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

Debtor West Marine Products, Inc.

United States Bankruptcy Court for the: _____ District of Delaware (State)

Case number 26-10801

# Modified 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 or 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?**

BGE

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)

| **Where should notices to the creditor be sent?** | **Where should payments to the creditor be sent?** (if different) |
|---|---|
| BGE<br>PO Box 1475<br>Baltimore, MD 21203 | |
| Contact phone 410-209-1619 | Contact phone _____ |
| Contact email bgebankruptcy@bge.com | Contact email _____ |

Uniform claim identifier (if you use one):

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

4. **Does this claim amend one already filed?**

☑ No

☐ Yes. Claim number on court claims 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 the earlier filing? _____



26108012607070000000000009

**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: 0000

7. **How much is the claim?** $ 139.44 . **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.

_____

9. **Is all or part of the claim secured?**

☑ No

☐ Yes. The claim is secured by a lien on property.

**Nature or property:**

☐ Real estate: If the claim is secured by the debtor's principle 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 amount 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.** $_____

11. **Is this claim subject to a right of setoff?**

☑ No

☐ Yes. Identify the property: _____



26108012607070000000000009

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.

☑ No

☐ Yes. *Check all that apply:*

| | 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 $3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). | $_____ |
| ☐ 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). | $_____ |
| ☐ 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)(__) 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.

13. **Is all or part of the claim entitled to administrative priority pursuant to 11 U.S.C. § 503(b)(9)?**

☑ No

☐ Yes. Indicate the amount of your claim arising from the value of any goods received by the debtor within 20 days before the date of commencement of the above case, in which the goods have been sold to the Debtor in the ordinary course of such Debtor's business. Attach documentation supporting such claim.

$_____

## 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)(3) 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 acknowledgement 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 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 07/07/2026
MM / DD / YYYY

/s/Kiyenna Nelson
Signature

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

Name: Kiyenna Nelson
First name Middle name Last name

Title: Revenue Management Specialist

Company: BGE
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

Contact phone _____ Email _____





# Verita (KCC) ePOC Electronic Claim Filing Summary

For phone assistance: Domestic (866) 967-1786 | International (310) 751-2686

**Debtor:**
26-10801 - West Marine Products, Inc.
**District:**
District of Delaware

**Creditor:**
BGE
PO Box 1475
Baltimore, MD, 21203
**Phone:**
410-209-1619
**Phone 2:**
**Fax:**
**Email:**
bgebankruptcy@bge.com

**Has Supporting Documentation:**
Yes, supporting documentation successfully uploaded
**Related Document Statement:**

**Has Related Claim:**
No
**Related Claim Filed By:**

**Filing Party:**
Creditor

**Other Names Used with Debtor:**

**Amends Claim:**
No
**Acquired Claim:**
No

**Basis of Claim:**

**Last 4 Digits:**
Yes - 0000

**Uniform Claim Identifier:**

**Total Amount of Claim:**
139.44

**Includes Interest or Charges:**
No

**Has Priority Claim:**
No

**Priority Under:**

**Has Secured Claim:**
No
**Amount of 503(b)(9):**
No
**Based on Lease:**
No
**Subject to Right of Setoff:**
No

**Nature of Secured Amount:**
**Value of Property:**
**Annual Interest Rate:**
**Arrearage Amount:**
**Basis for Perfection:**
**Amount Unsecured:**

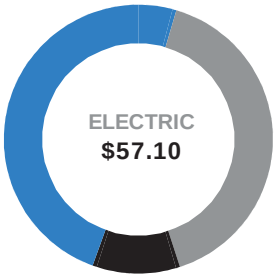
**Submitted By:**
Kiyenna Nelson on 07-Jul-2026 8:42:09 a.m. Pacific Time
**Title:**
Revenue Management Specialist
**Company:**
BGE

VN: 8609C82E281EF4F028714EC30BF6AD20

bge
AN EXELON COMPANY

| | |
|---|---|
| **CONTACT US** | **BGE.COM** |
| **Customer Service:** | **800.685.0123** |
| | **800.735.2258 (TTY-TTD)** |
| **Correspondence:** | **P.O. Box 1475 Baltimore, MD 21203** |






**BGE ELECTRIC DELIVERY**

**ELECTRIC SUPPLY**
BGE
Electric Choice ID: 8200942097

TAXES & FEES

# Bill Summary

West Marine Prods Inc
383 Deale Rd *Unit A
Tracys Landing, MD 20779
Account # 8200940000
Issued Date: May 21, 2026

| | |
|---|---|
| BGE Outstanding Balance | $82.34 |
| Electric | $57.10 |
| **Total amount due by June 15, 2026** | **$139.44** |

Payment received after June 15, 2026 will incur a late charge.

