



OF COUNSEL:

Stephen W. Rosenblatt (Miss. Bar No. 5676)  
Christopher R. Maddux (Miss. Bar No. 100501)  
Paul S. Murphy (Miss. Bar No. 101396)  
J. Mitchell Carrington (Miss. Bar No. 104228)  
Thomas M. Hewitt (Miss. Bar No. 104589)  
BUTLER SNOW LLP  
1020 Highland Colony Parkway, Suite 1400  
Ridgeland, MS 39157  
Telephone: (601) 985-4504  
Facsimile: (601) 985-4500  
[steve.rosenblatt@butlersnow.com](mailto:steve.rosenblatt@butlersnow.com)  
[chris.maddux@butlersnow.com](mailto:chris.maddux@butlersnow.com)  
[paul.murphy@butlersnow.com](mailto:paul.murphy@butlersnow.com)  
[mitch.carrington@butlersnow.com](mailto:mitch.carrington@butlersnow.com)  
[thomas.hewitt@butlersnow.com](mailto:thomas.hewitt@butlersnow.com)

**Exhibit A**

Form hn3kmslr (Rev. 12/15)

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI

IN RE:

Mississippi Phosphates Corporation

CASE NO. 14-51667-KMS

DEBTOR.

CHAPTER 11

NOTICE OF OBJECTION TO CLAIM

The Debtor has filed an Objection to your claim (Herman Gaines (Amended Claim #176, Remaining Claim #264) and James Johnson, Jr. (Amended Claim #47, Remaining Claim #66)) (Dkt. # 1452) in this bankruptcy case.

**Your claim may be reduced, modified, or eliminated. You should read these papers carefully and discuss them with your attorney, if you have one.** If you do not want the Court to eliminate or change your claim, then on or before August 16, 2016 (Response Due Date) you or your lawyer must:

1. File with the Court a written response to the objection, explaining your position. Registered Users of the Electronic Case Filing (ECF) system should file any response using ECF. Non-registered users should file any response at:

U.S. Bankruptcy Court  
Dan M. Russell, Jr. U.S. Courthouse  
2012 15th Street, Suite 244  
Gulfport, MS 39501

If you mail your response to the Court for filing, you must mail it early enough so that the Court will receive it on or before the date stated above.

You must also mail a copy to:

Thomas M. Hewitt, Esq.  
1020 Highland Colony Pkwy, Ste. 1400  
Ridgeland, MS 39157

2. Attend the evidentiary hearing on the objection, scheduled to be held on August 31, 2016, at 09:00 AM, in the Bankruptcy Courtroom, 7th Floor, Dan M. Russell, Jr. U.S. Courthouse, 2012 15th Street, Gulfport, Mississippi. Testimony will be taken. Witnesses must appear.

If you or your attorney do not take these steps, the Court may decide that you do not oppose the objection to your claim. If no response is filed, the Court may consider said objection immediately after the Response Due Date. Please note that a corporation, partnership, trust, or other business entity, other than a sole proprietorship, may appear and act in Bankruptcy Court only through a licensed attorney.

Dated: July 15, 2016

Danny L. Miller, Clerk of Court  
U.S. Bankruptcy Court  
Dan M. Russell, Jr. U.S. Courthouse  
2012 15th Street, Suite 244  
Gulfport, MS 39501  
228-563-1790

Courtroom Deputy  
228-563-1797 (use to advise of settlement)  
228-563-1841

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI  
SOUTHERN DIVISION**

<b>In re:</b>	)	
	)	
<b>MISSISSIPPI PHOSPHATES</b>	)	
<b>CORPORATION, <i>et al.</i> <sup>1</sup></b>	)	<b>CASE NO. 14-51667-KMS</b>
	)	<b>Chapter 11</b>
<b>Debtors</b>	)	<b>Jointly Administered</b>
	)	

