

**Fill in this information to identify the case:**

Debtor 1 <u>Enviva Management Company, LLC</u>
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court <u>Eastern District of Virginia</u>
Case number: <u>24-10461</u>

**FILED**  
 U.S. Bankruptcy Court  
 Eastern District of Virginia  
 5/15/2024  
 William C. Redden, Clerk

**Official Form 410  
 Proof of Claim**

04/19

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**

<b>1. Who is the current creditor?</b>	<u>ARAMARK Refreshments Services, LLC</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor _____	
<b>2. Has this claim been acquired from someone else?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
<b>3. Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b>	<b>Where should payments to the creditor be sent? (if different)</b>
	<u>ARAMARK Refreshments Services, LLC</u>	_____
	Name	Name
	<u>Devin G. Bray Hawley Troxell PO box 1617 Boise, ID 83701-1617</u>	_____
	Contact phone <u>208-344-6000</u>	Contact phone _____
	Contact email <u>dbray@hawleytroxell.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
<b>4. Does this claim amend one already filed?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>2</u> Filed on <u>05/14/2024</u> MM / DD / YYYY	
<b>5. Do you know if anyone else has filed a proof of claim for this claim?</b>	<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?  No  Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: MULT

7. How much is the claim? \$ 4074.16 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 healthcare information.  
Goods Provided/Services Rendered

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 the 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: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**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:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 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. \$ 1225.52

11. Is this claim subject to a right of setoff?  No  Yes. Identify the property: \_\_\_\_\_

<b>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply.</i>	<b>Amount entitled to priority</b>
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,025* 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 \$13,650*) 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 checked="" type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(2) that applies	\$ 2848.64
* Amounts are subject to adjustment on 4/1/22 and every 3 years after that for cases begun on or after the date of adjustment.		

**Part 3: Sign Below**

<p><b>The person completing this proof of claim must sign and date it. FRBP 9011(b).</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><b>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.</b></p>	<p>Check the appropriate box:</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 codebtor. Bankruptcy Rule 3005.</p> <p>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.</p> <p>I have examined the information in this Proof of Claim 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 <u>5/15/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Devin G. Bray</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Devin G. Bray</u></p> <p style="text-align: center; font-size: small;">First name      Middle name      Last name</p> <p>Title <u>Attorney for Aramark Refreshments Services, LLC</u></p> <p>Company <u>Hawley Troxell</u></p> <p style="font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>PO Box 1617</u></p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center;"><u>Boise, ID 83701-1617</u></p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>208-344-6000</u> Email <u>dbray@hawleytroxell.com</u></p>
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doe Fill in this information to identify the case:

Debtor 1 Enviva Management Company, LLC

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: Eastern District of Virginia

Case number 24-10461

**Official Form 410**

**Proof of Claim**

04/22

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? ARAMARK Refreshments Services, LLC  
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)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>c/o Devin G. Bray</u> <u>Hawley Troxell Ennis &amp; Hawley LLP</u> Name <u>P.O. Box 1617</u> Number Street <u>Boise, Idaho 83701</u> City State ZIP Code Contact phone <u>208.344.6000.</u> Contact email <u>dbray@hawleytroxell.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name _____ Number Street _____ City State ZIP Code _____ Contact phone _____ Contact email</p>
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4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) 2 Filed on 5/14/2024  
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? \_\_\_\_\_

**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:  M U L T

7. How much is the claim? \$  4,074.16  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.  
**Goods Provided/Services Rendered** \_\_\_\_\_

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 the 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: \_\_\_\_\_  
**Basis for perfection:** \_\_\_\_\_  
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:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**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 defaults as of the date of the petition:** \$ \_\_\_\_\_  
**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 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. \$  1,225.52

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)?  No  Yes. Check all that apply:

Amount entitled to priority	
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	<b>2,848.64</b>

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the 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 \$3,350\* 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 \$15,150\*) 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)(2) that applies. **503(b)(1)(A) Unpaid Post Petition Invoices**

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

13. Does this claim qualify as an Administrative Expense under 11 U.S.C. § 503(b)(9)?  No  Yes. Amount that qualifies as an Administrative Expense under 11 U.S.C. § 503(b)(9): \$ \_\_\_\_\_

**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 codebtor. 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 05/15/2024  
 MM / DD / YYYY

Signature 

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

Name Devin G. Bray  
 First name Middle name Last name

Title Attorney for ARAMARK Refreshment Services, LLC

Company Click here to enter text.  
 Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 1617  
 Number Street

Boise, Idaho 83701  
 City State ZIP Code

Contact phone 208.344.6000 Email dbray@hawleytroxell.com

ATTACHMENT TO PROOF OF CLAIM  
ENVIVA MANAGEMENT COMPANY, LLC  
CASE NO. 24-10461

Unpaid Pre-Petition Invoices	\$ 1,225.52
Unpaid Post-Petition Invoices	<u>\$ 2,848.64</u>
TOTAL CLAIM	\$ 4,074.16

