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September 27, 2024

Via eFiling

Rosemary Chiavetta, Secretary
Pennsylvania Public Utility Commission
400 North Street
Harrisburg, PA 17120

**Re: Astral Energy, LLC – Electric Generation Supplier License Abandonment
Docket No. A-2024-3049057
Response to License Abandonment Data Requests**

Dear Secretary Chiavetta:

As you are aware, we represent the Bankruptcy Trustee for Astral Energy, LLC, Debtor in this matter. We continue to seek the return of the funds associated with the surety bond filed with the Pennsylvania Public Utility Commission (“PA PUC”) pursuant to 66 Pa C.S. § 2809(c)(1)(i) for the benefit of all of the creditors impacted by the Astral Energy Chapter 7 bankruptcy filing.

Please accept the following in response.

Astral Energy, LLC
Electric Generation Supplier
License Abandonment Data Requests
Docket No. A-2024-3049057

5. Please provide a detailed description or breakdown of each claim amount identified in the Claims Register you submitted in the response to the Energy Industry Group’s first data request dated July 19, 2024. This description or breakdown should, at a minimum, identify the goods and/or services each creditor provide to Astral Energy, LLC and on which each creditor’s claim is based.

Response: Based upon the bankruptcy claim register, the claims are identified as follows:

Number	Bates #	Name	Amount	Goods/Service
1-1	A001	Jack N. Lippin	\$5,417.00	Services performed - payroll as employee of the company
2-1	A009	Jennifer Helle	\$333.12	Pa customer - appears to claim overcharge by Astral for energy provided
3-1	A016	New York State Department of Taxation & Finance	\$130,168.09	Corporate Income Tax Liability
4-1	A020	Melissa Kovaleski	\$0.00	No claim data
5-1	A023	Charles Palminteri	\$10,093.00	Services performed - payroll as employee of the company
6-1	A028	Germaine Schmidt	\$1,000.00	No claim data
7-1	A031	Ashton Fox	\$225,000.00	services performed - payroll as employee of the company
8-2	A034	State of New Jersey, Division of Taxation	\$511.16	NJ State Taxes
9-1	A039	Doris Blackman	\$0.00	No claim data
10-1	A043	Emanuele A Melilli	\$500.00	"Was an Astral customer and used JCPL and NJNG"
11-1	A046	Jeffrey Levi	\$0.00	No claim data
12-1	A049	Lance Adelson	\$0.00	No claim data
13-1	A052	George Magill	\$595.78	Pa Astral Customer - Unknown Claim Amount
14-1	A059	Dr. Murray J. Leben DMD PA	\$0.00	No claim data
15-1	A062	Charles B Garrison	\$40,000.00	"Sold overpriced electricity without consent of company. We were scammed by astral energy."
16-1	A065	Gary Leibowitz	\$0.00	Services performed - no further claim data
17-1	A068	Central Hudson Gas & Electric	\$24,117.86	Business partner services performed

18-1	A075	ISO New England Inc.	\$0.00	Based upon ISO agreements and obligations, including Market Participation Agreements, Securities Control Agreements, and the ISO Tariff
19-1	A105	Justyna Inocencio	\$1,400.00	Services performed - payroll as employee of the company
20-1	A108	NYS Civil Recoveries Bureau	\$136,669.96	Zero Emission Credit Certificates for compliance
21-1	A117	Boston Energy Trading and Marketing LLC	\$0.00	Unliquidated damages for supplier of electricity, natural gas, and hedging
22-1	A127	Ruth Madison	\$0.00	Claimed dividends
23-1	A131	Algonquin Gas Transmission, LLC	\$0.02	Natural gas transportation
24-1	A134	Texas Eastern Transmission, LP	\$36,446.10	Natural gas transportation
25-1	A137	Tennessee Gas Pipeline, L.L.C.	\$4,328.11	Natural gas transportation
26-1	A140	Great American Insurance Company	\$881,457.00	Claimed amount for surety bonds
27-1	A152	Nancy Marrero	\$0.00	NY Astral Customer - Unknown Claim Amount
28-1	A155	Transcontinental Gas Pipeline Company, LLC	\$7,954.83	Natural gas transportation
29-1	A221	Jesse's Shear Genius	\$2,005.38	NJ Astral Customer
30-1	A231	New York State Department of Taxation & Finance	\$8,825.65	NY Sales Tax
31-1	A235	Jose Israel Ponce Lopez	\$4,359.00	Services performed - payroll as employee of the company

As previously provided, Astral Energy is currently in bankruptcy, and has no contracts, agreements, or arrangements in place at this time. Astral Energy has filed for Chapter 7 bankruptcy, which involves the liquidation



of the company. Specifically, Astral Energy is the debtor in a Chapter 7 Bankruptcy Proceeding before the United States Bankruptcy Court for the District of New Jersey, Case Number: 23-17424 VFP. Astral filed this voluntary bankruptcy petition on August 25, 2023, and has not sought to continue operation pursuant to 11 U.S.C. § 721. Astral Energy has divested itself of all its customers and is neither procuring nor providing electricity to any retail customers. As such, the foundation for the inclusion of the proceeds of the Bond are predicated upon federal Bankruptcy law and the terms of the Bond.

The trustee for the bankruptcy estate is seeking the recovery of any and all sources of assets for the distribution to the creditors of Astral Energy. See 11 U.S.C. § 544. This list of creditors, previously provided to the Pennsylvania PUC at the time of the filing of this matter, and with the prior request, includes entities both within the Commonwealth as well as other entities throughout the region.

The attached documents represent the claims filed in the Bankruptcy Court, and have been summarized in the chart above. The documents are identified by the Claim Number and Bates Number.

As previously noted, the amounts due and owing based upon the bankruptcy proceeding have been provided in the submission of the initial application for recovery. These amounts far exceed the amount of the underlying Bond, and will be deposited into the bankruptcy estate for distribution by the Bankruptcy Trustee in accordance with federal bankruptcy law. The funding of the bankruptcy estate through the distribution of the Bond valuation will be used for the satisfaction, in part, of the outstanding creditors.

Very truly yours,

GENOVA BURNS LLC

A handwritten signature in blue ink, appearing to read "Kenneth J. Sheehan", is written over the printed name below.

KENNETH J. SHEEHAN

KJS

cc: Lee Yalcin (via email: lyalcin@pa.gov)
Scott Rever, Esq.
Donald Biase



Astral Energy, LLC
Electric Generation Supplier
License Abandonment Data Requests
Docket No. A-2024-3049057

VERIFICATION

I, Kenneth J. Sheehan, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities).

A handwritten signature in blue ink, appearing to read "Kenneth J. Sheehan".

Kenenth J. Sheehan, Esq.
Counsel to Bankruptcy Estate of Astral
Energy, LLC

Dated: September 27, 2024

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC
Debtor 2
(Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 9/14/2023
 Jeanne Naughton, Clerk

**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?	Jack N. Lippin	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Jack N. Lippin	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name	Name
	140 Prospect Avenue 16G Hackensack, NJ 07601	
	Contact phone 2012908080	Contact phone
	Contact email jacklippin@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 5417.00</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p>_____ services performed _____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <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>9/14/2023</u> MM / DD / YYYY</p> <p><u>/s/ Jack Nathan Lippin</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Jack Nathan Lippin</u> First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>140 Prospect Avenue, 16G</u> Identify the corporate servicer as the company if the authorized agent is a servicer Number Street Hackensack, NJ 07601 City State ZIP Code</p> <p>Contact phone <u>2012908080</u> Email <u>jacklippin@gmail.com</u></p>
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25 Philips Parkway, Suite 207, Montvale, NJ 07645
Tel: 888-850-1872 • Fax: 201-387-2882
www.AstralEnergyLLC.com

September 7, 2023

Ref: Jack Lippin Astral Energy LLC Employee

To Whom It May Concern:

I hereby confirm that Jack Lippin has worked as the Operations Analyst for Astral Energy LLC from 3/15/2023 to 8/25/2023. The company filed for bankruptcy on Friday, 8/25/2023. Mr. Lippin has not been paid for the entire month of August 2023 as there were insufficient funds.

Sincerely,

Jason K. Fox
President/CEO

Statement of Earnings For: Jack Lippin						Astral Energy, LLC					
Period Begin	7/1/2023	Company Id	A865	Employee Number	247	25 Phillips Parkway					
Period End	7/31/2023	Department		Pay Group	Monthly	Suite 207					
Check Date	8/2/2023	Res State NJ	Single			Montvale, NJ 07645					
Federal Filing	Single or Marri	Work State NJ	Single			201-384-3400					
Fed Exempts		Local Filing				NJ Exemptions			NJ Additional		
Fed Additional						Local Exemptions			Local Additional		
Voucher Id	Check Amount	Gross Pay	Net Pay	Check Message							
V1719493	\$0.00	\$5,417.00	\$4,236.21								
EARNINGS						TAXES			DEDUCTIONS		
Description	Rate	Hrs/Units	Dollars	YTD Hrs/Units	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary			5,417.00	173.33	24,376.00	SOC SEC EE	335.85	1,511.31			
						MED EE	78.54	353.45			
						FEDERAL WH	946.78	2,355.25			
						NEW JERSEY WH	193.35	819.23			
						NEW JERSEY SUI E	23.02	103.60			
						NJ EE FLI	3.25	14.63			
Total:	0.00	5,417.00	173.33	24,376.00		Total:	1,180.79	5,157.47	Total:	0.00	0.00
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking Account: ###2050 Deposit Amount: 4,236.21					

Astral Energy, LLC
 25 Phillips Parkway
 Suite 207
 Montvale, NJ 07645
 201-384-3400

CHECK DATE	VOUCHER ID
8/2/2023	V1719493

TOTAL NET PAY
*****\$4,236.21

Your entire Net pay of \$4,236.21 has been deposited in your bank account(s).

Jack Lippin
 140 Prospect Ave Apt 16G
 Hackensack, NJ 07601

NOT NEGOTIABLE

Astral Energy, LLC
 25 Phillips Parkway Suite 207
 Montvale, NJ 07645

Jack Lippin
 140 Prospect Ave Apt 16G
 Hackensack, NJ 07601

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 23-17424-VFP

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?** Jack N. Lippin
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>Where should notices to the creditor be sent?</p> <p><u>Jack N. Lippin</u> Name <u>140 Prospect Ave Apt 16G</u> Number Street <u>Hackensack NJ 07601</u> City State ZIP Code Contact phone <u>2012908080</u> Contact email <u>jacklippin@gmail.com</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
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Uniform claim identifier for electronic payments in chapter 13 (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? _____

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: _____

7. How much is the claim? \$ 5,417.00. 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.
services performed

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. \$ _____

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 one:

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.

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).

\$ 5,417.00

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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

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 09/12/2023
MM / DD / YYYY

Jack N. Lippin
Signature

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

Name Jack Nathan Lippin
First name Middle name Last name

Title Business Operations Analyst

Company Astral Energy, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 140 Prospect Ave Apt 16G
Number Street

Hackensack NJ 07601
City State ZIP Code

Contact phone 2012908080 Email jacklippin@gmail.com

Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED

U.S. Bankruptcy Court
District of New Jersey

11/26/2023

Jeanne Naughton, Clerk

**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?	JENNIFER HELLE	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	JENNIFER HELLE	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 606 KAZIO CT KENNETT SQ PA 19348-1482	Name
	Contact phone 6109250484	Contact phone
	Contact email jennifer.a.helle@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 333.12</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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. Erroneous Adjustment on our statement; We can provide statement for full calendar year to support if needed.</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>11/26/2023</u></p> <p style="text-align: center; font-size: small;">MM / DD / YYYY</p> <p><u>/s/ Jennifer Helle</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Jennifer Helle</u></p> <p style="text-align: center; font-size: small;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address _____</p> <p style="text-align: center; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;">, _____</p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone _____ Email _____</p>
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An Exelon Company
Page 1 of 3

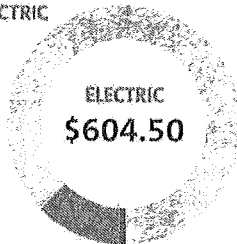
Name: JENNIFER HELLE
Account Number: 94502-00603
Phone Number: 610-925-0484
Service Address: 606 Kazio Ct, Lot 77, Kennett Sq

Emergency and Repair

800-841-4141

This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO Equipment.

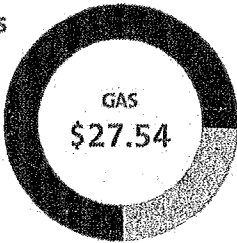
PECO ELECTRIC DELIVERY



TAXES & FEES

Astral Energy
25 Philips Parkway
Suite 207
Montvale, NJ 07645
888-850-1872

PECO GAS DELIVERY



TAXES & FEES

GAS SUPPLY
PECO
2301 Market Street
Philadelphia, PA 19103
800-494-4000

Billing Summary

Bill Date: 10/24/2023
Thank you for your payment of \$137.93 on 10/12/2023

Current Period Charges

Electric	\$604.50
Gas	\$27.54
Total New Charges	\$632.04
Total Amount Due on 11/15/2023	\$632.04

General Information

Next scheduled meter reading: 11/16/2023

1-800-494-4000

If you have any questions or concerns, please call 800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

peco.com/service

Customer Self Service - Manage Your Account 24/7
Start, stop and move your service

8907-02-0009043-0001-0018116

Online: peco.com

In Person: 2301 Market St., Philadelphia, PA 19103

By Phone: 1-800-494-4000

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



An Exelon Company
2301 Market Street
Philadelphia, PA 19103-1380

Pay Today!

peco.com/ebill

Go paperless: receive and pay your bill online.

- Enroll in Automatic Payment. Complete form on reverse side.
- Pledge a donation to MEAF. Complete form on reverse side.

Account # 94502-00603

877-432-9384

Pay by phone, a convenience fee will apply.

Automatic Payment Deducted on 11/15/2023 \$632.04

Payment Amount \$

0009043 01 AB 0.537 **AUTO T4 0 8907 10348-148206 -C02-B1-P09062-1 2 4



JENNIFER HELLE
606 KAZIO CT
KENNETT SQUARE, PA 19348-1482



PECO - Payment Processing
PO Box 37629
Philadelphia, PA 19101-0629

INFORMATION ABOUT THIS BILL

Basic Charges: Charges, based on rates approved by Pennsylvania Public Utility Commission, for the energy you used plus a monthly charge maintaining your service.

CAP (Customer Assistance Program): Monthly credit for low-income customers. Please visit peco.com/help or call 800-774-7040 for more information.

Late Payment Charges: All bills are due and payable by the due date shown on the front of the bill. The due date applies to the current charges only and does not extend the due date for payment of previous charges. Past due amounts may be subject to a late payment charge of 2 percent per month. (1.5 percent for rates GS, POL, R, RH, and RS-2)

Check Clearing Notification: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Demand Information (Commercial Customers Only): Registered Peak Demand is the maximum rate for highest half hour of energy use for each billing period. It is measured in kilowatts (kW) and averaged during a 30-minute period.

Employee Identification: All PECO employees and contractors carry a special picture identification card. You may ask to see it. If the employee or contractor cannot provide this identification, you are encouraged to contact PECO immediately at 1-800-494-4000 to report the situation. If you have any concerns for your safety, contact 9-1-1 immediately.

Meter Reading Schedule: Your monthly meter reading is scheduled through our automated system. Your scheduled meter reading date is shown on your bill.

Rate Schedule: A listing of all of our rates can be found on our website at peco.com, in our business office, or by calling 1-800-494-4000. **Basic Charges:** Charges, based on rates approved by Pennsylvania Public Utility Commission, for the energy you used plus a monthly charge for maintaining your service.

Reading Your Meter: Actual Reading -- Your meter is read each month by our automated meter reading system. **Customer Reading** -- A reading you give us if we cannot read your meter. **Estimated Reading** -- If we cannot read your meter, your monthly charges will be based on the average temperature and your past electric and gas use.

Electric and Gas Terms Used in Your Bill

Billing Demand (kW): The calculated or measured rate of energy usage supplied after any required adjustments such as for minimums or power factor.

Ccf - Hundred Cubic Feet: Unit of measure for the gas you use. One Ccf is the amount of gas used to run an average size house heater nonstop for one hour.

Kilowatt Hour (kWh): Unit of measure for electricity. One kWh is the amount of energy used by a 100-watt bulb for 10 hours.

Lumen: Unit of measurement of the quantity of light.

Meter Multiplier: A multiplier is a value that is applied to energy units to convert data from the meter into actual energy usage (kWh/Ccf).

Natural Gas Conversion Charge: A fixed monthly charge for participating customers enrolled in PECO Smart Natural Gas Conversion neighborhood pilot program.

Power Factor: An adjustment applied for inefficient use of power. Percentage of correction applied to the registered/measured demand (kW) to reflect the correct billing demand.

Price to Compare (PTC): The price used to evaluate offers from competitive suppliers.

Delivery

Balancing Service Charge: Charge for fixed and variable storage costs for each Ccf of gas delivered.

Customer Charges: Monthly basic electric and/or gas charge covering the costs of billing, meter reading, equipment, and maintenance. Customers with multiple meters will have multiple customer charges on their bill.

Distribution Charges: Charges to cover the costs associated with delivering electricity and natural gas to customers.

DSIC - Distribution System Improvement Charge: A charge to recover the costs associated with the repair and replacement of equipment and to improve and modernize the system to deliver safe and reliable service to customers.

Energy Efficiency Charge: To reimburse utilities for the costs associated with energy efficiency and conservation programs as required by Pennsylvania's Act 129.

Energy Eff & Nonbypassable Trans: Reimburses utilities for the costs associated with the energy efficiency and conservation programs as required by Pennsylvania Act 129, and certain Transmission charges. (Large Commercial and Industrial Customers Only)

Service Location Distribution Charge: A charge to receive service at a particular Service Location, which shall comprise each lighting installation and must be separately connected to a delivery point on the company's secondary circuit.

Supply

Administrative Charge: Charges to reimburse utilities for the costs associated with buying electricity for customers.

Ancillary Charge: Charges to reimburse utilities for the cost associated with operating the system that moves energy from generating stations to PECO's system for delivery to its customers.

Gas Cost Adjustment (GCA): Either a credit or charge reflecting the difference between utilities projected and actual costs to purchase natural gas for customers.

Generation Charges: Charges to reimburse utilities for the costs to purchase electricity for customers. These charges are passed along to customers at the exact price PECO pays, with no markup. If the generation service is from an electric generation supplier, it is competitively priced and is not regulated by the Public Utility Commission.

Natural Gas Supply Charges: Charges to reimburse utilities for the costs to purchase natural gas for customers. These charges are passed along to customers at the exact price PECO pays, with no mark up.

Peak Load Contribution: A customer's contribution to PECO's peak load at the time of highest demand from the previous summer.

Purchased Generation Adj.: Either a credit or charge reflecting the difference between utilities projected and actual costs to purchase electricity for default service customers.

Transmission Charges: Charges to move electricity from generating stations to PECO's electric delivery system for customers not shopping for generation supply with a competitive electric generation supplier. The Federal Energy Regulatory Commission regulates transmission prices and services.

Working Capital Charge: Charge to compensate PECO for costs incurred during the period when service was provided to its default service customers and when payment was received.

Taxes

Federal Tax Adjustment: Either a credit or charge reflecting certain changes in federal taxes.

Sales Tax: Charges imposed by the government for the sale of certain goods and services.

State Gross Receipts Tax: State tax on electric utilities. This is included in PECO's basic charges.

State Tax Adjustment: Either a credit or charge reflecting certain changes in state taxes. It may include part of the State Gross Receipts Tax.

Matching Energy Assistance Fund (MEAF) Pledge Form

You can help low-income PECO customers pay their energy bills by making a donation to the Matching Energy Assistance Fund (MEAF). When you do, PECO will match your contribution, dollar for dollar -- to double the amount of money donated to MEAF. It's easy to make a difference in the community, just complete this form and mail it with your payment. For questions or more information, please visit peco.com/help or call 1-800-403-6806.

YES, I'd like to empower local families in my neighborhood with a donation to MEAF. Please add the amount indicated to my monthly bill. (Minimum \$1)

\$1 \$5 \$10 \$ _____

YES, I'd like to empower local families in my neighborhood with a one-time donation to MEAF.

\$ _____ One-time donation (Payable to PECO)

Automatic Payment

If you enroll in Automatic Payment, each bill will be automatically deducted from your checking or savings account on the date it is due. You'll still receive a monthly statement, but you'll no longer have to write a check. Please continue to pay as usual until you see a bank deduction noted on your bill. To enroll online, or for questions about Automatic Payment, visit peco.com/service or call 1-800-494-4000.

FINANCIAL INSTITUTION

Checking Savings

YOUR BANK ACCOUNT NUMBER AND BANK ROUTING NUMBER

X
SIGNATURE

By signing this form, I authorize PECO to instruct my bank/savings institution to make my payments from the account listed above. I understand this authorization may be revoked by me at any time by providing PECO with notice by visiting peco.com/service, by calling 1-800-494-4000, or by written notice to discontinue my automatic payment.



An Exelon Company
Page 2 of 3

Account Number: 94502-00603

Meter Information

Read Dates	Meter Number	Load Type	Reading Type	Meter Reading			Multiplier X	Total Usage
				Previous	Present	Difference		
09/15-10/19	127163900	General Service	Tot kWh	138633 Actual	139427 Actual	794	1	794
09/15-10/16	120000463	General Service	Total Ccf	8052 Actual	8064 Actual	12	1	12

Total kWh Used: 794
Total Ccf Used: 12



Electric Residential Service

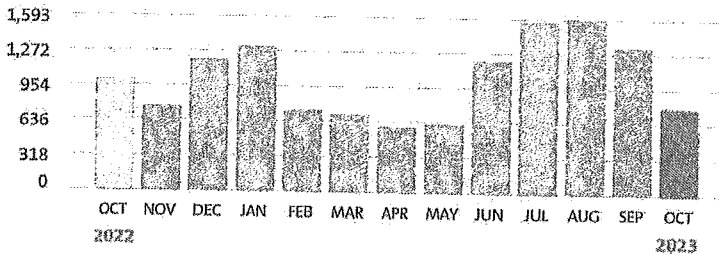
Service Period 09/15/2023 to 10/19/2023 - 34 days

PECO ELECTRIC DELIVERY	\$73.04
Customer Charge	10.52
Distribution Charges	794 kWh X 0.07813 = 62.04
Distribution System Improvement Charge	0.48
ELECTRIC SUPPLY	\$531.54
Astral Energy Charges (888-850-1872)	
Adjustments	333.12
Energy Charge 794.00kWh @ \$0.249900 PER kWh	198.42
TAXES & FEES	-\$0.08
State Tax Adjustment	-0.08

Total Current Charges \$604.50

Your Usage Profile
ANNUAL ELECTRIC USAGE

peco.com/smartideas
Save energy and money



Period	Usage	Avg Daily Usage	Days	Avg Daily Temp
Current Month	794	23.4	34	63
Last Month	1,333	44.4	30	77
Last Year	1,004	32.4	31	63
Avg kWh per Month	1,035			
Total Annual kWh Usage	12,420			

Message Center

From PECO:
New charges contain estimated total state taxes of \$4.99, including \$37.63 for State Gross Receipts Tax.
Your estimated electric price to compare is \$0.0967 per kWh. This may change in March, June, September and December. For more information and supplier offers visit PAPowerSwitch.com and oca.state.pa.us.
Your gas price to compare for your rate class is \$0.5421 per Ccf. This may change in March, June, September and December. For more information on how to shop for natural gas visit PaGasSwitch.com and oca.state.pa.us.

The amount of this bill will be automatically deducted from your bank account on November 15, 2023.

From Astral Energy:
Energy provided by ASTRAL

Shopping Information Box

When shopping for a competitive electric/natural gas supplier, please provide the following:
Account Number: 94502-00603
Electric Rate: Electric Residential Service
Gas Rate: Gas Residential Heating Service
If you are purchasing the energy you use from a competitive supplier, it is important to understand the terms of your contract and expiration date.



Gas Residential Heating Service

Service Period 09/15/2023 to 10/16/2023 - 31 days

PECO GAS DELIVERY	\$21.04
Customer Charge	14.25
Distribution Charges	12 Ccf X 0.53434 = 6.41
Balancing Service Charges	12 Ccf X 0.03153 = 0.38
GAS SUPPLY	\$6.50
Natural Gas Supply Charges	12 Ccf X 0.47760 = 5.73
Gas Cost Adjustment Charges	12 Ccf X 0.06451 = 0.77
TAXES & FEES	\$0.00

Total Current Charges \$27.54

8907-02-0006043-0002-0018117



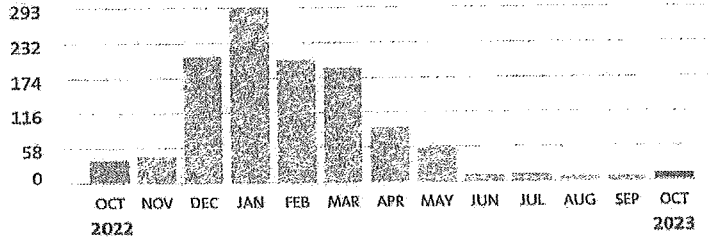


An Exelon Company
Page 3 of 3

Account Number: 94502-00603

Your Usage Profile
ANNUAL GAS USAGE

peco.com/smartideas
Save energy and money



Period	Usage	Avg Daily Usage	Avg Daily Days	Avg Daily Temp
Current Month	12	0.4	31	64
Last Month	8	0.3	30	77
Last Year	37	1.2	31	63

Avg Ccf per Month 95
Total Annual Ccf Usage 1,146

Ways to Pay



Online

Visit peco.com/paybill where you can enroll in AutoPay, or make a one-time payment using your credit card or bank account.



Mobile App

Download the PECO mobile app for your Apple or Android device for the quickest and easiest way to manage your account and pay bill with one swipe of the finger.



Mail

Mail checks payable to PECO and write your account # on your check. Make sure to include the tear-off portion of your bill at the bottom of page 1.



Phone

Call 1-877-432-9384 to make a payment with a credit card, debit card, or your bank account.*

* Fees apply for card & phone payments.
No fees apply when you create a PECO My Account and pay using your bank account
A015

8607-02-0009043-0002-0018117

Fill in this information to identify the case:	
Debtor 1	Astral Energy, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 11/27/2023
 Jeanne Naughton, Clerk

**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?	New York State Department of Taxation & Finance	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	New York State Department of Taxation & Finance	_____
	Name	Name
	Bankruptcy Section P O Box 5300 Albany, NY 12205-0300	_____
	Contact phone 518-457-3160	Contact phone _____
	Contact email _____	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

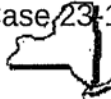
Part 2: Give Information About the Claim as of the Date the Case Was Filed

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8241</u></p>	
<p>7. How much is the claim?</p>	<p>\$ <u>130168.09</u></p>	<p>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;"><u>INCOME TAX</u></p>	
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>	

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>		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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	
	<input type="checkbox"/> 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).	\$ _____	
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 126609.32	
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____	
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____	
* 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.			

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.	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>11/27/2023</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Renaud/Pugliese</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Renaud/Pugliese</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>TCM1/Office Asst. II</u></p> <p>Company <u>New York State Dept. of Tax & Finance Bankruptcy</u></p> <p>Address <u>Identify the corporate servicer as the company if the authorized agent is a servicer</u> <u>P O Box 5300</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Albany, NY 12205-0300</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>518-457-3160</u> Email _____</p>
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Taxation and Finance
 Bankruptcy Section
 P O Box 5300
 Albany NY 12205-0300
 (518) 457-3160

Case number: 23-17424 VFP
Refer to this number for inquiries
Total claim amount: \$130,168.09
Taxpayer ID#: B-26-4448241-5

Pre-Petition Proof of Claim

UNITED STATES BANKRUPTCY COURT
 TOTAL DISTRICT OF NEW JERSEY
 FEDERAL BLDG & U.S. COURTHOUSE
 50 WALNUT STREET, 3RD FLOOR
 NEWARK, NJ 07102-2506

This is a statement of tax liabilities for ASTRAL ENERGY LLC. Penalty and interest for each liability is computed to 8/25/2023.

