

<b>UNITED STATES BANKRUPTCY COURT</b> District of Delaware	<b>PROOF OF CLAIM</b>
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Name of Debtor: <b>AgFeed USA, LLC</b>	Case Number: <b>13-11761</b>
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*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): <b>FairPoint Communications</b>	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: <b>FairPoint Communications</b> <b>521 East Morehead St</b> <b>Charlotte, NC 28202</b>	Court Claim Number: _____ <i>(If known)</i>
Telephone number: <b>(866) 529-1303</b>	Filed on: _____

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 NOV 18 2013

Name and address where payment should be sent (if different from above):  <p style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</p>	<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.
Telephone number:	<input type="checkbox"/> Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed:      \$ <u>1,179.68</u>	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 secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).
<input type="checkbox"/> 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.	Specify the priority of the claim.

2. Basis for Claim: Services Provided  
 (See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 8748

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:

Date: <u>11-12-13</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <b>Paul Murray      MANAGER</b>	<b>FOR COURT USE ONLY</b>
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*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, there may be exceptions to these general rules.*

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

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

Fill in the federal judicial district where the bankruptcy case was filed (for example, Central District of California), the bankruptcy debtor's name, and the bankruptcy case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is located 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 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. You may be required to provide additional disclosure if the trustee or another party in interest files an objection to your 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:**

Use this space to 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.

**4. Secured Claim:**

Check the appropriate box and provide the requested information if the claim is fully or partially secured. Skip this section if the claim is entirely unsecured. (See DEFINITIONS, below.) State the type and the value of property that secures the claim, attach copies of lien documentation, and state annual interest rate and the amount past due on the claim as of the date of the bankruptcy filing.

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

If any portion of your claim falls in one or more of the listed categories, check the appropriate box(es) and state the amount entitled to priority. (See DEFINITIONS, below.) 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 to this proof of claim form redacted copies documenting the existence of the debt and of any lien securing the debt. You may also attach a summary. You must also attach copies of documents that evidence perfection of any security interest. You may also attach a summary. FRBP 3001(c) and (d). If the claim is based on the delivery of health care goods or services, see instruction 2. Do not send original documents, as attachments may be destroyed after scanning.

**Date and Signature:**

The person filing 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. 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. Attach a complete copy of any power of attorney. Criminal penalties apply for making a false statement on a proof of claim.

**DEFINITIONS**

**INFORMATION**

**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 owed a debt by the debtor that arose on or 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 on a debt owed by the debtor that arose 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 should redact and use only the last four digits of any social-security, individual's tax-identification, or financial-account number, all but the initials of a minor's name and only the year of any person's date of birth.

**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.

**Acknowledgment of Filing of Claim**

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

**Offers to Purchase a Claim**

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



Bill Date: September 01, 2013  
Account Number: 0199000114

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Account Number: 0199000114  
Account Name: M2P2 LLC  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 75.42  
Payment Received 07/30/2013 20.16  
**Unpaid Balance Forward \$55.26**

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 55.26CR  
Telephone Charges 33.10  
Usage Charges 0.22  
Federal Tax 1.02  
Colorado State Tax 0.99  
Colorado High Cost Fund 0.85  
Federal Univ Svc Charge 1.69

**Subtotal Current Charges \$17.39CR**

Unpaid Balance Forward 55.26

**Total Amount Due \$37.87**

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FORWARDING SERVICE REQUESTED

M2P2 LLC  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
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Account Number: 0199000114  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$37.87

Amount  
Enclosed: \$

01990199000114000000037874028



Bill Date: September 01, 2013  
Account Number: 0199000151

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Account Number: 0199000151  
Account Name: SBT PRODUCTION LLC FEED MILL  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 66.21  
Payment Received 07/30/2013 18.72  

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Unpaid Balance Forward **\$47.49**

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 47.49CR  
Telephone Charges 29.40  
Usage Charges 1.06  
Federal Tax 0.89  
Colorado State Tax 0.89  
Colorado High Cost Fund 0.77  
Federal Univ Svc Charge 1.13  

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Subtotal Current Charges **\$13.35CR**

Unpaid Balance Forward 47.49

**Total Amount Due \$34.14**

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AG FEED USA, LLC  
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Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$34.14

Amount Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000153

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Account Number: 0199000153  
Account Name: SBT PRODUCTION LLC FD ML FAX  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 76.30  
Payment Received 07/30/2013 21.62  
**Unpaid Balance Forward \$54.68**

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 54.68CR  
Telephone Charges 33.60  
Federal Tax 1.02  
Colorado State Tax 0.99  
Colorado High Cost Fund 0.85  
Federal Univ Svc Charge 1.69

**Subtotal Current Charges \$16.53CR**

Unpaid Balance Forward 54.68

**Total Amount Due \$38.15**

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Account Number: 0199000153  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$38.15

Amount  
Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000158

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Account Number: 0199000158  
Account Name: HERITAGE FARMS FAX  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

### Account Summary

#### Last Month

Balance from last statement	76.30
Payment Received 07/30/2013	21.62
<b>Unpaid Balance Forward</b>	<b>\$54.68</b>