**UNPAID PRE PETITION INVOICES**





Send Payment To:  
 Aramark Refreshment Services, LLC  
 P.O. Box 21971  
 New York, NY 10087-1971  
 1-855-273-3835  
 ars-ar@aramark.com

Bill To Customer:  
 Nichole Budden  
 Enviva Management Co. LLC  
 7200 Wisconsin Ave  
 Bethesda, MD 20814

Customer Number	Ship-to Address	Billing Number	Transaction Number	PO#	Transaction Date	Due Date	Original Amount	Balance Due
6098-43206	7272 Wisconsin Avenue Suite 1800	1771386	41536256	MGTPON0000279-1	02/02/2024	03/30/2024	\$105.48	\$105.48
6098-43206C	7272 Wisconsin Avenue Suite 1700	1771386	3370757		02/06/2024	03/30/2024	\$361.36	\$361.36
6098-43206	7272 Wisconsin Avenue Suite 1800	1771386	41537261	EVAPON0001203	02/16/2024	03/30/2024	\$93.06	\$93.06
6098-43206	7272 Wisconsin Avenue Suite 1800	1771386	8540593	MGTPON0000279-1	02/23/2024	03/30/2024	\$349.80	\$349.80
6096-23427	4242 Six Forks Road Suite 1050	1771386	8559080	MGTPON0000279-1	02/23/2024	03/30/2024	\$32.18	\$32.18
6098-43206	7272 Wisconsin Avenue Suite 1800	1771386	41537965	MGTPON0000279-1	02/27/2024	03/30/2024	\$283.64	\$283.64
<b>1771386 Total</b>							<b>\$1,225.52</b>	<b>\$1,225.52</b>

Aramark Refreshment Services, LLC  
2400 Market Street  
Philadelphia, PA 19104  
1-855-273-3835  
ars-ai@aramark.com



<b>Billing To:</b> Envia Management Co., LLC 7200 Wisconsin Ave Bethesda, MD 20814  Nichole Budden (111) 111-1111 gbursbilling@aramark.com	<b>Invoice Number:</b> 1771386 <b>Invoice Date:</b> 03/07/2024 <b>Due Date:</b> 04/07/2024 <b>Invoice Total:</b> \$1,225.52 <b>For Activity:</b> 01/27/2024 - 02/29/2024
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Trx #	Ticket #	Trx Date	Customer #	Customer Name	Customer Address	City	State	Description	LOM	QTY	Unit Price	Subtotal	Service Charge	Late Fees PO#	Code1	Code2	Total
8550080	8550080	02/23/2024	6098-23427	Envia Biomass	4242 Six Forks Road	Raleigh	NC	Tax		1.00	\$2.18	\$2.18	\$0.00	EVAPON0001203-1			\$2.18
8550080	8550080	02/23/2024	6098-23427	Envia Biomass	4242 Six Forks Road	Raleigh	NC	RENTAL	Breakroom -	1.00	\$30.00	\$30.00	\$0.00	EVAPON0001203-1			\$30.00
41536268	41536268	02/02/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	1706	Coffee/Male/Liq	1.00	\$15.42	\$15.42	\$0.00	EVAPON0001203-1			\$15.42
41536268	41536268	02/02/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$5.10	\$5.10	\$0.00	EVAPON0001203-1			\$5.10
41536268	41536268	02/02/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	10973	LaCroix Berry	2.00	\$28.32	\$56.64	\$0.00	EVAPON0001203-1			\$56.64
41537261	41537261	02/16/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	10799	LaCroix Lemon	4.00	\$14.16	\$56.64	\$0.00	EVAPON0001203-1			\$56.64
41537261	41537261	02/16/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	1250	Cheq Mix	1.00	\$38.62	\$38.62	\$0.00	EVAPON0001203-1			\$38.62
41537261	41537261	02/16/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	28949	La Colombe	4.00	\$13.61	\$54.44	\$0.00	EVAPON0001203-1			\$54.44
41537261	41537261	02/16/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$0.00	\$0.00	\$0.00	EVAPON0001203-1			\$0.00
8540593	8540593	02/23/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	RENTAL	18 - Bean to	1.00	\$100.00	\$100.00	\$0.00	EVAPON0001203-1			\$100.00
8540593	8540593	02/23/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	RENTAL	16th floor -	1.00	\$100.00	\$100.00	\$0.00	EVAPON0001203-1			\$100.00
8540593	8540593	02/23/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	RENTAL	18 - Water	1.00	\$30.00	\$30.00	\$0.00	EVAPON0001203-1			\$30.00
8540593	8540593	02/23/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	RENTAL	19th - Bean to	1.00	\$100.00	\$100.00	\$0.00	EVAPON0001203-1			\$100.00
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	10975	LaCroix Sparkl	1.00	\$19.80	\$19.80	\$0.00	EVAPON0001203-1			\$19.80
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$14.16	\$14.16	\$0.00	EVAPON0001203-1			\$14.16
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	32678	Stagrams	2.00	\$37.54	\$75.08	\$0.00	EVAPON0001203-1			\$75.08
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$15.41	\$15.41	\$0.00	EVAPON0001203-1			\$15.41
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	10799	Nespresso	3.00	\$46.61	\$139.83	\$0.00	EVAPON0001203-1			\$139.83
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	1004	LaCroix Lemon	3.00	\$42.48	\$127.44	\$0.00	EVAPON0001203-1			\$127.44
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	10973	Cafe Classic	3.00	\$19.48	\$58.44	\$0.00	EVAPON0001203-1			\$58.44
41537965	41537965	02/27/2024	6098-43206	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$28.32	\$28.32	\$0.00	EVAPON0001203-1			\$28.32
3370757	3370757	02/06/2024	6098-43206C	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	Tax		1.00	\$0.00	\$0.00	\$0.00	EVAPON0001203-1			\$0.00
3370757	3370757	02/06/2024	6098-43206C	Envia Partners, LP	7272 Wisconsin Avenue	Bethesda	MD	CMB1	Contract	1.00	\$361.36	\$361.36	\$0.00	EVAPON0001203-1			\$361.36
<b>Summary</b>																	
												Subtotal			\$1,165.03		
												Tax			\$40.49		
												Service Charges			\$0.00		
												Late Fees			\$0.00		
												Total			\$1,225.52		
												Amount Received			\$0.00		
												Balance Due			1,225.52		

