ 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: _____

25236472601150000000000002

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 all that apply:*

	Amount entitled to priority
☐ 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.	$_____

* 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)?**

☑ No

☐ 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 01/15/2026
MM / DD / YYYY

/s/Tara L. Grundemeier
Signature

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

Name: Tara L. Grundemeier
First name Middle name Last name

Title: Counsel

Company: Linebarger Goggan Blair Sampson LLP
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____

25236472601150000000000002

Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (877) 634-7164 | International (424) 236-7220

Debtor:
25-23647 - United Site Services of Texas, Inc.
District:
District of New Jersey, Trenton Division

Creditor:
Houston City College
c/o Tara L. Grundemeier
PO Box 3064

Houston, TX, 77253-3064
United States
Phone:
713-844-3400
Phone 2:

Fax:
713-844-3503
Email:
houston_bankruptcy@lgbs.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:
Ad Valorem Taxes

Last 4 Digits:
No

Uniform Claim Identifier:

Total Amount of Claim:
1,677.4

Includes Interest or Charges:
No

Has Priority Claim:
No

Priority Under:

Has Secured Claim:
Yes: 1,677.4
Amount of 503(b)(9):
No
Based on Lease:
No
Subject to Right of Setoff:
No

Nature of Secured Amount:
Other
Describe: Ad Valorem Taxes
Value of Property:
1,677.4
Annual Interest Rate:
12%, Fixed
Arrearage Amount:

Basis for Perfection:
Ad Valorem Taxes
Amount Unsecured:

Submitted By:
Tara L. Grundemeier on 15-Jan-2026 9:33:22 a.m. Pacific Time
Title:
Counsel
Company:
Linebarger Goggan Blair Sampson LLP

VN: 90F75E973848E2286A9ABA766ADB9F8A

Fill in this information to identify the case:
Debtor 1 **UNITED SITE SERVICES OF TEXAS, INC.**
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court for the: **District of NJ**
Case number **25-23647 -** Chapter **11**

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?	**Houston City College** 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? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? LINEBARGER GOGGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@lgbs.com Where should payments to the creditor be sent? (If different) HARRIS COUNTY TAX OFFICE / LGBS HOUSTON CITY COLLEGE PO BOX 4576 HOUSTON, TX 77210-4576 Uniform claim identifier for electronic payments in chapter 13 (if you use one): __
4. Does this claim amend one already filed?	☒ No ☐ 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?	☒ No ☐ 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	☐ No

number you use to identify the debtor?	☒ Yes Last 4 digits of the debtor's account or any number you use to identify the debtor: ____ ____ ____ ____ **SEE ATTACHED EXHIBITS**
7. How much is the claim?	$__**$1,677.40**__ 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. **AD VALOREM TAXES**
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 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: **SEE ATTACHED EXHIBITS** **Basis for perfection:** Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code. Secured claim to extent of collateral value. Unsecured Priority claim [11 U.S.C. 507 (a)(8)] to extent of any shortfall in collateral value and for personal liability. 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:** $__**SEE ATTACHED EXHIBITS**__ **Amount of the claim that is secured:** **$__$1,677.40__** **Amount of the claim that is unsecured:$**_____ (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: $__$1,677.40__** **Annual Interest Rate** (when case was filed) __12%__ ☒ 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. $_____
11. Is this claim subject to a right of setoff?	☒ No ☐ Yes Identify the property: _____
12. Is all or part of the claim entitled to priority under 11 U.S.C. 507(a)? A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	☒ No ☐ Yes *Check all that apply:* **Amount entitled to priority** ☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). **$**_____ ☐ 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. **$**_____ * 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)(2) 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 co-debtor. 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 January 8, 2026 **/s/Tara L. Grundemeier** **Print the name of the person who is completing and signing this claim:** **Name :** **Tara L. Grundemeier** **Title :** **Attorney TXBN 24036691** **Company :** **LINEBARGER GOGGAN BLAIR & SAMPSON, LLP** **Identify the corporate servicer as the company if the authorized agent is a servicer.** **Address :** **PO BOX 3064** **HOUSTON, TX 77253-3064** **(713) 844-3400** **houston_bankruptcy@lgbs.com**