*Please disregard Unpaid Balance if Paid*

#### This Month

Account Charges	54.68CR
Telephone Charges	33.60
Federal Tax	1.02
Colorado State Tax	0.99
Colorado High Cost Fund	0.85
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$16.53CR</b>

Unpaid Balance Forward 54.68

**Total Amount Due \$38.15**

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FORWARDING SERVICE REQUESTED

HERITAGE FARMS FAX  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
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Account Number: 0199000158  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$38.15

Amount  
Enclosed: \$

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Bill Date:  
Account Number:

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Account Number: 0199000161  
Account Name: SBT PRODUCTION LLC MULT #1  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement	94.13
Payment Received 07/30/2013	21.32
<b>Unpaid Balance Forward</b>	<b>\$72.81</b>

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges	72.81CR
Telephone Charges	33.10
Usage Charges	12.01
Federal Tax	1.02
Colorado State Tax	1.33
Colorado High Cost Fund	1.15
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$22.51CR</b>

Unpaid Balance Forward 72.81

**Total Amount Due \$50.30**

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Balance Due Includes Past  
Due Amount - Please Remit: \$50.30

Amount  
Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000166

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Account Number: 0199000166  
Account Name: SBT PRODUCTION LLC NURS #1  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

### Account Summary

#### Last Month

Balance from last statement	75.75
Payment Received 07/30/2013	21.32
<b>Unpaid Balance Forward</b>	<b>\$54.43</b>

*Please disregard Unpaid Balance if Paid*

#### This Month

Account Charges	54.43CR
Telephone Charges	33.10
Federal Tax	1.02
Colorado State Tax	0.98
Colorado High Cost Fund	0.84
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$16.80CR</b>

Unpaid Balance Forward 54.43

**Total Amount Due \$37.63**

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510 S 17TH ST STE 104  
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Account Number: 0199000166  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



Remit To:  
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Balance Due Includes Past  
Due Amount - Please Remit: \$37.63

Amount  
Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000167

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Account Number: 0199000167  
Account Name: PORK TECHNOLOGIES LC  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

### Account Summary

#### Last Month

Balance from last statement 410.35  
Payment Received 07/30/2013 65.81

**Unpaid Balance Forward \$344.54**

*Please disregard Unpaid Balance if Paid*

#### This Month

Account Charges 344.54CR  
Telephone Charges 102.30  
Usage Charges 3.38  
Federal Tax 3.14  
Colorado State Tax 3.10  
Colorado High Cost Fund 2.67  
Federal Univ Svc Charge 5.07

**Subtotal Current Charges \$224.88CR**

Unpaid Balance Forward 344.54

**Total Amount Due \$119.66**

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PORK TECHNOLOGIES LC  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
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Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$119.66

Amount  
Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000228

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Account Number: 0199000228  
Account Name: SBT PRODUCTION LLC USA NUCLEA  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

### Account Summary

#### Last Month

Balance from last statement	112.73
Payment Received 07/30/2013	21.32
<b>Unpaid Balance Forward</b>	<b>\$91.41</b>

*Please disregard Unpaid Balance if Paid*

#### This Month

Account Charges	91.41CR
Telephone Charges	33.10
Usage Charges	16.83
Federal Tax	1.02
Colorado State Tax	1.31
Colorado High Cost Fund	1.14
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$36.32CR</b>

Unpaid Balance Forward 91.41

**Total Amount Due \$55.09**

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SBT PRODUCTION LLC USA NUCLEA  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
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Account Number: 0199000228  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$55.09

Amount Enclosed: \$

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Bill Date:  
Account Number:

September 01, 2013  
0199000231

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For Customer Service, call 1-800-400-5568

Account Number: 0199000231  
Account Name: SBT PRODUCTION LLC TRANSP  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 112.97  
Payment Received 07/30/2013 24.40  
**Unpaid Balance Forward \$88.57**

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 88.57CR  
Telephone Charges 38.10  
Usage Charges 0.02  
Federal Tax 1.17  
Colorado State Tax 1.13  
Colorado High Cost Fund 0.97  
Federal Univ Svc Charge 1.69

**Subtotal Current Charges \$45.49CR**

Unpaid Balance Forward 88.57

**Total Amount Due \$43.08**

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WESTFIELD NY 14787



FORWARDING SERVICE REQUESTED

SBT PRODUCTION LLC TRANSP  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

000000

FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
Please check here and complete form on reverse. Thank you.