Unsecured Priority Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
SALES	08/31/23	L-059222721-6	126,609.32	0.00	0.00	126,609.32	EST
					SubTotal \$	126,609.32	

General Unsecured Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
SALES	02/28/23	L-057839306-1	0.00	3,558.77	0.00	3,558.77	ACT
					SubTotal \$	3,558.77	

Current Annual Interest Rates by Tax-Type: Sales and Use - 14.5%
 Liability Type/Descriptions: ACT - Actual Return Filed, EST - Estimated (No Return Filed).

Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 11/27/2023
 Jeanne Naughton, Clerk

**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?	Melissa Kovaleski	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Melissa Kovaleski	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	1448 Tallylynn Ave Linwood, PA 19061	Name
	Contact phone 4843548010	Contact phone
	Contact email mkovaleski87@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 0.00</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Utility services sold</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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.	<p>Check the appropriate box:</p> <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. <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>11/27/2023</u> MM / DD / YYYY</p> <p>/s/ <u>Melissa Kovaleski</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Melissa Kovaleski</u> _____ First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>1448 Tallylynn Ave</u> _____ Number Street <u>Linwood, PA 19061</u> _____ City State ZIP Code</p> <p>Contact phone <u>4843548010</u> Email <u>mkovaleski87@gmail.com</u></p>
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Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 11/29/2023
 Jeanne Naughton, Clerk

**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?	CHARLES PALMINTERI 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	CHARLES PALMINTERI Name 3000 W FORT LEE RD UNIT 3411 BOGOTA NJ 07603	193 Central Ave Name FL2 Bogota, NJ 07603
	Contact phone <u>5515741235</u>	Contact phone <u>5515741235</u>
	Contact email <u>cp1789@icloud.com</u>	Contact email <u>cp1789@icloud.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 10093.00
 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.
 Employee Wages worked but not paid

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. \$ _____

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)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 10093.00
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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.	<p>Check the appropriate box:</p> <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. <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>11/29/2023</u> MM / DD / YYYY</p> <p><u>/s/ Charles Palminteri</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Charles Palminteri</u> _____ First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>193 Central Ave FL2</u> _____ Number Street <u>Bogota, NJ 07603</u> _____ City State ZIP Code</p> <p>Contact phone <u>5515741235</u> Email <u>cp1789@icloud.com</u></p>
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Voucher Id		Check Amount		Gross Pay		Net Pay		Check Message			
V1719499		\$0.00		\$10,093.00		\$6,649.75					
EARNINGS		*Not included in Totals		^Hrs/Units = Units (Units not included in Totals)		TAXES		DEDUCTIONS			
Description	Rate	Hrs/Units	Dollars	YTD Hrs/Unit	YTD Dollars	Description	Current	YTD	Description	Current	YTD
Salary	42.7004		10,093.00	173.33	78,052.26	SOC SEC EE	609.66	4,710.37	401k	300.00	2,370.00
						MED EE	142.58	1,101.62	Cafe125	259.82	2,078.56
						FEDERAL WH	1,632.96	12,455.15			
						NEW JERSEY WH	492.18	3,751.11			
						NEW JERSEY SUI	0.00	174.68			
						NJ EE FLI	6.05	46.83			
Total:	0.00		10,093.00	173.33	78,052.26	Total:	2,883.43	22,239.76	Total:	559.82	4,448.56
CURRENT PERIOD LEAVE ACCRUAL						DISTRIBUTION OF NET PAY					
						Checking	Account: ###5233	Deposit Amount:	6,149.75		
						Checking	Account: ###9915	Deposit Amount:	500.00		

Astral Energy, LLC
 25 Philips Parkway
 Suite 207
 Montvale, NJ 07645
 201-384-3400

CHECK DATE	VOUCHER ID
8/2/2023	V1719499

TOTAL NET PAY
*****\$6,649.75

0113 0100
Charles Palminteri
 3000 West Fort Lee Road Apt 3411
 BOGOTA, NJ 07603

NOT NEGOTIABLE

Employee Pay Details

Astral Energy, LLC

Charles Palminteri

For Pay Period: 7/1/2023 - 7/31/2023

Pay Date: 8/2/2023

Earning	Rate	Hours	Dollars
Salary	42.7004		10,093.00
			10,093.00

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 11/29/2023
 Jeanne Naughton, Clerk

**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?	<u>Germaine Schmidt</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Germaine Schmidt</u>
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Germaine Schmidt</u>	_____
	Name	Name
	<u>360 S GRANT ST WILKES BARRE, PA 18702-360</u>	
	Contact phone <u>6465499246</u>	Contact phone _____
	Contact email <u>greatergoals@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 1000.00 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.

 N/A

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <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>11/29/2023</u> MM / DD / YYYY</p> <p><u>/s/ Germaine Schmidt</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Germaine Schmidt</u> First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>360 S GRANT ST</u> Identify the corporate servicer as the company if the authorized agent is a servicer Number Street <u>WILKES BARRE, PA 18702</u> City State ZIP Code</p> <p>Contact phone <u>6465499246</u> Email <u>greatergoals@gmail.com</u></p>
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Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 11/30/2023
 Jeanne Naughton, Clerk

**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?	ASHTON FOX 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	ASHTON FOX Name 53 ASPEN WAY UPPER SADDLE RIVER NJ 07458	_____ Name
	Contact phone 9142698061	Contact phone _____
	Contact email ashton.fox@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 225000.00
 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.

 Uppaid payroll

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Check all that apply:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input checked="" type="checkbox"/> 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). \$ 225000.00</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>Amount entitled to priority</p>
<p>* 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.</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 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 11/30/2023
MM / DD / YYYY

/s/ Ashton Fox

Signature

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

Name Ashton Fox

First name Middle name Last name

Title _____

Company _____

Address 53 Aspen Way

Number Street
Upper Saddle River, NJ 07458

City State ZIP Code

Contact phone 9142698061 Email ashton.fox@gmail.com

- AMENDED
- POST-PETITION
- PRIORITY
- GENERAL UNSECURED
- SECURED

Fill in this information to identify the case:

Debtor 1 Astral Energy LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 23-17424-VFP

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

1. Who is the current creditor? State of New Jersey Division of Taxation Bankruptcy Section
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>Where should notices to the creditor be sent?</p> <p><u>State of NJ Division of Taxation Bankruptcy</u> Name <u>PO Box 245</u> Number Street <u>Trenton NJ 08695</u> City State ZIP Code Contact phone <u>(609)322-6533</u> Contact email <u>Munir.Samad@treas.nj.gov</u></p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
---	---

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) 8-1 Filed on 12/05/2023
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: 8 2 4 1

7. How much is the claim? \$ 511.16. 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.

State Taxes _____

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. \$ _____

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)?

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 one:

	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 checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>476.38</u>
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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.

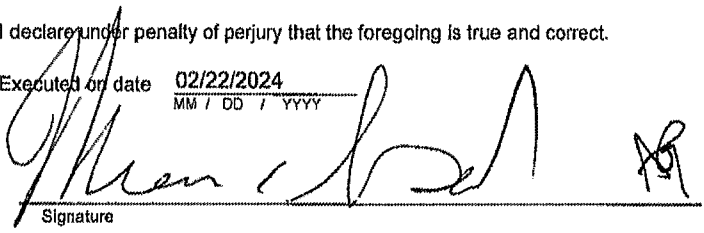
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02/22/2024
MM / DD / YYYY


Signature

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

Name Munir A. Samad
First name Middle name Last name

Title Authorized Agent

Company State of NJ Division of Taxation Bankruptcy Section
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address PO Box 245
Number Street

Trenton NJ 08695
City State ZIP Code

Contact phone (609)322-6533 Email munir.samad@treas.nj.gov



State of New Jersey
 Department of the Treasury
 Division of Taxation
 PO Box 245
 Trenton, New Jersey 08695-0245

February 22, 2024

IN THE MATTER OF:

DEBTOR(S): ASTRAL ENERGY LLC
 PETITION NO: 23-17424-VFP
 TAX IDENTIFICATION NO: ***-**-241/000

PRIORITY SCHEDULE OF LIABILITIES

TYPE OF TAX	RETURN PERIOD	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
CBT	01/21-12/21	DEF	2,000.00	53.38	1,577.00	476.38
Priority Total			2,000.00	53.38	1,577.00	476.38

DEL: Delinquent, No Return -- Estimated Tax Liability
 DEF: Deficient, Underpayment
 S&U: Sales and Use Tax
 CBT: Corporation Business Tax
 GIT-ER: Gross Income tax -- Employer Withholding
 COSTS: Costs of Collections
 RF: Collection Agency Costs of Recovery Fee
 TGI-EE: Gross Income Tax -- Individual
 AUD: Audit Amount
 TGI-NR: Gross Income Tax -- Non-Resident
 ASM: Assessed amount owed
 CAR-DF: Corporation Annual Reporting Fee
 SAVER: Homestead Rebate Program
 IST-NJ: Interstate Sales Tax New Jersey

IN REPLY REFER TO:
 MUNIR A. SAMAD
 BANKRUPTCY SECTION
 PO BOX 245
 TRENTON, NJ 08695-0245
 PH: (609) 322-6533
 FAX: (609)292-9614
 Munir.Samad@treas.nj.gov



State of New Jersey
 Department of the Treasury
 Division of Taxation
 PO Box 245
 Trenton, New Jersey 08695-0245

February 22, 2024

IN THE MATTER OF:

DEBTOR(S): ASTRAL ENERGY LLC
 PETITION NO: 23-17424-VFP
 TAX IDENTIFICATION NO: ***-**8-241/000

GENERAL UNSECURED SCHEDULE OF LIABILITIES

TYPE OF TAX	RETURN PERIOD	ITEM TYPE	TAX LIABILITY	INTEREST	AMOUNTS CREDITED	BALANCE DUE
S&U-EN	10/19-12/19	RF	34.78	0.00	0.00	34.78
General Unsecured Total			34.78	0.00	0.00	34.78
Claim Total						511.16

DEL: Delinquent, No Return – Estimated Tax Liability
 DEF: Deficient, Underpayment
 S&U: Sales and Use Tax
 CBT: Corporation Business Tax
 GIT-ER: Gross Income tax – Employer Withholding
 COSTS: Costs of Collections
 RF: Collection Agency Costs of Recovery Fee
 TGI-EE: Gross Income Tax – Individual
 AUD: Audit Amount
 TGI-NR: Gross Income Tax – Non-Resident
 ASM: Assessed amount owed
 CAR-DF: Corporation Annual Reporting Fee
 SAVER: Homestead Rebate Program
 IST-NJ: Interstate Sales Tax New Jersey

IN REPLY REFER TO:
 MUNIR A. SAMAD
 BANKRUPTCY SECTION
 PO BOX 245
 TRENTON, NJ 08695-0245
 PH: (609) 322-6333
 FAX: (609)292-9614
 Munir.Samad@treas.nj.gov

Fill in this information to identify the case:

Debtor 1 ASTRAL ENERGY LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: _____ District of _____

Case number 23-17424-VFP

FILED
 JEANNE A. NAUGHTON, CLERK
 DEC - 5 2023
 U.S. BANKRUPTCY COURT
 TRENTON, NJ
 BY [Signature] DEPUTY

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? ASTRAL ENERGY 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)

Where should notices to the creditor be sent? Name <u>Doris Blackman</u> Number <u>1561</u> Street <u>LINCOLN P 13 P</u> City <u>New York</u> State <u>BK</u> ZIP Code <u>11233</u> Contact phone <u>347-528-8560</u> Contact email _____	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____ Contact phone _____ Contact email _____
--	---

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) _____ Filed on ____/____/____

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: _____

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).
Dont Know

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 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 default as of the date of the petition. \$ _____

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

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority \$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* 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.

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 12-1-23
MM / DD / YYYY

Doris Blackman
Signature

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

Name DORIS A Blackman
First name Middle name Last name

Title _____

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

Address _____
Number Street

City _____ State _____ ZIP Code _____

Contact phone _____ Email _____

Edward MacKinnon
1561 Fenwick Pl 313
Bldg 999 112 33

NEW YORK NY 100
2 DEC 2023 PM 7 L



United States Bankruptcy Court
District of New Jersey
412 East State Street
Merter New Jersey 08628
08608-150798

Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 12/13/2023
 Jeanne Naughton, Clerk

**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?	EMANUELE A MELILLI	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	EMANUELE A MELILLI	
	Name	Name
	149 WINTERGREEN DR MANALAPAN NJ 07726-6005	
	Contact phone 6467403357	Contact phone
	Contact email salvatore340@hotmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>	
<p>7. How much is the claim?</p>	<p>\$ 500.00</p>	<p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p>Was an Astral customer and used JCPL and NJNG _____</p>	
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply:</i></p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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>Amount entitled to priority</p>
<p>* 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.</p>		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>12/13/2023</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p>/s/ <u>emanuele melilli</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>emanuele melilli</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>149 Wintergreen Dr</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Manalapan, NJ 07726</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>6467403357</u> Email <u>salvatore340@hotmail.com</u></p>
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Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED

U.S. Bankruptcy Court
District of New Jersey

12/13/2023

Jeanne Naughton, Clerk

**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?	<u>Jeffrey Levi</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Lawrence Levi Marilyn Levi deceased</u>
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	<u>Jeffrey Levi</u>	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name <u>34 Sylvan Road Rye Brook, NY 10573-2161</u>	Name _____
	Contact phone <u>9172997804</u>	Contact phone _____
	Contact email <u>jlevi3333@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 0.00 _____</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Financial _____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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.	<p>Check the appropriate box:</p> <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. <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>12/13/2023</u> MM / DD / YYYY</p> <p><u>/s/ Jeffrey Levi</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Jeffrey Levi</u> _____ First name Middle name Last name</p> <p>Title <u>Executor</u> _____</p> <p>Company _____</p> <p>Address <u>34 Sylvan Road</u> _____ Identify the corporate servicer as the company if the authorized agent is a servicer Number Street <u>Rye Brook, NY 10573-2161</u> _____ City State ZIP Code</p> <p>Contact phone <u>917-299-7804</u> Email <u>jlevi3333@gmail.com</u></p>
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Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2	(Spouse, if filing)
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 12/26/2023
 Jeanne Naughton, Clerk

**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?	Lance Adelson	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Lance Jeff Adelson
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Lance Adelson	_____
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 3 Carriage Court Marlboro Township, NJ 07746-1907	Name _____
	Contact phone 7325800759	Contact phone _____
	Contact email lanceadelson@msn.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8241</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>0.00</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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).</p> <p>Limit disclosing information that is entitled to privacy, such as healthcare information.</p> <p>When case was first filed there were no assets. It now appears that the payment of a dividend may be possible.</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Identify the property: _____</p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p> </td> <td style="width: 5%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). </td> <td style="width: 70%; vertical-align: top;"> \$ _____ </td> </tr> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> 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).</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> 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).</p> </td> <td style="vertical-align: top;"> \$ _____ \$ _____ </td> </tr> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</p> </td> <td style="vertical-align: top;"> <p><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</p> </td> <td style="vertical-align: top;"> \$ _____ \$ _____ </td> </tr> <tr> <td style="vertical-align: top;"> <p><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies</p> </td> <td style="vertical-align: top;"> \$ _____ </td> <td style="vertical-align: top;"> \$ _____ </td> </tr> </table>	<p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____	<p><input type="checkbox"/> 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).</p>	<p><input type="checkbox"/> 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).</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>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____												
<p><input type="checkbox"/> 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).</p>	<p><input type="checkbox"/> 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).</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>	\$ _____	\$ _____												

* 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.

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>12/26/2023</u></p> <p style="text-align: center; font-size: small;">MM / DD / YYYY</p> <p><u>/s/ Lance Adelson</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Lance Adelson</u></p> <p style="text-align: center; font-size: small;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>3 Carriage Court</u></p> <p style="text-align: center; font-size: small;">Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p style="text-align: center; font-size: small;">Number Street</p> <p style="text-align: center; font-size: small;"><u>Marlboro, NY 07746-1907</u></p> <p style="text-align: center; font-size: small;">City State ZIP Code</p> <p>Contact phone <u>7325800759</u> Email <u>lanceadelson@msn.com</u></p>
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Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the _____ District of _____

Case number 23-17424-VFP

U.S. BANKRUPTCY COURT
FILED
NEWARK, NJ

2023 DEC 26 P 3:08

JEANNE A. HAUGHTON
BY: O. Fernandez
DEPUTY CLERK

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? George Magill
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)
Name <u>George Magill</u>	Name _____
Number <u>169 Haldeman Rd.</u>	Number _____ Street _____
City <u>Schwenksville PA</u> ZIP Code <u>19428</u>	City _____ State _____ ZIP Code _____
Contact phone <u>207-500-5717</u>	Contact phone _____
Contact email <u>gmagill2@verizon.net</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (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? _____

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: _____

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). ?

8. What is the basis of the claim? Latest Astral Power bill enclosed
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.
Electric power to home

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. \$ _____

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 one:

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)() that applies.

Amount entitled to priority

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

* Amounts are subject to adjustment on 4/01/26 and every 3 years after that for cases begun on or after the date of adjustment.

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 6005(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 12/10/2023
MM/DD/YYYY

George Magill
Signature

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

Name George Robert Magill
First name Middle name Last name

Title _____

Company _____

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

Address _____

Number Street

City

State

ZIP Code

Contact phone _____

Email _____



FORM NOA (Notice of Assets and Deadline to File Proof of Claim)

NOTICE OF ASSETS AND DEADLINE TO FILE PROOF OF CLAIM

U.S. Bankruptcy Court
MLK Jr Federal Building
50 Walnut Street
Newark, NJ 07102
Telephone number: 973-645-4764

Honorable Vincent F. Papalia, U.S. Bankruptcy Judge

CASE NUMBER: 23-17424-VFP

DATE FILED: 8/25/23

In Re: Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):
Astral Energy, LLC

ADDRESS OF DEBTOR(S):
25 Phillips Parkway
Suite 207
Montvale, NJ 07645

26-4448241

DEBTOR'S ATTORNEY:
John O'Boyle
Norgaard O'Boyle
184 Grand Ave
Englewood, NJ 07631
(201) 871-1333

TRUSTEE:
Donald V. Biase
Donald V. Biase, Chapter 7 Trustee
PO Box 646
Essex Fells, NJ 07021
862-702-3185

It appeared from the schedules when this case was filed that there were no assets from which dividends could be paid to creditors as indicated on the Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors and Deadlines.

It now appears that the payment of a dividend may be possible. Pursuant to Bankruptcy Rule 3002(c)(5), the last day for filing claims is fixed as:

2/20/24

Government Units are allowed 180 days from the date of order for relief, or the above date, whichever is later. 11 U.S.C. §502(b)(9)

Except as otherwise provided by law, in order to share in any payment from the estate, a creditor must file a proof of claim by the date set forth above. The place to file the proof of claim is the office of the Clerk of the Bankruptcy Court.

A Proof of Claim is a signed statement describing a creditor's claim. A Proof of Claim form ("Official Form B 410") can be obtained at the United States Courts Web site: (<http://www.uscourts.gov/forms/bankruptcy-forms>) or at any bankruptcy clerk's office. You may also contact the Clerk's Office where this case is pending to request that a Proof of Claim form be mailed to you. The Clerk's Office telephone number is included on the front of this Notice. Also, Claims can be filed electronically through the court's website at: <http://www.njb.uscourts.gov> under File An Electronic Claim. A secured creditor retains rights in its collateral regardless of whether that creditor files a Proof of Claim. If you do not file a Proof of Claim by the last day to file a proof of claim listed on the front side, you might not be paid any money on your claim from other assets in the bankruptcy case. To be paid you must file a Proof of Claim even if your claim is listed in the schedules filed by the debtor. Filing a Proof of Claim submits the creditor to the jurisdiction of the bankruptcy court, with consequences a lawyer can explain. For example, a secured creditor who files a Proof of Claim may surrender important nonmonetary rights, including the right to a jury trial. Filing Deadline for a Creditor with a Foreign Address: The deadlines for filing claims set forth on the front of this notice apply to all creditors. If this notice has been mailed to a creditor at a foreign address, the creditor may file a motion requesting the court to extend the deadline.

IF A CLAIM WAS PREVIOUSLY SUBMITTED, IT IS NOT NECESSARY TO FILE ANOTHER ONE.

Dated: November 19, 2023

FOR THE COURT
Jeanne Naughton, Clerk

FORM NOA Rev. 5/2016



An Exelon Company
Page 2 of 2

Account Number: 05451-01609

Meter Information

Read Dates	Meter Number	Load Type	Reading Type	Meter Reading		Difference	Multiplier X	Total Usage
				Previous	Present			
09/18-10/19	122032876	General Service	Tot kWh	150579 Actual	151371 Actual	792	1	792

Total kWh Used: 792



Electric Residential Heating Service

Service Period 09/18/2023 to 10/19/2023 - 31 days

PECO ELECTRIC DELIVERY	\$57.06
Customer Charge	10.52
Distribution Charges	792 kWh X 0.05830 = 46.17
Distribution System Improvement Charge	0.37
ELECTRIC SUPPLY	\$538.78
Astral Energy Charges (888-850-1872)	
Adjustments	340.86
Energy Charge 792.00kWh @ \$0.249900 PER kWh	197.92
TAXES & FEES	-\$0.06
State Tax Adjustment	-0.06
Total Current Charges	\$595.78

Message Center

From PECO:
New charges contain estimated total state taxes of \$3.89, including \$37.14 for State Gross Receipts Tax.
Your estimated electric price to compare is \$0.0967 per kWh. This may change in March, June, September and December. For more information and supplier offers visit PAPowerSwitch.com and oca.state.pa.us.

Shopping Information Box

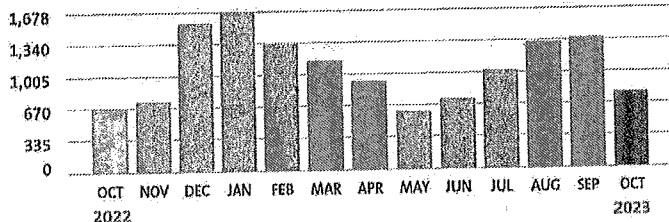
When shopping for a competitive electric/natural gas supplier, please provide the following:

Account Number: 05451-01609
Electric Rate: Electric Residential Heating Service

If you are purchasing the energy you use from a competitive supplier, it is important to understand the terms of your contract and expiration date.

Your Usage Profile
ANNUAL ELECTRIC USAGE

peco.com/smartideas
Save energy and money



Period	Usage	Avg Daily Usage	Days	Avg Daily Temp
Current Month	792	25.5	31	63
Last Month	1,364	42.6	32	76
Last Year	674	23.2	29	62

Avg kWh per Month: 1,103
Total Annual kWh Usage: 13,236

Ways to Pay



Online

Visit peco.com/paybill where you can enroll in AutoPay, or make a one-time payment using your credit card or bank account.



Mobile App

Download the PECO mobile app for your Apple or Android device for the quickest and easiest way to manage your account and pay bill with one swipe of the finger.



Mail

Mail checks payable to PECO and write your account # on your check. Make sure to include the tear-off portion of your bill at the bottom of page 1.



Phone

Call 1-877-432-9384 to make a payment with a credit card, debit card, or your bank account.*



* Fees apply for card & phone payments.
No fees apply when you create a PECO My Account and pay using your bank account



An Exelon Company
Page 1 of 2

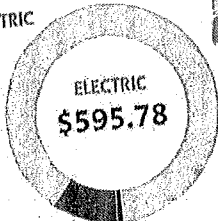
Name: **GEORGE MAGILL**
Account Number: **05451-01609**
Phone Number: **610-287-8691**
Service Address: **169 Haldeman Rd, Schwenksville**

Emergency and Repair

800-841-4141

This is the number to call to report power outages, gas leaks or odors, and safety hazards related to PECO Equipment.

PECO ELECTRIC DELIVERY



ELECTRIC SUPPLY
Astral Energy
25 Phillips Parkway
Suite 207
Montvale NJ 07645
888-850-1872

TAXES & FEES

Billing Summary

Bill Date

10/24/2023

Thank you for your payment of \$117.24 on 10/12/2023

Current Period Charges

\$595.78

Electric

\$595.78

Total New Charges

Total Amount Due on 11/15/2023

\$595.78

General Information

Next scheduled meter reading: 11/17/2023

1-800-494-4000

If you have any questions or concerns, please call 800-494-4000 before the due date. Si tiene alguna pregunta, favor de llamar al numero 1-800-494-4000 antes de la fecha de vencimiento.

peco.com/service

Customer Self Service - Manage Your Account 24/7
Start, stop and move your service

8807-90-0115255-0001-0001-494

Online: peco.com

In Person: 2301 Market St., Philadelphia, PA 19103

By Phone: 1-800-494-4000

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

- Enroll in Automatic Payment. Complete form on reverse side.
- Pledge a donation to MEAF. Complete form on reverse side.

Account # 05451-01609

877-432-9384
Pay by phone, a convenience fee will apply

Please pay this amount by
11/15/2023

\$595.7

Payment Amount \$



An Exelon Company
2301 Market Street
Philadelphia, PA 19103-1380

Pay Today!

peco.com/ebill

Go paperless: receive and pay your bill online.

0115255 01 AV 0.498 **AUTO HO 0 8907 19473-181369 -C30-B1-P15274-1123

GEORGE MAGILL
169 HALDEMAN RD
SCHWENKSVILLE, PA 19473-1813



PECO - Payment Processing
PO Box 37629
Philadelphia, PA 19101-0629

0545101609010059578331905957



George Magill
169 Haldeman Rd.
Schwenksville, PA 19473

U.S. Bankruptcy Court

MLK Jr Federal Building

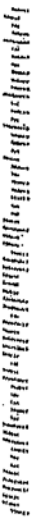
50 Walnut St.

Newark, NJ 07102

ATTN: Honorable Vincent F. Papalio, U.S. Bankruptcy Judge

CASE #: 23-17424 - VFP

07102-355099



PHILADELPHIA PA 19106
19 DEC 2023 PM 5



Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 1/2/2024
 Jeanne Naughton, Clerk

**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?	<u>Dr. Murray J. Leben DMD PA</u>	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	<u>Murray J Leben</u>
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Dr. Murray J. Leben DMD PA</u>	_____
	Name	Name
	147 South Washington Avenue, Bergenfield, NJ, USA Bergenfield, NJ 07621	_____
	Contact phone <u>2013855454</u>	Contact phone _____
	Contact email <u>mildmdpa@gmail.com</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ unknown
 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.
 Bankruptcy rule 3002(c)(5)

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i></p> <p style="text-align: right;">Amount entitled to priority</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) \$ _____ under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 style="font-size: small;">* 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.</p>
---	---

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <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>1/2/2024</u> MM / DD / YYYY</p> <p><u>/s/ Murray J Leben</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Murray J Leben</u> _____ First name Middle name Last name</p> <p>Title _____</p> <p>Company <u>Dr. Murray J. Leben DMD PA</u> _____ Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Address <u>147 South Washington Avenue, Bergenfield</u> _____ Number Street <u>Bergenfield, NJ 07621</u> _____ City State ZIP Code</p> <p>Contact phone <u>2013855454</u> Email <u>mjldmdpa@gmail.com</u></p>
--	--

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED

U.S. Bankruptcy Court
District of New Jersey

1/17/2024

Jeanne Naughton, Clerk

**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?	<u>Charles B Garrison</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Charles B Garrison</u> Name	_____ Name
	<u>16 Florida Avenue Lake Hopatcong, NJ 07849-1533</u>	_____
	Contact phone <u>9732710414</u>	Contact phone _____
	Contact email <u>Chaz@rgarrison.net</u>	Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 40000.00
 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.
 Sold overpriced electricity without consent of company. We were scammed by astral energy.