Subtotal	\$1,165.03
Tax	\$40.49
Service Charges	\$0.00
Late Fees	\$0.00
Total	\$1,225.52
Amount Received	\$0.00
Balance Due	1,225.52

Send Payment To:  
Aramark Refreshment Services, LLC  
P.O. Box 21971  
New York, NY 10087-1871  
JPMorgan Chase

This Service Charge is to offset operating costs and is not intended to be a tip, gratuity, or service charge for the benefit of the employee.  
For questions on this invoice contact: ars-ai@aramark.com or 1-855-273-3835

**UNPAID POST PETITION INVOICES**



Send Payment To:  
 Aramark Refreshment Services, LLC  
 P O Box 21971  
 New York, NY 10087-1971  
 1-855-273-3835  
 ars-ar@aramark.com

Bill To Customer:  
 Nichole Budden  
 Enrwa Management Co LLC  
 7200 Wisconsin Ave  
 Bethesda, MD 20814

Customer Number	Ship-to Address	Billing Number	Transaction Number	PO#	Transaction Date	Due Date	Original Amount	Balance Due
6098-43206	7272 Wisconsin Avenue Suite 1800	1786103	41538463	MGTPON0000279-1	03/04/2024	04/30/2024	\$70.80	\$70.80
6098-23427	4242 Six Forks Road Suite 1050	1786103	3303384	MGTPON000027	03/05/2024	04/30/2024	\$147.25	\$147.25
6098-43206C	7272 Wisconsin Avenue Suite 1700	1786103	3305464		03/05/2024	04/30/2024	\$198.02	\$198.02
6098-43206	7272 Wisconsin Avenue Suite 1800	1786103	3295520	MGTPON000027	03/06/2024	04/30/2024	\$662.97	\$662.97
6098-23427	4242 Six Forks Road Suite 1050	1786103	34142031	MGTPON0000279-1	03/19/2024	04/30/2024	\$206.58	\$206.58
6098-43206	7272 Wisconsin Avenue Suite 1800	1786103	41539765	MGTPON0000279-1	03/20/2024	04/30/2024	\$81.10	\$81.10
6098-43206	7272 Wisconsin Avenue Suite 1800	1786103	41539766	MGTPON0000279-1	03/20/2024	04/30/2024	\$127.71	\$127.71
6098-23427	4242 Six Forks Road Suite 1050	1786103	34142432	MGTPON0000279-1	03/25/2024	04/30/2024	\$18.01	\$18.01
6098-23427	4242 Six Forks Road Suite 1050	1786103	8859388	MGTPON0000279-1	03/29/2024	04/30/2024	\$33.78	\$33.78
6098-43206	7272 Wisconsin Avenue Suite 1800	1786103	8872788	MGTPON0000279-1	03/29/2024	04/30/2024	\$349.80	\$349.80
		<b>1786103 Total</b>					<b>\$1,896.02</b>	<b>\$1,896.02</b>
6098-43206	7272 Wisconsin Avenue Suite 1800	1799207	41540673	MGTPON0000279-1	04/02/2024	05/30/2024	\$319.90	\$319.90
6098-43206C	7272 Wisconsin Avenue Suite 1700	1799207	3224318		04/09/2024	05/30/2024	\$103.36	\$103.36
6098-43206	7272 Wisconsin Avenue Suite 1800	1799207	41541963	MGTPON0000279-1	04/18/2024	05/30/2024	\$145.78	\$145.78
6098-43206	7272 Wisconsin Avenue Suite 1800	1799207	9092175	MGTPON0000279-1	04/26/2024	05/30/2024	\$349.80	\$349.80
6098-23427	4242 Six Forks Road Suite 1050	1799207	9099644	MGTPON0000279-1	04/26/2024	05/30/2024	\$33.78	\$33.78
		<b>1799207 Total</b>					<b>\$952.62</b>	<b>\$952.62</b>

\$ 2,848.64