Account Number: 0199000231  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



Remit To:  
199 - FAIRPOINT COMMUNICATIONS  
PO BOX 580028  
CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$43.08

Amount  
Enclosed: \$

01990199000231000000043086028



Bill Date: September 01, 2013  
Account Number: 0199000235

Page 1

199 - FAIRPOINT COMMUNICATIONS  
30 E MAIN ST  
WESTFIELD NY 14787



Visit us on the web  
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For Customer Service, call 1-800-400-5568

Account Number: 0199000235  
Account Name: SBT PRODUCTION LLC NUCLEA FAX  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

### Account Summary

#### Last Month

Balance from last statement	83.92
Payment Received 07/30/2013	21.62
<b>Unpaid Balance Forward</b>	<b>\$62.30</b>

*Please disregard Unpaid Balance if Paid*

#### This Month

Account Charges	62.30CR
Telephone Charges	33.60
Usage Charges	3.45
Federal Tax	1.02
Colorado State Tax	1.09
Colorado High Cost Fund	0.94
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$20.51CR</b>

Unpaid Balance Forward 62.30

**Total Amount Due \$41.79**

\*\*\* Detach and return this portion with your check made payable to 199 - FAIRPOINT COMMUNICATIONS \*\*\*  
Allow 10 days for processing. Do not send cash in the mail.  
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WESTFIELD NY 14787



FORWARDING SERVICE REQUESTED

SBT PRODUCTION LLC NUCLEA FAX  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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FOR CHANGE OF ADDRESS OR AUTOMATED PAYMENT:  
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Account Number: 0199000235  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



Remit To:  
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PO BOX 580028  
CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$41.79

Amount  
Enclosed: \$

01990199000235000000041797028



Bill Date: September 01, 2013  
Account Number: 0199000297

Page 1

199 - FAIRPOINT COMMUNICATIONS  
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Account Number: 0199000297  
Account Name: SBT PRODUCTION LLC FIN #2 FAX  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 75.12  
Payment Received 07/30/2013 19.19  
**Unpaid Balance Forward \$55.93**

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 55.93CR  
Telephone Charges 29.90  
Usage Charges 0.53  
Federal Tax 0.89  
Colorado State Tax 0.89  
Prowers County Tax 0.32  
Colorado High Cost Fund 0.77  
Federal Univ Svc Charge 1.13  
**Subtotal Current Charges \$21.50CR**

Unpaid Balance Forward 55.93

**Total Amount Due \$34.43**

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FORWARDING SERVICE REQUESTED

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510 S 17TH ST STE 104  
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Account Number: 0199000297  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



Remit To:  
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PO BOX 580028  
CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$34.43

Amount  
Enclosed: \$

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Bill Date: September 01, 2013  
Account Number: 0199000299

Page 1

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Account Number: 0199000299  
Account Name: SBT PRODUCTION LLC MUL SITE #2  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement 108.77  
Payment Received 07/30/2013 21.52  

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Unpaid Balance Forward \$87.25

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges 87.25CR  
Telephone Charges 33.10  
Usage Charges 12.01  
Federal Tax 1.02  
Colorado State Tax 1.32  
Prowers County Tax 0.46  
Colorado High Cost Fund 1.15  
Federal Univ Svc Charge 1.69  

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Subtotal Current Charges \$36.50CR

Unpaid Balance Forward 87.25

**Total Amount Due \$50.75**

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FORWARDING SERVICE REQUESTED

SBT PRODUCTION LLC MUL SITE #2  
AG FEED USA, LLC  
510 S 17TH ST STE 104  
AMES IA 50010-8197

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Account Number: 0199000299  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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PO BOX 580028  
CHARLOTTE NC 28258-0028



Balance Due Includes Past  
Due Amount - Please Remit: \$50.75

Amount  
Enclosed: \$

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Bill Date:  
Account Number:

September 01, 2013  
0199000300

Page 1

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Account Number: 0199000300  
Account Name: SBT PRODUCTION LLC MUL ST2 FA  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement	77.00
Payment Received 07/30/2013	21.82
<b>Unpaid Balance Forward</b>	<b>\$55.18</b>

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges	55.18CR
Telephone Charges	33.60
Federal Tax	1.02
Colorado State Tax	0.99
Prowers County Tax	0.35
Colorado High Cost Fund	0.85
Federal Univ Svc Charge	1.69

**Subtotal Current Charges \$16.68CR**

Unpaid Balance Forward 55.18

**Total Amount Due \$38.50**

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FORWARDING SERVICE REQUESTED

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Bill Date: September 01, 2013  
Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$38.50

Amount  
Enclosed: \$

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Account Number: 0199000315  
Account Name: SBT PRODUCTION LLC NURS FAX  
Bill Date: September 01, 2013  
Due Date: September 16, 2013

**Account Summary**

**Last Month**

Balance from last statement	76.67
Payment Received 07/30/2013	21.52
<b>Unpaid Balance Forward</b>	<b>\$55.15</b>

*Please disregard Unpaid Balance if Paid*

**This Month**

Account Charges	55.15CR
Telephone Charges	33.10
Federal Tax	1.02
Colorado State Tax	0.98
Prowers County Tax	0.34
Colorado High Cost Fund	0.84
Federal Univ Svc Charge	1.69
<b>Subtotal Current Charges</b>	<b>\$17.18CR</b>

Unpaid Balance Forward	55.15
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<b>Total Amount Due</b>	<b>\$37.97</b>
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Account Number: 0199000315  
Bill Date: September 01, 2013  
Due Date: September 16, 2013



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Balance Due Includes Past  
Due Amount - Please Remit: \$37.97

Amount  
Enclosed: \$

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Mobile, AL 36619

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*P.O. Box 3020*  
*Chanhausen, MN 55317 - 3020*