

0 10 (Official Form 10) (04/10)

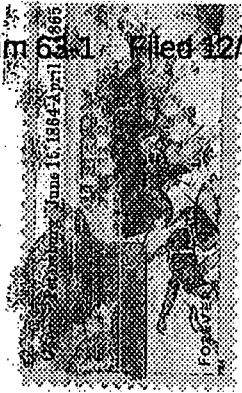
UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM
Name of Debtor: <u>MISSISSIPPI PHOSPHATES CORP.</u>		Case Number: <u>14-51667-KMS</u>
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>Michael Edward Sheffield</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: <u>10 27 14</u>
Name and address where notices should be sent: <u>Michael E. Sheffield</u> <u>11920 A Busby Rd East</u> <u>Mobile AL 36695</u> Telephone number: <u>(251) 680-5320</u>		
Name and address where payment should be sent (if different from above): _____ Telephone number: _____		<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. <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>4736.00</u> 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. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach a 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. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <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"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(____). Amount entitled to priority: \$ _____ <small>*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.</small>
2. Basis for Claim: <u>SEVERANCE PAY (MANT CLOSURE)</u> (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.) <input type="checkbox"/> 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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> 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>12/11/14</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. <u>Michael E. Sheffield</u>		FOR COURT USE ONLY

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.



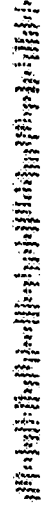
Michael E. Sheffield
11920-A Busby Road East
Mobile AL 36695

MOBILE AL 366
12 DEC 2014 PM 2:1



U.S. Dan M Russel Court
2012 13th Street S. 24A
Gulfport Ms. 39501

95901203559



Southern District of Mississippi Claims Register

14-51667-KMS Mississippi Phosphates Corporation

Judge: Katharine M. Samson

Chapter: 11

Office: Gulfport-6 Divisional Office

Last Date to file claims: 02/24/2015

Trustee:

Last Date to file (Govt): 04/25/2015

<i>Creditor:</i> (3875097)	Claim No: 63	<i>Status:</i>
MICHAEL E. SHEFFIELD	<i>Original Filed</i>	<i>Filed by:</i> CR
11920 A BUSBY RD EAST	<i>Date:</i> 12/15/2014	<i>Entered by:</i> Wanda Watson
MOBILE AL 36695	<i>Original Entered</i>	<i>Modified:</i>
	<i>Date:</i> 12/15/2014	

Amount claimed: \$4736.00

History:

<u>Details</u>	63-1 12/15/2014 Claim #63 filed by MICHAEL E. SHEFFIELD, Amount claimed: \$4736.00 (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*	\$4736.00
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		