**OMNIBUS OBJECTION OF MISSISSIPPI PHOSPHATES CORPORATION  
PURSUANT TO 11 U.S.C. § 502, FED. R. BANKR. P. 3007 AND 9014 AND  
MISS. BANKR. 3007-1 TO CERTAIN AMENDED AND SUPERSEDED CLAIMS**

Mississippi Phosphates Corporation, the Debtor and debtor-in-possession herein (the “**Debtor**”), by and through its attorneys, file this *First Omnibus Objection of Mississippi Phosphates Corporation Pursuant to 11 U.S.C. § 502, Fed. R. Bankr. P. 3007 and 9014 and Miss. Bankr. L.R. 3007-1 to Certain Amended and Superseded Claims* (the “**Objection**”) and respectfully request that the Court enter an Order disallowing certain amended and superseded claims (the “**Amended and Superseded Claims**”) listed on **Exhibit A** as set forth herein. In support of the Objection, the Debtor respectfully states as follows:

## JURISDICTION

1. This Court has jurisdiction over this matter pursuant to 28 U.S.C. §§ 157 and 1334. This is a core proceeding under 28 U.S.C. § 157(b)(2).
2. Venue is proper in this Court under 28 U.S.C. §§ 1408 and 1409.

<sup>1</sup> The chapter 11 cases of the following affiliated Debtors (the “**Debtors**”) have been administratively consolidated for joint administration pursuant to that certain *Order Granting Motion of the Debtor for Order Directing Joint Administration of Affiliated Cases Pursuant to Bankruptcy Rule 1015(b)*, dated October 29, 2014 [Dkt. # 62]: Mississippi Phosphates Corporation (“**MPC**”), Case No. 14-51667, Ammonia Tank Subsidiary, Inc. (“**ATS**”), Case No. 14-51668 and Sulfuric Acid Tanks Subsidiary, Inc. (“**SATS**”), Case No. 14-51671. The chapter 11 bankruptcy case of Mississippi Phosphates Corporation is sometimes referred to herein as the “**Bankruptcy Case**.”

3. The Debtor files the Objection and requests the relief sought herein pursuant to 11 U.S.C. § 502, Rule 3007 and 9014 of the Federal Rules of Bankruptcy Procedure (the “*Bankruptcy Rules*”), and Miss. Bankr. L.R. 3007-1.

#### **BACKGROUND**

4. On October 27, 2014 (the “*Petition Date*”), the Debtor filed its voluntary petition for relief and thereby commenced the Bankruptcy Case under chapter 11, title 11 of the United States Code (the “*Bankruptcy Code*”), in the United States Bankruptcy Court for the Southern District of Mississippi, Southern Division (the “*Court*”). Pursuant to Sections 1107(a) and 1108 of the Bankruptcy Code, the Debtor operated its business and managed its properties as debtor-in-possession.

5. An Official Committee of Unsecured Creditors was appointed by the United States Trustee in the Bankruptcy Case on November 12, 2014 [Dkt. # 161], and the Court approved the Committee’s retention of Burr & Forman LLP as counsel for the Committee [Dkt. # 473].

6. The last day for creditors and parties-in-interest (the “*Claimants*”), with the exception of governmental units, to file claims or proofs of interest against the Debtors was February 24, 2015 (the “*Bar Date*”). The claims bar date for governmental units was April 25, 2015.

#### **RELIEF REQUESTED**

7. The Debtor seeks entry of an Order, pursuant to Section 502 of the Bankruptcy Code and Bankruptcy Rules 3007 and 9014, and Miss. Bankr. L.R. 3007-1, directing the disallowance and expungement of the Non-Complying Claims of the Claimants as detailed herein.

8. As a result of its review, the Debtor has identified approximately two (2) Claims that amend and supersede other Claims filed against the Debtor (the “***Amended and Superseded Claims***”). A list of the Amended and Superseded Claims is set forth in **Exhibit A** hereto in the column labeled “Amended Claim Number.”

9. The Debtor has identified the related Claims that will remain if the Court grants this Objection to Amended and Superseded Claims (the “***Remaining Claims***”) in the column in **Exhibit A** labeled “Remaining Claim Number.”