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. <i>Check all that apply.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="font-size: small;">* 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.</p>	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____
<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____													
<input type="checkbox"/> 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).	\$ _____													
<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____													

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>1/17/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Charles Garrison</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Charles Garrison</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>16 Florida Avenue</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Lake Hopatcong, NJ 07849-1533</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>9732710414</u> Email <u>Chaz@rgarrison.net</u></p>
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Fill in this information to identify the case:	
Debtor 1	Astral Energy, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 1/21/2024
 Jeanne Naughton, Clerk

**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?	Gary Leibowitz _____ 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	Gary Leibowitz	_____
	Name	Name
	99 ATLANTIC AVE APT 2F BROOKLYN, NY 11201-99	
	Contact phone <u>3474054020</u>	Contact phone _____
Contact email <u>GLeib@verizon.net</u>	Contact email _____	
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 0.00 _____</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p>_____ services performed _____</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>1/21/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Gary Leibowitz</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Gary Leibowitz</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <small>Identify the corporate servicer as the company if the authorized agent is a servicer</small></p> <p><u>99 ATLANTIC AVE APT 2F</u></p> <p style="text-align: center;">Number Street</p> <p><u>BROOKLYN, NY 11201</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>3474054020</u> Email <u>GLeib@verizon.net</u></p>
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Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 _____ (Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 1/22/2024
 Jeanne Naughton, Clerk

**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?	<u>Central Hudson Gas & Electric</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Central Hudson Gas & Electric</u>	_____
	Name	Name
	<u>284 South Ave Poughkeepsie, NY 12601</u>	_____
	Contact phone <u>8454522700</u>	Contact phone _____
	Contact email <u>srenner@cenhud.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:	<p style="text-align: right;">1292</p>
<p>7. How much is the claim?</p>	<p>\$ 24117.86</p>	<p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Services performed</p>	
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.</p>		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</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>1/22/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Stacey A Renner</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Stacey A Renner</u></p> <p>Title <u>VP Innovation and Sustainability</u></p> <p>Company <u>Central Hudson Gas & Electric</u></p> <p>Address <u>284 South Ave</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Poughkeepsie, NY 12601</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>8454522700</u> Email <u>srenner@cenhud.com</u></p>
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ASTRAL ENERGY LLC 23-17424

Partner 0100000195 / Company Code 1500

ASTRAL ENERGY LLC

25 Philips Parkway Suite 207

Montvale NJ 07645

Navigation

Receivables	Down payments	Totals	Payment List	Chronology
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Business Partner 0100000195 Contract Account 026000001292		
USD	Total	Due
Receivables	27,943.61	27,943.61
Payt on Acct/Credit	1,544.19-	1,544.19-
Total	26,399.42	26,399.42

Partner 0100000014 / Company Code 1500
 ASTRAL ENERGY LLC
 25 Philips Parkway Suite 207
 Montvale NJ 07645

Navigation

Receivables	Down payments	Totals	Payment List	Chronology
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Business Partner 0100000014 Contract Account 026000000104		
USD	Total	Due
Receivables	192.31	192.31
Payt on Acct/Credit	2,473.87-	2,473.87-
Total	2,281.56-	2,281.56-

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 23-17424-VFP

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

<p>1. Who is the current creditor?</p>	<p><u>ISO New England Inc.</u></p> <p>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>	
<p>2. Has this claim been acquired from someone else?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. From whom? _____</p>	
<p>3. Where should notices and payments to the creditor be sent?</p> <p>Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)</p>	<p>Where should notices to the creditor be sent?</p> <p><u>Shipman & Goodwin LLP (c/o Eric Goldstein)</u></p> <p>Name _____</p> <p><u>One</u> <u>Constitution Plaza</u></p> <p>Number Street _____</p> <p><u>Hartford</u> <u>CT</u> <u>06103</u></p> <p>City State ZIP Code _____</p> <p>Contact phone <u>(860) 251-5059</u></p> <p>Contact email <u>egoldstein@goodwin.com</u></p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Name _____</p> <p>Number Street _____</p> <p>City State ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
<p>4. Does this claim amend one already filed?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____</p> <p>Filed on _____ MM / DD / YYYY</p>	
<p>5. Do you know if anyone else has filed a proof of claim for this claim?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Who made the earlier filing? _____</p>	

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: 8 3 5 1

7. How much is the claim? \$ See Attachment. 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.
See Attachment

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: See Attachment

Basis for perfection: See Attachment

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: \$ 31,257.26

Amount of the claim that is secured: \$ See Attachment

Amount of the claim that is unsecured: \$ 0.00 (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. \$ _____

11. Is this claim subject to a right of setoff? No Yes. Identify the property: Subject to any pre or post petition amounts becoming due Debtor

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)? No

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Yes. Check one:

<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	Amount entitled to priority
	\$ _____
<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$ _____

* Amounts are subject to adjustment on 4/01/22 and every 3 years after that for cases begun on or after the date of adjustment.

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:

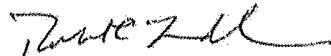
- I am the creditor.
- I am the creditor's attorney or authorized agent.
- I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.
- I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

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 02 05 2024
MM / DD / YYYY



Signature

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

Name	<u>Robert</u>	<u>C.</u>	<u>Ludlow</u>
	First name	Middle name	Last name
Title	<u>Vice President and Chief Financial and Compliance Officer</u>		
Company	<u>ISO New England Inc.</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>One Sullivan Road</u>		
	Number	Street	
	<u>Holyoke</u>	<u>MA</u>	<u>01040</u>
	City	State	ZIP Code
Contact phone	<u>(413) 535-4000</u>		Email <u>rludlow@iso-ne.com</u>

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In Re:	:	Chapter 7
ASTRAL ENERGY, LLC,	:	Case No. 23-17424-VFP
Debtor.	:	

ATTACHMENT TO PROOF OF CLAIM OF ISO NEW ENGLAND INC.

1. ISO New England Inc. ("ISONE") is a creditor and party in interest in the above-captioned bankruptcy case of the debtor Astral Energy, LLC (the "Debtor").
2. This proof of claim (the "Claim") is based on the Debtor's obligations under the following: (i) the Market Participant Service Agreement dated as of October 1, 2015, by and between the Debtor and ISONE; (ii) the Uncertificated Securities Control Agreement dated as of October 25, 2017 (the "Control Agreement"), by and among ISONE in its individual capacity and as agent for the entities that are Market Participants and participants from time to time in the New England Power Pool, the Debtor, and Blackrock Liquidity Funds ("BlackRock"); (iii) the Security Agreement dated October 25, 2017, by and between ISONE and the Debtor (the "Security Agreement"); and (iv) the *ISO New England Inc. Transmission, Markets, and Services Tariff* (the "Tariff" and together with the Service Agreement, the Control Agreement, and the Security Agreement, the "Agreements"), which is available at <http://www.iso-ne.com/participate/rules-procedures/tariff>. Copies of the Control Agreement and Security Agreement are attached hereto as Exhibits A and B, respectively.
3. The Claim is secured by the first priority security interest granted by the Debtor in favor of ISONE on the cash, and securities, and other assets of the Debtor held in an account with BlackRock (the "BlackRock Account") as more particularly described in the Control Agreement

and the Security Agreement (the "Collateral"). As of September 22, 2023, there was a balance of approximately \$31,257.26 in the Blackrock Account.

4. On August 25, 2023 (the "Petition Date"), the Debtor filed a voluntary petition under Chapter 7 of Title 11 of the United States Code.

5. While no pre-petition amounts are currently due and owing, this Claim is for any and all pre-petition amounts that may subsequently become due and owing under the Agreements, regardless of whether such amounts are unliquidated, and/or contingent, and/or unmatured, including, but not limited to, resettlements of pre-petition transactions ordered by the Federal Energy Regulatory Commission ("FERC") or other charges assessed by FERC arising from pre-petition transactions and/or conduct.

6. ISONE's claim is secured by (i) its right of set-off to the extent it owes any amounts to the Debtor related to pre-petition transactions under the Agreements, and (ii) the Collateral.

7. ISONE reserves all of its rights, including the right to claim that the amounts owing can be recouped from future amounts payable to the Debtor, including its rights under this Court's *Order Granting Motion to Approve Stipulation Among Chapter 7 Trustee, Boston Energy Trading and Marketing, LLC, and ISO New England Inc.* whereby ISONE is permitted, among other things, to net pre-petition and post-petition payments and charges in the ordinary course of business [ECF No. 52].

8. The recitations herein are not intended in any way to limit ISONE's rights with respect to the legal basis for making this Claim, and if the Claim is challenged, ISONE shall not be deemed to have waived any legal position it might otherwise have to the amounts owed to it as set forth in this Claim.

9. In executing and filing this Proof of Claim, ISONE does not waive any obligation owing to it, any right to any security held by it or for its benefit, any right to claim specific assets, or any other right or rights of action that it has or may have against the Debtor or any other person, and ISONE hereby expressly reserves such rights. ISONE also expressly reserves the right to file further pleadings and documents to amend or supplement this Proof of Claim in any respect from time to time to: (i) restate or update the liquidated and unliquidated components of the Claim; (ii) update the total estimated exposure with respect to any unliquidated claims asserted herein; (iii) request payment of administrative expenses under 11 U.S.C. § 503(b) or in accordance with 11 U.S.C. § 365 (whether in respect of claims asserted herein or otherwise); (iv) reflect additional claims under the Agreements or any other agreements between ISONE and the Debtor to the extent discovered after the filing hereof; or (v) for any other reason it deems appropriate, including without limitation to claim all amounts due in respect of any pre-petition or post-petition professional fees and/or expenses and interests.

10. Filing of this Proof of Claim is not and shall not be deemed or construed as: (i) an election of remedies; (ii) a consent by ISONE to the jurisdiction of this Court or any other court with respect to proceedings, if any, commenced in any case against or otherwise involving ISONE; (iii) a consent by ISONE to a jury trial in this Court or any other court in any proceeding as to any and all matters so triable herein or in any case, controversy or proceeding related hereto, pursuant to 28 U.S.C. §157(e) or otherwise; (iv) a waiver of the right of ISONE to a trial by jury in any proceeding so triable herein or in any case, controversy or proceeding related hereto, notwithstanding the designation or not of such matters as “core proceedings” pursuant to 28 U.S.C. §157(b)(2), and whether such jury trial is pursuant to statute or the United States Constitution; (v) a waiver of the right of ISONE to have final orders in non-core matters or matters in which the

Bankruptcy Court cannot constitutionally enter a final order entered only after *de novo* review by a District Court judgment; (vi) a waiver of the right of ISONE to have the reference withdrawn by the District Court in any matter subject to mandatory or discretionary withdrawal; (vii) a waiver of any past, present or future default under the Agreements or any other agreement by and between the Debtor and ISONE; (viii) a waiver or limitation of any rights of ISONE, including, without limitation, a waiver of rights, claims, actions, defenses, set-offs or recoupments to which ISONE is or may be entitled under agreements, in law or in equity, all of which rights, claims, actions, defenses, set-offs and recoupments are expressly reserved by ISONE; or (ix) an admission by ISONE that any property held by Debtor (or any debtor affiliate) is property of the estate.

EXHIBIT A

302-

BlackRock

11:46:01 a.m. 11-28-2017

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UNCERTIFICATED SECURITIES CONTROL AGREEMENT

UNCERTIFICATED SECURITIES CONTROL AGREEMENT effective as of Oct 25, 2017 (as amended, restated, supplemented and/or otherwise modified, renewed or replaced from time to time, this "Agreement") among Astral Energy LLC, a New Jersey LLC (the "Grantor"), ISO NEW ENGLAND INC., a Delaware non-profit corporation, in its individual capacity and as agent for the entities that are Market Participants and participants from time to time in the New England Power Pool (the "Secured Party"), and BLACKROCK LIQUIDITY FUNDS (the "Issuer").

WHEREAS, the Grantor is a Market Participant under the ISO Tariff (as defined below) and a NEPOOL Participant and, as such, periodically receives extensions of credit from the Secured Party; and

WHEREAS, pursuant to the Financial Assurance Policy (as defined below), the Grantor is required to provide additional financial assurance to the Secured Party; and

WHEREAS, the Grantor has granted to the Secured Party pursuant to the Security Agreement and this Agreement a continuing security interest in the Collateral and all products and proceeds thereof;

WHEREAS, the Financial Assurance Policy provides that the Cash Deposit will be invested in investments selected by the Grantor from a menu of designated investment options provided by the Secured Party;

WHEREAS, the Grantor has elected to have the Cash Deposit invested in Permitted Investments evidenced by shares of beneficial interest issued by the Issuer and, to facilitate such investment, the Grantor will remit the Cash Deposit directly to the account designated on Attachment C for the purchase of such shares of beneficial interest; and

WHEREAS, the parties hereto are entering into this Agreement in order to perfect the Secured Party's Lien (as defined below) on the Pledged Securities (as hereinafter defined) and pursuant to Section 3.c of the Security Agreement.

NOW, THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged by all parties hereto, the parties hereto agree as follows:

Section 1. Definitions. All references herein to the "UCC" refer to the Uniform Commercial Code as in effect from time to time in the State of Connecticut. To the extent not otherwise defined herein, terms defined in the UCC have the same meanings when used herein. As used herein, the following terms shall have the following meanings:

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“Billing Policy” shall mean the ISO New England Billing Policy included as Exhibit ID to the ISO Tariff, as amended, supplemented and/or restated from time to time.

“Cash Deposit” shall mean one or more cash deposits provided, submitted, wired or otherwise transferred by the Grantor to the Secured Party or to a financial institution, investment firm, or other designee selected by the Secured Party or acting on the Secured Party's behalf in accordance with the Financial Assurance Policy to hold or invest such cash deposits.

“Collateral” shall mean (i) all cash provided, submitted, wired or otherwise transferred or deposited by the Grantor to or with the Secured Party or to a financial institution, investment firm, or other designee selected by the Secured Party or acting on the Secured Party's behalf, to hold or invest such cash deposit, from time to time in satisfaction of, pursuant to, or in compliance with the Financial Assurance Policy; (ii) all securities or other investment property (as defined in the UCC) of the Grantor, including, without limitation, the Pledged Securities, whether or not purchased with such cash deposit, but solely to the extent such securities or investment property are held in the account[s] identified on Attachment B; (iii) in each case the products and proceeds thereof; and (iv) without duplication, all Collateral as defined in the Security Agreement.

“Default Investment” shall have the meaning set forth in Section 4.

“Event of Default” shall have the meaning set forth in Section 6.

“Financial Assurance Policy” shall mean the Financial Assurance Policy for Market Participants included as Exhibit IA to the ISO Tariff, as amended, supplemented and/or restated from time to time.

“Individual Participant” shall have the meaning set forth in the Participants Agreement.

“Indemnified Party” shall have the meaning set forth in Section 19.

“Information Policy” shall have the meaning set forth in Section 9.

“ISO Tariff” shall mean the Secured Party's Transmission, Markets and Services Tariff as filed with the Federal Energy Regulatory Commission and as amended, supplemented and/or restated from time to time.

“Lien” shall mean the continuing security interest in the Collateral that the Grantor pledges, assigns, hypothecates and grants to the Secured Party under the Security Agreement and hereunder.

“Market Participant” shall mean a participant in the New England Markets that has executed a Market Participant Service Agreement, or on whose behalf an unexecuted Market Participant Service Agreement has been filed with the Federal Energy Regulatory Commission.

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"Market Participant Service Agreement" shall mean an agreement between the Secured Party and a Market Participant, in the form specified in Attachment A to the ISO Tariff.

"Market Rules" shall mean the rules for the administration of the New England Markets filed with the Federal Energy Regulatory Commission in accordance with the Participants Agreement and accepted by the Federal Energy Regulatory Commission.

"New England Control Area" shall have the meaning set forth in Section I of the ISO Tariff.

"New England Markets" shall mean the markets for energy, capacity and certain ancillary services within the New England Control Area as set forth in the Market Rules.

"NEPOOL Participant" shall mean a "Participant" as defined in the Second Restated NEPOOL Agreement.

"Notice of Exclusive Control" shall have the meaning set forth in Section 7.

"Obligations" shall mean any and all amounts due from the Grantor from time to time under this Agreement, the Market Participant Service Agreement, the Participants Agreement, the Second Restated NEPOOL Agreement, the ISO Tariff, the Financial Assurance Policy, the Security Agreement and the Billing Policy.

"Participants Agreement" shall mean the Participants Agreement among the Secured Party, the NEPOOL Participants acting by and through the NEPOOL Participants Committee and the Individual Participants.

"Permitted Investments" shall mean those investments designated from time to time by the Secured Party in accordance with the Financial Assurance Policy. The Permitted Investments as of the date of this Agreement are listed on Attachment B. Any changes to the Permitted Investments shall be listed in a supplement to Attachment B executed by the Grantor, the Secured Party and the Issuer.

"Pledged Securities" shall mean shares of beneficial interest, issued by the Issuer, registered in the name of the Grantor, constituting a Permitted Investment, and carried on the books of the Issuer in one or more of the shareholder accounts identified on Attachment B, as it may be supplemented from time to time in writing by the Grantor, the Secured Party and the Issuer.

"Second Restated NEPOOL Agreement" shall mean the New England Power Pool Agreement as restated for a second time by an amendment dated as of August 16, 2004, as further amended, supplemented and/or restated from time to time, governing the relationship among the NEPOOL Participants.

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"Security Agreement" shall mean the then current Security Agreement between the Grantor and the Secured Party.

"Termination Notice" shall have the meaning set forth in Section 21.

Section 2. Concerning the Pledged Securities. The Issuer confirms that:

- (a) the Issuer's shareholder records reflect that the Pledged Securities are registered in the name of "Astral Energy LLC";
- (b) the Pledged Securities are "uncertificated securities" as defined in Section 8-102(a)(17) of the UCC; and
- (c) the Issuer is the "issuer" of the Pledged Securities as defined in Section 8-201 of the UCC.

Section 3. Acknowledgment by Grantor; Grant of Security Interest. The Grantor acknowledges that the Pledged Securities are proceeds of the Cash Deposit and Collateral subject to the Lien of the Security Agreement. The Grantor hereby confirms the security interest granted thereunder and, in addition to and in furtherance thereof and to secure the payment and performance of all of the Obligations, hereby grants to the Secured Party a security interest in the Pledged Securities.

Section 4. Delivery of Cash Deposit. The Secured Party directs the Grantor to wire transfer, or cause to be wire transferred, to the account listed on Attachment C, immediately available funds as the initial Cash Deposit hereunder and under the Security Agreement. The Grantor may from time to time make additional transfers of funds to the account listed on Attachment C as additional Cash Deposits to purchase Pledged Securities. All Cash Deposits will be used by the Grantor to pay the purchase price of Pledged Securities, and immediately upon the Issuer's receipt of (i) any Cash Deposit in the account listed on Attachment C, and (ii) a direction to use that Cash Deposit to purchase Pledged Securities, the Grantor shall be, for all purposes, the owner of the Pledged Securities purchased therewith. Until the Issuer's receipt of a Notice of Exclusive Control, the Grantor may change all or a portion of any Permitted Investment to another Permitted Investment at any time and from time to time in accordance with and subject to Section 11(e) hereof. In the event that (a) the Grantor fails to notify the Secured Party and the Issuer of at least one Permitted Investment hereunder in which a Cash Deposit is to be invested, or (b) any Permitted Investment ceases to be a Permitted Investment and the Grantor fails to exchange the shares that formerly constituted a Permitted Investment for shares that then constitute a Permitted Investment, the Secured Party may issue instructions to the Issuer to effect such an investment (in the case of clause (a) of this sentence) or exchange (in the case of clause (b) of this sentence), specifying a Permitted Investment in which the applicable portion of the Collateral is to be invested (in accordance with any applicable requirements in the Financial Assurance Policy regarding a default investment, the "Default Investment"). The Issuer shall comply with any instructions given by the Secured Party under the preceding

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sentence. The Default Investment as of the date of this Agreement is designated on Attachment B. The Secured Party shall give notice to the Issuer and the Grantor of any change in the Default Investment.

Section 5. Intentionally Omitted.

Section 6. Events of Default. Any one of the following shall constitute an "Event of Default" hereunder by the Grantor:

(a) failure by the Grantor to comply with or perform any provision of this Agreement or the Security Agreement or to pay any Obligation when due; or

(b) any representation or warranty made or given by the Grantor in connection with this Agreement or the Security Agreement proves to be false or misleading in any material respect; or

(c) any part of the Collateral is attached, seized, garnished, subjected to a writ or distress warrant, is levied upon, or comes within the possession of any receiver, trustee, custodian or assignee for the benefit of creditors.

Section 7. Rights and Remedies Upon an Event of Default. In addition to all rights and remedies set forth herein and in the Security Agreement and otherwise available at law or in equity, upon the occurrence of any Event of Default, the Secured Party may immediately and without notice:

(a) send the Issuer a written notice that it is exercising exclusive control over the Pledged Securities in the form of Attachment A (a "Notice of Exclusive Control"), as described in Section 11(a) below;

(b) sell or otherwise liquidate, or cause to be sold or otherwise liquidated, the Pledged Securities, in accordance with the Issuer's normal redemption procedures, to pay the Obligations of the Grantor; and

(c) exercise such other rights and remedies as are set forth in the Second Restated NEPOOL Agreement, the Participants Agreement, the ISO Tariff, the Financial Assurance Policy and the Billing Policy.

Without limiting the generality of the foregoing, the Secured Party may exercise any or all of the rights set forth herein and in the Security Agreement upon the occurrence of an Event of Default without regard to other collateral or financial assurance provided by the Grantor under the Financial Assurance Policy.

Section 8. Attorneys' Fees, etc. Upon the occurrence of any Event of Default, the Secured Party's and the Issuer's reasonable attorneys' fees and the legal and other expenses for

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pursuing, receiving, taking and keeping the Collateral and enforcing this Agreement and the Security Agreement shall be chargeable to and paid by the Grantor.

Section 9. Information Disclosure. Notwithstanding the provisions of the ISO New England Information Policy, as amended, supplemented or restated from time to time (the "Information Policy"), Grantor hereby (i) authorizes the Secured Party to disclose any information concerning Grantor to any court, agency or entity which is necessary or desirable, in the sole discretion of the Secured Party, to establish, maintain, perfect or secure the Secured Party's rights and interest in the Collateral; and (ii) waives any rights it may have under the Information Policy to prevent, impair or limit the Secured Party from disclosing such information concerning the Grantor.

Section 10. Instructions. The Issuer agrees to comply with any instruction originated by the Secured Party and relating to any Pledged Securities without further consent by the Grantor or any other person or entity. The Grantor consents to the foregoing agreement by the Issuer.

Section 11. Maintenance of Pledged Securities. In addition to, and not in lieu of, the obligation of the Issuer to honor instructions as agreed in Section 10, the Issuer agrees as follows:

(a) Instructions; Notice of Exclusive Control. Upon the Issuer's receipt of a Notice of Exclusive Control, the Issuer will cease complying with instructions of the Grantor or any of its agents and will comply solely with instructions originated by the Secured Party or its designee, and the Issuer may rely conclusively on any Notice of Exclusive Control received from the Secured Party.

(b) Voting Rights. Until the Issuer receives a Notice of Exclusive Control, the Grantor shall be entitled to vote the Pledged Securities.

(c) Daily Reporting. The Issuer will report twice daily to the Secured Party on the valuation of the Pledged Securities at times and in a form that are reasonably acceptable to the Secured Party, and, so long as the Grantor completes the required application, the Grantor will have continuous on-line access, via a portal provided by or on behalf of the Issuer, to the valuation of the Pledged Securities.

(d) Statements and Confirmations. The Issuer will promptly send copies of all statements, confirmations and other correspondence concerning the Pledged Securities simultaneously to each of the Grantor and the Secured Party at their respective addresses specified in Section 20.

(e) Release of Pledged Securities. Unless and until the Issuer receives a Notice of Exclusive Control, the Issuer shall, upon receipt of an instruction executed by both the Grantor and the Secured Party, redeem all or a portion of the Pledged Securities as specifically set forth in such instruction.

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(f) Tax Reporting. All items of income, gain, expense and loss recognized in respect of the Pledged Securities shall be reported to the Internal Revenue Service and all state and local taxing authorities under the name and taxpayer identification number of the Grantor, and the Grantor shall be responsible for the payment of all taxes thereon.

(g) Issuer's Responsibilities. This Agreement does not create any obligation of the Issuer except for those expressly set forth in this Agreement. In particular, the Issuer need not investigate whether the Secured Party is entitled under the Security Agreement or any other agreement to give an instruction or other direction concerning the Pledged Securities or a Notice of Exclusive Control. The Issuer may rely on notices and communications it believes to have been given by the appropriate party. Compliance by the Issuer with its standard procedures for the services it is providing hereunder shall be deemed to be the exercise by it of ordinary care to the extent that those procedures do not conflict with the terms and conditions of this Agreement. In no event shall the Issuer be liable for any lost profits or for any indirect, special, consequential or punitive damages even if advised of the possibility or likelihood of such damages.

Section 12. Payment of Fees, Costs and Expenses. The Grantor shall be responsible for all fees, costs and expenses due to or incurred by the Secured Party and the Issuer in connection with the establishment and maintenance of the Grantor's investment in Pledged Securities and the other transactions contemplated by this Agreement, including without limitation the fees charged by the Issuer or an affiliate of the Issuer in connection with the investment in the Pledged Securities. The Grantor shall pay, or reimburse the Secured Party or the Issuer for, such fees, costs and expenses promptly upon receiving a request therefor.

Section 13. Waiver of Lien; Waiver of Set-off. The Issuer waives any security interest, lien or right to make deductions or set-offs that it may now have or hereafter acquire in or with respect to the Pledged Securities (except as expressly set forth in the parenthetical phrase in the immediately succeeding sentence). The Pledged Securities will not be subject to deduction, set-off, banker's lien, or any other right in favor of any person other than the Secured Party (except that the Issuer may set off (i) all amounts due to it under Section 12, (ii) the face amount of any checks or other items that have been used to purchase Pledged Securities but are subsequently returned unpaid because of uncollected or insufficient funds, and (iii) in respect of any unsatisfied indemnification obligations arising pursuant to this Agreement.)

Section 14. Additional Waivers. Demand, presentment, protest and notice of nonpayment are hereby waived by Grantor. Grantor also waives the benefit of all valuation, appraisal and exemption laws.

Section 15. Notice of Adverse Claims. If any person or entity asserts in writing to the Issuer any lien, encumbrance or adverse claim (including any writ, garnishment, judgment, attachment, execution or similar process) against any Pledged Securities, the Issuer will promptly notify the Secured Party and the Grantor thereof in writing.

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Section 16. Non-Waiver. Waiver of or acquiescence in any default by the Grantor or failure of the Secured Party to insist upon strict performance by the Grantor or the Issuer of any warranties or agreements in this Agreement or the Security Agreement shall not constitute a waiver of any subsequent or other default or failure. No failure to exercise or delay in exercising any right, power or remedy of the Secured Party under this Agreement or the Security Agreement shall operate as a waiver thereof, nor shall any partial exercise of any right, power or remedy by the Secured Party preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The failure of the Secured Party to insist upon the strict observance or performance of any provision of this Agreement or the Security Agreement shall not be construed as a waiver or relinquishment of such provision. No failure to exercise or delay in exercising any right, power or remedy of the Issuer under this Agreement shall operate as a waiver thereof, nor shall any partial exercise of any right, power or remedy by the Issuer preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The rights and remedies provided herein and in the Security Agreement are cumulative and not exclusive of any other rights or remedies provided at law or in equity.

Section 17. Representations, Warranties and Covenants of the Issuer. The Issuer makes the following representations, warranties and covenants:

- (a) the Pledged Securities will be maintained in the manner set forth herein until this Agreement is terminated. The Issuer will not change the name in which the Pledged Securities are registered or account number of any shareholder account relating to the Pledged Securities without the prior written consent of the Secured Party;
- (b) this Agreement has been duly authorized and executed by the Issuer and is a valid and binding agreement of the Issuer, enforceable against it in accordance with its terms;
- (c) the Issuer has not entered into, and until the termination of this Agreement will not enter into, any other agreement with any person or entity (other than the Secured Party) relating to the Pledged Securities pursuant to which it has agreed, or will agree, to comply with instructions of such person or entity. The Issuer has not entered into any other agreement with the Grantor or the Secured Party purporting to limit or condition the obligation of the Issuer to comply with instructions as agreed in Sections 10 and 11;
- (d) the Issuer is an "investment company" registered under the Investment Company Act of 1940, as amended; and
- (e) except for the claims and interests of the Secured Party and the Grantor, the Issuer does not know of any claim to, or interest in, the Pledged Securities.

