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

In re:	)	
	)	
MISSISSIPPI PHOSPHATES	)	
CORPORATION, *et al.* [1]	)	**CASE NO. 14-51667-KMS**
	)	**Chapter 11**
Debtors	)	**Jointly Administered**
	)	

CERTIFICATE OF SERVICE
[Dkt ## 1456, 1460]

I, Thomas M. Hewitt, certify that on July 15, 2016, I caused to be served via United States Mail, postage prepaid, a true and correct copy of the *Notice of Objection to Claim* [Dkt. #1460], attached hereto as **Exhibit A** along with a copy of the respective *Objection to Claim* [Dkt. #1456] to each of the following:

See Exhibit B attached hereto.

Served electronically through the Court's ECF system on:

Ronald H. McAlpin
United States Trustee

THIS the 19th day of July 2016.

Respectfully submitted,

By: */s/ Thomas M. Hewitt*
THOMAS M. HEWITT
Attorney for Debtor

[1] 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***."

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
chris.maddux@butlersnow.com
paul.murphy@butlersnow.com
mitch.carrington@butlersnow.com
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 (Argus Media (#383), Gregory Blanchard (#356), Enduro Compsites (#385), Fedex Techconnect (#369), Trent Coy Lawson Sr (#368), Red D Arc (#361), Robert E Roberts (#360), Singing River Health (#382), State of MS (#381), The Vanguard Group (#358)) (Dkt. # 1456) 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

In re:	)	
	)	
MISSISSIPPI PHOSPHATES CORPORATION, *et al.* [1]	)	**CASE NO. 14-51667-KMS**
	)	**Chapter 11**
	)	**Jointly Administered**
Debtors	)	
	)	

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 LATE-FILED 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 Late-Filed Claims* (the "***Objection***") and respectfully request that the Court enter an Order disallowing certain late-filed claims (the "***Late-Filed 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.

[1] 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. As a result of its review, the Debtor has identified approximately ten (10) Late-Filed Claims. Pursuant to the Notice to Creditors, all holders of claims and interests were required to file a proof of claim with supporting documentation on or before the Bar Date. The

Late-Filed Claims identified on **Exhibit A** represent claims that were filed *after* the applicable Bar Date and that were not specific amendments to timely filed Claims.

8. Failure to disallow the Late-Filed Claims will result in the applicable Claimants receiving an unwarranted recovery against the Debtor's estate, to the detriment of other creditors in this case. Accordingly, the Debtor hereby objects to the Late-Filed Claims and request entry of an order disallowing in full and expunging each of the Late-Filed Claims identified on **Exhibit A** hereto.

WHEREFORE, the Debtor respectfully requests that this Court enter an order disallowing and expunging the Late-Filed Claims listed on **Exhibit A** in this Objection in their entirety.

[*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
Chris.Maddux@butlersnow.com
Paul.Murphy@butlersnow.com
Mitch.Carrington@butlersnow.com
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 Late-Filed Claims.

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

/s/ Thomas M. Hewitt
THOMAS M. HEWITT

Exhibit A

Late-Filed Claims

Name	Late-Filed Claim Number
ARGUS MEDIA INC	383
BLANCHARD, GREGORY	356
ENDURO COMPOSITES INC	385
FEDEX TECHCONNECT INC	369
LAWSON SR, TRENT COY	368
RED-D-ARC INC	361
ROBERTS, ROBERT E	360
SINGING RIVER HEALTH SYSTEMS	382
STATE OF MISSISSIPPI BY & THROUGH MISSISSIPPI SECRETARY OF STATE	381
THE VANGUARD GROUP INC	358

RECEIVED
AUG 18 2015
BMC GROUP

August 7, 2015

BMC Group, Inc.
Attn: Mississippi Phosphates Corporation Claims Processing
PO Box 90100
Los Angeles, CA 90009

To Mississippi Phosphates Corporation Claims Processing,

Claim for unpaid invoice AMI000029293

Our records show that we, Argus Media, Inc., have an invoice from 2013 that is unpaid and was issued prior to the Chapter 11 filing. The amount that is owed for invoice AMI000029293 is $12,320.00. This amount was due on January 18, 2014. We have not seen payment for this amount and have reached out for payment multiple times.

The invoice is attached for your reference along with a current account statement. Please feel free to contact me with any questions or concerns.

Your response is appreciated. Please contact me at 713-360-7585 if you have any questions. Thank you.

