

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi		PROOF OF CLAIM						
Name of Debtor: Mississippi Phosphates Corporation	Case Number: 14-51667	<p style="text-align: center;">COURT USE ONLY</p> <p><input type="checkbox"/> Check this box if this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p> <p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.</p>						
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.								
Name of Creditor (the person or other entity to whom the debtor owes money or property): BellSouth Telecommunications, Inc.								
Name and address where notices should be sent: BellSouth Telecommunications, Inc. c/o AT&T Services, Inc Karen A. Cavagnaro - Lead Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921 Telephone number: (908) 532-1957 email: km1426@att.com		<p style="text-align: center; font-size: 2em;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em;">DEC 26 2014</p> <p style="text-align: center; font-size: 1.5em;">BMC GROUP</p>						
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____								
<p>1. Amount of Claim as of Date Case Filed: <u>\$283.49</u></p> <p>If all or part of the claim is secured, complete item 4.</p> <p>If all or part of the claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.</p>								
<p>2. Basis for Claim: <u>Services Performed</u> (See instruction #2)</p>								
<p>3. Last four digits of any number by which creditor identifies debtor: See Attached</p>	<p>3a. Debtor may have scheduled account as: See Attached (See instruction #3a)</p>	<p>3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)</p>						
<p>4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.</p> <p>Nature of property or right of setoff: 0 Real Estate 0 Motor Vehicle 0 Other Describe: _____</p> <p>Value of Property: \$ _____</p> <p>Annual Interest Rate _____ % 0 Fixed or 0 Variable (when case was filed)</p>		<p>Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____</p> <p>Amount Unsecured: \$ _____</p>						
<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4). </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Contribution to an employee benefit plan – 11 U.S.C. § 507 (a)(5). </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8). </td> <td style="vertical-align: top;"> <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(). </td> </tr> </table> <p style="text-align: right;">Amount entitled to priority: \$ _____</p>			<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 \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contribution to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	<input type="checkbox"/> Up to \$2,775* 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)().
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<p>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of ac</p>								
<p>6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)</p>								



7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)
(See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Norma Via

Title: Bankruptcy Representative

Company: BellSouth Telecommunications, Inc.

Address and telephone number (if different from notice address above):

Norma Via  12/09/2014
(Signature) (Date)

Telephone number: _____ email: _____

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is 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 delivering 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 an interested party objects to the 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:

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.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

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

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) 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 redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing 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. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. 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. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS**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 to whom debtor owes a debt that was incurred 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 for a debt owed by the debtor 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 must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. 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.

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.

INFORMATION**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) 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.

AT&T Corp
Pre-petition Claim Documentation

Creditor: BellSouth Telecommunications, Inc.

Debtor: Mississippi Phosphates Corporation

District Court: Southern District of Mississippi

File Date: 10/27/2014

Chapter: 11

Total Filed Amount: \$283.49

Account Number	Billed Amount Due	Date of Last Payment	Date of Last Transaction
4001	\$ 283.49	12/05/2014	10/26/2014



MISSISSIPPI
PHOSPHATE CORP
PO BOX 848
PASCAGOULA MS 39568-0848

Page 1 of 2
Account Number [REDACTED] 4 001 [REDACTED]
Billing Date Oct 23, 2014
WebSite att.com

Bill-At-A-Glance

Previous Bill	246.19
Payment	.00
Adjustments	4.71
Past Due - Please Pay Immediately	250.90
Current Charges	244.43
Total Amount Due	\$495.33
Current Charges Due in Full by	Nov 14, 2014

Detail of Payments and Adjustments

Item No.	Date	Description	Adjustments	Payments
1.	10-23	Late Payment Charge	4.71	

Plans and Services

Monthly Service - Oct 23 thru Nov 22

	Quantity	
2. Digital Local Ch, Flat Rate	2	228.00

Government Fees and Taxes

Item No.	Description	Quantity	
3.	Federal Excise Tax		.14
4.	MS - State/Local Tax		16.29
Total Government Fees and Taxes			16.43

Total Plans and Services 244.43

Billing Summary

Questions? Visit att.com	Page	
Plans and Services	1	244.43
1 866 620-6000 PIN: 8368		
Repair Service: 1 866 887-5055		
Total Current Charges		244.43

News You Can Use

PREVENT DISCONNECT

Thank you for being a valued customer. Please be aware that all charges must be paid each month to keep your account current and prevent collection activities. We are required to inform you that certain charges MUST be paid in order to prevent interruption of basic local service. These charges are already included in the Total Amount Due and are \$495.33. Also, neglecting to pay for remaining charges may result in interruption or removal of these remaining services or further collection action.

EXPRESS TICKETING

AT&T Express Ticketing enables you to quickly and easily submit and track the status of trouble tickets for certain voice, data, and managed services from your mobile device, tablet, or PC. You do not need to register in advance.
www.ATT.com/ExpressTicketing

UNIVERSAL SVC FEE

The Federal Universal Service Fee (supports telecommunication needs of low-income households, consumers living in high-cost areas, schools, libraries and rural hospitals) increased on 10/1/2014. Your current bill reflects the change. For more information, please contact an AT&T Service Representative at the phone number listed on the front of your bill.

News You Can Use Summary

PREVENT DISCONNECT EXPRESS TICKETING
UNIVERSAL SVC FEE
See "News You Can Use" for additional information.

Local Services provided by AT&T Mississippi.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Nov 14, 2014 \$495.33

Amount After Nov 23, 2014 **\$500.22**

Past Due Charges - \$250.90 - Please Pay Immediately

Billing Date Oct 23, 2014

Account Number

[REDACTED] 4 001 [REDACTED]

Please include your account number on your check.