Section 18. Representations, Warranties and Covenants of Grantor. The Grantor makes the following representations, warranties and covenants:

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(a) the exact legal name of the Grantor and jurisdiction of organization of the Grantor are as first stated above;

(b) except for the security interest of the Secured Party, Grantor is the owner of the Collateral free and clear of any encumbrance of any nature;

(c) this Agreement has been duly authorized and executed by the Grantor and is a valid and binding agreement of the Grantor, enforceable against the Grantor in accordance with its terms;

(d) the Grantor shall at all times defend the title to the Collateral against any and all persons and against all claims;

(e) the Grantor acknowledges and agrees that this Agreement perfects, and is intended to perfect, the security interest in the Pledged Securities granted under this Agreement and the Security Agreement; if the Grantor is a corporation, limited liability company, limited partnership or other Registered Organization (as that term is defined in Article 9 of the UCC), the Grantor shall, at its expense, furnish to the Secured Party a certified copy of the Grantor's organization documents verifying its correct legal name or, at the Secured Party's election, shall permit the Secured Party to obtain such certified copy at the Grantor's expense; and from time to time at Secured Party's election, the Secured Party may obtain a certified copy of the Grantor's organization documents and a search of such UCC filing offices, as it shall deem appropriate, at Grantor's expense, to verify Grantor's compliance with the terms of this Agreement;

(f) the Grantor acknowledges that the Pledged Securities constitute part of the "Collateral" under this Agreement and the Security Agreement, and that delivery of the Cash Deposit pursuant to Section 4 hereof constitutes submission of the Cash Deposit to the Secured Party for purposes of the Financial Assurance Policy, the Security Agreement and this Agreement;

(g) the Grantor shall execute and deliver any further writing, instrument or document, make any recording or filing and take any further action as may reasonably be requested from time to time by the Secured Party or the Issuer in order to evidence, effectuate, preserve the priority of, protect and perfect the Lien on the Collateral; and

(h) the Grantor authorizes the Secured Party, if the Grantor fails to do so, to do all things required of the Grantor herein and charge all expenses incurred by the Secured Party in connection therewith to the Grantor together with interest thereon.

Section 19. Release and Indemnification. The parties to this Agreement hereby agree that (a) the Issuer and the Secured Party is each released from any and all liabilities to any party hereto arising from the terms of this Agreement and the Security Agreement and its compliance with the terms hereof and thereof, except to the extent that such liabilities arise from a breach by such party of an express obligation of such party hereunder or its own gross

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negligence or willful misconduct and (b) the Grantor shall at all times indemnify and save harmless the Issuer and the Secured Party and their officers, directors, trustees, employees, agents and representatives (each, an "Indemnified Party") from and against any and all claims, actions and suits of others arising out of the terms of this Agreement or the Security Agreement or the compliance with the terms hereof or thereof, except to the extent that such arises from such Indemnified Party's breach of an express obligation hereunder or its own gross negligence or willful misconduct, and from and against any and all liabilities, losses, damages, costs, charges, counsel fees and other expenses of every nature and character arising by reason of the same.

Section 20. Notices. Each notice, request or other communication given to any party hereunder shall be in writing (which term includes facsimile) and shall be effective (a) when delivered to such party at its address specified below, (b) when sent to such party by facsimile, addressed to it at its facsimile number specified below, or (c) five (5) days after being sent to such party by certified or registered United States mail, addressed to it at its address specified below, with first class postage prepaid:

Grantor:	Jason K. fox President/CEO Astral Energy LLC 580 Sylvan Ave, Suite 2J Englewood Cliffs, NJ 07632 Facsimile: 201-387-2882
Secured Party:	Mr. Robert C. Ludlow Vice President and Chief Financial Officer ISO New England Inc. One Sullivan Road Holyoke, MA 01040-2841 Facsimile: (413) 540-4569
With a copy to:	Credit Department Supervisor ISO New England Inc. One Sullivan Road Holyoke, MA 01040-2841 Facsimile: (413) 540-4569
Issuer:	BlackRock Liquidity Funds c/o BlackRock Advisors, LLC 100 Bellevue Parkway Wilmington, DE 19809 Attention: Wilmington Service Center Facsimile: (508) 599-1899

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Any party may change its address and facsimile number for purposes of this section by giving notice of such change to the other parties in the manner specified above.

Section 21. Term and Termination. The rights and powers granted herein to the Secured Party (a) have been granted in order to perfect the Lien granted to the Secured Party, (b) are powers coupled with an interest and (c) will not be affected by any bankruptcy of the Grantor or any lapse of time. This Agreement shall continue in full force and effect, and the obligations of the Issuer hereunder shall continue in effect, (i) until the Secured Party has notified the Issuer and the Grantor in writing that the Lien granted to the Secured Party has been terminated pursuant to the terms of the Financial Assurance Policy or (ii) until the Secured Party otherwise elects in writing to terminate this Agreement. Upon the termination of this Agreement, any Pledged Securities or the proceeds of any redemption thereof shall be distributed as directed by the Secured Party. No termination of this Agreement shall in any way affect or impair the rights and liabilities of the parties hereto relating to any transaction or events prior to such termination date, or to the Collateral. The Issuer may terminate this Agreement on at least 30 days' prior written notice to the Secured Party and the Grantor ("Termination Notice"), provided that before such termination, the Issuer and the Grantor shall make arrangements satisfactory to the Secured Party so that the Secured Party will have a perfected Lien on the proceeds of the redemption of the Pledged Securities (but in no event shall the Issuer be required, without its written consent, to refrain from causing redemption of the Pledged Securities longer than 30 days after giving a Termination Notice). Notwithstanding the foregoing, the Issuer may terminate this Agreement immediately upon written notice to the Secured Party and the Grantor in the event of suspected fraud or other illegal activity in connection with the Pledged Securities or this Agreement, in which case, the Issuer will transfer the proceeds of redemption of the Pledged Securities as directed by the Secured Party.

Section 22. Waiver of Trial by Jury. THE GRANTOR, THE SECURED PARTY AND THE ISSUER HEREBY EACH KNOWINGLY, VOLUNTARILY AND IRREVOCABLY WAIVES THE RIGHT TO TRIAL BY JURY IN ANY ACTION, DEFENSE, COUNTERCLAIM, CROSSCLAIM AND/OR ANY FORM OF PROCEEDING BROUGHT IN CONNECTION WITH THIS CONTROL AGREEMENT OR RELATING TO ANY INDEBTEDNESS SECURED HEREBY.

Section 23. Choice of Law. This Agreement shall be construed in accordance with and governed by the laws of the State of Connecticut without regard to conflicts of law principles. The State of Connecticut shall be deemed to be the Issuer's jurisdiction for purposes of the UCC (including, without limitation, Section 8-110 thereof).

Section 24. Successors and Assigns. This Agreement shall be binding upon, and shall inure to the benefit of, the parties hereto and their respective successors and assigns. Neither the Secured Party nor the Grantor may assign this Agreement or any of its rights or obligations hereunder without the written consent of any other party hereto; provided, however, that the Secured Party may, upon notice to the Grantor and the Issuer, assign without limitation

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the Lien on the Collateral. The Issuer may assign this Agreement only if it gives the Grantor and the Secured Party written notice thereof at least 30 days prior to the effectiveness of any such assignment and cause such assignee(s) to assume this Agreement in a written instrument that is reasonably acceptable to the Secured Party.

Section 25. Amendments. No amendment or modification of this Agreement or waiver of any right hereunder shall be binding on any party hereto unless it is in writing and is signed by all the parties hereto.

Section 26. Entire Agreement. As between the Grantor and the Secured Party, this Agreement, the Security Agreement and the Financial Assurance Policy constitute the entire agreement and understanding with respect to the subject matter hereof and thereof and supersedes all prior agreements and communications with respect hereto and thereto. As among the Grantor and the Secured Party, on the one hand, and the Issuer, on the other hand, this Agreement constitutes the entire agreement and understanding with respect to the subject matter hereof and supersedes all prior agreements and communications with respect thereto; provided, however, that unless otherwise expressly provided herein, this Agreement shall not affect any other agreements between the Issuer and Grantor regarding the Collateral, the account specified on Attachment B hereto or any other subject matter.

[Remainder of page intentionally left blank]

302-

BlackRock

11:56:11 a.m. 11-28-2017

13/13

ISO new england

RECEIVED
NOV 07 2017
BLACKROCK FUNDS

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be duly executed as of the day and the year first written above.

[GRANTOR] ASTRAL ENERGY LLC

By: [Signature]
Name: Jason K. Fox
Title: President/CEO
Oct 25, 2017

1. ISO NEW ENGLAND INC.

By: [Signature]
Name: PAOET C. LUDLOW
Title: VP Chief Financial + Compliance
Officer

2. BLACKROCK LIQUIDITY FUNDS

By: [Signature]
Name: Thomas Callahan
Title: managing director



**Attachment A to
Uncertificated Securities Control Agreement**

[Letterhead]

[Date]

[Issuer]
[Address]

Re: Notice of Exclusive Control

Ladies and Gentlemen:

As referenced in the Uncertificated Securities Control Agreement dated as of _____, _____ among [name of the Grantor], the undersigned and you (a copy of which is attached hereto), we notify you that we will hereafter exercise exclusive control over the Pledged Securities registered in the name of [name of the Grantor] and reflected in account number _____ of your shareholder records. You are instructed not to accept any directions or instructions with respect to the Pledged Securities from any person or entity other than the undersigned unless otherwise ordered by a court of competent jurisdiction.

You are instructed to deliver a copy of this notice by facsimile transmission to [name of the Grantor].

Very truly yours,

ISO NEW ENGLAND INC., as Secured
Party

By: _____
Name:
Title:

cc: [name of the Grantor]



**Attachment B to
Uncertificated Securities Control Agreement**

Permitted Investments

Account No.: [_____]

Portfolio

BlackRock Liquidity Funds, TempFund
BlackRock Liquidity Funds, TempCash
BlackRock Liquidity Funds, T-Fund
BlackRock Liquidity Funds, FedFund
BlackRock Liquidity Funds, MuniCash

Default Investment

BlackRock Liquidity Funds, TempFund

ISO new england

**Attachment C to
Uncertificated Securities Control Agreement**

Wire Instructions for Deposits

Bank: Bank of New York Mellon
ABA: [REDACTED]
Credit: [REDACTED]
BNY Mellon Investment Servicing (US) Inc.
As Agent for BlackRock Liquidity Funds

Further

Credit: Beneficiary Name
Beneficiary Fund/Account Number*

***NOTE:** Beneficiary Name, Beneficiary Fund and BlackRock Account Number (as provided by BlackRock via account registration confirmation) MUST be included on the transfer instructions.

***NOTE:** BlackRock will return all wire transfers at the end of the day where such transfer has not been accompanied by a call to BlackRock Client Services informing them of the transaction (as noted in Step 1 above).

***NOTE:** Please refer to the BlackRock Fund Matrix for specific cut-off times for investing in the Issuer.

EXHIBIT B

ATTACHMENT 1
SECURITY AGREEMENT

THIS SECURITY AGREEMENT (the "Security Agreement") is effective as of this 12th day of
[October], 2017, by and between [INSERT NAME], a [Astral Energy LLC NJ LLC], having its principal
office and place of business at [580 Sylvan Ave., Ste 2J] (the "Debtor"), and ISO New England
Inc., a Delaware nonprofit corporation (the "Secured Party" and collectively with the Debtor, the
"Parties").
Englewood Cliffs, NJ 07632

WITNESSETH:

In consideration of the mutual promises and covenants herein contained, the Parties agree as follows:

1. Definitions.

a. In this Security Agreement:

- i. "Code" shall mean the Uniform Commercial Code, as enacted in the State of Connecticut and as amended from time to time.
- ii. "Collateral" shall mean (a) all cash provided, submitted, wired or otherwise transferred or deposited by the Debtor to or with the Secured Party or a financial institution, investment firm, or other designee selected by the Secured Party or acting on the Secured Party's behalf, to hold or invest such cash deposit, from time to time in satisfaction of, pursuant to, or in compliance with, the ISO Financial Assurance Policy; (b) all securities or other investment property (as defined in the Code) of the Debtor, whether or not purchased with such cash deposit, submitted, wired or otherwise transferred, deposited or maintained by the Debtor to or with the Secured Party or its designee, in each case in satisfaction of, pursuant to, or in compliance with, the ISO Financial Assurance Policy; (c) all other property of Debtor submitted, pledged, assigned or otherwise transferred by the Debtor to the Secured Party or its designee, in each case, in satisfaction of, pursuant to, or in compliance with, the ISO Financial Assurance Policy; and (d) the products and proceeds of each of the foregoing.
- iii. "ISO Financial Assurance Policy" shall mean the Financial Assurance Policy in the Tariff, as amended, supplemented or restated from time to time, including but not limited to the Financial Assurance Policy in Exhibit 1A to Section I of the Tariff.

- iv. "Tariff" shall mean the ISO New England Inc. Transmission, Markets and Services Tariff, as filed with the Federal Energy Regulatory Commission, as amended, supplemented and/or restated from time to time.
 - v. "Obligations" shall mean any and all amounts due from Debtor from time to time under the Tariff.
 - vi. "Market Participants" shall have the meaning set forth in the Tariff.
- b. Any capitalized term not defined herein that is defined in the Code shall have the meaning as defined in the Code.
2. Security Interest. To secure the payment of all Obligations of the Debtor, Debtor hereby grants and conveys to the Secured Party a security interest in the Collateral. The Debtor hereby irrevocably authorizes the Secured Party at any time and from time to time to file in any applicable filing office any initial financing statements and amendments thereto that provide any information required by part 5 of Article 9 of the Code for the sufficiency of filing office acceptance of any financing statement or amendment.
3. Debtor's Covenants. The Debtor warrants, covenants and agrees with the Secured Party as follows:
- a. The Debtor shall perform all of the Debtor's obligations under this Security Agreement according to its terms.
 - b. The Debtor shall defend the title to the Collateral against any and all persons and against all claims.
 - c. The Debtor shall at any time and from time to time take such steps as the Secured Party may reasonably request to ensure the continued perfection and priority of the Secured Party's security interest in the Collateral and the preservation of its rights therein.
 - d. The Debtor acknowledges and agrees that this Security Agreement grants, and is intended to grant, a security interest in the Collateral. If the Debtor is a corporation, limited liability company, limited partnership or other Registered Organization (as that term is defined in Article 9 of the Uniform Commercial Code as in effect in Connecticut) the Debtor shall, at its expense, furnish to Secured Party a certified copy of Debtor's organization documents verifying its correct legal name or, at Secured Party's election, shall permit the Secured Party to obtain such certified copy at Debtor's expense. From

time to time at Secured Party's election, the Secured Party may obtain a certified copy of Debtor's organization documents and a search of such Uniform Commercial Code filing offices, as it shall deem appropriate, at Debtor's expense, to verify Debtor's compliance with the terms of this Security Agreement.

- a. The Debtor authorizes the Secured Party, if the Debtor fails to do so, to do all things required of the Debtor herein and charge all expenses incurred by the Secured Party to the Debtor together with interest thereon, which expenses and interest will be added to the Obligations.

4. **Debtor's Representations and Warranties.** The Debtor represents and warrants to the Secured Party as follows:

- a. The exact legal name of the Debtor is as first stated above.
- b. Except for the security interest of the Secured Party, Debtor is the owner of the Collateral free and clear of any encumbrance of any nature.

5. **Non-Waiver.** Waiver of or acquiescence in any default by the Debtor or failure of the Secured Party to insist upon strict performance by the Debtor of any warranties, covenants, or agreements in this Security Agreement shall not constitute a waiver of any subsequent or other default or failure. No failure to exercise or delay in exercising any right, power or remedy of the Secured Party under this Security Agreement shall operate as a waiver thereof, nor shall any partial exercise of any right, power or remedy preclude any other or further exercise thereof or the exercise of any other right, power or remedy. The failure of the Secured Party to insist upon the strict observance or performance of any provision of this Security Agreement shall not be construed as a waiver or relinquishment of such provision. The rights and remedies provided herein are cumulative and not exclusive of any other rights or remedies provided at law or in equity.

6. **Events of Default.** Any one of the following shall constitute an "Event of Default" hereunder by the Debtor:

- a. Failure by the Debtor to comply with or perform any provision of this Security Agreement or to pay any Obligation; or

- b. Any representation or warranty made or given by the Debtor in connection with this Security Agreement proves to be false or misleading in any material respect; or
 - c. Any part of the Collateral is attached, seized, subjected to a writ or distress warrant, or is levied upon, or comes within the possession of any receiver, trustee, custodian or assignee for the benefit of creditors.
7. **Remedy upon the Occurrence of an Event of Default.** Upon the occurrence of any Event of Default the Secured Party shall, immediately and without notice, be entitled to use, sell, or otherwise liquidate the Collateral to pay all Obligations owed by the Debtor.
8. **Attorneys' Fees, etc.** Upon the occurrence of any Event of Default, the Secured Party's reasonable attorneys' fees and the legal and other expenses for pursuing, receiving, taking, keeping, selling, and liquidating the Collateral and enforcing the Security Agreement shall be chargeable to the Debtor.
9. **Other Rights:**
- a. In addition to all rights and remedies herein and otherwise available at law or in equity, upon the occurrence of an Event of Default, the Secured Party shall have such other rights and remedies as are set forth in the Tariff and ISO Financial Assurance Policy.
 - b. Notwithstanding the provisions of the ISO New England Information Policy, as amended, supplemented or restated from time to time (the "ISO New England Information Policy"), Debtor hereby (i) authorizes the Secured Party to disclose any information concerning Debtor to any court, agency or entity which is necessary or desirable, in the sole discretion of the Secured Party, to establish, maintain, perfect or secure the Secured Party's rights and interest in the Collateral (the "Debtor Information"); and (ii) waives any rights it may have under the ISO New England Information Policy to prevent, impair or limit the Secured Party from disclosing such information concerning the Debtor.
10. **PRE-JUDGMENT REMEDY. DEBTOR ACKNOWLEDGES THAT THIS SECURITY AGREEMENT AND THE UNDERLYING TRANSACTIONS GIVING RISE HERETO CONSTITUTE COMMERCIAL BUSINESS TRANSACTIONS WITHIN THE STATE OF CONNECTICUT. IN THE EVENT OF ANY LEGAL ACTION BETWEEN DEBTOR AND**

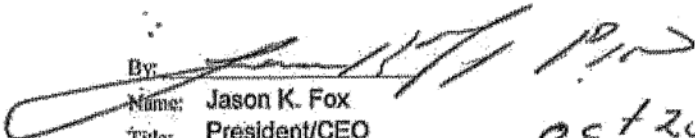
THE SECURED PARTY HEREUNDER, DEBTOR HEREBY EXPRESSLY WAIVES ANY RIGHTS WITH REGARD TO NOTICE, PRIOR HEARING AND ANY OTHER RIGHTS IT MAY HAVE UNDER THE CONNECTICUT GENERAL STATUTES, CHAPTER 903a, AS NOW CONSTITUTED OR HEREAFTER AMENDED, OR OTHER STATUTE OR STATUTES, STATE OR FEDERAL, AFFECTING PREJUDGMENT REMEDIES, AND THE SECURED PARTY MAY INVOKE ANY PREJUDGMENT REMEDY AVAILABLE TO IT, INCLUDING, BUT NOT LIMITED TO, GARNISHMENT, ATTACHMENT, FOREIGN ATTACHMENT AND REPLEVIN, WITH RESPECT TO ANY TANGIBLE OR INTANGIBLE PROPERTY (WHETHER REAL OR PERSONAL) OF DEBTOR TO ENFORCE THE PROVISIONS OF THIS SECURITY AGREEMENT, WITHOUT GIVING DEBTOR ANY NOTICE OR OPPORTUNITY FOR A HEARING.

11. **WAIVER OF JURY TRIAL.** THE DEBTOR AND THE SECURED PARTY HEREBY EACH KNOWINGLY, VOLUNTARILY AND IRREVOCABLY WAIVES THE RIGHT TO TRIAL BY JURY IN ANY ACTION, DEFENSE, COUNTERCLAIM, CROSSCLAIM AND/OR ANY FORM OF PROCEEDING BROUGHT IN CONNECTION WITH THIS SECURITY AGREEMENT OR RELATING TO ANY OBLIGATIONS SECURED HEREBY.
12. **Additional Waivers.** Demand, presentment, protest and notice of nonpayment are hereby waived by Debtor. Debtor also waives the benefit of all valuation, appraisal and exemption laws.
13. **Binding Effect.** The terms, warranties and agreements herein contained shall bind and inure to the benefit of the respective Parties hereto, and their respective legal representatives, successors and assigns.
14. **Assignment.** The Secured Party may, upon notice to the Debtor, assign without limitation its security interest in the Collateral.
15. **Amendment.** This Security Agreement may not be altered or amended except by an agreement in writing signed by the Parties.
16. **Term.**

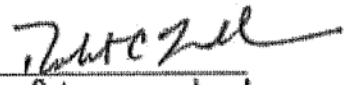
- a. This Security Agreement shall continue in full force and effect until all Obligations owed by the Debtor have been paid in full.
 - b. No termination of this Security Agreement shall in any way affect or impair the rights and liabilities of the Parties hereto relating to any transaction or events prior to such termination date, or to the Collateral in which the Secured Party has a security interest, and all agreements, warranties and representations of the Debtor shall survive such termination.
17. Choice of Law. The laws of the State of Connecticut shall govern the rights and duties of the Parties herein contained without giving effect to any conflict-of-law principles.

IN WITNESS WHEREOF, the Parties have signed and sealed this Security Agreement as of the day and year first above written.

[INSERT NAME] ASTRAL ENERGY LLC

By: 
Name: Jason K. Fox
Title: President/CEO
Oct 25, 2017

ISO NEW ENGLAND INC.

By: 
Name: Robert C. Ludlow
Title: VP Chief Financial Officer
Compliance Officer

Fill in this information to identify the case:

Debtor 1	Astral Energy, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/7/2024
 Jeanne Naughton, Clerk

**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?	Justyna Inocencio	
	Name of the current creditor (the person or entity to be paid for this claim)	
	Other names the creditor used with the debtor	Inocencio
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Justyna Inocencio	632 Boulevard
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 632 Boulevard New Milford, NJ 07646-632	Name New Milford, NJ 07646
	Contact phone 2018350317	Contact phone 2018350317
	Contact email iustyna.inocencio@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>	
<p>7. How much is the claim?</p>	<p>\$ 1400.00</p>	<p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Payroll</p> <p>_____</p>	
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 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 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 2/7/2024
 MM / DD / YYYY

/s/ Justyna Inocencio

Signature

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

Name Justyna Inocencio

Title _____
First name Middle name Last name

Company _____

Address 632 Boulevard
Identify the corporate servicer as the company if the authorized agent is a servicer

New Milford, NJ 07646
Number Street

City State ZIP Code

Contact phone 2018057600 Email justyna.inocencio@gmail.com

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 23-17424 VFP

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? New York State Energy Research and Development Authority
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor NYSERDA

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>Where should notices to the creditor be sent?</p> <p><u>Martin A. Mooney, Assistant Attorney General</u> Name</p> <p><u>The Capitol</u> Number Street</p> <p><u>Albany NY 12224</u> City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>_____ Name</p> <p>_____ Number Street</p> <p>_____ City State ZIP Code</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	---

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? _____

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: _____

7. How much is the claim? \$ 136,669.96. 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.
Zero-Emission Credit Certificates pursuant to Procure. Pay Agree.

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. \$ _____

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 one:

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). Amount entitled to priority
\$ _____
- 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)() that applies. \$ _____

* 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.

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 02/07/2024
MM / DD / YYYY

Print Janice A. Dean _____
_____ and signing this claim:

Name Janice Dean
First name Middle name Last name

Title Deputy General Counsel

Company New York State Energy Research and Development Authority
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 17 Columbia Circle
Number Street

Albany NY 12203
City State ZIP Code

Contact phone (518) 862-1090 Email Janice.Dean@nyserda.ny.gov



NYSERDA

INVOICE

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE # 43634
 Date: Jul 6 2023
 Payment Due Date: Aug 5 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 30

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Alternative Compliance Payments	RES Compliance ACPs 2022	1,076	35.000	37,660.00
Total (US\$)				37,660.00

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSERDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
- 2) or (b) a late payment charge of \$10.00 dollars. In addition, NYSERDA is also authorized to charge a collection fee, not to exceed 22% of the invoice amount, to cover the cost of processing, handling and collecting the invoice amount if not paid within 95 days of the invoice date.
- 3) If this invoice is not paid by the due date indicated above, NYSERDA is authorized to refer the account to a private collection agency or the New York State Attorney General for collection. Further, Section 171-f of the State Tax Law authorizes NYSERDA to certify past-due legally enforceable debt to the New York State Department of Taxation and Finance for collection by offset of tax overpayments or other payments due from the State.
- 4) Section 19 of the State Finance law allows NYSERDA to charge a \$20.00 fee for dishonored checks.

Please send payments by check to:

NYSERDA
 Attn: Finance
 17 Columbia Circle
 Albany, New York 12203

Please remit by ACH/Wire payment to:

For NYSERDA's banking information, please contact Gail Swire (gail.swire@nyserda.ny.gov) at 518-862-1090 extension 3539 or Erik Yatto (erik.yatto@nyserda.ny.gov) at 518-862-1090, extension 3557.



NYSERDA

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE

INVOICE # 44236
 Date: Oct 10 2023
 Payment Due Date: Nov 9 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 30

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Yearly ZEC Reconciliation	Yearly ZEC Reconciliation 2022			21,689.73
Total (US\$)				21,689.73

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSEDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
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- 4) Section 19 of the State Finance law allows NYSEDA to charge a \$20.00 fee for dishonored checks.

Please send payments by check to:
 NYSEDA
 Attn: Finance
 17 Columbia Circle
 Albany, New York 12203

Please remit by ACH/Wire payment to:
 For NYSEDA's banking information, please contact Gail Swire (gail.swire@nyserda.ny.gov) at 518-862-1090 extension 3539 or Erik Yatto (erik.yatto@nyserda.ny.gov) at 518-862-1090, extension 3557.



NYSERDA

INVOICE

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE # 43261
 Date: May 16 2023
 Payment Due Date: May 31 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 15

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Monthly Tier 2 Compliance	Monthly Tier 2 Compliance April 2023	4,936	0.004	19.74
Monthly ZEC Compliance	Monthly ZEC Compliance April 2023	4,936	3.360	16,584.96
Total (US\$)				16,604.70

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSERDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
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- 3) If this invoice is not paid by the due date indicated above, NYSERDA is authorized to refer the account to a private collection agency or the New York State Attorney General for collection. Further, Section 171-f of the State Tax Law authorizes NYSERDA to certify past-due legally enforceable debt to the New York State Department of Taxation and Finance for collection by offset of tax overpayments or other payments due from the State.
- 4) Section 19 of the State Finance law allows NYSERDA to charge a \$20.00 fee for dishonored checks.

Please send payments by check to:

NYSERDA
 Attn: Finance
 17 Columbia Circle
 Albany, New York 12203

Please remit by ACH/Wire payment to:

For NYSERDA's banking information, please contact Gail Swire (gail.swire@nyserda.ny.gov) at 518-862-1090 extension 3539 or Erik Yatto (erik.yatto@nyserda.ny.gov) at 518-862-1090, extension 3557.



NYSERDA

INVOICE

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE # 43690
 Date: Jul 14 2023
 Payment Due Date: Jul 29 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 15

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Monthly Tier 2 Compliance	Monthly Tier 2 Compliance June 2023	6,216	0.004	24.86
Monthly ZEC Compliance	Monthly ZEC Compliance June 2023	6,216	3.360	20,885.76
Total (US\$)				20,910.62

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSEKDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
- 2) or (b) a late payment charge of \$10.00 dollars. In addition, NYSEKDA is also authorized to charge a collection fee, not to exceed 22% of the invoice amount, to cover the cost of processing, handling and collecting the invoice amount if not paid within 95 days of the Invoice date.
- 3) If this invoice is not paid by the due date indicated above, NYSEKDA is authorized to refer the account to a private collection agency or the New York State Attorney General for collection. Further, Section 171-f of the State Tax Law authorizes NYSEKDA to certify past-due legally enforceable debt to the New York State Department of Taxation and Finance for collection by offset of tax overpayments or other payments due from the State.
- 4) Section 19 of the State Finance law allows NYSEKDA to charge a \$20.00 fee for dishonored checks.

Please send payments by check to:

NYSEKDA
 Attn: Finance
 17 Columbia Circle
 Albany, New York 12203

Please remit by ACH/Wire payment to:

For NYSEKDA's banking information, please contact Gail Swire (gail.swire@nyserda.ny.gov) at 518-862-1090 extension 3539 or Erik Yatto (erik.yatto@nyserda.ny.gov) at 518-862-1090, extension 3557.