Respectfully Sent,

Nathan Schoggins
Credit Controller

argus
www.argusmedia.com

MISS PHOSPHATES
00383

Statement

Acct. No.	Date
ACTI-00043102	6/26/2015

2929 Allen Parkway
Suite 700
Houston TX 77019
United States

Bill To

MISSISSIPPI PHOSPHATES CORPORATION
Phosphate Holdings, Inc.
100 Webster Circle, Suite 4
Madison MS 39110
United States

Amount Due	Currency
$12,320.00	US Dollar

Date	Description	Due Date	Invoice Amount	Payment	Balance
12/1/2013	Balance Forward				0.00
12/19/2013	Invoice #AMI000029293	1/18/2014	12,320.00		12,320.00

Current	1-30 Days	31-60 Days	61-90 Days	Over 90 Days	Amount Due
0.00	0.00	0.00	0.00	12,320.00	$12,320.00

In case of finance queries please contact Kina Edwards or Melissa Rodriguez
email: kina.edwards@argusmedia.com; melissa.rodriguez@argusmedia.com

Bank: Wells Fargo Bank, N.A., 420 Montgomery Street, San Francisco, CA 94104

Currency	Account No.	SWIFT	ABA No. (Wire Transfers)	ABA No. (ACH Payments)
USD	5867311739	WFBIUS6S	121000248	111900659

Please quote the invoice no. when making payment. Remittance to above address or by credit transfer (with specific instructions that all charges are NOT for the beneficiary's account) to Argus Media Inc.

Argus Media, Inc.
2929 Allen Parkway, Suite 700, Houston TX 77019
Tel: +1 713-968-0064 **Email:** houstonadmin@argusmedia.com

INVOICE

Date	Invoice Number	Your Reference	Argus Account No
19-Dec-13	AMI000029293		ACT-00043102

Invoice to:
DEBRA JOHNSON
MISSISSIPPI PHOSPHATES CORPORATION
Phosphate Holdings, Inc.
100 Webster Circle, Suite 4
Madison
MS 39110
United States

Subscription to:
MISSISSIPPI PHOSPHATES CORPORATION
Phosphate Holdings, Inc.
100 Webster Circle, Suite 4
Madison
MS 39110
United States

Start Date 31-Dec-13 **End Date** 29-Dec-14

Qty	Code	Product Name	Distribution Method	Deliver To	Price (US$)		Net (US$)
5	FNHRE	Argus FMB Ammonia - Email	Email	**Kim Colvin** kcolvin@missphosphates.com **J Bowman** jbowman@missphosphates.com	3,950.00		3,950.00
5	FPRE	Argus FMB Phosphates - Email	Email	**Kim Colvin** kcolvin@missphosphates.com **J Bowman** jbowman@missphosphates.com	3,950.00		3,950.00
5	FSRE	Argus FMB Sulphur - Email	Email	**Kim Colvin** kcolvin@missphosphates.com **J Bowman** jbowman@missphosphates.com	3,950.00		3,950.00
1	FFFM	FMB Fertilizer Focus - Mail	Not applicable	**Kim Colvin** kcolvin@missphosphates.com	470.00		470.00
					Sub-total		12,320.00
					Sales Tax	0%	0.00
					TOTAL		12,320.00

This is a US Dollar invoice

Payment terms are 30 days. Payment must be received by Sat Jan 18 2014

ARGUS MEDIA is a trademark owned by Argus Media Limited. All publications of Argus Media are subject to legal protection under International Copyright law. Any form of unauthorized copying or re-transmission is illegal. Argus Media Inc. is a subsidiary company of Argus Media Limited.

Argus Media, Inc.
2929 Allen Parkway, Suite 700, Houston TX 77019
Tel: +1 713-968-0064 **Email:** houstonadmin@argusmedia.com

INVOICE

Date	Invoice Number	Your Reference	Argus Account No
19-Dec-13	AMI000029293		ACT-00043102

Please quote the invoice no. when making payment. Remittance to above address or by credit transfer (with specific instructions that all charges are NOT for the beneficiary's account) to Argus Media Inc.

Bank Wells Fargo Bank, N.A.
Address 420 Montgomery Street, San Francisco, CA 94104

Currency	Account Number	SWIFT	ABA N.o (ACH Payments)	ABA No. (Wire Transfers)
USD	5867311739	WFBIUS6S	111900659	121000248

NOTE WE HAVE DISCONTINUED OUR P.O. BOX ADDRESS FOR MAILED PAYMENTS. PLEASE USE THE NEW ADDRESS AT THE TOP OF THIS INVOICE.

