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

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

Name of Debtor: MISSISSIPPI PHOSPHATES CORPORATION

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): JAMES C. TROCHESSETT

Name and address where notices should be sent: U.S. DANNY RUSSEL COURT 2012 15TH STREET S. 244 GULFPORT 39501

Telephone number: 228-563-1790 DANNY MILLER

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

Court Claim Number: 14-51667-KMS (If known)

Filed on: 10-27-2014

Name and address where payment should be sent (if different from above): JAMES C. TROCHESSETT PO BOX 956 HURLEY, MS 39555

Telephone number: 219-1863

☐ 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:** $ 36,672.00

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
DEC 15 2014
BMC GROUP

**2. Basis for Claim:** SERVICES PERFORMED
(See instruction #2 on reverse side.)

**3. Last four digits of any number by which creditor identifies debtor:** BAG# 380117

**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:** $_____

**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:**
$ 36,672.00

**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.*

**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:** 12-13-14

**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 C. Trochessett

**FOR COURT USE ONLY**

U.S. BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI
FILED
DEC 10 2014
DANNY L. MILLER, CLERK
BY _____ DEPUTY CLERK

*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.

MISS PHOSPHATES
00059

James C. Trockwitt
PO Box 956 Hurley MS
39555

GULFPORT MS 395
09 DEC 2014 PM 2 T

U.S. COURT
DANM RUSSEL
2012 15ST. S.244
GULFPORT MS
39501

# 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:* (3873219)<br>JAMES C. TROCHESSETT<br>PO BOX 956<br>HURLEY MS 39555 | **Claim No: 56**<br>*Original Filed Date:* 12/10/2014<br>*Original Entered Date:* 12/10/2014 | *Status:*<br>*Filed by:* CR<br>*Entered by:* Wanda Watson<br>*Modified:* |

Amount claimed: $36672.00
Priority claimed: $36672.00

*History:*
Details 56-1 12/10/2014 Claim #56 filed by JAMES C. TROCHESSETT, Amount claimed: $36672.00 (Watson, Wanda

*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*** | $36672.00 |
| **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** | $36672.00 | |
| **Administrative** | | |