

UNITED STATES BANKRUPTCY COURT

PROOF OF CLAIM

Name of Debtor: Mississippi Phosphate Corp. Voluntary Liquidation 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):
Name and address where notices should be sent:
GREGORY EZEEL SR. 2121 PRINCE GEORGE DRIVE
GAUTIER MS. 39553.
Telephone number:
1-228-497-6717

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):
RECEIVED
DEC 18 2014
BMC GROUP
Telephone number:

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: \$ 30,341.66
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).

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.)

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)(____).

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.)

Amount entitled to priority:
\$30,341.66
*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.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

Date: 12-15-14

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.
Gregory Ezeel Sr. + GREGORY EZEEL SR.

FOR COURT USE ONLY



PRESS FIRMLY TO SEAL



U.S. POSTAGE
PAID
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39553
DEC 16, 14
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ORIGIN (POSTAL SERVICE USE ONLY)			
PO ZIP Code 39553	Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day	Postage \$ 19.99	
Date Accepted 12/16/14	Scheduled Date of Delivery Month 12 Day 17	Return Receipt Fee \$	
Mo. 12 Day 16	Scheduled Time of Delivery <input type="checkbox"/> AM <input checked="" type="checkbox"/> 3 PM	COD Fee \$	Insurance Fee \$
Time Accepted 9:09	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Total Postage & Fees \$ 19.99	
Flat Rate <input type="checkbox"/> or Weight lbs. 1.7 ozs.	Int'l Alpha Country Code	Acceptance Emp. Initials 6	

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Delivery Attempt Mo. 12 Day 17	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature [Signature]	
Delivery Attempt Mo. Day	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
Delivery Date Mo. 12 Day 18	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature [Signature]	

CUSTOMER USE ONLY	
<input type="checkbox"/> PAYMENT BY ACCOUNT Express Mail Corporate Acct. No.	<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Mail Only) Additional merchandise insurance is void if customer requests waiver of signature.
Federal Agency Acct. No. or Postal Service Acct. No.	I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.
<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday <input type="checkbox"/> Mailer Signature	

PRESS HARD. YOU ARE MAKING 3 COPIES.

FROM: (PLEASE PRINT) PHONE (1-228) 497-6717

GREGORY EZEIL
2121 PRINCE GEORGE DRIVE
GAULTIER MS. 39553

TO: (PLEASE PRINT) PHONE ()

BMC GROUP INC.
Mississippi Phosphates Corp. Claims
Processing
P.O. Box 3020
CHANHASSEN, MN 55317-3020

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

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