ARGUS MEDIA is a trademark owned by Argus Media Limited. All publications of Argus Media are subject to legal protection under International Copyright law. Any form of unauthorized copying or re-transmission is illegal. Argus Media Inc. is a subsidiary company of Argus Media Limited.

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

UNITED STATES BANKRUPTCY COURT | **PROOF OF CLAIM**

Name of Debtor: MISSISSIPPI PHOSPHATES | Case Number: 14-51667-KMS

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):

☐ Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent:
GREGORY BLANCHARD 5506 HILLTOP ST PASCAGOULA MS 39567

Court Claim Number: _____ (*If known*)

Telephone number: 228-806-0597

Filed on: 10/27/14

RECEIVED

Name and address where payment should be sent (if different from above):

MAR 05 2015

BMC GROUP

☐ 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.

Telephone number: SAME

☒ Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: $ 14 WEEKS OF SEVERANCE PAY

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.

☐ 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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**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.*

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: 6584
(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: ☐ Real Estate ☐ Motor Vehicle ☒ 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: 3-1-15

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.

Gregory G Blanchard

Penalty for presenting fraudulent claim: Fine of up to $500,000 or imprisonment for up to 5 years, or both. 18 U

FOR COURT USE ONLY

MISS PHOSPHATES
00356

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

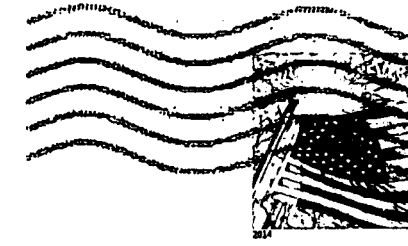
PERIOD BENEFITS TO BE PAID

Eligible Employee's Length of Service	Weeks of Benefit
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

Greg & Pam Blanchard
5506 Hilltop St
Pascagoula, MS 39567

GULFPORT MS 395

02 MAR 2015 PM 2 T



RECEIVED
MAR 05 2015
BMC GROUP

ATTN: Mississippi PHOSPHATES
Cooperation Clams Processing
Po Box 3020
CHANHASSEN, MN
55317-3020

14-51667-KMS Dkt 1595 Filed 07/19/16 Entered 07/19/16 09:04:55 Page 18 of 40
Dkt 14563 Filed 07/15/16 Entered 07/15/16 09:53:5

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		**PROOF OF CLAIM**
Name of Debtor: Mississippi Phosphates, Corp.	Case Number: 14-51667	RECEIVED SEP 09 2015 BMC GROUP
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): Enduro Composites, Inc.		**COURT USE ONLY**
Name and address where notices should be sent: 16602 Central Green Blvd Houston TX 77032 Telephone number: 713-358-4167 email: mreynolds@enduroComposites.com		☐ 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:		☐ 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: $ 3,309.66

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.

☐ 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: Goods Sold.
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	**3a. Debtor may have scheduled account as:**	**3b. Uniform Claim Identifier (optional):**
0 2 5 0	(See instruction #3a)	(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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Basis for perfection: _____

Value of Property: $ _____

Amount of Secured Claim: $ _____

Annual Interest Rate _____ % ☐ Fixed or ☐ 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.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ 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 instruct

MISS PHOSPHATES
00385

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. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Timothy P. Broussard
Title: CEO
Company: Enduro Composites, Inc.
Address and telephone number (if different from notice address above):

(Signature) 9/4/15 (Date)

Telephone number: 713-358-4467 email: mreynolds@endurocomposites.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.

Invoice

enduro
ISO 9001:2008 Certified

ENDURO COMPOSITES, INC.
16602 CENTRAL GREEN BLVD
HOUSTON TX. 77032
PH. 713.358.4000- FAX 713.358-4100

REMIT TO:
Enduro Composites, Inc.
PO BOX 203267
DALLAS TX 75320

Invoice No	Invoice date
47199	8/15/2013

Payment terms: Net 30

ALL INVOICES DUE AND PAYABLE IN U.S. FUNDS
IN CITY AND STATE NOTED ABOVE

Bill To:

MISSISSIPPI PHOSPHATE CORP.
(ATTENTION: ACCOUNTS PAYABLE)
P.O. BOX 848
PASCAGOULA, MS 39568-0848
US

Ship To:

MISSISSIPPI PHOSPHATE CORP.
601 INDUSTRIAL ROAD
PASCAGOULA, MS 39581-0848
US

Order number	Sales order date	Account number	Loc	Account manager
26954	7/23/2013	520250	CGB	123 JORDAN LONGORIA

