

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

- ☒ 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?	<u>Nueces County</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 GOGGAN BLAIR & SAMPSON, LLP PO BOX 17428 AUSTIN, TX 78760-7428 (512) 447-6675 austin.bankruptcy@lgbs.com  Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (If different)  NUECES COUNTY C/O DIANE W. SANDERS LINEBARGER GOGGAN BLAIR & SAMPSON, LLP P.O. BOX 17428 AUSTIN, TX 78760
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? _____	

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### Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to	<input type="checkbox"/> No
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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: _____ <b>SEE ATTACHED EXHIBITS</b>	
7. How much is the claim?	\$ <u>\$15,520.02</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. <b>AD VALOREM TAXES</b>	
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. <b>Nature of property:</b> <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> <b>Basis for perfection:</b> <u>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.</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.) <b>Value of property:</b> \$ <u>SEE ATTACHED EXHIBITS</u> <b>Amount of the claim that is secured:</b> \$ <u>\$15,520.02</u> <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.) <b>Amount necessary to cure any default as of the date of the petition:</b> \$ <u>\$15,520.02</u> <b>Annual Interest Rate</b> (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)?  A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Check all that apply:	<b>Amount entitled to priority</b> <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). \$ _____

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	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.	\$ _____

\* 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**

<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 21, 2026</p> <p><u><i>Diane Sanders</i></u></p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name : <b>Diane W. Sanders</b></p> <p>Title : <b>Attorney TXBN 16415500</b></p> <p>Company : <b>LINEBARGER GOGGAN BLAIR &amp; SAMPSON, LLP</b> Identify the corporate servicer as the company if the authorized agent is a servicer.</p> <p>Address : <b>PO BOX 17428 AUSTIN, TX 78760-7428 (512) 447-6675</b></p> <p style="text-align: right;"><b>austin.bankruptcy@lgbs.com</b></p>
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LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

ATTORNEYS AT LAW  
P.O. BOX 17428  
AUSTIN, TEXAS 78760

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512/447-6675  
FAX 512/443-5114

*Diane W. Sanders*

January 21, 2026

TO BANKRUPTCY CLAIMS AGENT.

Dear Sir or Madam:

Attached please find original claim to be filed on behalf of our clients for this case.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Lugo', with a long horizontal flourish extending to the right.

Manuel Lugo  
Legal Assistant

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF NEW JERSEY  
TRENTON DIVISION**

**IN RE:**

**UNITED SITE SERVICES OF  
TEXAS, INC.**

**DEBTOR(S)**

§  
§  
§  
§  
§  
§

**CASE NO. 25-23647**

**CHAPTER 11**

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**NUECES COUNTY  
PROOF OF CLAIM SUMMARY OF EXHIBITS**

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<b><u>Exhibit No.</u></b>	<b><u>Account No.</u></b>	<b><u>Tax Years included in Claim</u></b>	<b><u>Amount Due</u></b>
1	U00022600000	2025	\$15,520.02
<b>TOTAL:</b>			<b>\$15,520.02</b>

# 2025 CONSOLIDATED PROPERTY TAX STATEMENT

TAXES ARE DUE UPON RECEIPT. TAXES WILL BECOME DELINQUENT ON FEBRUARY 03, 2026.  
PENALTY AND INTEREST WILL BE ADDED MONTHLY BEGINNING FEBRUARY 03, 2026.



The jurisdictions listed below have consolidated their tax collection for 2025. Please refer questions to the Nueces County Tax Office by telephone at (361) 888-0230 or by mail at P.O. Box 2810, Corpus Christi, Texas 78403-2810.



