

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**

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## 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.

For more 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?	<p><u>Hays CISD</u> Name of the current creditor (the person or entity to be paid for this claim)</p> <p>Other names the creditor used with the debtor _____</p>
2. Has this claim been acquired from someone else?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes From whom? _____</p>
3. Where should notices and payments to the creditor be sent?	<p>Where should notices to the creditor be sent? _____</p> <p>Where should payments to the creditor be sent? (If different) _____</p>
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<p>LINEBARGER GOOGAN BLAIR &amp; SAMPSON, LLP PO BOX 17428 AUSTIN, TX 78760-7428 (512) 447-6675 austin.bankruptcy@lgbs.com</p> <p>HAYS CISD C/O DIANE W. SANDERS LINEBARGER GOOGAN BLAIR &amp; SAMPSON, LLP P.O. BOX 17428 AUSTIN, TX 78760</p>
	<p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>
4. Does this claim amend one already filed?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Claim number on court claims registry (if known) _____</p> <p>Filed On: _____</p>
5. Do you know if anyone else has filed a proof of claim for this claim?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes Who made the earlier filing? _____</p>

RECEIVED

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

6. Do you have any  
number you use to

No

LGBS Form 410

## Proof of Claim



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><b>\$22,043.62</b></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 Attachment</i> (Official Form 410-A) with this Proof of Claim. <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other. Describe: <u><b>SEE ATTACHED EXHIBITS</b></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><b>SEE ATTACHED EXHIBITS</b></u> <b>Amount of the claim that is secured:</b> \$ <u><b>\$22,043.62</b></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><b>\$22,043.62</b></u> <b>Annual Interest Rate (when case was filed)</b> <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> <span style="float: right;">Amount entitled to priority</span> <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). \$ _____
<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	

	<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**

**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 21, 2026

Diane Sanders

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

Name : **Diane W. Sanders**

Title : **Attorney TXBN 16415500**

Company : **LINEBARGER GOGGAN BLAIR & SAMPSON, LLP**  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address : **PO BOX 17428  
AUSTIN, TX 78760-7428  
(512) 447-6675**

**austin.bankruptcy@lgb.com**

**RECEIVED**  
JAN 30 2026  
**VERITA GLOBAL**

LINEBARGER GOGGAN BLAIR & SAMPSON, LLP

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

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,



Manuel Lugo  
Legal Assistant

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

**IN RE:** § **CASE NO. 25-23647**  
§ **UNITED SITE SERVICES OF**  
§ **TEXAS, INC.**  
§ **DEBTOR(S)**  
§ **CHAPTER 11**

**HAYS CISD**  
**PROOF OF CLAIM SUMMARY OF EXHIBITS**

<u>Exhibit No.</u>	<u>Account No.</u>	<u>Tax Years included in Claim</u>	<u>Amount Due</u>
1	P131932	2025	\$22,043.62
<b>TOTAL:</b>			<b>\$22,043.62</b>

## Tax Office

Jennifer Escobar Tax Assessor-Collector, Hays County  
 712 S. Stagecoach Trail, Suite 1120  
 San Marcos, TX 78666  
 512-393-5545  
 512-393-5547  
<https://www.hayscountytexas.gov/tax-assessor-collector>

**2025**  
**Tax Statement**

Date	QuickRef ID
1/15/2026	P131932
CAD ID	Owner ID
P131932	O0335530
<b>Property Description</b>	
Legal	
PERSONAL PROPERTY-INVENTORY, FURN/FIXTURES, EQUIPMENT, COMPUTER EQUIPMENT, MACHINERY,	
Property Location	
168 PARK 35 CV N BUDA 78610	

Property ID: 13-S300-0000-01891-2

P131932  
 UNITED SITE SERVICES OF TEXAS  
 118 FLANDERS RD  
 STE 1000  
 WESTBOROUGH, MA 01581-3956



City Taxes Reduced By Additional Sales Tax 286.38  
 County Taxes Reduced By Additional Sales Tax 95.46

Property Values	
Land	0
Improvement	0
AG Market	0
AG Use	0
Timber Market	0
Timber Use	0
Cap Adjustment	0
<b>Assessed</b>	<b>1,909,200</b>

Tax Breakdown							
Tax Year	Taxing Unit	Tax Rate	Exemptions	Taxable	Tax	Tax Paid	Tax Due
2025	Austin Community College	0.103400	0	1,909,200	1,974.11	0.00	1,974.11
2025	City of Buda	0.357600	0	1,909,200	6,827.29	0.00	6,827.29
2025	Hays Co ESD #8 Fire	0.100000	0	1,909,200	1,909.20	0.00	1,909.20
2025	Hays Consolidated ISD	1.154600	0	1,909,200	22,043.62	0.00	22,043.62
2025	Hays County	0.357300	0	1,909,200	6,821.57	0.00	6,821.57
2025	Northeast Hays Co. ESD #1	0.069024	0	1,909,200	1,317.84	0.00	1,317.84
2025	Special Road Dist	0.042600	0	1,909,200	813.32	0.00	813.32
		<b>TOTAL</b>			<b>41,706.92</b>	0.00	See TOTAL DUE

Pay by	%	P&I	Total Due
Jan 2026		0.00	41,706.92
Feb 2026	7%	2,919.48	44,626.40
Mar 2026	9%	3,753.65	45,460.57
Apr 2026	11%	4,587.76	46,294.68
May 2026	13%	5,421.87	47,128.79
Jun 2026	15%	6,256.04	47,962.96
Jul 2026	18%+15%	14,889.38	56,596.30
Aug 2026	19%+15%	15,369.00	57,075.92
Sep 2026	20%+15%	15,848.65	57,555.57
Oct 2026	21%+15%	16,328.25	58,035.17

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

**TOTAL DUE IF PAID BY**  
 January 31, 2026

**41,706.92**

2025 Taxes:  
**\$ 22,043.62**  
 Account Total:  
**\$ 22,043.62**

detach and return bottom portion with payment

Property ID
P131932
Owner ID
O0335530
Property Location
168 PARK 35 CV N BUDA 78610

Make check payable to:  
 Jennifer Escobar Tax Assessor-Collector,  
 Hays County  
 712 S. Stagecoach Trail, Suite 1120  
 San Marcos, TX 78666  
 512-393-5545  
 512-393-5547

<https://www.hayscountytexas.gov/tax-assessor-collector>

**TOTAL DUE IF PAID BY**  
 January 31, 2026

**41,706.92**

P131932  
 UNITED SITE SERVICES OF TEXAS Page 1 of 1  
 118 FLANDERS RD  
 STE 1000  
 WESTBOROUGH, MA 01581-3956



\*%000000706195C0000131983\*

2025000P131932000004170692

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