NYSERDA

INVOICE

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE # 44023
 Date: Aug 16 2023
 Payment Due Date: Aug 31 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 15

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Monthly Tier 2 Compliance	Monthly Tier 2 Compliance July 2023	7,453	0.004	29.81
Monthly ZEC Compliance	Monthly ZEC Compliance July 2023	7,453	3.360	25,042.08
Total (US\$)				25,071.89

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSERDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
- 2) or (b) a late payment charge of \$10.00 dollars. In addition, NYSERDA is also authorized to charge a collection fee, not to exceed 22% of the invoice amount, to cover the cost of processing, handling and collecting the invoice amount if not paid within 95 days of the invoice date.
- 3) If this invoice is not paid by the due date indicated above, NYSERDA is authorized to refer the account to a private collection agency or the New York State Attorney General for collection. Further, Section 171-f of the State Tax Law authorizes NYSERDA to certify past-due legally enforceable debt to the New York State Department of Taxation and Finance for collection by offset of tax overpayments or other payments due from the State.
- 4) Section 19 of the State Finance law allows NYSERDA to charge a \$20.00 fee for dishonored checks.

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NYSERDA

INVOICE

To:
 Astral Energy LLC
 Ashton Fox
 580 Sylvan Ave, Suite 2J
 Englewood Cliffs, NJ 07632
 United States of America

INVOICE # 44118
 Date: Sep 13 2023
 Payment Due Date: Sep 28 2023
 Account ID: 1711
 Customer #: 105909
 Term: Net 15

Fee Type	Description	Quantity	Rate (US\$)	Amount (US\$)
Monthly Tier 2 Compliance	Monthly Tier 2 Compliance August 2023	5,657	0.004	22.63
Monthly ZEC Compliance	Monthly ZEC Compliance August 2023	5,657	3.360	19,007.52
Total (US\$)				19,030.15

Invoice Payment Instructions:

- 1) If this invoice is not paid by the due date indicated above, Section 18 of the State Finance Law authorizes NYSEDA to collect, in addition to the stated invoice amount, the greater of: (a) interest on the amount due accruing from 5 days after the Invoice Date, computed at the underpayment rate charged by the Commissioner of Taxation and Finance pursuant to subsection (e) of section 1096 of the State Tax Law less four percentage points;
- 2) or (b) a late payment charge of \$10.00 dollars. In addition, NYSEDA is also authorized to charge a collection fee, not to exceed 22% of the invoice amount, to cover the cost of processing, handling and collecting the invoice amount if not paid within 95 days of the invoice date.
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- 4) Section 19 of the State Finance law allows NYSEDA to charge a \$20.00 fee for dishonored checks.

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NYSEDA
 Attn: Finance
 17 Columbia Circle
 Albany, New York 12203

Please remit by ACH/Wire payment to:

For NYSEDA's banking information, please contact Gail Swire (gail.swire@nyserda.ny.gov) at 518-862-1090 extension 3539 or Erik Yatto (erik.yatto@nyserda.ny.gov) at 518-862-1090, extension 3557.

Fill in this information to identify the case:

Debtor 1 ASTRAL ENERGY, LLC

Debtor 2 (Spouse, if filing) _____

United States Bankruptcy Court for the: District of New Jersey

Case number 23-17424

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.

Part 1: Identify the Claim

1. Who is the current creditor? BOSTON ENERGY TRADING AND MARKETING 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>Where should notices to the creditor be sent?</p> <p>Please see attachment</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p> <p>Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____</p>	<p>Where should payments to the creditor be sent? (if different)</p> <p>Please see attachment</p> <p>Name _____</p> <p>Number _____ Street _____</p> <p>City _____ State _____ ZIP Code _____</p> <p>Contact phone _____</p> <p>Contact email _____</p>
---	--

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? _____

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: _____

7. How much is the claim? \$ unliquidated. 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.
Money loaned; goods sold

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: Blanket lien

Basis for perfection: Various -- please see attachment
 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. \$ _____

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

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 \$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 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 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

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 02/14/2024
MM / DD / YYYY

Michael Blasik
Signature

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

Name Michael Blasik
First name Middle name Last name

Title Senior Counsel

Company Boston Energy Trading and Marketing LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address 1 International Place, Suite 900
Number Street

Boston MA 02110
City State ZIP Code

Contact phone (857) 284-4230 Email michael.blasik@betm.com

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

In re:	§	Chapter 7
	§	
ASTRAL ENERGY, LLC,	§	Case No. 23-17424
	§	
Debtor.	§	

**RIDER TO PROOF OF CLAIM OF
BOSTON ENERGY TRADING AND MARKETING LLC**

Boston Energy Trading and Marketing LLC (“BETM”) files this proof of claim (the “Claim”) in a contingent/unliquidated amount against the debtor, Astral Energy, LLC (the “Debtor”), and in support thereof, states as follows:

1. In the prepetition period, BETM and the Debtor were parties to that certain Supply and Services Agreement (as amended, the “Supply Agreement”), dated November 6, 2017. In addition, BETM and the Debtor were parties to that certain ISDA 2002 Master Agreement (including the Schedule, Credit Support Annex and any Confirmations thereunder, the “ISDA Agreement” and together with the Supply Agreement, the “Trading Contracts”), dated November 6, 2017.¹

2. Pursuant to the Trading Contracts, BETM allowed the Debtor to enter into transactions for the purchase, sale, and delivery of certain physical or financial energy supply and hedging products, which the Debtor used in connection with its retail energy and retail natural gas businesses.

¹ The Trading Contracts are too voluminous to include in this filing, but are available upon request.

3. In the prepetition period, BETM served as a supplier of electricity and natural gas and related hedges to the Debtor. Prior to the Petition Date (as defined below), BETM provided various forms of collateral (the “Third Party Collateral”) to wholesale energy suppliers, regulatory agencies, transmission grid operators (e.g., NYISO, PJM, ISO-NE), local distribution companies, electric distribution companies, and other third-party firms (collectively, the “Third Parties”). As groups of the Debtor’s customers have been transferred to other providers (the “Customer Transfers”), the Third Parties have released certain amounts of Third Party Collateral posted by BETM on behalf of the Debtor.

4. On August 10, 2023, BETM provided the Debtor with its notice of termination of the Trading Contracts, in accordance with the terms thereof.

5. On August 25, 2023 (the “Petition Date”), the Debtor filed its voluntary petition for relief under chapter 7 of the U.S. Bankruptcy Code. Thereafter, Donald V. Biase was appointed chapter 7 trustee.

Amount Claimed

6. BETM hereby asserts this claim for any and all damages due with respect to Debtor’s failure to perform under and the termination of the Trading Contracts. At this time, the Claim is contingent and/or unliquidated because the Customer Transfers and the release of Third Party Collateral have been ongoing. In addition to the above, BETM further claims an unliquidated amount for any additional amounts indemnified or otherwise owed under the Trading Contracts.

7. For illustration purposes, and subject to the caveats above, BETM provides the “Exposure Statement” at Attachment 1, reflecting its current understanding of the amount of the Claim.

8. BETM reserves the right to set-off any claim set forth in this proof of claim against any claim that the Debtor or its estate has or may assert against BETM.

General

9. BETM reserves the right to amend, modify or supplement this proof of claim in any manner, for any purpose and at any time.

10. BETM reserves the right to assert and file any and all additional claims of whatever kind or nature that it has or may hereinafter have against the Debtor.

11. BETM reserves all rights, claims and defenses, including as to any claims that may be asserted against BETM by the Debtors, their bankruptcy estates, or successors or assigns thereof. To the extent that any action is taken against BETM by an affiliate of the Debtor, BETM reserves its rights to assert cross-claims or other actions against the Debtor for purposes of determining or resolving such actions.

12. BETM reserves all rights it has or may have in the future against the Debtor. This proof of claim is not intended as (a) a waiver or release of any rights of BETM against the Debtor (or any of its affiliates) not asserted in this proof of claim (including, without limitation, under sections 365 or 502 of the Bankruptcy Code); (b) a consent by BETM to the jurisdiction of this Court with respect to the subject matter of the claims set forth herein or to this Court’s hearing, determining or entering orders or judgments in any proceedings on this proof of claim; (c) a waiver of the rights of BETM to trial by jury in any proceedings so triable in these cases or any controversy or

proceedings related to these cases, notwithstanding the designation or not of such matters as “core proceedings” pursuant to 28 U.S.C. §157(b)(2); (d) a consent by BETM to a jury trial in this Court or any other court in any proceeding as to any matter so triable herein, pursuant to 28 U.S.C. §157(e) or otherwise; (e) a waiver, release or limitation of BETM’s right to have any and all final orders in any and all non-core matters or proceedings entered only after *de novo* review by a U.S. District Court; (f) a waiver of the right to move to withdraw the reference with respect to the subject matter of this claim, any objection thereto or other proceedings that may be commenced in these cases involving BETM; (g) a consent to the final determination or adjudication of any claim or right pursuant to 28 §157(c); (h) a waiver of BETM’s right to have the issues presented herein arbitrated pursuant to its contractual rights; or (i) an election of remedies.

13. No judgment has been rendered on the claims set forth in this proof of claim.

14. Although BETM has received certain releases of collateral from third parties (and has, and will continue to, reduce its claim amount in relation to such collateral recoveries), no payments on the claims set forth in this proof of claim have been made by the Debtor.

15. All notices concerning this proof of claim should be sent to:

Mark D. Sherrill
Eversheds Sutherland (US) LLP
1001 Fannin Street, Suite 3700
Houston, TX 77002
(713) 470-6106
marksherrill@eversheds-sutherland.us

with a copy to:

Michael Blasik, Esq.
Vice President and Senior Counsel
Boston Energy Trading and Marketing LLC
1 International Place
Suite 900
Boston, MA 02110

Attachment 1

Exposure Statement

BETM
 Astral Exposure
 Date of Determination 24-Jan-24
 Termination Date - 10 Aug 24
 Petition Date - 25 Aug 24
 Current Total Loss to Astral: \$ 8,772,818.75

Pre-petition A/R
 Invoiced, unpaid \$ 6,914,843.51
 Uninvoiced \$ -
 Lockbox Sweeps \$ (6,141,748.77)
 NYISO ICAP \$ (747,447.43) *Still Held at the NYISO*
 Subtotal \$ 25,647.31

Post-petition A/R
 Invoiced \$ 2,019,769.32
 Anticipated to 1 Feb \$ -
 Receipts \$ -
 Subtotal \$ 2,019,769.32

MTM Loss on Termination Date
 MTM Loss \$ 1,780,107.49
 Receipts \$ -
 Subtotal \$ 1,780,107.49

Collateral - Not Returned
 Collateral - Utility \$ 1,896,734.00
 Collateral - ISO \$ 1,616,337.00
 Collateral - Regulatory \$ 100,000.00
 ESUS IOLTA \$ 277,636.00
 Subtotal \$ 3,890,707.00

Expenses
 Taxes \$ 439,583.48
 Carve-out \$ 100,000.00
 Outside Counsel \$ 394,773.00
 EARTH \$ 119,866.41
 ESG \$ 2,364.74
 Anticipated Expenses \$ -
 Subtotal \$ 1,056,587.63

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/18/2024
 Jeanne Naughton, Clerk

**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?	<u>MS RUTH MADISON</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>MS RUTH MADISON</u>	<u>Lillie Madison</u>
	Name	Name
	<u>302 CONVENT AVE 56 NEW YORK NY 10031-6326</u>	<u>302 Convent Ave. Apt 56 New York, NY 10031</u>
	Contact phone <u>9178652168</u>	Contact phone <u>9178652168</u>
	Contact email <u>KWW302@gmail.com</u>	Contact email <u>KWW302@gmail.com</u>
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ 0.00</p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;">Dividend</p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

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. 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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7). <input type="checkbox"/> 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). <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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
* 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.		

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 2/18/2024
 MM / DD / YYYY

/s/ Lillie Madison _____

Signature

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

Name Lillie Madison

First name Middle name Last name

Title Voluntary Administrator

Company _____

Identify the corporate servicer as the company if the authorized agent is a servicer

Address 302 Convent Avenue, 56

Number Street
 New York, NY 10031

City State ZIP Code

Contact phone 9178652168 Email KWW302@gmail.com

Malgré tout Bank

Surrogate's Court
362137 of the County of New York

CERTIFICATES OF SMALL ESTATES
The People of the State of New York

Index#2006-0435

Know Ye, That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on February 1, 2006 Lillie Madison, qualified as a voluntary administrator(s) by filing the affidavit in relation to settlement of estate of: Ruth Madison

In Testimony Whereof, we have caused the Seal of the Surrogate's Court of the County of New York to be hereunto affixed.

WITNESS, Honorable Renee R. Roth, a surrogate of the County of New York, this 6TH Day of March, 2006.

Jane Passenant

Jane Passenant

Clerk of the Surrogate's Court

*****LIMITATIONS*****

- 1. The collection of more than a total of \$20,000 is not permitted.
- 2. Pursuant to SCPA 1306(3) the Voluntary Administrator shall have no power to enforce a claim for the wrongful death of or a claim for personal injuries to the decedent.
- 3. Pursuant to SCPA 1302, the powers of a Voluntary Administrator under this article are not applicable to any interest in real property in this state owned by the decedent.

* THIS CERTIFICATE IS NOT VALID WITHOUT A RAISED SEAL OF THE COURT *

Fill in this information to identify the case:	
Debtor 1	<u>Astral Energy, LLC</u>
Debtor 2	
<small>(Spouse, if filing)</small>	
United States Bankruptcy Court	<u>District of New Jersey</u>
Case number:	<u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/19/2024
 Jeanne Naughton, Clerk

**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?	<u>Algonquin Gas Transmission, 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 _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Algonquin Gas Transmission, LLC</u>	_____
	Name	Name
	<u>915 N. Eldridge Parkway Houston, TX 77079</u>	
	Contact phone <u>713-627-5227</u>	Contact phone _____
	Contact email <u>katherine.oconnor@enbridge.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: 8441

7. How much is the claim? \$ 0.02 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.
Natural gas transportation

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 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 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 2/19/2024
 MM / DD / YYYY

/s/ Katherine O'Connor
 Signature

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

Name Katherine O'Connor
First name Middle name Last name

Title Senior Legal Counsel

Company Enbridge

Address 915 N. Eldridge Parkway
Identify the corporate servicer as the company if the authorized agent is a servicer
Houston, TX 77079
Number Street
City State ZIP Code

Contact phone 713-627-5227 Email katherine.oconnor@enbridge.com

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/19/2024
 Jeanne Naughton, Clerk

**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?	<u>Texas Eastern Transmission, LP</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Texas Eastern Transmission, LP</u>	_____
	Name	Name
	<u>915 N. Eldridge Parkway Houston, TX 77079</u>	_____
	Contact phone <u>713-627-5227</u>	Contact phone _____
	Contact email <u>katherine.oconnor@enbridge.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8960</u></p>	
<p>7. How much is the claim?</p>	<p>\$ <u>36446.10</u></p>	<p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;"><u>Natural Gas Transportation</u></p>	
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>	
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>	
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>	

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <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><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p> <p><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 style="font-size: small;">* 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.</p>
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Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input type="checkbox"/> I am the creditor. <input checked="" type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <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>2/19/2024</u> MM / DD / YYYY</p> <p><u>/s/ Katherine O'Connor</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Katherine O'Connor</u> First name Middle name Last name</p> <p>Title <u>Senior Legal Counsel</u></p> <p>Company <u>Enbridge</u></p> <p>Address <u>915 N. Eldridge Parkway</u> Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p>Number Street <u>Houston, TX 77079</u></p> <p>City State ZIP Code</p> <p>Contact phone <u>713-627-5227</u> Email <u>katherine.oconnor@enbridge.com</u></p>
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Fill in this information to identify the case:	
Debtor 1	<u>Astral Energy, LLC</u>
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	<u>District of New Jersey</u>
Case number:	<u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/19/2024
 Jeanne Naughton, Clerk

**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?	<u>Tennessee Gas Pipeline, L.L.C.</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Tennessee Gas Pipeline, L.L.C.</u>	_____
	Name	Name
	<u>Karen Ferazzi Kinder Morgan, Inc. 1001 Louisiana, Suite 1000 Houston, TX 77002</u>	
	Contact phone <u>713-369-9354</u>	Contact phone _____
	Contact email <u>karen_ferazzi@kindermorgan.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>7328</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>4328.11</u></p> <p>Does this amount include interest or other charges?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>gas pipeline transportation charges</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property:</p> <p><input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>.</p> <p><input type="checkbox"/> Motor vehicle</p> <p><input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed</p> <p><input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Identify the property: <u>Cash deposit of \$4500</u></p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Check all that apply:</p>	<p>Amount entitled to priority</p>
<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><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</p> <p><input type="checkbox"/> 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). \$ _____</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 4/01/25 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 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 2/19/2024
 MM / DD / YYYY

/s/ Karen Ferazzi

 Signature

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

Name Karen Ferazzi

Title Assistant General Counsel
First name Middle name Last name

Company Kinder Morgan, Inc.

Address 1001 Louisiana Street, Suite 1000
Identify the corporate servicer as the company if the authorized agent is a servicer
 Number Street
Houston, TX 77002

Contact phone 713-369-9354 City State ZIP Code Email karen_ferazzi@kindermorgan.com

Fill in this information to identify the case:	
Debtor 1	Astral Energy, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/19/2024
 Jeanne Naughton, Clerk

**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?	Great American Insurance Company	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	Great American Insurance Company	
	Name	Name
	The Law Offices of T. Scott Leo, P.C. 100 N. LaSalle St. Suite 514 Chicago, IL 60602	
	Contact phone 3128577142	Contact phone
	Contact email sleo@leolawpc.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>881457.00</u></p> <p>Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>See attached statement of claim</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property.</p> <p>Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<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 style="text-align: right;">Amount entitled to priority</p>
		<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
		<input type="checkbox"/> 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).	\$ _____
		<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
<p>* 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.</p>			

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</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>2/19/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ T. Scott Leo</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>T. Scott Leo</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title <u>Attorney</u></p> <p>Company <u>The Law Offices of T. Scott Leo, P.C.</u></p> <p>Address <u>Identify the corporate servicer as the company if the authorized agent is a servicer</u> <u>100 N. LaSalle St</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Chicago, IL 60602</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>312 857 0910</u> Email <u>sleo@leolawpc.com</u></p>
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**STATEMENT OF CLAIM OF
GREAT AMERICAN INSURANCE COMPANY**

In re Astral Energy, Case No.: 23-17424-VFP

Amount of Claim: \$881,457.00 (Approximate and Contingent),
Plus, attorneys' fees and expenses

Basis for Claim

Great American Insurance Company (GAIC) and its related companies issued surety bonds on behalf Astral Energy, LLC ("AE") which subject license and permit bonds secured the obligations of AE to comply with license requirements as required under the terms of various projects. Surety bonds issued by GAIC on behalf of AE secured compliance of AE with the laws of various states. A list of the bonds accompanies this Statement as **Exhibit A**. AE signed a General Agreement of Indemnity, dated November 30, 2015. The General Indemnity Agreement, along with rider adding AE's affiliate Onix Energy, LLC is attached as **Exhibit B** to this Statement. This Agreement provides that the Debtor must indemnify GAIC for all losses on surety bonds issued on its behalf and indemnify GAIC for all attorneys' fees and expenses, including such fees and expenses incurred in seeking recovery from the Debtor and other indemnitors (parties to the General Indemnity Agreement). AE, as the principal of the bonds issued by GAIC on its behalf has a common-law obligation to reimbursement GAIC for losses sustained and exonerate GAIC from demands made against it as the surety for AE. These rights are separate from the contractual rights granted under the terms of the General Indemnity Agreement.

Amount of Claim

The contingent amount stated above, \$881,457.00 is the total amount of all bonds issued on behalf of AE, and the potential maximum loss or exposure to GAIC for issuing surety credit. The liquidated amount is the amount paid as of the date of this Statement and the date of the Proof of Claim for fees and costs incurred as of the date of this Proof of Claim. Because those fees are continuing to accrue, GAIC will provide proof of the full amount by amending the claim to include those costs.

Reservation of Rights

GAIC reserves the right to amend the claim in the event it receives claims and for the amount of additional fees and expenses it will occur. It reserves all rights of subrogation it possesses as a surety for AE.

Dated: February 19, 2024

GREAT AMERICAN INSURANCE COMPANY

/s/ T. Scott Leo

One of its Attorneys

T. Scott Leo
The Law Offices of T. Scott Leo, P.C.
100 N. LaSalle St. Suite 514
Chicago, Illinois 60602
(312) 857-0910

EXHIBIT A

Bond Number	Principal	Obligee	Category	Eff Date	Penalty
3010383	Astral Energy, LLC	Treasurer, State of New Jersey	Electric Generation Service and-or Gas Supply Service	1/1/2023	250,000.00
3131337	Astral Energy, LLC	Pennsylvania Public Utility Commission	Electricity Supplier/Aggregator	7/11/2022	296,457.00
3131338	Astral Energy, LLC	Treasurer, State of New Jersey	Electric Generation Service and-or Gas Supply Service	5/25/2023	250,000.00
5083918	Astral Energy, LLC	Director of the Pennsylvania Public Protection Division	Telemarketer Bond	2/5/2023	50,000.00
E252018	Onix Energy, LLC	Pennsylvania Public Utility Commission	Utility Payment or Deposit	11/7/2022	10,000.00
E253289	Onix Energy, LLC	The People of the State of Illinois	Utility Payment or Deposit	1/15/2023	5,000.00
E706547	Onix Energy, LLC	Maryland Public Service Commission, Terry Romine, Executive Secretary	Gas Supplier-Aggregator	6/7/2023	10,000.00
E706551	Onix Energy, LLC	Maryland Public Service Commission, Terry Romine, Executive Secretary	Maryland Public Service Commission Electricity Supplier Prepayment or Deposit	6/7/2023	10,000.00



GENERAL INDEMNITY AGREEMENT

THIS AGREEMENT is made and entered into this 30th day of November, 2015 by:

1.)	ASTRAL ENERGY LLC	Tax ID/SS#	[REDACTED]
2.)		Tax ID/SS#	
3.)		Tax ID/SS#	
4.)		Tax ID/SS#	
5.)		Tax ID/SS#	
6.)		Tax ID/SS#	
7.)		Tax ID/SS#	
8.)		Tax ID/SS#	

(hereinafter jointly and severally called Undersigned) in favor of GREAT AMERICAN INSURANCE COMPANY, its Affiliates (including but not limited to Great American Insurance Company of New York, Great American Alliance Insurance Company and Great American Assurance Company), Cincinnati, Ohio (hereinafter called Surety).

WHEREAS, the Undersigned may desire or be required to give or procure surety bonds, undertakings or instruments of guarantec, and to renew, continue or substitute the same, hereinafter called Bonds, for itself or any present or future wholly or partially owned subsidiary or any subsidiary of a subsidiary of the Undersigned; or joint ventures or partnerships in combination with each other, now in existence or which may hereafter be created or acquired; or for any other entity upon written request of the Undersigned, whether in its own name or as co-adventurer with others; and/or the Undersigned has a substantial, material and beneficial interest in the obtaining of the Bond(s) or in the Surety's renewing the Bonds(s) or in the Surety's refraining from canceling said Bond(s); and

WHEREAS, at the request of an officer, broker or agent of record or designated employee of the Undersigned and upon the express understanding that this Agreement will be given, the Surety has or will execute or procure to be executed, and may from time to time hereafter execute or procure to be executed said Bonds on behalf of the Undersigned and/or any other related business entity.

NOW, THEREFORE, in consideration of the premises the Undersigned, for itself, its successors and assigns, jointly and severally, hereby covenant and agree with the Surety, its successors and assigns, as follows:

1. That all the terms, provisions, conditions and agreements herein contained shall be jointly and severally binding and obligatory upon the Undersigned with respect to any such Bond or Bonds heretofore or hereafter executed by the Surety for the Undersigned or its nominee, which Bond or Bonds shall be deemed to have been executed by the Surety at the request, in each instance, of the Undersigned.
2. To pay or cause to be paid to the Surety upon the execution of each such Bond a premium and to pay or cause to be paid in advance all subsequent premiums until all liability under each such Bond shall have terminated and until the Surety shall have received satisfactory evidence of such termination.
3. That the Undersigned will perform all the obligations of any such Bond or Bonds and will at all times exonerate, indemnify and keep indemnified the Surety from and against any and all liability, loss, costs, damages, expenses, counsel and attorney's fees, claims, demands, suits, judgments, orders and adjudications that the Surety shall or may for any cause at any time sustain, incur or become subject to by reason of executing any such Bond or Bonds, or by reason of obtaining or seeking to obtain a release therefrom or in enforcing any of the agreements herein contained.
4. That the Surety is hereby authorized, but not required, to make or consent to any change of any kind whatsoever in any such Bond or Bonds whether given in connection with a contract or otherwise, without notice to or consent by the Undersigned.
5. The Undersigned hereby waive notice of the execution of Bonds and of the acceptance of this Agreement, and the Undersigned hereby waive all notice of any default, or any other act or acts giving rise to any claim under said Bonds, as well as notice of any and all liability of the Surety under the Bond(s), and any and all liability on their part hereunder, to the end and effect that, the Undersigned shall be and continue to be liable hereunder, notwithstanding and notice of any kind to which they might otherwise have been or be entitled, and notwithstanding any defenses they might otherwise have been entitled to assert.
6. That in the event of claim or suit against the Surety on any such Bond or Bonds the Undersigned shall immediately upon demand place the Surety in current funds sufficient to indemnify the Surety up to the full amount claimed or for which suit is brought plus potential interest, attorney's fees and costs, or for the amounts set by the Surety as loss and/or expense reserves whether or not the Surety has made any loss payments. The Surety may make more than one such demand. The Surety shall have no obligation to invest or to provide a return on any such payment or any other collateral deposited with the Surety. The Undersigned acknowledge that the failure of the Undersigned to immediately deposit with the Surety the sum demanded will cause irreparable harm to the Surety for which the Surety has no adequate remedy at law. The Undersigned agree that the Surety shall be entitled to injunctive relief for specific performance of any or all of the obligations of the Undersigned under this Agreement including the obligation to pay the Surety the sum demanded, and hereby waive any claims of defenses to the contrary. Each of the Undersigned hereby authorize and empower any attorney of any court of record of the United States or any of its territories or possessions, to appear for them or any of them in any suit by Surety and to confess judgment against them or any of them for any sum or sums of money up to the amount of any or all

Bond or Bonds; with costs, interest and reasonable attorneys' fee; such judgment, however, to be satisfied upon the payment of any and all such sums as may be found due by the Undersigned to Surety under the terms of this Agreement. The authority to confess judgment as set forth herein shall not be exhausted by any one exercise thereof, but may be exercised from time to time and more than one time until all liability of the Undersigned to Surety shall have been paid in full. Demand shall be sufficient if sent by registered or certified mail to the Undersigned at the address or addresses given herein or last known to Surety, whether or not actually received.