KEVIN KIESCHNICK, TAX ASSESSOR - COLLECTOR, NUECES COUNTY, TEXAS

ACCOUNT NO: U000-2260-0000

AS OF DATE: 12/29/2025

DATE OF NOTICE: 01/21/2026

OWNER NAME AND ADDRESS:

UNITED SITE SERVICES OF TEXAS  
118 FLANDERS RD  
WESTBOROUGH, MA 01581-3956

LEGAL DESCRIPTION:

PERSONAL PROPERTY LOC 6754 LEOPARD ST &  
725 DIAMOND CUT COMP M&E SUPP SIGN

Legal Acres: .0000

Parcel Address: 6754 LEOPARD ST

APPAISAL ASSESSMENT AND EXEMPTIONS	Property Class	Land	Ag / Tim / Other	Improvements	Personal Property and Minerals	Total Appraised Value	100% Assessed Value	Exemptions
	Qualifying	\$0		\$0	\$0	\$0	\$0	
	Non-Qualifying	\$0		\$0	\$643,594	\$643,594	\$643,594	
	Ag / Tim / Other	\$0	\$0	\$0	\$0	\$0	\$0	
	Total	\$0	\$0	\$0	\$643,594	\$643,594	\$643,594	

  

Taxing Unit	100% Assessed Value	Cap Value	Exemption Amount	Taxable Value	Tax Rate	Tax	Early Payment Discounts if available		
							3% Oct 2025	2% Nov 2025	1% Dec 2025
NUECES COUNTY	\$643,594	\$0	\$0	\$643,594	0.286449	\$1,843.57	\$1,843.57	\$1,843.57	\$1,843.57
FARM TO MARKET ROAD	\$643,594	\$0	\$0	\$643,594	0.003340	\$21.50	\$21.50	\$21.50	\$21.50
HOSPITAL DISTRICT	\$643,594	\$0	\$0	\$643,594	0.089495	\$575.98	\$575.98	\$575.98	\$575.98
CITY OF CORPUS CHRISTI	\$643,594	\$0	\$0	\$643,594	0.599774	\$3,860.11	\$3,860.11	\$3,860.11	\$3,860.11
DEL MAR COLLEGE	\$643,594	\$0	\$0	\$643,594	0.275903	\$1,775.70	\$1,775.70	\$1,775.70	\$1,775.70
TULOSO - MIDWAY ISD	\$643,594	\$0	\$0	\$643,594	1.056500	\$6,799.57	\$6,799.57	\$6,799.57	\$6,799.57
EMERGENCY SERV DIST #1	\$643,594	\$0	\$0	\$643,594	0.100000	\$643.59	\$643.59	\$643.59	\$643.59
Base Tax						\$15,520.02	\$15,520.02	\$15,520.02	\$15,520.02

School Information:

TULOSO - MIDWAY ISD 2025 M&O .75750000 I&S .29900000 Total 1.0565000 2024 M&O .75750000 I&S .19140000 Total .94890000

If you believe there is an error in the value or exemptions, you may contact the Nueces County Appraisal District at (361) 881-9978.

If these taxes should be paid by your mortgage company or agent, forward this bill to them for payment.

For more information and payment options, please visit our website at [www.nuccesco.com/taxoffice](http://www.nuccesco.com/taxoffice)



Please cut at dotted line and return this coupon with your check

13.1.29

Account Number	Date of Notice
U000-2260-0000	01/21/2026



2025 Taxes:

\$ 15,520.02

To avoid delays in processing your Account Total:

\$ 15,520.02

Write your account number on your check

If you want a printed receipt, include a self-addressed, stamped envelope with your payment.

If paid by	Amount due
December 31, 2025	\$15,520.02
January 31, 2026	\$15,520.02
February 28, 2026	\$16,606.43
March 31, 2026	\$16,916.82
April 30, 2026	\$20,672.66
Amount of your check	

UNITED SITE SERVICES OF TEXAS  
118 FLANDERS RD  
WESTBOROUGH, MA 01581-3956

Please make payment and mail to:

NUECES COUNTY  
TAX ASSESSOR - COLLECTOR  
P.O. Box 2810  
Corpus Christi, Texas 78403-2810

EXHIBIT

Page

of

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