DELINQUENT TAX STATEMENT SUMMARY

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
HOUSTON, TEXAS 77002

Certified Owner:

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

Print Date: 01/08/2026

Printed By: LBDBELAIR

Legal Description: Vehicles VHCLS

Account No: **221-192-030-0000**

2025 Value: $563,355

Account 2119203

Legal Acres: .0000

Parcel Address: 9856 STEELMAN ST

As of Date: 01/08/2026

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH JANUARY 2026		IF PAID BY END OF MONTH FEBRUARY 2026		IF PAID BY END OF MONTH MARCH 2026	
			Penalties & Interest	Total	Penalties & Interest	Total	Penalties & Interest	Total
2025	48	$556.61	$0.00	$556.61	$38.96	$595.57	$50.09	$606.70
TOTAL AMOUNT DUE:		**$556.61**	$0.00	**$556.61**	$38.96	**$595.57**	$50.09	**$606.70**

Tax Unit Codes:

48 Houston City College

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

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE FOR THE PAYMENT OF THESE TAXES.

Partial Statement: Other Years and Tax Units may be due

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

Print Date: 01/08/2026

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

PAYMENT COUPON

Account Number: 2119203

* 2 2 1 1 9 2 0 3 0 0 0 0 0 *

221-192-030-0000
UNITED SITE SERVICES OF TEXAS INC
118 FLANDERS RD STE 1000
WESTBOROUGH, MA 01581-1035

If Paid By	Amount Due
JAN 2026	$556.61
FEB 2026	$595.57
MAR 2026	$606.70
Amount Paid:	**$_____.__**

22119203000007 2025 000055661 000059557 000060670 000000000

DELINQUENT TAX STATEMENT SUMMARY

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
1001 PRESTON, SUITE 100
HOUSTON, TEXAS 77002

Certified Owner:

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

Print Date: 01/08/2026

Printed By: LBDBELAIR

Legal Description:
Business Personal Property
CMP F&F M&E MISC ASSETS

Account No: **221-192-190-0000**

2025 Value: $1,134,377

Account 2119219

Legal Acres: .0000

Parcel Address: 9856 STEELMAN ST

As of Date: 01/08/2026

Year	Tax Units	Base Tax Due	IF PAID BY END OF MONTH JANUARY 2026		IF PAID BY END OF MONTH FEBRUARY 2026		IF PAID BY END OF MONTH MARCH 2026	
			Penalties & Interest	Total	Penalties & Interest	Total	Penalties & Interest	Total
2025	48	$1,120.79	$0.00	$1,120.79	$78.46	$1,199.25	$100.87	$1,221.66
TOTAL AMOUNT DUE:		**$1,120.79**	$0.00	**$1,120.79**	$78.46	**$1,199.25**	$100.87	**$1,221.66**

Tax Unit Codes:

48 Houston City College

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

IF THE PROPERTY DESCRIBED IN THIS DOCUMENT IS YOUR RESIDENCE HOMESTEAD, YOU SHOULD CONTACT THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE REGARDING A RIGHT YOU MAY HAVE TO ENTER INTO AN INSTALLMENT AGREEMENT DIRECTLY WITH THE HARRIS COUNTY TAX ASSESSOR-COLLECTOR'S OFFICE FOR THE PAYMENT OF THESE TAXES.

Partial Statement: Other Years and Tax Units may be due

Detach at the perforation and return this coupon with your payment. Keep top part for your records.

Print Date: 01/08/2026

PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:

ANNETTE RAMIREZ
HARRIS COUNTY TAX ASSESSOR-COLLECTOR
P.O. BOX 4622
HOUSTON, TEXAS 77210-4622

PAYMENT COUPON

Account Number: 2119219

2211921900000

221-192-190-0000
UNITED SITE SERVICES OF TEXAS INC
118 FLANDERS RD STE 1000
WESTBOROUGH, MA 01581-1035

If Paid By	Amount Due
JAN 2026	$1,120.79
FEB 2026	$1,199.25
MAR 2026	$1,221.66
Amount Paid:	**$**_____.__

2211921900000 9 2025 000112079 000119925 000122166 000000000