7. The Undersigned shall cooperate with the Surety in the investigation of any claim undertaken by the Surety.
8. The Undersigned hereby waive, so far as their respective obligations under this Agreement are concerned, all rights to claim any property, including their respective homesteads, as exempt from levy, execution, sale or other legal process under the laws of any state, territory, or possession.
9. That in any action brought against the Undersigned alone, the outcome of which might affect the liability of the Surety or in any action in which both the Undersigned and Surety are parties or in any action against the Surety alone, notwithstanding the fact that the Undersigned may have engaged counsel to represent him/her, them or it (as the case may be) and the Surety, or either of them; the Surety shall have the right to retain its own counsel if in its sole opinion the protection of its interests require it to do so, and the costs, expenses, counsel and attorneys' fees incurred or sustained thereby shall be a liability of the Undersigned hereunder.
10. That the Surety in its sole discretion, shall have the right to pay, adjust, settle or compromise any liability, loss, costs, expenses, counsel and attorneys' fees, claims, demands, suits, judgments, orders and adjudications upon or under any such Bond or Bonds and in such event an itemized statement thereof, sworn to by an officer or officers of the Surety, or the voucher or vouchers or other evidence of such payment, adjustment, settlement, or compromise, shall be conclusive evidence of the fact and extent of the liability of the Undersigned hereunder, provided such payment, adjustment, settlement, or compromise shall have been made by the Surety in good faith, believing itself liable therefor, whether liable or not.
11. That this Agreement shall, in all its terms and agreements be for the benefit of and protect any surety or sureties joining with the Surety in executing any such Bond or Bonds, or executing at the request of the Surety and such Bond or Bonds, as well as any surety or sureties assuming reinsurance thereupon.
12. The Undersigned will, on request of Surety, procure the discharge of Surety from any Bond(s) and all liability by reason thereof. If such discharge is unattainable, the Undersigned will, if requested by Surety, either deposit collateral with Surety, acceptable to Surety, sufficient to cover all exposure under such Bond(s), or make provision acceptable to Surety for the funding of the bonded obligation(s).
13. That separate suits maybe brought hereunder as causes of action accrue, and the bringing of suit or recovery of judgment upon any cause of action shall not bar the bringing of other suits upon other causes of action whether theretofore or thereafter arising.
14. That the failure of the Surety to insist upon strict compliance with any of the terms hereof shall not be considered to be a waiver of any such terms, nor shall it harm the rights of the Surety to insist upon strict compliance herewith at any time thereafter whether in connection with the same or any other Bond or Bonds executed in reliance hereon.
15. That the taking by the Surety from the Undersigned of a specific indemnity agreement(s) or collateral in connection with a Bond or Bonds executed for any Undersigned shall in no way affect the operation of this General Indemnity Agreement as to Bonds theretofore or thereafter executed.
16. That should the Undersigned request the Surety to execute or procure the execution of a Bond or Bonds that contain restrictions on the ability of the Surety to investigate and/or contest the validity of a claim and/or that restrict the claim defenses available for assertion by the Surety, the Undersigned understand and agree that if the Surety makes a claim payment on such a Bond, the Undersigned's indemnity obligations to the Surety under this Agreement with respect to such claim payments remain in effect and are not amended or modified. The Undersigned hereby agree that they shall not allege or assert any claim or defense against the Surety that any such Bond claim payment was unnecessary, unreasonable, made in bad faith, not required, or otherwise inappropriate or not permissible.
17. Surety shall have the right to decline to execute or renew any Bond(s), may terminate any Bond(s) in accordance with the terms of the Bond(s) and shall not be liable to the Undersigned and the Undersigned shall make no claim for any damages alleged to arise from such declination or termination. In the event Surety chooses not to renew any Bond(s) or exercises an option or right to terminate any Bond(s), and such nonrenewal or termination causes a claim on or a forfeiture of the Bond(s) due to the Undersigned's failure to satisfy its obligations under the Bond(s) or its obligation to replace the Bond(s), the Undersigned's indemnity obligations to the Surety under this Agreement are not amended or modified. The Undersigned hereby agree that they shall not allege or assert any claim or defense against the Surety that any such Bond termination was unnecessary, unreasonable, made in bad faith, not required, or otherwise inappropriate or not permissible.
18. The Undersigned hereby consenting, will assign, transfer and set over, and do hereby assign, transfer and set over to the Surety, as collateral, to secure the obligations in any and all of the paragraphs of this Agreement and any other indebtedness and liabilities of the Undersigned to the Surety, whether heretofore or hereafter incurred, the assignment to become effective retroactive to the date of the first Bond, but only in the event of (1) any abandonment, forfeiture or breach or alleged breach of any obligations or contracts referred to in the Bonds or of any breach or alleged breach of any Bonds; or (2) of any breach or alleged breach of the provisions of any of the paragraphs of this Agreement; or (3) of a default or alleged default in discharging such other indebtedness or liabilities when due; or (4) of any assignment by the Undersigned for the benefit of creditors, or of the appointment or of any application for the appointment of a receiver or trustee for the Undersigned whether insolvent or not; or (5) of any proceeding which deprives the Undersigned of the use of any of the machinery, equipment, plant, tools or material referred to in section (b) of this paragraph; or (6) of the Undersigned's dying, absconding, disappearing, incompetency, being convicted of a felony, or imprisonment if the Undersigned be an individual:
 - (a) All the rights of the Undersigned in, and/or growing out of the Bonds or any contracts referred to in the Bonds;
 - (b) All the rights, title and interest of the Undersigned in and to all inventory, machinery, equipment, vehicles, plant, tools and materials which are now, or may hereafter be, owned or hereafter acquired by the Undersigned, including materials purchased for or chargeable to any and all contracts referred to in the Bonds, materials which may be in process of manufacture or construction, in storage elsewhere, or in transportation to any location;
 - (c) All actions, causes of actions, claims and/or the proceeds therefrom and any demands whatsoever which the Undersigned may have or acquire against any party;

- (d) Any and all sums that may be due or hereafter become due on account of any and all contracts referred to in the Bonds and all other contracts whether bonded or not in which the Undersigned has an interest;
- (e) Any and all accounts receivable, marketable securities, rents, proceeds of sale, instruments, chattel paper, letters of credit, documents of title, bills of lading, federal tax refunds, state and local tax refunds, and general intangibles; and
- (f) Any and all policies of insurance.

The Undersigned agree that the Surety may add such schedules to this Agreement as it deems advisable, describing more specifically items of security covered by this Assignment. Notwithstanding the foregoing, Undersigned further agree to execute and deliver to the Surety, upon its request, such further or additional instruments as may be necessary or desirable in the Surety's sole and absolute discretion to permit or facilitate either the filing of this Agreement as a Financing Statement and/or Security Agreement, or the filing of separate Financing Statements and/or Security Agreements based upon this Agreement, in such states, counties, and/or other places as the Surety may deem necessary or advisable.

- 19. This Agreement or a copy shall constitute a Security Agreement to the Surety and also a Financing Statement, both in accordance with the provisions of the Uniform Commercial Code of every jurisdiction wherein such Code is in effect and may be so used by the Surety without in any way abrogating, restricting or limiting the rights of the Surety under this Agreement or under law, or in equity. Undersigned also agree that the failure of the Surety to file this Agreement shall not release or excuse any of the obligations of the Undersigned under this Agreement.
- 20. The Undersigned hereby irrevocably constitute and appoint the Surety as their true and lawful attorney, hereby giving and granting to the Surety full power and authority to make, execute, endorse and deliver any agreements for the full protection intended to be given to the Surety hereunder as the Undersigned might or could do.
- 21. That at any time, and until such time as the liability of the Surety under any and all Bonds is terminated, the Surety shall have the right, as provided by law, to examine and copy the books, records, and accounts of the Undersigned; and any bank depository or other person, firm or corporation when requested by the Surety is hereby authorized and directed by the Undersigned to furnish the Surety with any information requested.
- 22. That this Agreement is a continuing obligation of the Undersigned, applying to and indemnifying the Surety as to any and all Bonds heretofore or hereafter executed by the Surety until this Agreement shall be full and finally terminated in the manner herein provided. No change in the economic status or condition, marital status or employment of any of the Undersigned shall in any manner abrogate, waive, or alter any provision of this paragraph or of this Agreement. The Undersigneds' obligations under this Agreement may only be terminated by sending written notice to the Surety by registered mail addressed to the Bond Department of the Surety at its then-current administrative office. Such notice shall be effective twenty (20) days after Surety has confirmed in writing its receipt of the notice of termination. In no event shall such notice operate to modify, bar, or discharge the Undersigneds as to the Bonds that may have been executed before the effective date of termination.
- 23. That this Agreement may not be changed or modified orally. No change or modification shall be effective unless made by written endorsement executed to form a part hereof.
- 24. That if any provision of this Agreement shall be contrary to the laws of any State in which the same shall be sought to be enforced, the illegality or unenforceability of any such provision shall not affect the other terms, covenants and conditions hereof, and the same shall be binding upon the Undersigned with the same force and effect as though the illegal or unenforceable provision were not contained herein.
- 25. The Undersigned hereby agree that this General Agreement of Indemnity will be governed exclusively by the laws of the State of Ohio, and any and all disputes and the enforcement thereof will be litigated solely in the United States Court, Southern Ohio District - Cincinnati and that the parties consent to the personal jurisdiction of Ohio.
- 26. This agreement may be executed by facsimile. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument.
- 27. The Undersigned agree that there have been no oral or other agreements of any kind as a condition precedent or to induce the execution and delivery of this Agreement by any party.
- 28. In the event any of the parties mentioned in this Agreement fail to execute the same, or in case the execution hereof by any of the parties be defective or invalid for any reason, such failure, defect or invalidity shall not in any manner affect the validity of this Agreement or the liability of any of the other parties executing the same. It is understood and agreed by the Undersigned that the rights, powers, and remedies given the Surety under this Agreement shall be and are in addition to, and not in lieu of, any and all other rights, powers, and remedies which the Surety may have or acquire against the Undersigned.
- 29. The Undersigned agree that no right, remedy, power or entitlement granted to Surety pursuant to this Agreement creates any fiduciary duty to the Undersigned. The Undersigned agree and understand that a fiduciary duty owed from Surety to the Undersigned would be inconsistent with the purposes of this Agreement.
- 30. The Undersigned hereby authorize the Surety to obtain credit reports and histories and to confirm bank balances claimed, and all other items on any balance sheet or income statement furnished until all liability of the Surety for any suretyship or claim obligations expire.

By executing this agreement you are bound to Surety with respect to all Bonds executed, provided or procured or to be executed, provided or procured by Surety in behalf of any of the Undersigned.

Signed, sealed and dated this 30th day of November, 2015.

1.)

ASTRAL ENERGY LLC

Witness/Attest:

By: Susan C. Muller
PRINTED NAME Susan C. Muller

By: [Signature]
(Name & Title)
JASON K. FOX, PRESIDENT AND CEO

ACKNOWLEDGMENT

STATE OF New Jersey }
COUNTY OF Bergen } ss:

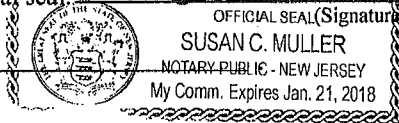
On 11/20/15 (Date), before me, Jason Fox (Notary)

personally appeared JASON K. FOX (Name of Signer) who proved to me on the basis of

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal [Signature]
OFFICIAL SEAL (Signature of Notary)



My commission expires on _____

2.)

[Redacted]

Witness/Attest:

By: _____

By: _____
(Name & Title)

ACKNOWLEDGMENT

STATE OF _____ }
COUNTY OF _____ } ss:

On _____ (Date), before me, _____ (Notary)

personally appeared _____ (Name of Signer) who proved to me on the basis of

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____
(Signature of Notary)

My commission expires on _____

AGREEMENT OF INDEMNITY RIDER

On or about, 11/30/2015 an Agreement of Indemnity was executed by ASTRAL ENERGY LLC

as Undersigned, in favor of Great American Insurance Company, as Surety.

ONIX ENERGY LLC

has/have agreed to become a party to the Agreement of Indemnity and in consideration of the mutual promises contained herein and other valuable consideration agree(s) that he/she/it is now an Undersigned pursuant to all of the terms and conditions of the Agreement of Indemnity attached hereto.

Upon the execution of this Rider, _____

ONIX ENERGY LLC

promises and agrees that he/she/it is now bound by all of the terms, conditions and obligations of the Agreement of Indemnity dated 11/30/2015 just as though _____

ONIX ENERGY LLC

had executed that same Agreement of Indemnity on 11/30/2015.

This Rider retroactively and prospectively binds _____

ONIX ENERGY LLC

under all of the terms and conditions of the Agreement of Indemnity for any and all bonds issued by Surety on behalf of any Undersigned.

Except as provided in this Rider, all terms and all conditions of the Agreement of Indemnity dated 11/30/2015 are unaltered, undiminished and remain in full force and effect.

This Rider is executed this 25th day of October, 2016.

Business Entities: (Corporate/LLC/Partnership/Trust/Other Entity)

1.) Name: ONIX ENERGY LLC Tax I.D. [REDACTED]
& Address: 2640 Highway 70 Building 1A, Manasquan, NJ 08736

2.) Name: _____ Tax I.D.: _____
& Address: _____

3.) Name: _____ Tax I.D.: _____
& Address: _____

Individuals:

4.) Name: _____ SSN: _____
& Address: _____

5.) Name: _____ SSN: _____
& Address: _____

1. Business Entity

ONIX ENERGY LLC

Witness/Attest:

By: JASON FOX
PRINTED NAME:

By: [Signature]
(Name & Title)
Jason K. Fox, President, MANAGING MEMBER

ACKNOWLEDGMENT

STATE OF New Jersey
COUNTY OF Bergen } ss:

On Oct. 28, 16, before me, Jason Fox
(Date) (Notary)

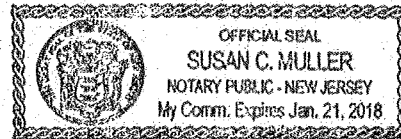
personally appeared Jason K. Fox, President of Onix Energy LLC who proved to me on the basis of
(Name of Signer)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Susan C. Muller
(Signature of Notary)

My commission expires on Jan. 21, 2018



2. Business Entity

Witness/Attest:

By: _____

By: _____
(Name & Title)

ACKNOWLEDGMENT

STATE OF _____
COUNTY OF _____ } ss:

On _____, before me, _____
(Date) (Notary)

personally appeared _____ who proved to me on the basis of
(Name of Signer)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument (an Agreement of Indemnity) and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of this state that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____
(Signature of Notary)

My commission expires on _____

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/19/2024
 Jeanne Naughton, Clerk

**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?	NANCY MARRERO	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	NANCY MARRERO	
	Name	Name
	770 BRYANT AVE 3G BRONX NY 10474-7414	
	Contact phone 9174201877	Contact phone
	Contact email ursulinam.m@gmail.com	Contact email
Uniform claim identifier for electronic payments in chapter 13 (if you use one):		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 0.00
 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.

 energy company

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. \$ _____

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

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply.</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="font-size: small; margin-top: 10px;">* 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.</p>	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____													
<input type="checkbox"/> 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).	\$ _____													
<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____													

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <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>2/19/2024</u> MM / DD / YYYY</p> <p><u>/s/ nancy marrero</u> Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>nancy marrero</u> First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>770 Bryant Ave apt 3G</u> Identify the corporate servicer as the company if the authorized agent is a servicer Number Street <u>bronx, NY 10474</u> City State ZIP Code _____</p> <p>Contact phone <u>9174201877</u> Email <u>ursulinam.m@gmail.com</u></p>
--	---

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/20/2024
 Jeanne Naughton, Clerk

**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?	<u>Transcontinental Gas Pipe Line Company, 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 _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Transcontinental Gas Pipe Line Company, LLC</u>	<u>P.O. Box 301209</u>
	Name	Name
	Hall Estill, attn: Steven W. Soul 521 East 2nd St., Suite 1200 Tulsa, OK 74120	Dallas, TX 75303
	Contact phone <u>(918) 594-0400</u>	Contact phone <u>(918) 573-4614</u>
	Contact email <u>ssoule@hallestill.com</u>	Contact email <u>brett.krieg@williams.com</u>
Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____</p>
<p>7. How much is the claim?</p>	<p>\$ <u>7954.83</u></p> <p>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).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p><u>Services performed – see attached addendum</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Identify the property: <u>Cash deposit of \$47,093.13</u></p>

<p>12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?</p> <p>A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</td> <td style="width: 20%; text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> 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).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p style="font-size: small;">* 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.</p>	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____	<input type="checkbox"/> 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).	\$ _____	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____
<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____													
<input type="checkbox"/> 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).	\$ _____													
<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(<u> </u>) that applies	\$ _____													

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 2/20/2024
MM / DD / YYYY

/s/ Brett Krieg
Signature

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

Name Brett Krieg

Title Assistant Treasurer

Company Transcontinental Gas Pipe Line Company, LLC

Address One Williams Center, P.O. Box 2400

Tulsa, OK 74172

City State ZIP Code

Contact phone (918) 573-4614 Email brett.krieg@williams.com

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

In re:

Astral Energy, LLC,

Debtor.

Chapter 7

Case No. 23-17424-VFP

**ADDENDUM TO PROOF OF CLAIM
BY TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC**

This Addendum supplements the information stated in the attached Proof of Claim (the "Claim") filed in the above-captioned proceeding and is expressly incorporated as part of the Claim for all purposes.

1. Claimant: Transcontinental Gas Pipe Line Company, LLC ("Transco").
2. Pre-Petition Indebtedness: Debtor Astral Energy, LLC (the "Debtor") is indebted to Transco in the amount of at least \$7,954.83, exclusive of interest, costs and attorneys' fees (the "Claim").
3. Basis of Claim: On August 25, 2023 (the "Petition Date"), Debtor filed its voluntary petition for relief under Chapter 7 of the United States Bankruptcy Code. Both before and after the bankruptcy case was filed, Transco provided transportation services to the Debtor pursuant to a capacity release agreement ("Agreement"). As of the Petition Date, the Debtor owes Transco \$7,954.83 for services rendered under the agreement ("Pre-Petition Services"). In addition, the Debtor owes Transco an additional \$20,715.92 for post-petition services rendered under the Agreement ("Post-Petition Services"). These Post-Petition Services are not part of Transco's Claim.

Transco currently holds collateral received from the Debtor in the form of a \$47,903.13 cash deposit. As all services rendered to the Debtor were rendered as part of the same transaction, Transco has proposed to recoup the total amount owed by the Debtor (for both Pre- and Post-

Petition services) against the cash deposit held by Transco and remit the difference of \$19,003.79 to the Chapter 7 Trustee, subject to the Trustee's approval. As the Trustee has not yet responded to Transco's proposal, such recoupment has not yet occurred.

4. Supporting Documents: Copies of the invoices reflecting the pre-petition debt owed to Transco are attached hereto as **Exhibit A**.

5. Priority of Claim: The Claim herein is filed without prejudice to any and all rights of Transco to assert that any portion of this Claim is entitled to administrative priority under Sections 503 and 507 of the Bankruptcy Code.

6. Reservation of Rights/Amendments: The execution and filing of this proof of claim is not and shall not be deemed: (a) a waiver or release of Transco's rights against any other entity or person liable for all or any part of the claims asserted herein; (b) a waiver of the right to withdraw the reference with respect to the subject matter of the claims, any objection or other proceedings commenced with respect thereto or any other proceedings commenced in this case against or otherwise involving Transco; (c) a waiver of any right to subordination, in favor of Transco of indebtedness or liens held by any creditors of the Debtor; (d) an election of remedies which waives or otherwise affects any other remedy; (e) consent by Transco to a jury trial in this Court of any other court in any proceeding as to any and all matters so triable herein or in any case, controversy, or proceeding related hereto, pursuant to 28 U.S.C. § 157 or otherwise; (f) a waiver of Transco's right to claim any pre-petition or post-petition interest or all reasonable fees, costs, or charges under any operative documents or applicable law; or (g) a waiver of Transco's right to assert any additional pre- or post-petition claims. Nothing herein is intended to be, and should not be considered as, a full and complete statement of all of the facts and circumstances concerning this matter.

Further, Transco specifically preserves all of its procedural and substantive defenses and rights, including its rights to (a) have final orders in non-core matters entered only after de novo review by a District Court judge, (b) trial by jury in any proceeding so triable in this case or any case, controversy, or proceeding related to this case, and (c) have the District Court withdraw the reference in any matter subject to mandatory or discretionary withdrawal. Notwithstanding the filing of this proof of claim, Transco does not consent to the Bankruptcy Court's entry of final orders in this case or in any adversary proceeding in which Transco is a party.

In addition, Transco expressly reserves, without limitation, (a) all setoff, offset, recoupment and other similar rights under any applicable agreement, statute, common law or equitable principle, including any such right that arises post-petition; and (b) its right to assert any and all indemnification and/or reimbursement claims that may exist or that may arise under any applicable agreement or law.

Transco expressly reserves its rights to file any separate or additional proof of claim with respect to the claims set forth herein or otherwise (which proof of claims, if so filed, shall not be deemed to supersede this proof of claim unless otherwise so specified therein), to refile this claim or file any separate or additional proof of claim to comply with the established procedures in the above-captioned Chapter 7 case with respect to the filing or proofs of claim to amend or supplement this proof of claim in any respect, including with respect to the filing of an additional or amended claim for purpose of fixing and liquidating any contingent or unliquidated claim set forth herein, or to file additional proofs of claim in respect of additional claims or for any other reason. Nothing herein is intended to be, and should not be considered as, a full and complete statement of all of the facts and circumstances concerning this matter. Further, nothing contained herein shall be deemed a waiver, modification or relinquishment of any of Transco's rights and

remedies at law or in equity with respect to the matters contained in this correspondence, all of which are expressly reserved.

7. Notices: All notices with respect to this proof of claim should be sent to:

Steven W. Soulé
Christopher J. Gnaedig
Hall, Estill, Hardwick, Gable, Golden & Nelson, PC
521 East 2nd St., Suite 1200
Tulsa, Oklahoma 74120

– AND –

Brett Krieg
Assistant Treasurer
Williams Companies
One Williams Center, P.O. Box 2400
Tulsa, OK 74172

Dated: February 20, 2024

Respectfully submitted,

**HALL, ESTILL, HARDWICK, GABLE,
GOLDEN & NELSON, P.C.**

/s/ Steven W. Soulé

Steven W. Soulé, Oklahoma Bar No. 13781
Christopher J. Gnaedig, Oklahoma Bar No. 33892
521 East 2nd St., Suite 1200
Tulsa, OK 74120
Telephone (918) 594-0400
Facsimile (918) 594-0505
E-mail: ssoule@hallestill.com
E-mail: cгнаedig@hallestill.com

**ATTORNEYS FOR CREDITOR
TRANSCONTINENTAL GAS PIPE LINE
COMPANY, LLC**

20101529.1:01000.02629

EXHIBIT A

ONLINE

Invoice Packet Id: 251932
Billable Party (Prop): 535868

ASTRAL ENERGY LLC
Attn: JASON K. FOX
25 Philips Parkway, Suite 207
Montvale, NJ 07645



1

Invoice Summary Statement

Invoice Identifier: 251932 **Accounting Period:** Jul, 2023
Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 **Service Requester (Prop)/(Duns):** 535868 ASTRAL ENERGY LLC / 965737328
JASON K. FOX **Invoice Date:** 08/10/2023
 25 Philips Parkway, Suite 207 **Net Due Date:** 08/21/2023
 Montvale, NJ 07645 **Contact Name/Phone:** Nicole Kirchoff / (713) 215-2000
 jasonfox@astralenergyllc.com **Contact E-mail:** Nicole.Kirchoff@williams.com

Line Number	Service Requester Contract Number	Service Code / Rate Schedule Description	Amount Due
1	9265399	FT / FT - MARKETLINK EXPANSION PROJECT	\$57.66
2	9265400	FT / FT - FIRM TRANSPORTATION NIPPS-SE CONVERSION	\$17.22
3	9272054	FT / FT - MARKETLINK - LEIDY TO LONG ISLAND	\$18.60
4	9272062	FT / FT - LEIDY TO LONG ISLAND EXPANSION PROJECT	\$16.74
5	9272065	FT / FT - NORTH EAST SUPPLY LINK PROJECT	\$4.34
6	9272067	FT / FDLS - ROCKAWAY FIRM DELIVERY LATERAL	\$1.54
7	9272068	FT / FT - FIRM TRANSPORTATION APEC CONVERSION	\$6.20
8	9272478	FT / FT - New York Bay Expansion	\$38.50
9	9272479	FT / FT - NORTHEAST CONNECTOR PROJECT	\$11.61
10	9273804	FT / FIRM TRANSPORTATION	\$0.25
11	9273849	FT / FIRM TRANSPORTATION	\$4.58
12	9274214	FT / FIRM TRANSPORTATION	\$6.20
Invoice Total Amount			\$183.44

Please make wire transfer payments on Net Due Date: 08/21/2023 By Noon Central Standard Time
 Payee: TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC
 Duns: 007933021
 JPMORGAN CHASE BANK
 CHICAGO, IL 60606
 ABA # 021000021
 Account # [REDACTED] 7969
 For ACH wires use ABA 071000013

If Invoice total amount is less than \$100,000, please send check to:
 TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC
 Duns: 007933021
 P.O. BOX 301209
 DALLAS, TX 75303-1209



Invoice Summary Statement

Invoice Identifier: 251932

Accounting Period: Jul, 2023

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* If you have a payment dispute, please print the Remittance Advice from our internet site www.1Line.williams.com then select Reports, Functional area = Invoicing, Report Name = Remittance Advice and mail or fax the discrepancies to your WGP Contact.