10. The Debtor believes that the Claimants holding Amended and Superseded Claims will not be prejudiced by having their Amended and Superseded Claims disallowed and expunged because their Remaining Claims that assert the same liability in a different amount against the Debtor will remain on the claims registry after the corresponding Amended and Superseded Claims are expunged.

**WHEREFORE**, the Debtor respectfully requests that this Court enter an order:

A. Disallowing and expunging the Amended and Superseded Claims listed on **Exhibit A** in this Objection in their entirety, subject to the Debtors’ further objections on any other grounds to the Remaining Claims;

B. To the extent that a Remaining Claim is not otherwise further amended or superseded by a proof of claim later filed by the Claimant, or subject to an objection set forth herein or subsequently filed by the Debtor, such Remaining Claim ultimately shall be allowed against the Debtor.

*[The remainder of this page is left blank intentionally.]*

This, the 15th day of July 2016.

Respectfully submitted,

MISSISSIPPI PHOSPHATES CORPORATION

By: /s/ Thomas M. Hewitt

Stephen W. Rosenblatt (Miss. Bar No. 5676)  
Christopher R. Maddux (Miss. Bar No. 100501)  
Paul S. Murphy (Miss. Bar No. 101396)  
J. Mitchell Carrington (Miss. Bar No. 104228)  
Thomas M. Hewitt (Miss. Bar No. 104589)  
BUTLER SNOW LLP  
1020 Highland Colony Parkway, Suite 1400  
Ridgeland, MS 39157  
Telephone: (601) 985-4504  
Fax: (601) 985-4500  
[Steve.Rosenblatt@butlersnow.com](mailto:Steve.Rosenblatt@butlersnow.com)  
[Chris.Maddux@butlersnow.com](mailto:Chris.Maddux@butlersnow.com)  
[Paul.Murphy@butlersnow.com](mailto:Paul.Murphy@butlersnow.com)  
[Mitch.Carrington@butlersnow.com](mailto:Mitch.Carrington@butlersnow.com)  
[Thomas.Hewitt@butlersnow.com](mailto:Thomas.Hewitt@butlersnow.com)

ATTORNEYS FOR THE DEBTORS



**CERTIFICATE OF SERVICE**

I certify that the foregoing pleading was filed electronically through the Court's ECF system and served electronically on all parties enlisted to receive service electronically and also was mailed by United States mail, postage paid, to the Claimants at the addresses listed in the Amended and Superseded Claims.

SO CERTIFIED, this the 15th day of July 2016.

/s/ Thomas M. Hewitt  
THOMAS M. HEWITT

**Exhibit A**

***Amended and Superseded Claims***

31874102v1

<b>Name of Claimant</b>	<b>Amended Claim Number</b>	<b>Remaining Claim Number</b>	<b>Cross Reference to Page in Omnibus Objection</b>
GAINES, HERMAN	176	264	pp. 2-3
JOHNSON, JR., JAMES	47	66	pp. 2-3

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <b>Mississippi Phosphates Corporation</b>	Case Number: <b>14-51667 KMS</b>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <b>Herman L Gaines</b>		
Name and address where notices should be sent: <b>3302 Loch Lanier Ave Pasadena 39581</b>		<b>COURT USE ONLY</b>  <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Telephone number: <b>228-217-8009</b> email: <b>gainesherman@yahoo.com</b>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Name and address where payment should be sent (if different from above):		<b>RECEIVED</b>  <b>FEB 02 2015</b>
1. Amount of Claim as of Date Case Filed: \$ _____		
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services performed</u> (See instruction #2) <u>Laid off - Severance Pay.</u>		
3. Last four digits of any number by which creditor identifies debtor: <b>1667</b>	3a. Debtor may have scheduled account as: (See instruction #3a)	3b. Uniform Claim Identifier (optional): (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier - 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5).
Amount entitled to priority: <b>28 WKS.</b>		
<input type="checkbox"/> 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).	<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)( ).
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

