

5-76 (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.
Name and address where notices should be sent: <u>James Edward Johnson Jr</u> <u>7239 Barton Agricola Rd</u> <u>Lucedale, MS 39452</u> Telephone number: <u>601-947-7815 Home, 601-508-5987 Cell</u>		Court Claim Number: _____ (If known)
Name and address where payment should be sent (if different from above): <u>SAME AS ABOVE</u>		Filed on: _____
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.
1. Amount of Claim as of Date Case Filed: \$ <u>21150.80</u>		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
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. BMC GROUP		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.
If all or part of your claim is entitled to priority, complete item 5.		Specify the priority of the claim.
<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.		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
2. Basis for Claim: _____ (See instruction #2 on reverse side.)		<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).
3. Last four digits of any number by which creditor identifies debtor: _____		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<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).
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.		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Name of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____).
Value of Property: \$ _____ Annual Interest Rate: _____ %		Amount entitled to priority: \$ _____
Amount of arrearage and other charges as of time case filed included in secured claim: if any: \$ _____ Basis for perfection: _____		*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.
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: 12-10-2014

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.

James Edward Johnson Jr

FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or 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

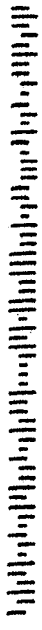
James E. Johnson Jr.
7239 Barton Agricola Rd.
Lucedale, MS. 39452

GULFPORT MS 395
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BMC Group, Inc.
ATTN: Mississippi Phosphates Corp. Claims Processing
P.O. Box 3020
Chanhassen, MN. 55317-3020

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