PO number	Job No	Ship via	PPD/COL
MPC13003401		CH ROBINSON-LTL	Prepaid

Item No. / Description	Quantity ordered	Qty Shipped/Returned / Quantity on back order	Item price / Discount %	UOM	Extended Total price
613105 STK 4.2X1.06-PFR-300-UV ES / 101P GRAY-42W 24'-7"L PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN	10.0000	10.0000	306.4200	EA	3,064.20
617196 LOT PRICE OFFLINE CUT PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN	1.0000	1.0000	0.0000	EA	0.00

Comments: CHR/SAIA
008161317103

Order Type: TS

Sales amount:	3,064.20
Miscellaneous amount:	0.00
Freight:	245.46
Sales tax:	0.00
Subtotal:	3,309.66
Amount Received:	0.00
Total amount due:	**3,309.66 USD**

Sent to Jordan

Mississippi Phosphates Corporation™

Purchase Order

Date	PO #
7/23/2013	MPC-13003401

REMITTANCE:
ACCOUNTING DEPARTMENT
Mississippi Phosphates Corp
PO Box 848
Pascagoula MS 39568
Tax ID # 64-0794981

Purchasing
Phone: 228-712-3330
FAX: 228-762-6037

Vendor	Ship To
ENDURO COMPOSITES, INC. P.O. BOX 203267 DALLAS TX 75320 United States	Mississippi Phosphates Corporation 601 Industrial Road Pascagoula MS 39581-0848 United States ✓

Receive By	Vendor #	Terms	Ship Via
7/30/2013		Net 30	

Stock #		Row-Bin	Qty	Description	Rate	Amt	
80332258	1	401-000	20	PANEL,GREY FIBERGLASS ROOFING-SIDING STK 4.2 X 1.06-PFR-300-UV ES 101P 42 IN. WIDE X 12 FT.-3 IN. LONG	153.21	3,064.20	1

Please Process Order
With Acknowledgement

	Total	$3,064.20

CONFIRMING ORDER: Duplicate Shipments WILL NOT be accepted. Please Confirm Price and Delivery to Tim Mason at FAX 228-762-6037. Purchase Order will be considered firm if no response is received. Routine deliveries are accepted Monday thru Thursday 7:00 AM - 10:00 AM and 1:00 PM - 3:00 PM. Please direct your attention in processing this order. MPC TERMS AND CONDITIONS WILL APPLY ON ALL ORDERS.

Pamela Brown

From: Kay Gause
Sent: Tuesday, July 23, 2013 2:20 PM
To: Enduro Event Manager; Jordan Longoria; Russell Shockley; Wendy Reynolds; Dana Patrick; Deborah Newby; Blake Heger; Aaron Barth; Pamela Brown
Subject: RE: Order HO#26954 has been entered into the system

CREDIT HOLD

Customer still owes an old invoice.

CSR – please contact me.

Thanks,
Kay

From: eventmgr@endurocomposites.com [mailto:eventmgr@endurocomposites.com]
Sent: Tuesday, July 23, 2013 2:16 PM
To: Jordan Longoria; Russell Shockley; Kay Gause; Wendy Reynolds; Dana Patrick; Deborah Newby; Blake Heger; Aaron Barth; Pamela Brown
Subject: Order HO#26954 has been entered into the system

Order Number 26954 for Customer Number 520250 MISSISSIPPI PHOSPHATE CORP. has been entered into Macola.

The total for the order is $3013.

The order is billing to:

MISSISSIPPI PHOSPHATE CORP.

(ATTENTION: ACCOUNTS PAYABLE)

P.O. BOX 848

PASCAGOULA, MS 39568-0848

And is shipping to:

MISSISSIPPI PHOSPHATE CORP.

601 INDUSTRIAL ROAD

PASCAGOULA, MS 39581-0848

Jordan Longoria

From: Kay Gause
Sent: Wednesday, August 14, 2013 8:27 AM
To: Enduro Event Manager; Jordan Longoria; Russell Shockley; Wendy Reynolds; Dana Patrick; Deborah Newby; Blake Heger; Aaron Barth; Pamela Brown
Subject: RE: Order HO#26954 has been entered into the system

Order released from Credit hold because we did receive payment on old balance.

If this customer does not pay on time for this order, they will be placed on cash in advance.