MISS PHOSPHATES



00176

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**If the documents are not available, please explain:**

**Check the appropriate box.**

1-27-15  
(Date)

**Penalty for presenting fraudulent claim:** Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

**Items to be completed in Proof of Claim form**

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

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**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506 (a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. § 507****(a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim. However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(c), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

APPENDIX A  
to the  
Summary Plan Description  
of the  
Mississippi Phosphates Corporation  
Severance Pay Plan

PERIOD BENEFITS TO BE PAID

<u>Eligible Employee's Length of Service</u>	<u>Weeks of Benefit</u>
5 or fewer than 5 years of service	5
more than 5 years of service, but less than 6 years of service	6.5
more than 6 years of service, but less than 7 years of service	8
more than 7 years of service, but less than 8 years of service	9.5
more than 8 years of service, but less than 9 years of service	11
more than 9 years of service, but less than 10 years of service	12.5
more than 10 years of service, but less than 11 years of service	14
more than 11 years of service, but less than 12 years of service	16
more than 12 years of service, but less than 13 years of service	18
more than 13 years of service, but less than 14 years of service	20
more than 14 years of service, but less than 15 years of service	22
more than 15 years of service, but less than 16 years of service	24
more than 16 years of service, but less than 17 years of service	26
more than 17 years of service, but less than 18 years of service	28
more than 18 years of service, but less than 19 years of service	30
more than 19 years of service, but less than 20 years of service	32
more than 20 years of service, but less than 21 years of service	34
more than 21 years of service, but less than 22 years of service	36
more than 22 years of service, but less than 23 years of service	38
more than 23 years of service, but less than 24 years of service	40
more than 24 years of service, but less than 25 years of service	42
more than 25 years of service, but less than 26 years of service	44
more than 26 years of service, but less than 27 years of service	46
more than 27 years of service, but less than 28 years of service	48
more than 28 years of service, but less than 29 years of service	50
29 or more years of service	52

**PROOF OF CLAIM FILING INFORMATION FOR****MISS PHOSPHATES CORPORATION et al.  
CASE NO. 14-51667**

<u>Debtor Name</u>	<u>Case No.</u>
Mississippi Phosphates Corporation	14-51667
Ammonia Tank Subsidiary, Inc.	14-51668
Sulfuric Acid Tanks Subsidiary, Inc.	14-51671

**General Bar Date: February 24, 2015****Governmental Bar Date: May 24, 2015**

If you would like to file a proof of claim:

Mail original proof of claim form(s) and copies of supporting documentation to:

**By regular US mail:**

BMC Group, Inc.

Attn: Mississippi Phosphates Corporation Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020

**By Messenger or overnight courier:**

BMC Group, Inc.

Attn: Mississippi Phosphates Corporation Claims Processing

18675 Lake Drive East

Chanhassen, MN 55317

*Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant within (3) business days of docketing IF the claimant encloses a stamped, self addressed envelope with a copy of the proof of claim.*



SEAL

PRESS FIRMLY TO SEAL



1006

U.S. POSTAGE  
PAID  
BILDA MS  
39540  
JAN 29, 15  
AMOUNT

\$5.75  
00065739-09

55317

**PRITY®  
MAIL★**

FROM:

Herman Gaines  
3302 Lawler Ave.  
Pascagoula MS 39501

RECEIVED

FEB 02 2015

BMC GROUP

TO:

BMC Group, Inc  
Attn: Mississippi Phosphates Corporation  
Claims Processing  
P.O. Box 3020  
Chanhasen, MN 55317-3020

DELIVERY SPECIFIED \*

PACKING™ INCLUDED \*

ICE INCLUDED \*



USPS TRACKING #

9114 9999 4423 8803 9428 39

USPS TRACKING # 9114 9999 4423 8803 9428 39  
& CUSTOMER RECEIPT  
For Tracking or Inquiries go to USPS.com  
or call 1-800-222-1811.

