

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.

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?	Lone Star College System		
	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?	<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)	Lone Star College System Tara L. Grundemeier PO Box 3064 PO Box 3064 Houston, TX 77253-3064, United States	Contact phone <u>713-844-3400</u> Contact email <u>houston_bankruptcy@lgs.com</u>	
		Contact phone _____	
		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 checked="" type="checkbox"/> No	<input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ 1,679.37	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>Ad Valorem Taxes</u>	
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Other. Describe: <u>Ad Valorem Taxes</u>	
	Basis for perfection: <u>Ad Valorem Taxes</u> 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: \$ <u>1,679.37</u>	
	Amount of the claim that is secured: \$ <u>1,679.37</u>	
	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) <u>12</u> %	
	<input checked="" 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 checked="" type="checkbox"/> No	Amount entitled to priority
<input type="checkbox"/> Yes. Check all that apply:		
<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 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.		\$ _____

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 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 Tara Middle name L. Last name Grundemeier

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 _____



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: Lone Star College System Tara L. Grundemeier PO Box 3064 PO Box 3064 Houston, TX, 77253-3064 United States Phone: 713-844-3400 Phone 2: Fax: 713-844-3503 Email: houston_bankruptcy@lgs.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: 1,679.37	Includes Interest or Charges: No	
Has Priority Claim: No	Priority Under:	
Has Secured Claim: Yes: 1,679.37	Nature of Secured Amount: Other Describe: Ad Valorem Taxes	
Amount of 503(b)(9): No	Value of Property: 1,679.37	
Based on Lease: No	Annual Interest Rate: 12%, Fixed	
Subject to Right of Setoff: No	Arrearage Amount: Basis for Perfection: Ad Valorem Taxes	
	Amount Unsecured:	
Submitted By: Tara L. Grundemeier on 15-Jan-2026 10:01:24 a.m. Pacific Time		
Title: Counsel		
Company: Linebarger Goggan Blair Sampson LLP		

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?	<u>Lone Star College System</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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 GOOGAN BLAIR & SAMPSON, LLP PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@lgs.com	Where should payments to the creditor be sent? (If different)	HARRIS COUNTY TAX OFFICE / LGBS LONE STAR COLLEGE SYSTEM 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?	<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	<input type="checkbox"/> No
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number you use to identify the debtor?	<input checked="" type="checkbox"/> 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?	\$ <u>\$1,679.37</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" 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.								
AD VALOREM TAXES									
9. Is all or part of the claim secured?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real Estate. If claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> Attachment (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u>SEE ATTACHED EXHIBITS</u> Basis for perfection: <u>Secured by Tax Lien §§ 32.01 and 32.05 of the Texas Property Tax Code.</u> <u>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.</u> 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: \$ <u>SEE ATTACHED EXHIBITS</u> Amount of the claim that is secured: \$ <u>\$1,679.37</u> 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: \$ <u>\$1,679.37</u> Annual Interest Rate (when case was filed) <u>12%</u> <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Yes <i>Check all that apply:</i> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="text-align: right; width: 30%;">Amount entitled to priority</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><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.</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>		Amount entitled to priority	<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.	\$ _____
	Amount entitled to priority								
<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.	\$ _____								

	<p>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>
<p>* 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.</p>	

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(b).</p> <p>If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.</p> <p>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.</p>	<p><i>Check the appropriate box</i></p> <p><input type="checkbox"/> I am the creditor.</p> <p><input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent.</p> <p><input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.</p> <p><input type="checkbox"/> I am a guarantor, surety, endorser, or other co-debtor. Bankruptcy Rule 3005.</p> <p>I understand that an authorized signature on this <i>Proof of Claim</i> 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.</p> <p>I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on date January 8, 2026</p> <p>/s/Tara L. Grundemeier</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name : Tara L. Grundemeier</p> <p>Title : Attorney TXBN 24036691</p> <p>Company : LINEBARGER GOGGAN BLAIR & SAMPSON, LLP <small>Identify the corporate servicer as the company if the authorized agent is a servicer.</small></p> <p>Address : PO BOX 3064 HOUSTON, TX 77253-3064 (713) 844-3400 houston_bankruptcy@lgbsonline.com</p>
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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 100
 WESTBOROUGH, MA 01581-1035

Print Date:

01/08/2026

Legal Description:

Business Personal Property
 CMP F&F M&E MISC ASSETS

2025 Value: \$1,584,307
 Account 2398149

Legal Acres: .0000
Parcel Address: 19950 HUFSMITH KOHRVILLE RI

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	45	\$1,679.37	\$0.00	\$1,679.37	\$117.56	\$1,796.93	\$151.14	\$1,830.51
TOTAL AMOUNT DUE:		\$1,679.37	\$0.00	\$1,679.37	\$117.56	\$1,796.93	\$151.14	\$1,830.51

Tax Unit Codes:
 45 Lone Star College System

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.

33.v1.68 Page 1 of 1

Print Date: 01/08/2026**PLEASE NOTE YOUR ACCOUNT NUMBER ON YOUR CHECK AND MAKE CHECKS PAYABLE TO:****Account Number:** 2398149

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

PAYMENT COUPON

* 2 2 3 9 8 1 4 9 0 0 0 0 0 *

223-981-490-0000
 UNITED SITE SERVICES OF TEXAS INC
 118 FLANDERS RD STE 100
 WESTBOROUGH, MA 01581-1035

If Paid By	Amount Due
JAN 2026	\$1,679.37
FEB 2026	\$1,796.93
MAR 2026	\$1,830.51
Amount Paid:	\$ _____

22398149000004 2025 000167937 000179693 000183051 000000000