Kay

From: eventmgr@endurocomposites.com [mailto:eventmgr@endurocomposites.com]
Sent: Tuesday, July 23, 2013 2:16 PM
To: Jordan Longoria; Russell Shockley; Kay Gause; Wendy Reynolds; Dana Patrick; Deborah Newby; Blake Heger; Aaron Barth; Pamela Brown
Subject: Order HO#26954 has been entered into the system

Order Number 26954 for Customer Number 520250 MISSISSIPPI PHOSPHATE CORP. has been entered into Macola.

The total for the order is $3013.

The order is billing to:

MISSISSIPPI PHOSPHATE CORP.

(ATTENTION: ACCOUNTS PAYABLE)

P.O. BOX 848

PASCAGOULA, MS 39568-0848

And is shipping to:

MISSISSIPPI PHOSPHATE CORP.

601 INDUSTRIAL ROAD

PASCAGOULA, MS 39581-0848

Order Acknowledgement

enduro
ISO 9001:2008 Certified

Order No	Order Date	Page
26954	7/23/2013	1

Customer Purchase Order
MPC13003401

ENDURO COMPOSITES, INC.
PO BOX 728 - HOUSTON TX. 77001-0728
PH. 713.358.4000 - FAX 713.358-4100
cs@endurocomposites.com

AUG 14 '13 AM11:53

Bill To

MISSISSIPPI PHOSPHATE CORP.
(ATTENTION: ACCOUNTS PAYABLE)
P.O. BOX 848
PASCAGOULA, MS 39568-0848
US

Ship To

MISSISSIPPI PHOSPHATE CORP.
601 INDUSTRIAL ROAD

PASCAGOULA, MS 39581-0848
US

Dear Customer,
This document acknowledges receipt of your order. Please review the information presented here and advise us of any errors you notice or disagreements you have at your earliest convenience. For fastest service, write or call us at the address and phone number printed above. Please refer to our Order Number and your P.O. Number in all correspondence.

Customer	Payment terms	Shipping Terms	Shipping Instructions
Cust Service Rep	Job Number	Ship Via	
520250	Net 30	Prepaid & Invoice	CONTACT(PURCHASING 228-712-3330)
JORDAN LONGORIA	8-15-13	~~OPEN (HOU)~~ CB	MARK AS PO# MPC13003401

Item No	Loc	Quantity	UOM	Unit Price	Promise Date	Extended Price
~~ESTIMATED FREIGHT 400@1.4~~						
613105 STK 4.2X1.06-PFR-300-UV ES 101P GRAY-42W 24'-7"L PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN	CGB	10.00	EA	306.4200	08/20/2013	3,064.20
617196 LOT PRICE OFFLINE CUT PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN	CGB	1.00	EA	0.0000	08/14/2013	0.00

FREIGHT: ~~$245.46~~

Sales amount:	3,064.20
Sales tax:	0.00
Total	3,064.20 USD

Order Type: TS

PACKING LIST

enduro
ISO 9001:2008 Certified

Order No	Date	Page No.
26954	7/23/2013	1

ENDURO COMPOSITES, INC.
PO BOX 728 - HOUSTON TX. 77001-0728
PH. 713.358.4000 - FAX 713.358-4100
cs@endurocomposites.com

AUG 15 '13 AM 11:28

Customer Service Representative
JORDAN LONGORIA

Customer P/O Number
MPC13003401

Bill To
MISSISSIPPI PHOSPHATE CORP.
(ATTENTION: ACCOUNTS PAYABLE)
P.O. BOX 848
PASCAGOULA, MS 39568-0848
US

Shipped To
MISSISSIPPI PHOSPHATE CORP.
601 INDUSTRIAL ROAD

PASCAGOULA, MS 39581-0848
US

Customer No	Ship Date	Shipping Instructions
520250	8/20/2013 12:00:00A	CONTACT(PURCHASING 228-712-3330)
	PREPAID	MARK AS PO# MPC13003401
Ship via:	OPEN (HOU)	CENTRAL GREEN

Qty Ordered	UOM	Item No/Description	Backorder	Qty to Ship	Qty Packed
		ESTIMATED FREIGHT - 400 LTL			
10.0000	EA	613105 STK 4.2X1.06-PFR-300-UV ES 101P GRAY-42W 24'-7"L PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN		10.0000 Net Weight: 714.83	
1.0000	EA	617196 LOT PRICE OFFLINE CUT PANELS TO BE CUT IN HALF TO MAKE 20 PCS AT 12FT 3.5IN		1.0000	

Total Qty Ordered 11.00 Total Qty Packed 11.00

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 8/15/2013

Enduro Composites
16602 Central Green Blvd
HOUSTON, TX 77032
Israel Andrade (713) 358-4132
Reference Number:

Carrier:	Saia Motor Freight Line LLC
Pro#:	
Load#:	133801068
Ship ID#:	26954

Consignee: Due Date 8/19/2013

Mississippi Phosphates Co
601 Industrial Rd.
PASCAGOULA, MS 39581
William Burge Jr. (228) 712-3312
Reference Number:

All Freight charges PPD/3rd party bill to:
CHRLTL
14800 Charlson Road
Suite 2100
Eden Prairie, MN 55347

PPD-3RD PARTY

Agent or Cashier: Per _____ (The signature here acknowledges only the amount prepaid)	Received: $ _____ to apply in prepayment of the charges on the property described hereon.	Charges Advanced: $ _____

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
		STK GRAY PANELS (155x43x13)	1 Pallet	1.00	810	Dry	156900 60
			1	**1**	**810**		

Shipper Special Instructions:

Consignee Special Instructions:

#26954 $195.46 2days

Comments:

For problems on this shipment, please contact CH Robinson at 866-781-6181

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation according to the applicable regulations of the Department Of Transportation.

Shipper Signature X Israel Andrade Date: 8/15/13 Trailer# 0

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X C Higgins Date: 8-15-13 Seal# 482506 OK. D

Permanent post-office address of shipper.

SAIA

00816131710 3

Driver signature acknowledges receipt of freight only. Shipment is subject to applicable terms and conditions of the Uniform Bill of Lading, Saia's tariffs and current NMFC 100. See Saia 170-D tariffs at www.saia.com.

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi	PROOF OF CLAIM
Name of Debtor: MISSISSIPPI PHOSPHATES CORPORATION Case Number: 14-51667	
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): FedEx TechConnect, Inc.	COURT USE ONLY
Name and address where notices should be sent: FedEx TechConnect, Inc. As Assignee of Federal Express Corporation/FedEx Ground Package Systems, Inc./ FedEx Freight, Inc./FedEx Office and Print Services, Inc. Attn: Revenue Recovery/Bankruptcy 3965 Airways Blvd. Module G, 3rd Floor, Memphis, TN 38116 Telephone number: 1-855-552-5393 ext 4714000 email: bankruptcy@fedex.com	☐ 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:	☐ 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

1. Amount of claim as of date case filed: $5,533.18

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.

☐ 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: SERVICES
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: 3994	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: ☐ Real Estate ☐ Motor vehicle ☐ Other
Describe:
Value of Property: $ _____
Annual Interest Rate: _____ % ☐ Fixed or ☐ Variable
(when case was filed)

Amount of arrearage and other charges, as of the time case 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 portion of the claim falls into one of the following categories, check the box specifying the priority and state the amount.

☐ Domestic support obligations under 11 U.S.C. 507(a)(1)(A) or (a)(1)(B).

☐ Wages, salaries, or commissions (up to $11,725*) earned within 180 days before the case was filed or the debtor's business ceased, whichever

☐ Contributions to an employee benefit plan - 11 U.S.C. 507 (a)(5).

☐ Other - Specify applicable paragraph of 11 U.S.C. 507 (a)

☐ Up to $2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11

☐ Taxes or penalties owed to governmental units - 11 U.S.C. 507 (a)(8).

Amount entitled to priority:
$ _____

*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to cases commenced on or after

Miss Phosphates
00369

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: MISSISSIPPI PHOSPHATES, INC.	Case Number: 14-51667-KMS	FILED MAR 16 2015 BMC GROUP
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): TRENT COY LAWSON, SR.		COURT USE ONLY
Name and address where notices should be sent: Trent Coy Lawson, Sr. 167 Henry Cochran Rd. Lucedale, MS 39452 Telephone number: (228) 990-9409 email: DafferyLawson@gmail.com		☐ 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:		☐ 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: $ 200,000.00

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.

☐ 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: workers compensation injury
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as:	3b. Uniform Claim Identifier (optional):
6 9 4 4	(See instruction #3a)	(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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate _____% ☐ Fixed or ☐ 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.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:
$_____

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ 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
00368

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. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Kristopher W. Carter
Title: attorney
Company: Carter & Jordan, PLLC
Address and telephone number (if different from notice address above):
~~1410 Iberville Dr.~~
Ocean Springs, MS 39564

(Signature) 03/16/2015 (Date)

Telephone number (228) 202-1107 email: kris@carterjordanlaw.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.

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) 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.

