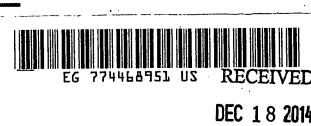
United States Bankruptcy Court	PROOF OF CLAIM
Name of Debtor Mississippi Phosphate CORD. 60/ Thirds fairl Rus	Case Number: 14-5/6/7-KMS
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of administrative expense may be filed pursuant to 11 U.S.C. § 503.	of the case. A request for payment of an
Name of Creditor (the person or other entity to whom the debtor owes money or property):	☐ Check this box to indicate that this
Name and address where notices should be sent:  GREGORY EZEII SR. 2121 PRINCE GEORGE DRIVE  GAUTIER MS 39553.	claim amends a previously filed claim.  Court Claim Number:  (If known)
Telephone number: 1-228-497-6717  RECEIVED	Filed on:
Name and address where payment should be sent (if different from above):  DEC 18 2014	<ul> <li>Check this box if you are aware that anyone else has filed a proof of claim</li> </ul>
BMC GROUP	relating to your claim. Attach copy of statement giving particulars.
Telephone number:	Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 30.34/. 60.08.	5. Amount of Claim Entitled to
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.	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
If all or part of your claim is entitled to priority, complete item 5.	amount.
☐ 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: (See instruction #2 on reverse side.)	☐ Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).
3. Last four digits of any number by which creditor identifies debtor:	Wages, salaries, or commissions (up
3a. Debtor may have scheduled account as:  (See instruction #3a on reverse side.)  4. Secured Claim (See instruction #4 on reverse side.)	to \$11,725*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11
Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	U.S.C. §507 (a)(4).
Nature of property or right of setoff: [] Real Estate [] Motor Vehicle [] Other Describe:	☐ Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).
Value of Property:\$ Annual Interest Rate%	Up to \$2,600* of deposits toward purchase, lease, or rental of property
Amount of arrearage and other charges as of time case filed included in secured claim,	or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).
if any: \$ Basis for perfection:	5. T.
Amount of Secured Claim: \$ Amount Unsecured: \$	<ul> <li>Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).</li> </ul>
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.	Other – Specify applicable paragraph
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.)	of 11 U.S.C. §507 (a)().  Amount entitled to priority:  \$ 30.341.1.46
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.	*Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with
If the documents are not available, please explain:	respect to cases commenced on or after the date of adjustment.
Date:/2-15-14  Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the cru other person authorized to file this claim and state address and telephone number if different from the address above. Attach copy of power of attorney, if any.  Legany Eyell M. F GREGORY EZE// S.	e notice







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