** If you wish to make a voluntary contribution to the Gas Research Institute, please print the Remittance Advice from our internet site www.1Line.williams.com then select Reports, Functional Area = Invoicing, Report Name = Remittance Advice. Specify on the Remittance Advice the amount of your contribution and mail or fax it to your WGP Contact



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265399
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: MARKETLINK EXPANSION PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/ Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
1.00001	1 Current Business (Transportation)	9005643	1006571	212-03			07/01/2023	2,449	0.02359	57.66
	(COT 0.00822, CEP 0.01319, ACA 0.00150, SU 0.00068)									
A166		BREON M3625	CONSOLIDATED EDISON	Non-CPLS			07/31/2023			
	(Price Tier: 1)	6/4	6/3							
									Contract Total Amount:	\$57.66



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265400
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION NIPPS-SE CONVERSION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
2.00001	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	9005642	1006571	212-03			07/01/2023	65	0.01953	1.25
		GRUGAN M3623	CONSOLIDATED EDISON	Non-CPLS			07/05/2023			
2.00002	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	9007142	1006571	212-03			07/01/2023	494	0.01953	9.57
		DRY RUN M3639	CONSOLIDATED EDISON	Non-CPLS			07/31/2023			
2.00003	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	9004442	1006571	212-03			07/06/2023	13	0.01953	0.25
		CANOE RUN M3605	CONSOLIDATED EDISON	Non-CPLS			07/06/2023			
2.00004	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	9006543	1006571	212-03			07/07/2023	65	0.01953	1.25
		GUINTER M3632	CONSOLIDATED EDISON	Non-CPLS			07/11/2023			
2.00005	1 Current Business (Transportation)	9007162	1006571	212-03			07/12/2023	13	0.01953	0.25

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Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Invoice Identifier: 251932 **Accounting Period:** Jul, 2023
Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 **Service Requester Contract Number:** 9265400
Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/ Release Code Contract Number/ SR Name	Dates Effective	Quantity	Unit Price	Amount Due
2.00006	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	MARC I 6/4 9006962	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/11/2023	78	0.01953	1.50
2.00007	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	CHAPIN A 6/4 9005642	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/18/2023	13	0.01953	0.25
2.00008	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	GRUGAN M3623 6/4 9006342	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/19/2023	13	0.01953	0.25
2.00009	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	LIBERTY DRIVE M3636 6/4 9006302	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/20/2023	5	0.01953	0.10
2.00010	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	PUDDLEFIELD A M3636 6/4 9006342	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/21/2023	39	0.01953	0.75
2.00011	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1) 1 Current Business (Transportation)	LIBERTY DRIVE M3636 6/4 9005642	CONSOLIDATED EDISON 6/3 1006571	Non-CPLS 212-03		07/24/2023	18	0.01953	0.35



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

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Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265400
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due	
2.00012	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	GRUGAN M3623 6/4	CONSOLIDATED EDISON 6/3	Non-CPLS			07/26/2023				
	1 Current Business (Transportation)	9006342	1006571	212-03			07/26/2023	75	0.01953	1.45	
	(COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	LIBERTY DRIVE M3636 6/4	CONSOLIDATED EDISON 6/3	Non-CPLS			07/31/2023				
									Contract Total Amount:	891Dth	\$17.22



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272062
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: LEIDY TO LONG ISLAND EXPANSION PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
4.00001	1 Current Business (Transportation) (COT 0.01792,CEP 0.05722,ACA 0.00150,SU 0.00068) (Price Tier: 1)	9005643	9009126	249-05			07/01/2023	217	0.07732	16.74
		BREON M3625	RIVERSIDE - BUG	Non-CPLS			07/31/2023			
		6/4	6/3							
Contract Total Amount:									217Dth	\$16.74



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

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Invoice Identifier: 251932 **Accounting Period:** Jul, 2023
Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
Service Code: FT
Rate Schedule Description: ROCKAWAY FIRM DELIVERY LATERAL
Invoice Date: 08/10/2023
Net Due Date: 08/21/2023
Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
Contact E-mail: Nicole.Kirchhoff@williams.com
Delivery Location Name/Zone/OIA: 9008266
Receipt Location Name/Zone/OIA: 9008265
Package ID Route: 249-05
Replacement/Release Code Contract Number/SR Name: ROCKAWAY FBF-BUG 6/3
Acct Adj Mthd: 6/3
Dates Effective: 07/01/2023
Quantity Unit Price Amount Due: 621 0.00265 1.54

Contract Total Amount: 621Dth \$1.54



Williams Gas Pipeline - Transco Invoice Detail Statement - Final

Invoice Identifier: 251932 **Accounting Period:** Jul, 2023

Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 **Service Requester Contract Number:** 9272068

JASON K. FOX **Service Requester (Prop)/(Duns):** 535868 ASTRAL ENERGY LLC / 965737328

25 Philips Parkway, Suite 207 **Invoice Date:** 08/10/2023

Montvale, NJ 07645 **Net Due Date:** 08/21/2023

jasonfox@astralenergyllc.com **Contact Name/Phone:** Nicole Kirchhoff / (713) 215-2000

Contact E-mail: Nicole.Kirchhoff@williams.com

Service Code: FT
Rate Schedule Description: FIRM TRANSPORTATION APEC CONVERSION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/ Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
7.00001	1 Current Business (Transportation) (COT 0.00416, CEP 0.01319, ACA 0.00150, SU 0.00068) (Price Tier: 1)	9007142	1006558	249-05			07/01/2023	310	0.01953	6.20
		DRY RUN M3639	BROOKLYN UNION	Non-CPLS			07/31/2023			
								310Dth		\$6.20

Contract Total Amount:



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

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1
LINE

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272478
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: New York Bay Expansion

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
8.00001	1 Current Business (Transportation) (COT 0.00216, CEP 0.36347, SU 0.00068) (Price Tier: 1)	1000178	9008265	249-05			07/01/2023	105	0.366631	38.50
	STA 210 POOL ZN6 ROCKAWAY TRANSFER 6/3						07/05/2023			
Contract Total Amount:									105Dth	\$38.50

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Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272479
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: NORTHEAST CONNECTOR PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
9.00001	1 Current Business (Transportation) (COT 0.00890, CEP 0.01319, SU 0.00068) (Price Tier: 1)	1000178	9008265	249-05			07/01/2023	516	0.02277	11.61
A176	STA 210 POOL ZN6 ROCKAWAY TRANSFER 6/3						07/31/2023			
Contract Total Amount:									516Dth	\$11.61



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

LINE 1

Accounting Period: Jul, 2023

Service Requester Contract Number: 9273804

Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Invoice Date: 08/10/2023

Net Due Date: 08/21/2023

Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000

Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251932

Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

JASON K. FOX

25 Philips Parkway, Suite 207
Montvale, NJ 07645
jasonfox@astralenergyllc.com

Service Code: FT

Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/ Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
10.00001	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	1000178	1006558	249-05			07/01/2023	15	0.01953	0.25
							07/05/2023			
Contract Total Amount:										\$0.25



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9273849
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
11.00001	1 Current Business (Transportation) (COT 0.00416, CEP 0.01319, ACA 0.00150, SU 0.00068) (Price Tier: 1)	1000178	1006382	249-05			07/01/2023	242	0.01953	4.58
	STA 210 POOL ZN6 LONG ISLAND LIGHTING						07/31/2023			
		6/3	6/3							

Contract Total Amount: 242Dth \$4.58

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Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9274214
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/10/2023
 Net Due Date: 08/21/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
12.00001	1 Current Business (Transportation) (COT 0.00416,CEP 0.01319,ACA 0.00150,SU 0.00068) (Price Tier: 1)	1000178	1006555	000277			07/01/2023	310	0.01953	6.20
	STA 210 POOL ZN6 PHILADELPHIA ELEC			Non-CPLS			07/31/2023			
		6/3	6/3							
Contract Total Amount:										\$6.20

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Williams Gas Pipeline - Transco
Shipper Imbalance Statement (in Dekatherms)



Accounting Period: JUL, 2023
 Svc Req Contract/Admin Account: 9265399 / 9231007
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: MARKETLINK EXPANSION PROJECT
 Statement Basis: Actual

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Receipt	Fuel					
07/01/2023 07/31/2023	4/6	9005643 1006571	BREON M3625 CONSOLIDATED EDISON	212-03	2,480	31	2,449	2,449	2,449	0	0
Upstream Contract ID/Entity Name: XTO ENERGY / 804712347				Beginning Balance:							
Downstream Contract ID/Entity Name: 212-03 / 535868				No Charge Activity: 0							
				CBL: 0							
				Gathering: 0							
				Charge Activity + CBL + Gathering: <u>2,449</u>							
				Ending Balance: 0							

Total for contract 9265399 :

2,480 31 2,449 2,449 0 0

Imbalance Summary for Contract: 9265399 Invoice Identifier: 251932 Billable Party: ASTRAL ENERGY LLC

OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From
4	6	07/2023	Current Business, Pay Back	2,449	0
				<u>2,449</u>	<u>0</u>



Williams Gas Pipeline - Transco
Shipper Imbalance Statement (in Dekatherms)

1

Accounting Period: JUL, 2023
 Invoice Identifier: 251932
 Svc Req Contract/Admin Account: 9265400 / 9231007
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: FIRM TRANSPORTATION NIPPS-SE CONVERSION
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Statement Basis: Actual
 Contact E-mail: Nicole.Kirchoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID	Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
					Receipt	Fuel				
Beginning Balance: 0										
07/01/2023	4/6	9007142	DRY RUN M3639	212-03	494	0	494	494	0	0
07/31/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		XTO ENERGY / 804712347								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/01/2023	4/6	9005642	GRUGAN M3623	212-03	96	0	96	96	0	0
07/31/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		ALTAPAC / 080649111								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/06/2023	4/6	9004442	CANOE RUN M3605	212-03	13	0	13	13	0	0
07/06/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		ENERPLUS / 624466640								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/07/2023	4/6	9006543	GUINTER M3632	212-03	65	0	65	65	0	0
07/11/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		EQUINOR / 414883								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/12/2023	4/6	9007162	MARC I	212-03	13	0	13	13	0	0
07/12/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		375581-FTSSPSC / 130073534								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/13/2023	4/6	9006962	CHAPIN A	212-03	65	0	65	65	0	0
07/17/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		EQUINOR / 130073534								
Downstream Contract ID/Entity Name:		212-03 / 535868								
07/18/2023	4/6	9006962	CHAPIN A	212-03	13	0	13	13	0	0
07/18/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name:		CHK / 809849326								
Downstream Contract ID/Entity Name:		212-03 / 535868								

A181



Invoice Identifier: 251932 Accounting Period: JUL, 2023
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 Svc Req Contract/Admin Account: 9265400 / 9231007
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID	Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
					Receipt	Fuel				
07/20/2023	4/6	9006342	LIBERTY DRIVE M3636	212-03	13	0	13	13	0	0
07/20/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name: ALTAPAC / 080649111										
Downstream Contract ID/Entity Name: 212-03 / 535868										
07/21/2023	4/6	9006302	PUDDLEFIELD A	212-03	5	0	5	5	0	0
07/21/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name: AB01 / 607925757										
Downstream Contract ID/Entity Name: 212-03 / 535868										
07/22/2023	4/6	9006342	LIBERTY DRIVE M3636	212-03	39	0	39	39	0	0
07/24/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name: ALTAPAC / 080649111										
Downstream Contract ID/Entity Name: 212-03 / 535868										
07/26/2023	4/6	9006342	LIBERTY DRIVE M3636	212-03	75	0	75	75	0	0
07/31/2023		1006571	CONSOLIDATED EDISON	Non-CPLS						
Upstream Contract ID/Entity Name: ALTAPAC / 080649111										
Downstream Contract ID/Entity Name: 212-03 / 535868										

Total for contract 9265400 :

891	0	891	891	0
No Charge Activity:				
CBL:	0			
Gathering:	0			
Charge Activity + CBL + Gathering:	891		891	0

Imbalance Summary for Contract:				Ending Balance:	
OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From
4	6	07/2023	Current Business, Pay Back	891	0
				891	0

Billable Party: ASTRAL ENERGY LLC



Williams Gas Pipeline - Transco

Shipper Imbalance Statement (in Dekatherms)

Accounting Period: JUL, 2023

Invoice Identifier: 251932

Svc Req Contract/Admin Account: 9272054 / 9231007

Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Rate Schedule Description: MARKETLINK - LEIDY TO LONG ISLAND

Contact Name/Phone: Nicole Kirchoff / (713) 215-2000

Statement Basis: Actual

Contact E-mail: Nicole.Kirchoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Receipt	Fuel					
07/01/2023	4/6	9007142	DRY RUN M3639	249-05	217	0	217	217	217	0	0
07/31/2023		9009126	RIVERSIDE - BUG	Non-CPLS							
Upstream Contract ID/Entity Name: XTO ENERGY / 804712347											
Downstream Contract ID/Entity Name: 249-05 / 535868											

Total for contract 9272054 :

217 0 217 217 0 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 217

Beginning Balance: 0

Ending Balance: 0

Imbalance Summary for Contract: 9272054		Invoice Identifier: 251932	Billable Party: ASTRAL ENERGY LLC		
OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From
4	6	07/2023	Current Business, Pay Back	217	0
				217	0



Williams Gas Pipeline - Transco Shipper Imbalance Statement (in Dekatherms)



Accounting Period: JUL, 2023

Invoice Identifier: 251932

Svc Req Contract/Admin Account: 9272062 / 9231007

Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Rate Schedule Description: LEIDY TO LONG ISLAND EXPANSION PROJECT

Contact Name/Phone: Nicole Kirchoff / (713) 215-2000

Statement Basis: Actual

Contact E-mail: Nicole.Kirchoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Receipt	Fuel					
07/01/2023	4/6	9005643	BREON M3625	249-05	217	0	217	217	217	0	0
07/31/2023		9009126	RIVERSIDE - BUG	Non-CPLS							
Upstream Contract ID/Entity Name: XTO ENERGY / 804712347											
Downstream Contract ID/Entity Name: 249-05 / 535868											

Total for contract 9272062 :

217 0 217 217 0 0

A184

Imbalance Summary for Contract:				Beginning Balance:		Ending Balance:	
OIA_ID	Zone ID	Flow Month	Transaction Type	Charge Activity + CBL + Gathering:	No Charge Activity:	CBL:	Gathering:
4	6	07/2023	Current Business, Pay Back	217	0	0	0
Total Deliveries				217	0	0	0
Imbalances				217	0	0	0
Due To / Due From				217	0	0	0

Note: All flow dates begin at 9:00 A.M. and end at 9:00 A.M next day

Run Date: 08/08/2023 05:41:06

Report Number: I-1904

Preparer ID: 007933021



Williams Gas Pipeline - Transco

LINE 1

Shipper Imbalance Statement (in Dekatherms)

Accounting Period: JUL, 2023
 Svc Req Contract/Admin Account: 9272065 / 9231007
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: NORTH EAST SUPPLY LINK PROJECT
 Statement Basis: Actual

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route		Receipt	Fuel				
07/01/2023	4/6	9007142	DRY RUN M3639	249-05		155	0	155	155	0	0
07/31/2023		1006558	BROOKLYN UNION	Non-CPLS							
Upstream Contract ID/Entity Name: XTO ENERGY / 804712347											
Downstream Contract ID/Entity Name: 249-05 / 535868											
Beginning Balance: 0											
Total for contract 9272065: 155 0 155 155 0 0											
No Charge Activity: 0											
CBL: 0											
Gathering: 0											
Charge Activity + CBL + Gathering: 155											
Ending Balance: 0											

Imbalance Summary for Contract: 9272065 Invoice Identifier: 251932 Billable Party: ASTRAL ENERGY LLC			
OIA_ID	Zone ID	Flow Month	Transaction Type
4	6	07/2023	Current Business, Pay Back
			Imbalances
			Due To / Due From
			155 0
			155 0



Accounting Period: JUL, 2023
 Invoice Identifier: 251932
 Svc Req Contract/Admin Account: 9272067 / 9231007
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: ROCKAWAY FIRM DELIVERY LATERAL
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Actual

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Receipt	Fuel					
07/01/2023	3/6	9008265	ROCKAWAY TRANSFER	249-05	516	0	516	516	516	0	0
07/31/2023		9008266	ROCKAWAY FBF-BUG								
Upstream Contract ID/Entity Name: 9272479 / 535868											
Downstream Contract ID/Entity Name: 249-05 / 535868											
07/01/2023	3/6	9008265	ROCKAWAY TRANSFER	249-05	105	0	105	105	105	0	0
07/31/2023		9008266	ROCKAWAY FBF-BUG								
Upstream Contract ID/Entity Name: 9272478 / 535868											
Downstream Contract ID/Entity Name: 249-05 / 535868											

Beginning Balance: 0

Total for contract 9272067 :

621 0 621 0 621 621 0 621 621 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 621

Ending Balance: 0
 Imbalance Summary for Contract: 9272067 Invoice Identifier: 251932 Billable Party: ASTRAL ENERGY LLC
 OIA_ID Zone ID Flow Month Transaction Type Imbalances Due To / Due From
 3 6 07/2023 Current Business, Pay Back 621 0
 621 0



Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: New York Bay Expansion
 Statement Basis: Actual
 Accounting Period: JUL, 2023
 Svc Req Contract/Admin Account: 9272478 / 9231007
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route		Receipt	Fuel				
07/01/2023	3/6	1000178	STA 210 POOL ZN6	249-05		105		105	105	0	
07/31/2023		9008265	ROCKAWAY TRANSFER					0	0	0	
Upstream Contract ID/Entity Name:		1500127 / 413406									
Downstream Contract ID/Entity Name:		9272067 / 965737328									
Beginning Balance: 0											

Total for contract 9272478 :

105 0 105 0 105 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 105

Imbalance Summary for Contract:				Billable Party: ASTRAL ENERGY LLC	
OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From
3	6	07/2023	Current Business, Pay Back	105	0
				105	0
Ending Balance:				0	



Williams Gas Pipeline - Transco
Shipper Imbalance Statement (in Dekatherms)

LINE 1

Accounting Period: JUL, 2023
 Invoice Identifier: 251932
 Svc Req Contract/Admin Account: 9272479 / 9231007
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: NORTHEAST CONNECTOR PROJECT
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Statement Basis: Actual
 Contact E-mail: Nicole.Kirchoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Fuel				
07/01/2023 07/31/2023	3/6	1000178 9008265	STA 210 POOL ZN6 ROCKAWAY TRANSFER	249-05	516	0	516	516	0
Upstream Contract ID/Entity Name: 1500127 / 413406									
Downstream Contract ID/Entity Name: 9272067 / 965737328									
Beginning Balance: 0									

Total for contract 9272479 :
 516 0 516 516 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 516

Imbalance Summary for Contract: 9272479 Invoice Identifier: 251932 Billable Party: ASTRAL ENERGY LLC

OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From
3	6	07/2023	Current Business, Pay Back	516	0
				516	0
Ending Balance: 0					



Williams Gas Pipeline - Transco

Shipper Imbalance Statement (in Dekatherms)

Accounting Period: JUL, 2023
 Invoice Identifier: 251932
 Svc Req Contract/Admin Account: 9273804 / 9231007
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: FIRM TRANSPORTATION
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Beg Date - End Date	OIA Zone Identifier	Receipt/Delivery Location	Receipt/Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route		Receipt	Fuel				
07/01/2023 07/31/2023	3/6	1000178 1006558 1500127 / 413406	STA 210 POOL ZN6 BROOKLYN UNION	249-05		15	0	15	15	0	0
Upstream Contract ID/Entity Name: 249-05 / 535868 Downstream Contract ID/Entity Name: 249-05 / 535868 Beginning Balance: 0											

Total for contract 9273804 :

15 0 15 15 0 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 15

Ending Balance: 0

Imbalance Summary for Contract:		Invoice Identifier:	Billable Party:	Ending Balance:
OIA_ID	Zone ID	Flow Month	ASTRAL ENERGY LLC	0
3	6	07/2023	Imbalances	Due To / Due From
			15	0
			15	0

Note: All flow dates begin at 9:00 A.M. and end at 9:00 A.M next day

Run Date: 08/08/2023 05:42:25
 Report Number: I-1904

Preparer ID: 007933021



Williams Gas Pipeline - Transco
Shipper Imbalance Statement (in Dekatherms)

1

Accounting Period: JUL, 2023
 Svc Req Contract/Admin Account: 9274214 / 9231007
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251932
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule Description: FIRM TRANSPORTATION
 Statement Basis: Actual

Beg Date - End Date	OIA Zone Identifier	Receipt/ Delivery Location	Receipt/ Delivery Location Name	Pkg ID		Allocated		Net Receipt	Net Delivery	Imbalance Quantity	Due To/ Due From Shipper
				Route	Receipt	Fuel					
07/01/2023	3/6	1000178	STA 210 POOL ZN6	000277	310	0	310	310	310	0	0
07/31/2023		1006555	PHILADELPHIA ELEC	Non-CPLS						0	0
Upstream Contract ID/Entity Name:		1500127 / 413406									
Downstream Contract ID/Entity Name:		000277 / 535868									

Total for contract 9274214 :
 310 0 310 310 0
 No Charge Activity: 0
 CBL: 0
 Gathering: 0
 Charge Activity + CBL + Gathering: 310

Beginning Balance: 0

Ending Balance: 0

Imbalance Summary for Contract:		9274214	Invoice Identifier:	251932	Billable Party:	ASTRAL ENERGY LLC
OIA_ID	Zone ID	Flow Month	Transaction Type	Imbalances	Due To / Due From	
3	6	07/2023	Current Business, Pay Back	310	0	
				310	0	



Invoice Identifier: 251932 Accounting Period: JUL, 2023
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 Administrative Account / Contract #: 9231007
 Balance Agent(Prop): 727686 COGNITIVE ENERGY LLC Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Rate Schedule: CUSTOMER LEVEL CHARGES Statement Basis: Actual
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

(JUL, 2023)

(JUN, 2023)

CURRENT MONTH ACTIVITY

PREVIOUS MONTH ACTIVITY

Svc Req K	Rate Sched	OIA/Zone	Production Month Imbalance	PPA Available for Trade	Total Amount Available for Trade	PPA Sub to Cashout	Total Imbalance Activity	Beginning Tradable Imbalance	Confirmed Trades	Trade Fuel	Adjusted Quantity	Amount Cash Out	PPA Sub to Cashout	Prev Mo Deliveries
9265398	FT	3/6	0	0	0	0	0	0	0	0	0	0	0	1
9272930	FT	3/6	0	0	0	0	0	0	0	0	0	0	0	58
9272970	FT	3/6	0	0	0	0	0	0	0	0	0	0	0	339
9272971	FT	3/6	0	0	0	0	0	0	0	0	0	0	0	564
9273489	FT	3/6	0	0	0	0	0	0	0	0	0	0	0	330
Total for OIA/Zone: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1,292														
9265400	NIPPS SE	4/6	0	0	0	0	0	0	0	0	0	0	0	270
9272065	NESUPPLYLINK	4/6	0	0	0	0	0	0	0	0	0	0	0	150
9272054	MARKLINK-LLI	4/6	0	0	0	0	0	0	0	0	0	0	0	210
9265399	MARKETLINK	4/6	0	0	0	0	0	0	0	0	0	0	0	2,370
9272062	LEIDY LI	4/6	0	0	0	0	0	0	0	0	0	0	0	210
9272068	APEC	4/6	0	0	0	0	0	0	0	0	0	0	0	300
Total for OIA/Zone: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 3,510														

Total Available for Trade = Production Month Imbalance + PPA Available for Trade
 Total Imbalance Activity = Total Available for Trade + PPA Subject to Cashout
 Cumulative Imbalance < 0 Due To
 Amount Cashed Out = Beginning Tradable Imbalance + Confirmed Trades - Trade Fuel
 Cumulative Imbalance > 0 Due From

ONLINE

Invoice Packet Id: 251717
Billable Party (Prop): 535868

ASTRAL ENERGY LLC
Attn: JASON K. FOX
25 Philips Parkway, Suite 207
Montvale, NJ 07645



Invoice Summary Statement

Invoice Identifier: 251717 **Accounting Period:** Jul, 2023
Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 **Service Requester (Prop)/(Duns):** 535868 ASTRAL ENERGY LLC / 965737328
JASON K. FOX **Invoice Date:** 08/01/2023
 25 Phillips Parkway, Suite 207 **Net Due Date:** 08/10/2023
 Montvale, NJ 07645 **Contact Name/Phone:** Nicole Kirchoff / (713) 215-2000
 jasonfox@astralenergyllc.com **Contact E-mail:** Nicole.Kirchoff@williams.com

Line Number	Service Requester Contract Number	Service Code / Rate Schedule Description	Amount Due
1	9265398	FT / FIRM TRANSPORTATION	\$720.13
2	9265399	FT / FT - MARKETLINK EXPANSION PROJECT	\$1,625.33
3	9265400	FT / FT - FIRM TRANSPORTATION NIPPS-SE CONVERSION	\$781.82
4	9272054	FT / FT - MARKETLINK - LEIDY TO LONG ISLAND	\$0.00
5	9272062	FT / FT - LEIDY TO LONG ISLAND EXPANSION PROJECT	\$0.00
6	9272065	FT / FT - NORTH EAST SUPPLY LINK PROJECT	\$141.67
7	9272066	FT / FT - MARKETLINK EXPANSION PROJECT	\$113.15
8	9272067	FT / FDLS - ROCKAWAY FIRM DELIVERY LATERAL	\$1,161.57
9	9272068	FT / FT - FIRM TRANSPORTATION APEC CONVERSION	\$0.00
10	9272475	FT / FT - LEIDY TO LONG ISLAND EXPANSION PROJECT	\$0.00
11	9272476	FT / FT - NORTH EAST SUPPLY LINK PROJECT	\$28.21
12	9272478	FT / FT - New York Bay Expansion	\$0.00
13	9272479	FT / FT - NORTHEAST CONNECTOR PROJECT	\$0.00
14	9272480	FT / FT - MARKETLINK - LEIDY TO LONG ISLAND	\$0.00
15	9272481	FT / FT - Leidy East Expansion	\$28.21
16	9272482	FT / FT - FIRM TRANSPORTATION APEC CONVERSION	\$0.00
17	9272483	FT / FT - NORTHEAST CONNECTOR PROJECT	\$0.00
18	9272484	FT / FDLS - ROCKAWAY FIRM DELIVERY LATERAL	\$226.61
19	9272485	FT / FT - New York Bay Expansion	\$0.00
20	9273669	FT / FIRM TRANSPORTATION	\$1,851.63
21	9273804	FT / FIRM TRANSPORTATION	\$370.45
22	9273849	FT / FIRM TRANSPORTATION	\$427.18
23	9274214	FT / FIRM TRANSPORTATION	\$295.43
Invoice Total Amount			\$7,771.39



Invoice Summary Statement

Invoice Identifier: 251717

Accounting Period: Jul, 2023

Please make wire transfer payments

on Net Due Date: 08/10/2023 By Noon Central Standard Time

If Invoice total amount is less than \$100,000, please send check to:

Payee: TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC

TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC

Duns: 007933021

Duns: 007933021

JPMORGAN CHASE BANK

P.O. BOX 301209

CHICAGO, IL 60606

DALLAS, TX 75303-1209

ABA # 021000021

Account # [REDACTED] 7969

For ACH wires use ABA 071000013

* If you have a payment dispute, please print the Remittance Advice from our internet site www.1Line.williams.com then select Reports, Functional area = Invoicing, Report Name = Remittance Advice and mail or fax the discrepancies to your WGP Contact

** If you wish to make a voluntary contribution to the Gas Research Institute, please print the Remittance Advice from our internet site www.1Line.williams.com then select Reports, Functional Area = Invoicing, Report Name = Remittance Advice. Specify on the Remittance Advice the amount of your contribution and mail or fax it to your WGP Contact



1

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Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265398
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
1.00001	129 Reservation Volume (RSV 0.65667,REP 0.00705) (Price Tier: 1)	1000065 STA 65 POOL ZN3	1006571 CONSOLIDATED EDISON	129604401	1003683/CONSOLIDATED D EDISON CO OF NY		07/01/2023 07/31/2023	1,085	0.66372	720.13
Contract Total Amount:									1,085Dth	\$720.13

A198



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265399
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: MARKETLINK EXPANSION PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
2.00001	129 Reservation Volume (RSV 0.66255,REP 0.00117) (Price Tier: 1)	1007065 LEIDY-NATIONAL FUEL 6/4	1006571 CONSOLIDATED EDISON 6/3		129599901 9252338/CONSOLIDATED D EDISON CO OF NY		07/01/2023 07/31/2023	2,449	0.66372	1,625.33
									Contract Total Amount:	\$1,625.33

A199



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9265400
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION NIPPS-SE CONVERSION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
3.00001	129 Reservation Volume (RSV 0.66255,REP 0.00117) (Price Tier: 1)	1007065 LEIDY-NATIONAL FUEL 6/4	1006571 CONSOLIDATED EDISON 6/3		129593201 1016007/CONSOLIDATED D EDISON CO OF NY		07/01/2023 07/31/2023	1,178	0.66372	781.82
Contract Total Amount:									1,178Dth	\$781.82

A200



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272054
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: MARKETLINK - LEIDY TO LONG ISLAND

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due	
4.00001	129 Reservation Volume (RSV 0.00000,MR1 0.00000,REP 0.00000) (Price Tier: 1)	1006161	9003765		130278101		07/01/2023	217	0.00000	0.00	
					9271539/THE BROOKLYN UNION GAS COMPANY		07/31/2023				
									Contract Total Amount:	217Dth	\$0.00

A201



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1
LINE

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272062
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: LEIDY TO LONG ISLAND EXPANSION PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Replacement/Release Code	Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
5.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000) (Price Tier: 1)	1006161	9003765	130284601	9271540/THE BROOKLYN UNION GAS COMPANY		07/01/2023 07/31/2023	217	0.00000	0.00
Contract Total Amount: 217Dth <u>\$0.00</u>										

A202



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272065
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: NORTH EAST SUPPLY LINK PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
6.00001	129 Reservation Volume (RSV 0.91283,REP 0.00117) (Price Tier: 1)	9007162 MARC I 6/4	1006558 BROOKLYN UNION 6/3	130291901	9250826/THE BROOKLYN UNION GAS COMPANY		07/01/2023 07/31/2023	155	0.91400	141.67
									Contract Total Amount:	\$141.67

A203



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272067
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: ROCKAWAY FIRM DELIVERY LATERAL

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
8.00001	129 Reservation Volume (RSV 0.91400) (Price Tier: 1)	9008265 ROCKAWAY TRANSFER 6/3	9008266 ROCKAWAY FBF-BUG 6/3	130302501	9170141/THE BROOKLYN UNION GAS COMPANY		07/01/2023 07/31/2023	1,271	0.91400	1,161.57
Contract Total Amount:									1,271Dth	\$1,161.57

A205



Williams Gas Pipeline - Transco Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272068
 Service Requester (Prop)/(Duns): 535888 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535888 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION APEC CONVERSION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/ Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
9.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000)	1006161	1006558		130321701		07/01/2023	310	0.00000	0.00
	(Price Tier: 1)	6/4	6/3		1003831/THE BROOKLYN UNION GAS COMPANY		07/31/2023			
Contract Total Amount:									310Dth	\$0.00

A206



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final



Invoice Identifier: 251717 **Accounting Period:** Jul, 2023
Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328 **Service Requester Contract Number:** 9272476
JASON K. FOX **Service Requester (Prop)/(Duns):** 535868 ASTRAL ENERGY LLC / 965737328
 25 Phillips Parkway, Suite 207 **Invoice Date:** 08/01/2023
 Montvale, NJ 07645 **Net Due Date:** 08/10/2023
 jasonfox@astralenergyllc.com **Contact Name/Phone:** Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Service Code: FT

Rate Schedule Description: NORTH EAST SUPPLY LINK PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
11.00001	129 Reservation Volume	9007162	1006558		130343701		07/01/2023	31	0.91400	28.21
	(RSV 0.91283,REP 0.00117)	MARC I	BROOKLYN UNION		9264817/KEYSPAN GAS EAST CORPORATION		07/31/2023			
	(Price Tier: 1)	6/4	6/3							