TRENT COY LAWSON, SR. is a creditor as a workers compensation claimant with an accepted claim. Mr. Lawson is filing to protect his rights regarding his workers compensation claim as it is unknown at this time whether it will be affected by the Chapter 11 Bankruptcy filed by his former employer, Mississippi Phosphates, Inc. Attached is the pertinent information from the Mississippi Workers Compensation Commission regarding his claim. The number of $200,000.00 is listed arbitrarily, as the certain amount of the claim is unknown due to ongoing medical treatment being required for the claim. Mr. Lawson expressly reserves the right to amend his proof of claim.

Southern District of Mississippi
Claims Register

14-51667-KMS Mississippi Phosphates Corporation

Judge: Katharine M. Samson
Office: Gulfport-6 Divisional Office
Trustee:

Chapter: 11
Last Date to file claims: 02/24/2015
Last Date to file (Govt): 04/25/2015

Creditor: (3876892) History TRENT LAWSON 167 Henry Cochran Rd. LUCEDALE, MS 39452	**Claim No: 190** *Original Filed Date:* 03/16/2015 *Original Entered Date:* 03/16/2015	*Status:* *Filed by:* AT *Entered by:* Kristopher Weiss Carter *Modified:*

Amount claimed: $200000.00

History:

Details	190-1	03/16/2015	Claim #190 filed by TRENT LAWSON, Amount claimed: $200000.00 (Carter, Kristopher)

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

Total Amount Claimed*	$200000.00
Total Amount Allowed*	

*Includes general unsecured claims

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

	Claimed	Allowed
Secured		
Priority		
Administrative		

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi

PROOF OF CLAIM

Name of Debtor: Mississippi Phosphates Corporation

Case Number: 14-51667-KMS

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): Red-D-Arc Inc

COURT USE ONLY

Name and address where notices should be sent:

Red-D-Arc Inc
685B Lee Industrial Blvd
Austell, Ga 30168-7434
Telephone number: (678) 460-0126 email: rda.ar.dept@airgas.com

RECEIVED
MAR 09 2015
BMC GROUP

☐ 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:

☐ 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: $ 1,546.85

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.

☐ 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: Goods Rented
(See instruction #2)

3. Last four digits of any number by which creditor identifies debtor: H O 1 2

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: ☐ Real Estate ☐ Motor Vehicle ☐ Other
Describe:

Value of Property: $_____

Annual Interest Rate_____% ☐ Fixed or ☐ 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.

☐ Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).

Amount entitled to priority:
$_____

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).

☐ 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

MISS PHOSPHATES
00361

B10 (Official Form 10) (04/13)

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. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

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: Lia Lyons
Title: Credit and Collections Manager
Company: Red-D-Arc Inc
Address and telephone number (if different from notice address above):

(Signature) 03/04/2015 (Date)

Telephone number (678) 460-0126 email: lia.lyons@airgas.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.

Red-D-Arc Inc.
6065B Rangeline Road
Theodore, AL 36582-5204
Phone: 1-251-443-8884
Fax: 1-251-443-8889

www.red-d-arc.com

INVOICE

Invoice Number: RI1133141
Invoice Date: 27-SEP-13
Order Number: RO396436-007
Quotation Number:
Page: 1

Invoice To: MISSISSIPPI PHOSPHATES
601 INDUSTRIAL RD
P.O. BOX 848
PASCAGOULA, MS 39568
United States

Deliver To:
MISSISSIPPI PHOSPHATES
601 Industrial Road
Pascagoula, MS 39568
United States

Remit To:
Red-D-Arc Inc.
P.O. Box 532618
Atlanta, GA 30353-2618
United States
Phone: (770) 819-1515

Customer ID	MISPHO12	Cust Job No	Buck Hudson
P.O. Number	MPC-13001343		
P.O. Date	20-MAR-13		
Ship Via	OUR TRUCK		
Terms	Net 30 Days	Pay Method	
Start Date	14-MAR-13	Tax Liable	No
		Tax Exmpt No	MS#130-02165-2

Items Rented

Item / Serial No. / Description	Rental Term	From	/ Thru	Qty	Unit Price	Total Price
8PK275I	(1) 4 week	29-AUG-13	25-SEP-13	1.00	1,107.00	1,107.00
8pak 275amp inverter welder						

Items Shipped: EC-070900756; EC-070811216; EC-070811226; EC-070811200; EC-051110667; EC-051110671; EC-070906698; EC-070906710; QA-230834; UPAK

