Debtor 1 The Container Store

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Texas

Case number 24-90627

United States Courts Southern District of Texas FILED

JAN 15 2025

Nathan Ochsner, Clerk of Court

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 to | he current ? | Delmarva Power 8 Name of the current credit Other names the creditor of | or (the person or | entity to be paid for this cl | | | | |
|-----------------------------------|--|---|---|---|---|----------------|----------|-------------------|
| . Has this acquired someon | | ✓ No ☐ Yes. From whom? | | | | | | |
| and pays creditor Federal F | cy Procedure | Delmarva Power E Name 5 Collins Drive, Su Number Street Carneys Point City | to the credito Bankruptcy D ite 2133 / M NJ State | or be sent? Division ail Stop 84CP42 08069 ZIP Code | Where should paymedifferent) Delmarva Power Name PO BOX 13609 Number Street Philadelphia City Contact phone Contact email | ents to the cr | editor b | 19101 ZIP Code |
| Does this one alrea | claim amend dy filed? | ☑ No ☐ Yes. Claim number | | s registry (if known) | | Filed on | / DD | / YYYY |
| else has t | now if anyone filed a proof or this claim? | ☑ No ☐ Yes. Who made the | | | | | | , , |

| •. | 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? | \$ | ₩ N | this amount include Interest or other charges? es. 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? | ervices performed, personal injury or wrongful death, or credit card. orting the claim required by Bankruptcy Rule 3001(c). vacy, such as health care information. | | | | | |
| | | Service | es Performed | | | | |
| 9. | Is all or part of the claim secured? | erty. I by the debtor's principal residence, file a <i>Mortgage Proof of Claim</i> form 410-A) with this <i>Proof of Claim</i> . | | | | | |
| | | | Basis for perfection: Attach redacted copies of documents example, a mortgage, lien, certificate been filed or recorded.) | if any, that show evidence of perfection of a security interest (for of title, financing statement, or other document that shows the lien has | | | |
| | | | Value of property: | \$ | | | |
| | | | Amount of the claim that is secure | | | | |
| | | | Amount of the claim that is unsecu | ed: \$(The sum of the secured and unsecured amounts should match the amount in line 7 | | | |
| | | | Amount necessary to cure any def | ult as of the date of the petition: \$ | | | |
| | | | Annual Interest Rate (when case wa Fixed Variable | filed)% | | | |
| 0. | Is this claim based on a 🛮 No | | | | | | |
| lease? ☐ Yes. Amount necessary to cure any default as of the date of the petition. \$ | | | | | | | |
| 1. | ls this claim subject to a | o a ☑ No ☐ Yes. Identify the property: | | | | | |
| | right of setoff? | | | | | | |

| 12. Is all or part of the claim 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 | ☐ Dome 11 U. | \$ | | | | | |
| nonpriority. For example, in some categories, the law limits the amount entitled to priority. | Up to perso | ☐ 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). | | | | | |
| | ☐ Wage banki 11 U. | \$ | | | | | |
| | ☐ Taxe: | or penalties owed to governmental units. 11 U.S.C. § 507(a)(8). Dutions to an employee benefit plan. 11 U.S.C. § 507(a)(5). | |) . | \$ | | |
| | ☐ Contr | | | | \$ | | |
| | | . Specify subsection of 11 t | | | | \$ | |
| | | s are subject to adjustment on | | | ses begun on or afte | r the date of adjustment. | |
| Part 3: Sign Below | | | | , 400 | , | | |
| | | | <u> </u> | | | | |
| The person completing this proof of claim must | Check the app | · | | | | | |
| sign and date it. FRBP 9011(b). | I am the creditor. | | | | | | |
| If you file this claim | I am the creditor's attorney or authorized agent. | | | | | | |
| electronically, FRBP | I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. | | | | | | |
| 5005(a)(2) authorizes courts to establish local rules | ! am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. | | | | | | |
| specifying what a signature | Understand that an authorized signature on this Food of Olding | | | | | | |
| 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. | I declare under panelly of parisms that the f | | | | | | |
| 18 U.S.C. §§ 152, 157, and 3571. | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed on date 12/27/2024 | | | | | | |
| | ~ 1 | | ` 0 | | | | |
| | (X/L, 2) | | | | | | |
| | Signature | | | | | | |
| | | | | | | | |
| | Print the name of the person who is completing and signing this claim: | | | | | | |
| | Name | Susan | | Gers | tle | | |
| | , vanic | First name | Middle name | | Last name | | |
| | Title | Bankruptcy Associ | ate | | | | |
| | Company | Delmarva Power & | Light Company | | | | |
| | . · | | cer as the company if the au | thorized agen | is a servicer. | | |
| | | F Calling Del 10 1 | 4-0400 / 1-110 | | | | |
| | Address | 5 Collins Drive, Sui | te 2133 / Mail Stop | 84CP42 | | | |
| | | Carneys Point | | NJ | 08069 | | |
| | | City | - - | State | ZIP Code | | |
| | Contact phone | (856) 276-9617 | | Email | | | |



THE CONTAINER STORE

Account Number: 5000 3451 775

Service Address: 2200 FASHION CENTER BLVD

NEWARK DE 19702

DECEMBER 2024

Billing Period: 11-22-2024 to 12-22-2024

Bill Issue Date: 12-27-2024

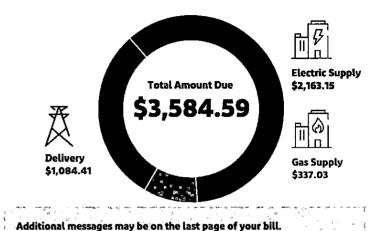
FINAL BILL

ELECTRIC & GAS BILL SUMMARY

| Previous Balance | \$3,590.65 | | |
|--|------------------------|--|--|
| Payment(s) Received Thank you | \$3,590.65- | | |
| Balance as of Dec 27, 2024 | \$0.00 | | |
| Delivery | \$1,084.41 | | |
| Electric Gas | \$701.69 \$382.72 | | |
| Electric Supply | \$2,163.15 | | |
| SOS Provider - Delmarva Power Constellation | \$1,985.70 \$177.45 | | |
| Gas Supply | \$337.03 | | |

Total Amount Due by Jan 17, 2025 \$3,584.59

To view your usage, see the Electric & Gas Details portion of this bill or log into your account at delmarva.com.



CONTACT US

 Customer Service (7 a.m. - 7 p.m.)
 1-800-375-7117

 TTY English
 1-800-232-5460

 TTY Spanish
 1-877-335-7595

 Electric Emergencies & Outages (24 hrs)
 1-800-898-8042

 Natural Gas Emergencies (24 hrs)
 1-302-454-0317

 ¿Problemas con la factura?
 1-800-375-7117

 delmarva.com/ContactUs
 1-800-375-7117

Please tear on the dotted line below. Invoice Number: 210005460179

PTD Page 1 of 5

Return this coupon with your payment made payable to Delmarva Power.

FINAL BILL

Account number

5000 3451 775

Total amount due by Jan 17, 2025

\$3,584.59

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9T99999

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THE CONTAINER STORE TCS 084 C/O ECOVA PO BOX 2440 SPOKANE WA 99210 Amount Paid:



PO BOX 13609 PHILADELPHIA PA 19101

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