Contract Total Amount: 31Dth \$28.21

A208



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023

Service Requester Contract Number: 9272478

Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

Invoice Date: 08/01/2023

Net Due Date: 08/10/2023

Contact Name/Phone: Nicole Kirchoff / (713) 215-2000

Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717

Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328

JASON K. FOX

25 Philips Parkway, Suite 207
Montvale, NJ 07645
jasonfox@astralenergyllc.com

Service Code: FT

Rate Schedule Description: New York Bay Expansion

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
12.00001	129 Reservation Volume (RSV 0.00000, REP 0.00000) (Price Tier: 1)	9008302 CPH M/L 1674.555	9008265 ROCKAWAY TRANSFER	130342101	9204696/THE BROOKLYN UNION GAS COMPANY		07/01/2023 07/31/2023	682	0.00000	0.00
									Contract Total Amount:	\$0.00

A209



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

LINE 1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272479
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: NORTHEAST CONNECTOR PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
13.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000) (Price Tier: 1)	9008302	9008265		130336101		07/01/2023	620	0.00000	0.00
		CPH M/L 1674.555	ROCKAWAY TRANSFER		9170392/THE BROOKLYN UNION GAS COMPANY		07/31/2023			
									Contract Total Amount:	\$0.00

A210



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1
LINE

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272480
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: MARKETLINK - LEIDY TO LONG ISLAND

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
14.00001	129 Reservation Volume (RSV 0.00000,MR1 0.00000,REP 0.00000) (Price Tier: 1)	1006161	9003765		130330801		07/01/2023	62	0.00000	0.00
					9062488/KEYSPAN GAS EAST CORPORATION		07/31/2023			
									Contract Total Amount:	\$0.00

A211



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final



Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272481
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: Leidy East Expansion

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acc't Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
15.00001	129 Reservation Volume (RSV 0.91283,REP 0.00117) (Price Tier: 1)	1006161	1006382	6/4	130328401		07/01/2023	31	0.91400	28.21
		LEIDY-DOMINION	LONG ISLAND LIGHTING		9014496/KEYSPAN GAS EAST CORPORATION		07/31/2023			
									Contract Total Amount:	\$28.21

A212



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272482
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION APEC CONVERSION

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
16.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000) (Price Tier: 1)	1006161 LEIDY-DOMINION 6/4	1006382 LONG ISLAND LIGHTING 6/3		130324401 1003833/KEYSPAN GAS EAST CORPORATION		07/01/2023 07/31/2023	93	0.00000	0.00
									Contract Total Amount:	\$0.00

A213



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

of 63

1
LINE

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272483
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: NORTHEAST CONNECTOR PROJECT

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
17.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000) (Price Tier: 1)	9008302	9008265		130309701		07/01/2023	124	0.00000	0.00
		CPH M/L 1674.555	ROCKAWAY TRANSFER 6/3		9264800/KEYSPAN GAS EAST CORPORATION		07/31/2023			
									Contract Total Amount:	\$0.00

A214



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272484
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: ROCKAWAY FIRM DELIVERY LATERAL

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due	
18.00001	129 Reservation Volume (RSV 0.91400) (Price Tier: 1)	9008265 ROCKAWAY TRANSFER 6/3	9008502 MARINACE FBF - LI 6/3		130307001 9170142/KEYSPAN GAS EAST CORPORATION		07/01/2023 07/31/2023	248	0.91400	226.61	
									Contract Total Amount:	248Dth	\$226.61

A215



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9272485
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: New York Bay Expansion

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
19.00001	129 Reservation Volume (RSV 0.00000,REP 0.00000) (Price Tier: 1)	9008302	9008265		130287901		07/01/2023	155	0.00000	0.00
		CPH M/L 1674.555	ROCKAWAY TRANSFER 6/3		9264801/KEYSPAN GAS EAST CORPORATION		07/31/2023			
Contract Total Amount:									155Dth	\$0.00

A216



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9273669
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
20.00001	129 Reservation Volume (RSV 0.65667,REP 0.00705) (Price Tier: 1)	1000065 STA 65 POOL ZN3 EDISON 6/3	1006571 CONSOLIDATED EDISON 6/3		130462501 1003683/CONSOLIDATE D EDISON CO OF NY		07/01/2023 07/31/2023	2,790	0.66372	1,851.63
									Contract Total Amount:	\$1,851.63

A217



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

of 63



Accounting Period: Jul, 2023
 Service Requester Contract Number: 9273804
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due	
21.00001	129 Reservation Volume (RSV 0.91215,REP 0.00705)	1000026 STA 45 POOL ZN2	1006558 BROOKLYN UNION		130488201 1003682/THE BROOKLYN UNION GAS COMPANY		07/01/2023	93	0.91920	85.56	
	(Price Tier: 1)	2/1	6/3				07/31/2023				
21.00002	129 Reservation Volume (RSV 0.91215,REP 0.00705)	1000040 STA 50 POOL ZN3	1006558 BROOKLYN UNION		130488201 1003682/THE BROOKLYN UNION GAS COMPANY		07/01/2023	62	0.91920	56.73	
	(Price Tier: 1)	3/1	6/3				07/31/2023				
21.00003	129 Reservation Volume (RSV 0.91215,REP 0.00705)	1000065 STA 65 POOL ZN3	1006558 BROOKLYN UNION		130488201 1003682/THE BROOKLYN UNION GAS COMPANY		07/01/2023	93	0.91920	85.56	
	(Price Tier: 1)	3/1	6/3				07/31/2023				
21.00004	129 Reservation Volume (RSV 0.91215,REP 0.00705)	1000762 STA 62 POOL ZN3	1006558 BROOKLYN UNION		130488201 1003682/THE BROOKLYN UNION GAS COMPANY		07/01/2023	155	0.91920	142.60	
	(Price Tier: 1)	3/1	6/3				07/31/2023				
									Contract Total Amount:	403Dth	\$370.45

A218



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final

1

Accounting Period: Jul, 2023
 Service Requester Contract Number: 9273849
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Philips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT
 Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location Name: Zone/OIA:	Delivery Location Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/ SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
22.00001	129 Reservation Volume (RSV 0.91215,REP 0.00705) (Price Tier: 1)	1000026 STA 45 POOL ZN2	1006382 LONG ISLAND LIGHTING 6/3	130493601	1003687/KEYSPAN GAS EAST CORPORATION		07/01/2023	124	0.91920	114.08
22.00002	129 Reservation Volume (RSV 0.91215,REP 0.00705) (Price Tier: 1)	1000040 STA 50 POOL ZN3	1006382 LONG ISLAND LIGHTING 6/3	130493601	1003687/KEYSPAN GAS EAST CORPORATION		07/01/2023	93	0.91920	85.56
22.00003	129 Reservation Volume (RSV 0.91215,REP 0.00705) (Price Tier: 1)	1000065 STA 65 POOL ZN3	1006382 LONG ISLAND LIGHTING 6/3	130493601	1003687/KEYSPAN GAS EAST CORPORATION		07/01/2023	62	0.91920	56.73
22.00004	129 Reservation Volume (RSV 0.91215,REP 0.00705) (Price Tier: 1)	1000762 STA 62 POOL ZN3	1006382 LONG ISLAND LIGHTING 6/3	130493601	1003687/KEYSPAN GAS EAST CORPORATION		07/01/2023	186	0.91920	170.81

Contract Total Amount: \$427.18



Williams Gas Pipeline - Transco
Invoice Detail Statement - Final



Accounting Period: Jul, 2023
 Service Requester Contract Number: 9274214
 Service Requester (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 Invoice Date: 08/01/2023
 Net Due Date: 08/10/2023
 Contact Name/Phone: Nicole Kirchhoff / (713) 215-2000
 Contact E-mail: Nicole.Kirchhoff@williams.com

Invoice Identifier: 251717
 Billable Party (Prop)/(Duns): 535868 ASTRAL ENERGY LLC / 965737328
 JASON K. FOX
 25 Phillips Parkway, Suite 207
 Montvale, NJ 07645
 jasonfox@astralenergyllc.com

Service Code: FT

Rate Schedule Description: FIRM TRANSPORTATION

Line Number	TT / Misc Note / Charge Description	Receipt Location: Name: Zone/OIA:	Delivery Location: Name: Zone/OIA:	Package ID Route	Replacement/Release Code Contract Number/SR Name	Acct Adj Mthd	Dates Effective	Quantity	Unit Price	Amount Due
23.00001	129 Reservation Volume (RSV 0.55358,REP 0.00739) (Price Tier: 1)	1000007 STA 30 POOL ZN1	1006555 PHILADELPHIA ELEC 6/3		130515901 1003693/PECO ENERGY COMPANY		07/01/2023 07/31/2023	93	0.56097	52.08
23.00002	129 Reservation Volume (RSV 0.55358,REP 0.00739) (Price Tier: 1)	1000026 STA 45 POOL ZN2	1006555 PHILADELPHIA ELEC 6/3		130515901 1003693/PECO ENERGY COMPANY		07/01/2023 07/31/2023	124	0.56097	69.44
23.00003	129 Reservation Volume (RSV 0.55358,REP 0.00739) (Price Tier: 1)	1000040 STA 50 POOL ZN3	1006555 PHILADELPHIA ELEC 6/3		130515901 1003693/PECO ENERGY COMPANY		07/01/2023 07/31/2023	93	0.56097	52.08
23.00004	129 Reservation Volume (RSV 0.55358,REP 0.00739) (Price Tier: 1)	1000762 STA 62 POOL ZN3	1006555 PHILADELPHIA ELEC 6/3		130515901 1003693/PECO ENERGY COMPANY		07/01/2023 07/31/2023	217	0.56097	121.83

Contract Total Amount: 527Dth \$295.43

Fill in this information to identify the case:

Debtor 1 <u>Astral Energy, LLC</u>
Debtor 2 _____ (Spouse, if filing)
<u>United States Bankruptcy Court District of New Jersey</u>
Case number: <u>23-17424</u>

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 2/20/2024
 Jeanne Naughton, Clerk

**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?	<u>Jesse's Shear Genius</u>	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	<u>Jesse's Shear Genius</u>	_____
	Name	Name
	P.O. Box 35 South Orange, NJ 07079-0035	
	Contact phone <u>973-220-4429</u>	Contact phone _____
	Contact email <u>liannarichardson@gmail.com</u>	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 2005.38
 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.

 Services Performed

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. \$ _____

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)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. <i>Check all that apply:</i>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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.	<p>Check the appropriate box:</p> <input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's attorney or authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004. <input type="checkbox"/> I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005. <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>2/20/2024</u> MM / DD / YYYY</p> <p><u>/s/ Tanya Leigh Fitzgerald</u> _____ Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Tanya Leigh Fitzgerald</u> _____ First name Middle name Last name</p> <p>Title <u>Assistant to Owner</u> _____</p> <p>Company _____</p> <p>Address <u>489 Cary Street</u> _____ Identify the corporate servicer as the company if the authorized agent is a servicer</p> <p><u>489 Cary Street</u> _____ Number Street</p> <p><u>Orange, NJ 07050</u> _____ City State ZIP Code</p> <p>Contact phone <u>973-714-2871</u> Email <u>jazzfitz2002@yahoo.com</u></p>
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PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
PO BOX 35
SOUTH ORANGE NJ 07079-0035

For service at
131 S ORANGE AVE
SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open	-\$84.71	Equal Payment Plan Summary	
Current Due	-\$84.71	Used to date	\$636.00
WF Monthly Amt (w/o taxes)	\$47.78	Billed to date	\$636.00
WF Yearly Amt (w/o taxes)	\$573.36	Balance after payment	\$0.00
Installment Plan	NO	Balancing Month	May
Equal Payment Plan	YES		

Account #: XXXXXXXX1807
Statement Date: 12/12/2023

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Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance*
													Astral Energy LLC Electric Charges	\$142.33	
													Astral Energy, LLC Gas Charges	\$119.45	
		1808193	GSG (HTG)	01/03/23	32	4652.0	Act	183.812	THERMS	0.00	\$0.00	0.00	Gas Charges	\$106.21	
		316016743	GLP	01/03/23	33	7210.0	Act	838.000	KWH	5.00	\$19.90	0.00	Electric Charges	\$48.26	
12/19/22	Incoming Payment												Payment-Electronic Payment	-\$318.63	\$274.21
12/06/22	Monthly Bill												Invoice# 603507436685	\$318.63	\$592.84
													WF	\$48.59	
													Astral Energy, LLC Electric Charges	\$112.11	
													Astral Energy, LLC Gas Charges	\$56.77	
		1808193	GSG (HTG)	12/02/22	32	4476.0	Act	87.356	THERMS	0.00	\$0.00	0.00	Gas Charges	\$56.56	
		316016743	GLP	12/01/22	31	6372.0	Act	660.000	KWH	4.70	\$18.71	0.00	Electric Charges	\$42.60	

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
 PO BOX 35
 SOUTH ORANGE NJ 07079-0035

For service at
 131 S ORANGE AVE
 SOUTH ORANGE VILLAGE TWP NJ 07079-1801

Total Open
 Current Due
 WF Monthly Amt (w/o taxes)
 WF Yearly Amt (w/o taxes)
 Installment Plan
 Equal Payment Plan

-\$84.71
 -\$84.71
 \$47.78
 \$573.36
 NO
 YES

Equal Payment Plan Summary
 Used to date
 Billed to date
 Balance after payment
 Balancing Month

Account #: XXXXXXXX1807
 Statement Date: 12/12/2023

Page 9 of 11

Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance*
02/21/23	Incoming Payment												Payment-Electronic Payment	-\$244.33	\$274.21
02/06/23	Monthly Bill												Invoice#	\$244.33	\$518.54
													601100180864		
													WF	\$48.59	
													Astral Energy LLC Electric Charges	\$118.22	
													Astral Energy, LLC Gas Charges	\$88.49	
													Other PSEG Charges	-\$140.60	
		1808193	GSC (HTC)	02/02/23	30	4782.0	Act	136.165	THERMS	0.00	\$0.00	0.00	Gas Charges	\$83.35	
		310016743	GLP	02/01/23	29	7906.0	Act	696.000	KWH	5.30	\$21.10	0.00	Electric Charges	\$46.28	
01/13/23	Incoming Payment												Payment-Electronic Payment	-\$464.84	\$274.21
12/31/22	Monthly Bill												Invoice#	\$464.84	\$739.05
													606103641033		
													WF	\$48.59	

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
PO BOX 35
SOUTH ORANGE NJ 07079-0035

For service at
131 S ORANGE AVE
SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open -\$84.71
Current Due -\$84.71
WF Monthly Amt (w/o taxes) \$47.78
WF Yearly Amt (w/o taxes) \$573.36
Installment Plan NO
Equal Payment Plan YES

Equal Payment Plan Summary
Used to date \$636.00
Billed to date \$636.00
Balance after payment \$0.00
Balancing Month May

Account #: XXXXXXXX1807
Statement Date: 12/12/2023

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Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance*
													Astral Energy, LLC Gas	\$65.41	
		1808193	GSG (HTG)	04/03/23	31	4981.0	Act	100.649	THERMS	0.00	\$0.00	0.00	Gas Charges	\$66.14	
		316016743	GLP	04/03/23	31	9425.0	Act	681.000	KWH	5.70	\$22.69	0.00	Electric Charges	\$47.84	
03/16/23	Incoming Payment												Payment-Electronic Payment	-\$397.67	\$274.21
02/28/23	Monthly Bill												Invoice# 603207703777	\$397.67	\$671.88
													WF	\$66.28	
													Astral Energy, LLC Electric Charges	\$142.33	
													Astral Energy, LLC Gas	\$70.32	
		1808193	GSG (HTG)	03/03/23	29	4885.0	Act	106.197	THERMS	0.00	\$0.00	0.00	Gas Charges	\$69.93	
		316016743	GLP	03/03/23	30	8744.0	Act	839.000	KWH	5.10	\$20.30	0.00	Electric Charges	\$48.81	

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
PO BOX 35
SOUTH ORANGE NJ 07079-0035

For service at
131 S ORANGE AVE
SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open -\$84.71
Current Due -\$84.71
WF Monthly Amt (w/o taxes) \$47.78
WF Yearly Amt (w/o taxes) \$573.36
Installation Plan NO
Equal Payment Plan YES

Equal Payment Plan Summary
Used to date \$636.00
Billed to date \$636.00
Balance after payment \$0.00
Balancing Month May

Account #: xxxxxxxx1807
Statement Date: 12/12/2023

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Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read Type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance*
													Invoice#	-\$328.27	
													600308454822		
05/09/23	Incoming Payment												Payment-Electronic Payment	-\$654.23	\$274.21
05/08/23	Monthly Bill												Invoice#	\$326.27	\$928.44
													600308454822		
													WF	\$69.60	
													Astral Energy LLC Electric Charges	\$99.36	
													Astral Energy, LLC Gas Charges	\$47.69	
													Gas Charges	\$53.00	
		1808193	GSG (HTG)	05/04/23	31	5051.0	Est	0.000	THERMS	0.00	\$0.00	0.00			
		316016743	GLP	05/03/23	30	10010.00	Act	585.000	KWH	8.60	\$33.85	0.00	Electric Charges	\$58.62	
03/31/23	Monthly Bill												Invoice#	\$325.96	\$600.17
													601408205410		
													WF	\$30.90	
													Astral Energy LLC Electric Charges	\$115.07	

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
PO BOX 35
SOUTH ORANGE NJ 07079-0035

For service at
131 S ORANGE AVE
SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open -\$84.71
Current Due -\$84.71
WF Monthly Amt (w/o taxes) \$47.78
WF Yearly Amt (w/o taxes) \$573.36
Installment Plan NO
Equal Payment Plan YES

Equal Payment Plan Summary
Used to date \$636.00
Billed to date \$636.00
Balance after payment \$0.00
Balancing Month May

Account #: XXXXXXXX1807
Statement Date: 12/12/2023

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Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance
05/31/23	Monthly Bill												Invoice# 605406344711	\$314.23	\$497.41
													WF	\$101.88	
													Astral Energy LLC Electric Charges	\$99.36	
													Astral Energy LLC Gas Charges	\$21.12	
		1808193	GSG (HTG)	05/04/23	31	5012.0	Est	32.501	THERMS	0.00	\$0.00	0.00	Gas Charges	\$35.25	
		316016743	GLP	05/03/23	30	10010.00	Act	585.000	KWH	8.50	\$33.85	0.00	Electric Charges	\$58.62	
05/31/23	Monthly Bill												Invoice# 605406344712	\$237.24	\$183.18
													Astral Energy LLC Electric Charges	\$116.39	
													Astral Energy LLC Gas Charges	\$16.36	
		1808193	GSG (HTG)	05/02/23	29	5036.0	Act	25.162	THERMS	0.00	\$0.00	0.00	Gas Charges	\$30.05	
		316016743	GLP	06/02/23	30	10707.00	Act	697.000	KWH	10.70	\$42.93	0.00	Electric Charges	\$72.44	
05/31/23	Reversal - Invoice												Invoice Reversal	-\$228.27	-\$54.06

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
 PO BOX 35
 SOUTH ORANGE NJ 07079-0035

For service at
 131 S ORANGE AVE
 SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open	-84.71	Equal Payment Plan Summary	
Current Due	-84.71	Used to date	\$636.00
WF Monthly Amt (w/o taxes)	\$47.78	Billed to date	\$636.00
WF Yearly Amt (w/o taxes)	\$573.36	Balance after payment	\$0.00
Installation Plan	NO	Balancing Month	May
Equal Payment Plan	YES		

Account #: xxxxxxxx1807
 Statement Date: 12/12/2023

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Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read Type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance*
		1808193	GSG (HTG)	08/02/23	30	5074.0	Act	13.564	THERMS	0.00	\$0.00	0.00	Gas Charges	\$25.47	
		316016743	GLP	08/02/23	30	12814.0	Act	1,224.000	KWH	11.90	\$47.03	11.90	Electric Charges	\$213.70	
07/14/23	Incoming Payment												Payment-Electronic Payment	-\$376.88	\$274.21
08/30/23	Monthly Bill												Invoice# 602208120403	\$376.88	\$651.09
													EPP	\$159.00	
													WF	\$50.94	
													Astral Energy LLC Electric Charges	\$149.98	
													Astral Energy, LLC Gas Charges	\$16.96	
		1808193	GSG (HTG)	07/03/23	31	5061.0	Est	26.110	THERMS	0.00	\$0.00	0.00	Gas Charges	\$30.36	
		316016743	GLP	07/03/23	31	11590.0	Act	883.000	KWH	11.30	\$45.23	11.30	Electric Charges	\$197.21	
08/14/23	Incoming Payment												Payment-Electronic Payment	-\$223.20	\$274.21

PUBLIC SERVICE ELECTRIC AND GAS COMPANY
STATEMENT OF ELECTRIC AND/OR GAS CONSUMPTION

JESSE'S SHEER GENIUS
 PO BOX 35
 SOUTH ORANGE NJ 07079-0035

For service at
 131 S ORANGE AVE
 SOUTH ORANGE VILLAGE TWP NJ 07079-1901

Total Open -\$84.71
 Current Due -\$84.71
 WF Monthly Amt (w/o taxes) \$47.78
 WF Yearly Amt (w/o taxes) \$573.36
 Installment Plan NO
 Equal Payment Plan YES

Equal Payment Plan Summary
 Used to date \$636.00
 Billed to date \$636.00
 Balance after payment \$0.00
 Balancing Month May

Account #: XXXXXXXX1807
 Statement Date: 12/12/2023

Page 4 of 11

Activity Date	Activity Type	Meter Number	Rate	Bill To Date	Bill Days	Read Index	Read type	Use	Unit Of Measure	Annual DMD	Annual DMD Amt	Summer DMD	Description	Amount	Running Balance
09/19/23	Incoming Payment												Payment-Electronic Payment	-\$535.00	\$564.15
08/31/23	Monthly Bill												Invoice# 602708749111	\$398.28	\$1,089.15
													EPP	\$159.00	
													WF	\$50.94	
													Astral Energy LLC Electric Charges	\$176.82	
													Astral Energy LLC Gas Charges	\$11.52	
		1808103	GSG (HTG)	08/31/23	29	5091.0	Act	17.720	THERMS	0.00	\$0.00	0.00	Gas Charges	\$25.81	
		316016743	GLP	08/31/23	29	13885.00	Act	1,041.000	KWH	11.20	\$44.83	11.20	Electric Charges	\$199.29	
07/31/23	Monthly Bill												Invoice# 603107875609	\$426.66	\$700.87
													EPP	\$159.00	
													WF	\$50.94	
													Astral Energy LLC Electric Charges	\$207.80	
													Astral Energy LLC Gas Charges	\$8.82	

Fill in this information to identify the case:

Debtor 1 Astral Energy, LLC
Debtor 2 (Spouse, if filing)
United States Bankruptcy Court District of New Jersey
Case number: 23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 3/28/2024
 Jeanne Naughton, Clerk

**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?	New York State Department of Taxation & Finance	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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)
	New York State Department of Taxation & Finance	
	Name	Name
	Bankruptcy Section P O Box 5300 Albany, NY 12205-0300	
	Contact phone 518-457-3160	Contact phone
	Contact email	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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

<p>6. Do you have any number you use to identify the debtor?</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: <u>8241</u></p>
<p>7. How much is the claim?</p>	<p>\$ <u>8825.65</u> Does this amount include interest or other charges? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).</p>
<p>8. What is the basis of the claim?</p>	<p>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.</p> <p style="text-align: center;"><u>SALES TAX</u></p>
<p>9. Is all or part of the claim secured?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i>. <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____</p> <p>Basis for perfection: _____</p> <p>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.)</p> <p>Value of property: \$ _____</p> <p>Amount of the claim that is secured: \$ _____</p> <p>Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)</p> <p>Amount necessary to cure any default as of the date of the petition: \$ _____</p> <p>Annual Interest Rate (when case was filed) _____ %</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Variable</p>
<p>10. Is this claim based on a lease?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____</p>
<p>11. Is this claim subject to a right of setoff?</p>	<p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____</p>

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input type="checkbox"/> 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).	\$ _____
	<input checked="" type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ 8825.65
	<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
	<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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 3/28/2024
MM / DD / YYYY

/s/ Renaud/Pugliese

Signature

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

Name Renaud/Pugliese

Title TCM1/Office Asst. II

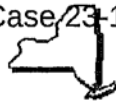
Company New York State Dept. of Tax & Finance Bankruptcy

Address Identify the corporate servicer as the company if the authorized agent is a servicer
P O Box 5300

Number Street
Albany, NY 12205-0300

City State ZIP Code

Contact phone 518-457-3160 Email _____



Taxation and Finance
 Bankruptcy Section
 P O Box 5300
 Albany NY 12205-0300
 (518) 457-3160

Case number: 23-17424 VFP
 Refer to this number for inquiries

Total claim amount: \$8,825.65

Taxpayer ID#: B-26-4448241-5

Administrative Expense Tax Liability

UNITED STATES BANKRUPTCY COURT
 TOTAL DISTRICT OF NEW JERSEY
 FEDERAL BLDG & U.S. COURTHOUSE
 50 WALNUT STREET, 3RD FLOOR
 NEWARK, NJ 07102-2506

This is a statement of tax liabilities for ASTRAL ENERGY LLC. Additional penalty and interest will accrue if paid after 4/5/2024.

Administrative Liabilities

Tax Type	Period End	Notice Number	Tax	Penalty	Interest	Total	Type
SALES	02/29/24	L-059609292-6	7,851.53	837.47	136.65	8,825.65	ACT
					Total \$	8,825.65	

Current Annual Interest Rates by Tax Type: Sales and Use - 14.5%
 Liability Type Descriptions: ACT - Actual Return Filed

Fill in this information to identify the case:	
Debtor 1	Astral Energy, LLC
Debtor 2	
(Spouse, if filing)	
United States Bankruptcy Court District of New Jersey	
Case number: 23-17424	

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 4/2/2024
 Jeanne Naughton, Clerk

**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?	Jose Israel Ponce Lopez	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom?	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Jose Israel Ponce Lopez	
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name 22 Holden St Clifton, NJ 07011	Name
	Contact phone 973-510-3169	Contact phone
	Contact email israel1ponce@gmail.com	Contact email
	Uniform claim identifier for electronic payments in chapter 13 (if you use one):	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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: _____

7. How much is the claim? \$ 4359.00 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.
 last month's wages, as I was an Astral employee _____

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. \$ _____

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)?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 4359.00
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

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 4/2/2024
MM / DD / YYYY

/s/ Jose Israel Ponce Lopez
Signature

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

Name Jose Israel Ponce Lopez
First name Middle name Last name

Title _____

Company _____

Address Identify the corporate servicer as the company if the authorized agent is a servicer
22 Holden St

Number Street
Clifton, NJ 07011

City State ZIP Code

Contact phone 973-510-3169 Email israelponce@gmail.com

Fill in this information to identify the case:	
Debtor 1	Astral Energy, LLC
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court	District of New Jersey
Case number:	23-17424

FILED
 U.S. Bankruptcy Court
 District of New Jersey
 4/2/2024
 Jeanne Naughton, Clerk

**Official Form 410
 Proof of Claim**

04/22

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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.

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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?	Jose Israel Ponce Lopez	
	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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent?	Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
	Jose Israel Ponce Lopez	
	Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Name
	22 Holden St Clifton, NJ 07011	Name
	Contact phone 973-510-3169	Contact phone _____
	Contact email israel1ponce@gmail.com	Contact email _____
	Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>4359.00</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 healthcare information. <u>last month's wages, as I was an Astral employee</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. Nature of property: <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> 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) _____ % <input 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 type="checkbox"/> No <input checked="" type="checkbox"/> Yes. <i>Check all that apply:</i>	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.	<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 \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$ _____
	<input checked="" type="checkbox"/> 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).	\$ 4359.00
	<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 type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)(_) that applies	\$ _____
* 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.		

Part 3: Sign Below

<p>The person completing this proof of claim must sign and date it. FRBP 9011(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>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.</p>	<p>Check the appropriate box:</p> <p><input checked="" type="checkbox"/> I am the creditor.</p> <p><input 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>4/2/2024</u></p> <p style="text-align: center;">MM / DD / YYYY</p> <p><u>/s/ Jose Israel Ponce Lopez</u></p> <p>Signature</p> <p>Print the name of the person who is completing and signing this claim:</p> <p>Name <u>Jose Israel Ponce Lopez</u></p> <p style="text-align: center;">First name Middle name Last name</p> <p>Title _____</p> <p>Company _____</p> <p>Address <u>22 Holden St</u></p> <p style="text-align: center;">Number Street</p> <p style="text-align: center;"><u>Clifton, NJ 07011</u></p> <p style="text-align: center;">City State ZIP Code</p> <p>Contact phone <u>973-510-3169</u> Email <u>israel1ponce@gmail.com</u></p>
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