Items Sold

Item / Serial No. / Description	Sale Date	Qty	Unit Price	Total Price
ES	28-AUG-13	1.00	53.14	53.14
Energy Surcharge				

****Customer must call for Pick-up. Please ask for your Off-Rent Number.****

Total: 1,160.14

Red-D-Arc Inc.
6065B Rangeline Road
Theodore, AL 36582-5204
Phone: 1-251-443-8884
Fax: 1-251-443-8889

www.red-d-arc.com

INVOICE

Invoice Number: RI1134327
Invoice Date: 2-OCT-13
Order Number: RO396436-008
Quotation Number:
Page: 1

Invoice To: MISSISSIPPI PHOSPHATES
601 INDUSTRIAL RD
P.O. BOX 848
PASCAGOULA, MS 39568
United States

Deliver To:
MISSISSIPPI PHOSPHATES
601 Industrial Road
Pascagoula, MS 39568
United States

Customer ID	MISPHO12	Cust Job No	Buck Hudson
P.O. Number	MPC-13001343		
P.O. Date	20-MAR-13		
Ship Via	OUR TRUCK		
Terms	Net 30 Days	Pay Method	
Start Date	14-MAR-13	Tax Liable	No
		Tax Exmpt No	MS#130-02165-2

Remit To:
Red-D-Arc Inc.
P.O. Box 532618
Atlanta, GA 30353-2618
United States
Phone: (770) 819-1515

Items Rented

Item / Serial No. / Description	Rental Term	From	/ Thru	Qty	Unit Price	Total Price
8PK275I	Final	26-SEP-13	30-SEP-13	1.00	369.00	369.00
8pak 275amp inverter welder						

Items Shipped: EC-070900756; EC-070811216; EC-070811226; EC-070811200; EC-051110667; EC-051110671; EC-070906698; EC-070906710; QA-230834; UPAK

Price Breakout: (1) 1 week Period @ 369.00

Items Sold

Item / Serial No. / Description	Sale Date	Qty	Unit Price	Total Price
ES	2-OCT-13	1.00	17.71	17.71
Energy Surcharge				

****Customer must call for Pick-up. Please ask for your Off-Rent Number.****

Total: 386.71

Red-D-Arc Welderentals

When you're ready to weld.

N METRO
Red-D-Arc 1301
685 Lee Ind Blvd
Austell GA 30168

UNITED STATES POSTAGE PITNEY BOWES
02 1P $ 000.48⁰
0000826144 MAR 04 2015
MAILED FROM ZIP CODE 30126

BMC Group, Inc.
Attn: Mississippi Phosphate
Corporation Claims
Processing
PO Box 3020
Chanhassen, Mn 55317-3020

RECEIVED
MAR 09 2015
BMC GROUP

55317302020

14-51667-KMS Dkt 1595 Filed 07/19/16 Entered 07/19/16 09:04:55 Page 38 of 40
Dkt 1456-7 Filed 07/15/16 Entered 07/15/16 09:53:

B 10 (Official Form 10) (04/10) for Service Pay

UNITED STATES BANKRUPTCY COURT Mississippi Phose Phate

PROOF OF CLAIM

Name of Debtor:

Case Number:

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):

Name and address where notices should be sent:
Robert E Roberts
2604 Tampica rd
Gautier, MS 39553

Telephone number:
601-270-3038

☐ Check this box to indicate that 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: Robert E Roberts 2604 Tampica rd gautier

☐ 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.

☐ Check this box if you are the debtor or trustee in this case.

1. **Amount of Claim as of Date Case Filed:** $_____

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.

☐ 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.

RECEIVED
MAR 09 2015
BMC GROUP

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: ☐ Real Estate ☐ Motor Vehicle ☐ 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:

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.

☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

☐ 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).

☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).

☐ 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).

☐ Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).

☐ Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).

Amount entitled to priority:

$_____

**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.*

Date: 3-2-2015

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.

Robert E Roberts

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
MAR 4 2015
DANNY L. MILLER, CLERK
BY _____ DEPUTY CLERK

MISS PHOSPHATES
00360

Earnings Statement

MISSISSIPPI PHOSPHATES CORP
601 INDUSTRIAL ROAD
PASCAGOULA MS 39568
228 762 3210

Period Ending: 10/27/2014
Pay Date: 10/31/2014

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 1
MS: $6,000 Yearly Exemption

Social Security Number: XXX-XX-8618

ROBERT EARL ROBERTS
2604 TAMPICA RD
GAUTER, MS 39553

Hired June 2013
Lay-off Dec 2014