A late payment charge is applied to the unpaid balance of your BGE charges. The charge is up to 1.5% for the first month; additional charges will be assessed on unpaid balances past the first month, not to exceed 5%.

**The amounts shown in the circles reflect charges from this bill period.**

EDI customer

bge
AN EXELON COMPANY

Return only this portion with your check made payable to BGE. Please write your account number on your check.

## Pay your bill online, by phone or by mail.

See reverse side for more info ▶

| | |
|---|---|
| **Account # 8200940000** | |
| **Total amount due by Jun 15, 2026** | **$139.44** |
| **Payment Amount** | **$** . |

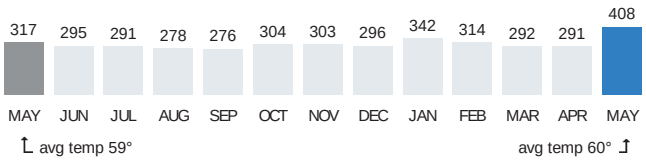
West Marine Prods Inc
MS#8 P
ATTN: West Marine
PO Box 182308
Columbus, OH 43218-2308

BGE
P.O. Box 13070
Philadelphia, PA 19101-3070

21820094000040000139449166100001413900

# Electric details

ANNUAL ELECTRIC USAGE




General Service - Schedule G — POLR Type I

Billing Period: Apr 29, 2026 - May 18, 2026 — Days Billed: 19

Meter #D117233302 Read on May 18

| Current Reading | - | Previous Reading | = | 153 kWh used |
|---|---|---|---|---|
| 33067 | | 32914 | | |

| | | | | |
|---|---|---|---|---|
| **ELECTRIC SUPPLY** | | | | **$23.40** |
| BGE | 153 kWh | x | .15291 | 23.40 |
| **BGE ELECTRIC DELIVERY** | | | | **$28.15** |
| Customer Charge | | | | 15.60 |
| EmPower MD Chg | 153 kWh | x | .03566 | 5.46 |
| Distribution Chg | 153 kWh | x | .04637 | 7.09 |
| **TAXES & FEES** | | | | **$5.55** |
| MD Universal Svc Prog | | | | 1.85 |
| Envir Srchg | 153 kWh | x | .00015 | 0.02 |
| Franchise Tax | 153 kWh | x | .00062 | 0.09 |
| Local Tax | 153 kWh | x | .0025 | 0.38 |
| State Tax | | | 6% | 3.21 |
| **TOTAL** | | | | **$57.10** |

This is your last bill for the service shown above.

## BGE SUPPLY PRICE COMPARISON INFORMATION

**BGE Supply Price Comparison Information:** The current price for Standard Offer Service (SOS) electricity is 15.291 cents/kWh beginning March 1,2026 through May 31, 2026. SOS electricity will cost 14.168 cents/kWh beginning June 1, 2026 through September 30, 2026.The weighted average price of SOS electricity will be 14.052 through September 30,2026. The price for SOS from October 1, 2026 through May 31, 2027 will be set in May 2026.

## IMPORTANT INFORMATION ABOUT YOUR BILL

- The EmPower MD charge funds programs that can help you reduce your energy consumption and save you money. For more information, including how to participate, go to BGESmartEnergy.com.
- **THIS IS YOUR FINAL BILL.**

Federal Tax Identification # 52-0280210

Adj Annual Usage Ele 3,550 kWh

## Other ways to pay

### BGE app
Available for download at the App Store and Google Play

### Online
BGE.COM

### In-person
Visit BGE.COM and select Pay My Bill for a list of authorized ACE Cash Express** Fidelity Express** and Western Union ** payment locations.

### Pay-by-phone
Paymentus**
833.209.5245

**Fees may apply.