Claim #181 Date Filed: 3/31/2025

Fill in this information to identify the case:	
Debtor 1 F21 OPCO LLC	
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: District of Delaware	ightharpoons
Case number 25-10469	

RECEIVED

2025 MAR 31 AM 10: 34

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

Official Form 410

Proof of Claim

12/15

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.

. Who is the current creditor?	Atlantic City Electric Company Name of the current creditor (the person or entity to be paid for this claim)						
	Other names the creditor u	sed with the debto	or				
2. Has this claim been acquired from someone else?	☑ No ☐ Yes. From whom?						
3. Where should notices and payments to the	Where should notices to the creditor be sent?			Where should payments to the creditor be sent? (if different)			
creditor be sent?	Atlantic City Electr	ic Co. Bankr	uptcy Division	Atlantic City Electric Company			
Federal Rule of Bankruptcy Procedure	Name	_		Name			
(FRBP) 2002(g)	5 Collins Drive, Su	ite 2133 / Ma	ail Stop 84CP42	PO BOX 13610			
	Number Street			Number Street		10101	
	Carneys Point	NJ		Philadelphia	PA	19101	
RECEIVED	City	State	ZIP Code	City	State	ZIP Cod	
KELEIVER	Contact phone			Contact phone			
APR 0 4 2025	Contact email			Contact email			
RITAGLOBAL	Uniform claim identifier for		nts in chapter 13 (if you u	se one): 	_		
4. Does this claim amend one already filed?	№ No Yes. Claim numbe	r on court claim	s 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 th	e earlier filing?		Was and the second seco			

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?	\$\$. 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).					
3. 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. Services Performed					
3. Is all or part of the claim	☑ No					
secured?	☐ Yes.	The claim is secured by a lien on property	<i>1</i> .			
		Nature of property:	the debters pri	ncipal residence, file a <i>Mortgage Proof of Claim</i>		
		Attachment (Official Form				
		☐ Motor vehicle ☐ Other. Describe:		<u> </u>		
		Basis for perfection:				
l .		Attach redacted copies of documents, if a example, a mortgage, lien, certificate of tibeen filed or recorded.)	iny, that show ev tle, financing sta	vidence of perfection of a security interest (for ternent, or other document that shows the lien has		
		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		
RECEIVED						
APR 0 4 2025		Amount necessary to cure any default	as of the date	of the petition: \$		
ERITAGLOBAL		Annual Interest Rate (when case was fil ☐ Fixed ☐ Variable	ed)%			
10. Is this claim based on a lease?	☑ No	Yes. Amount necessary to cure any default as of the date of the petition.				
	,					
	☑ No					
11. Is this claim subject to a right of setoff?	E INO					

12. Is all or part of the claim	☑ No						
entitled to priority under 11 U.S.C. § 507(a)?	Yes. Check	all that apply:			Amount entitled to priority		
A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.	Domest 11 U.S.6	\$					
	☐ Up to \$2,775* 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 \$12,475*) 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 o	\$					
	☐ Contribu	\$					
	Other. S	\$					
	* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.						
Part 3: Sign Below							
_	Chook the oppos	anrioto have					
The person completing this proof of claim must	Check the appro						
sign and date it. FRBP 9011(b).	_	• •	rent.				
If you file this claim	☐ I am the creditor's attorney or authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.						
electronically, FRBP 5005(a)(2) authorizes courts to establish local rules	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.						
specifying what a signature is.	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.						
A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5	I have examined the information in this <i>Proof of Claim</i> and have a reasonable belief that the information is true and correct.						
years, or both. 18 U.S.C. §§ 152, 157, and	I declare under penalty of perjury that the foregoing is true and correct.						
3571.	Executed on date 03/19/2025 MM / DD / YYYY						
	Signature	ie Mhaver					
	Print the name	of the person who is complet	ing and signing this claim:				
RECEIVED	Name	Valerie First name	Middle name	McKeeve Last name			
APR 0 4 2025	Title	Bankruptcy Associate	Middle Harris				
-		Atlantic City Electric Co	ompany				
RITAGLOBAL			the company if the authorized age	nt is a servicer.			
	Address	5 Collins Drive, Suite 2	133 / Mail Stop 84CP42				
		Carneys Point	NJ	08069			
		City	State	ZIP Code			
	Contact phone		Email				