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Mississippi Phosphates Corporation</u>	Case Number: <u>14-51667-KMS</u>	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		
Name and address where notices should be sent: <u>Herman L. Gaines</u> <u>3802 LANIER AVE</u> <u>Pascagoula ms 39581</u> Telephone number: <u>228-217-9009</u> email: <u>gainesherman@yahoo.com</u>		<b>COURT USE ONLY</b> <input type="checkbox"/> Check this box if this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where payment should be sent (if different from above):   Telephone number: _____ email: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ <u>23,520.00</u>		<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 100px;">RECEIVED</div> <div style="margin: 5px 0;">FEB 23 2015</div> <div style="margin: 5px 0;">BMC GROUP</div>
If all or part of the claim is secured, complete item 4.		
If all or part of the claim is entitled to priority, complete item 5.		
<input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services Performed</u> (See instruction #2) <u>Waid off - Severance Pay.</u>		
3. Last four digits of any number by which creditor identifies debtor: <u>1667</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____  Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____  Basis for perfection: _____  Amount of Secured Claim: \$ _____  Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> 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).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, 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 applicable paragraph of 11 U.S.C. § 507 (a)(____).
		Amount entitled to priority: <u>\$23,520.00</u>
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjus		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

MISS PHOSPHATES



B10 (Official Form 10) (04/13)

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**7. Documents:** Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

**8. Signature:** (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Herman L. Gaines  
Title: Accounts Payable Analyst  
Company: RE: MISSISSIPPI PHOSPHATE CORP.  
Address and telephone number (if different from notice address above):

(Signature)

(Date)

Telephone number: 228-317-8809 email: gaineshermano@yahoo.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

#### INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

#### Items to be completed in Proof of Claim form

##### Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

##### Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

##### 1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

##### 2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

##### 3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

##### 3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

##### 3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

##### 4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

##### 5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

##### 6. Credits:

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.

##### 7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

##### 8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

B10 (Official Form 10) (04/13)

3

**DEFINITIONS****Debtor**

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

**Creditor**

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

**Claim**

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Proof of Claim**

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

**Secured Claim Under 11 U.S.C. § 506 (a)**

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

**Unsecured Claim**

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

**Claim Entitled to Priority Under 11 U.S.C. § 507 (a)**

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

**Redacted**

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

**Evidence of Perfection**

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

**INFORMATION****Acknowledgment of Filing of Claim**

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system ([www.pacer.psc.uscourts.gov](http://www.pacer.psc.uscourts.gov)) for a small fee to view your filed proof of claim.

**Offers to Purchase a Claim**

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim.

However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

**PROOF OF CLAIM FILING INFORMATION FOR****MISS PHOSPHATES CORPORATION et al.****CASE NO. 14-51667**

<u>Debtor Name</u>	<u>Case No.</u>
Mississippi Phosphates Corporation	14-51667
Ammonia Tank Subsidiary, Inc.	14-51668
Sulfuric Acid Tanks Subsidiary, Inc.	14-51671

**General Bar Date: February 24, 2015****Governmental Bar Date: May 24, 2015**

If you would like to file a proof of claim:

Mail original proof of claim form(s) and copies of supporting documentation to:

**By regular US mail:**

BMC Group, Inc.

Attn: Mississippi Phosphates Corporation Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020

**By Messenger or overnight courier:**




BMC Group, Inc.

Attn: Mississippi Phosphates Corporation Claims Processing

18675 Lake Drive East

Chanhassen, MN 55317

*Once filed, a "Filed" stamped copy of the proof of claim will be returned to the claimant within (3) business days of docketing IF the claimant encloses a stamped, self addressed envelope with a copy of the proof of claim.*

 <b>UNITED STATES POSTAL SERVICE</b>	Retail
	<b>US POSTAGE PAID</b>  <b>\$6.40</b>
<small>Origin: 38584 1.10 oz. 02/21/15 27573301 84-08</small>	1006
<b>PRIORITY MAIL® 2-DAY</b>	
RECEIVED	
<b>FEB 23 2015</b>	
Expected Delivery Day: 02/23/15	
<b>BMC GROUP</b>	
USPS TRACKING NUMBER	
	
9505 5111 7072 5052 4381 76	

IM: Herman Davis  
 3304 Lanier Ave.  
 Hattiesburg MS 39581

TO: BMC Group Inc.  
 Attn: Mississippi Phosphates Corporation  
 Phosphate processing - 1867 Lake View Blvd  
 Clarksburg MS 39531





B 10 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <i>Mississippi Phosphates Corporation</i>		Case Number: <i>14-51667-KMS</i>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <i>James Edward Johnson Sr.</i>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: <i>12-27-2014</i>
Name and address where notices should be sent: <i>James E. Johnson Sr. 7239 Barton Agricola Rd. Lucedale, MS, 39452</i>		
Telephone number: <i>601-947-7215</i>		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): <i>James E. Johnson Sr. 7239 Barton Agricola Rd. Lucedale, MS, 39452</i>		
Telephone number:		
1. Amount of Claim as of Date Case Filed: <i>\$ 22,913.39</i>		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a) _____  Amount entitled to priority: \$ _____  <small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges		
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____  Value of Property: \$ _____ Annual Interest Rate: _____ %  Amount of arrearage and other charges as of time case filed included in secured claim.  If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		
Date: <i>12-8-2014</i>		
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <i>James Edward Johnson Sr. I.E.</i> <i>James Edward Johnson Sr. Instrumental Electrical</i> <i>7239 Barton Agricola Rd. Lucedale, MS 39452</i>		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY

U.S. BANKRUPTCY COURT  
SOUTHERN DISTRICT OF MISSISSIPPI  
FILED  
DEC 8 2014  
DANNY L. MILLER, CLERK  
BY: *[Signature]* DEPUTY CLERK

MISS PHOSPHATES  
00047

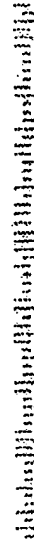


Thomas E. Johnson Jr.  
7239 Barton Agricultural Rd.  
Lubbock, TX 79452

GULFPORT MS 395  
06 DEC 2014 PM 2 T

Dan M Russel Coast  
2012 15th Street suite 244  
Gulfport, MS 39501  
Denny Miller

3950152036



## Southern District of Mississippi Claims Register

14-51667-KMS Mississippi Phosphates Corporation

**Judge:** Katharine M. Samson

**Chapter:** 11

**Office:** Gulfport-6 Divisional Office **Last Date to file claims:** 02/24/2015

**Trustee:**

**Last Date to file (Govt):** 04/25/2015

**Creditor:** (3872122)  
JAMES EDWARD JOHNSON JR  
7239 BARTON AGRICOLA RD.  
LUCEDALE, MS 39452

**Claim No:** 44  
**Original Filed**  
**Date:** 12/08/2014  
**Original Entered**  
**Date:** 12/08/2014

**Status:**  
**Filed by:** CR  
**Entered by:** Wanda Watson  
**Modified:**

**Amount claimed:** \$2291.33

**History:**

**Details** 44-1 12/08/2014 Claim #44 filed by JAMES EDWARD JOHNSON JR., Amount claimed: \$2291.33 (Watson, V)

**Description:**

**Remarks:**

### Claims Register Summary

**Case Name:** Mississippi Phosphates Corporation

**Case Number:** 14-51667-KMS

**Chapter:** 11

**Date Filed:** 10/27/2014

**Total Number Of Claims:** 1

<b>Total Amount Claimed*</b> \$2291.33
--

<b>Total Amount Allowed*</b>
------------------------------


\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents  
for actual amounts.**

	Claimed	Allowed
Secured		

<b>Priority</b>		
<b>Administrative</b>		

-B-16 (Official Form 10) (04/10)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>Mississippi Phosphates Corp.</u>		Case Number: <u>#14-51667-KMS</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property):		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: _____ (If known)  Filed on: _____
Name and address where notices should be sent: <u>James Edward Johnson Sr</u> <u>7239 Barton Agricola Rd.</u> <u>Luella, MS 39452</u> Telephone number: <u>601-947-7815 Home, 601-508-5987 Cell</u>		
Name and address where payment should be sent (if different from above): <u>Same as above</u> Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
RECEIVED DEC 15 2014 BMC GROUP		
1. Amount of Claim as of Date Case Filed: <u>\$ 21150.80</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.  If all or part of your claim is entitled to priority, complete item 5.  <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.  Specify the priority of the claim.  <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).  <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).  <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).  <input type="checkbox"/> Up to \$2,600* 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"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).  <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)( ): _____  Amount entitled to priority: \$ _____  <small>*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: _____  3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information:  Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Describe: _____  Value of Property: \$ _____ Annual Interest Rate: _____ %  Amount of arrearage and other charges as of time case filed included in secured claim: If any: \$ _____ Basis for perfection: _____  Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Creditors: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.  7. 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. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction "Redaction of Documents" on reverse side.)  DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain: _____		
Date: <u>12-10-2014</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <u>James Edward Johnson Sr</u>		FOR COURT USE ONLY  MISS PHOSPHATES  00066

Penalty for presenting fraudulent claim: Fine of up to \$500 and imprisonment for up to 5 years, or both. 18 U.S.C.

APPENDIX A  
to the  
Summary Plan Description  
of the  
Mississippi Phosphates Corporation  
Severance Pay Plan

PERIOD BENEFITS TO BE PAID

<u>Eligible Employee's Length of Service</u>	<u>Weeks of Benefit</u>
5 or fewer than 5 years of service	5
more than 5 years of service, but less than 6 years of service	6.5
more than 6 years of service, but less than 7 years of service	8
more than 7 years of service, but less than 8 years of service	9.5
more than 8 years of service, but less than 9 years of service	11
more than 9 years of service, but less than 10 years of service	12.5
more than 10 years of service, but less than 11 years of service	14
more than 11 years of service, but less than 12 years of service	16
more than 12 years of service, but less than 13 years of service	18
more than 13 years of service, but less than 14 years of service	20
more than 14 years of service, but less than 15 years of service	22
more than 15 years of service, but less than 16 years of service	24
more than 16 years of service, but less than 17 years of service	26
more than 17 years of service, but less than 18 years of service	28
more than 18 years of service, but less than 19 years of service	30
more than 19 years of service, but less than 20 years of service	32
more than 20 years of service, but less than 21 years of service	34
more than 21 years of service, but less than 22 years of service	36
more than 22 years of service, but less than 23 years of service	38 <i>Claim Filed</i>
more than 23 years of service, but less than 24 years of service	40
more than 24 years of service, but less than 25 years of service	42
more than 25 years of service, but less than 26 years of service	44
more than 26 years of service, but less than 27 years of service	46
more than 27 years of service, but less than 28 years of service	48
more than 28 years of service, but less than 29 years of service	50
29 or more years of service	52

By regular mail:

BMC Group, Inc

Attn: Mississippi Phosphates Corporation Claims Processing

PO Box 3020

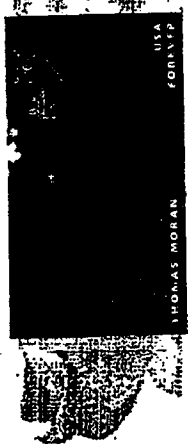
Chanhassen, MN 55317-3020

Dkt 1452-5 Filed 07/15/16 Entered 07/15/16 09:07:2

James E. Johnson Jr.  
7239 Barton Agricola Rd.  
Lucedale, MS. 39452

GULFPORT MS 395

10 DEC 2014 PM 2 T



BMC GROUP, INC.

ATTN: Mississippi Phosphates Corp. Claims Processing

P.O. BOX 3020

CHANHASSEN, MN. 55317-3020 RECEIVED

DEC 15 2014

BMC GROUP

5531733020