MISSISSIPPI
PHOSPHATE CORP
PO BOX 848
PASCAGOULA MS 39568-0848



Make checks payable to:

AT&T
P.O. BOX 105262
ATLANTA, GA 30348-5262

COPY

B10 (Official Form 10) (04/13)

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi		PROOF OF CLAIM
Name of Debtor: Mississippi Phosphates Corporation	Case Number: 14-51667	<p style="text-align: center;">COURT USE ONLY</p> <input type="checkbox"/> Check this box if this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): BellSouth Telecommunications, Inc.		
Name and address where notices should be sent: BellSouth Telecommunications, Inc. c/o AT&T Services, Inc Karen A. Cavagnaro - Lead Paralegal One AT&T Way, Room 3A104 Bedminster, NJ 07921 Telephone number: (908) 532-1957 email: km1426@att.com		<div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DEC 26 2014</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">BMC GROUP</div>
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		
1. Amount of Claim as of Date Case Filed: <u>\$283.49</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: <u>Services Performed</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: See Attached	3a. Debtor may have scheduled account as: <u>See Attached</u> (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: 0 Real Estate 0 Motor Vehicle 0 Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % 0 Fixed or 0 Variable (when case was filed)		Amount of arrearage and other charges, as of the time case was 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 part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.		
<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 \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contribution to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Amount entitled to priority: \$ _____
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<i>*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		

7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

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

If the documents are not available, please explain:

8. Signature: (See instruction #8)

Check the appropriate box.

- I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Norma Via
Title: Bankruptcy Representative
Company: BellSouth Telecommunications, Inc.
Address and telephone number (if different from notice address above):
Telephone number: email:

Norma Via (Signature) 12/09/2014 (Date)

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, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number: Fill in the federal judicial district in which the bankruptcy case was filed...
Creditor's Name and Address: Fill in the name of the person or entity asserting a claim...
1. Amount of Claim as of Date Case Filed: State the total amount owed to the creditor...
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3. Last Four Digits of Any Number by Which Creditor Identifies Debtor: State only the last four digits...
3a. Debtor May Have Scheduled Account As: Report a change in the creditor's name...
3b. Uniform Claim Identifier: If you use a uniform claim identifier...
4. Secured Claim: Check whether the claim is fully or partially secured.

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A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

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Proof of Claim

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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.

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Unsecured Claim

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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.

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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.

INFORMATION**Acknowledgment of Filing of Claim**

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AT&T Corp
Pre-petition Claim Documentation

Creditor: BellSouth Telecommunications, Inc.

Debtor: Mississippi Phosphates Corporation

District Court: Southern District of Mississippi

File Date: 10/27/2014

Chapter: 11

Total Filed Amount: \$283.49

Account Number	Billed Amount Due	Date of Last Payment	Date of Last Transaction
4001	\$ 283.49	12/05/2014	10/26/2014



MISSISSIPPI
 PHOSPHATE CORP
 PO BOX 848
 PASCAGOULA MS 39568-0848

Page 1 of 2
 Account Number [REDACTED] 4 001 [REDACTED]
 Billing Date Oct 23, 2014

WebSite att.com

Bill-At-A-Glance

Previous Bill	246.19
Payment	.00
Adjustments	4.71
Past Due - Please Pay Immediately	250.90
Current Charges	244.43
Total Amount Due	\$495.33
Current Charges Due in Full by	Nov 14, 2014

Billing Summary

Questions? Visit att.com	Page	
Plans and Services	1	244.43
1 866 620-6000		
PIN: 8368		
Repair Service:		
1 866 887-5055		
Total Current Charges		244.43

Detail of Payments and Adjustments

Item No.	Date	Description	Adjustments	Payments
1.	10-23	Late Payment Charge	4.71	

Plans and Services

Monthly Service - Oct 23 thru Nov 22			
		Quantity	
2.	Digital Local Ch, Flat Rate	2	228.00
Government Fees and Taxes			
Item No.	Description	Quantity	
3.	Federal Excise Tax		.14
4.	MS - State/Local Tax		16.29
Total Government Fees and Taxes			16.43
Total Plans and Services			244.43

News You Can Use

PREVENT DISCONNECT
 Thank you for being a valued customer. Please be aware that all charges must be paid each month to keep your account current and prevent collection activities. We are required to inform you that certain charges MUST be paid in order to prevent interruption of basic local service. These charges are already included in the Total Amount Due and are \$495.33. Also, neglecting to pay for remaining charges may result in interruption or removal of these remaining services or further collection action.

EXPRESS TICKETING
 AT&T Express Ticketing enables you to quickly and easily submit and track the status of trouble tickets for certain voice, data, and managed services from your mobile device, tablet, or PC. You do not need to register in advance.
www.ATT.com/ExpressTicketing

UNIVERSAL SVC FEE
 The Federal Universal Service Fee (supports telecommunication needs of low-income households, consumers living in high-cost areas, schools, libraries and rural hospitals) increased on 10/1/2014. Your current bill reflects the change. For more information, please contact an AT&T Service Representative at the phone number listed on the front of your bill.

News You Can Use Summary

PREVENT DISCONNECT EXPRESS TICKETING
 UNIVERSAL SVC FEE
 See "News You Can Use" for additional information.

Local Services provided by AT&T Mississippi.

Return bottom portion with your check in the enclosed envelope.

DUE BY: Nov 14, 2014 \$495.33 Amount After Nov 23, 2014 \$500.22

Past Due Charges - \$250.90 - Please Pay Immediately

Billing Date Oct 23, 2014

Account Number

[REDACTED] 4 001 [REDACTED]

Please include your account number on your check.

MISSISSIPPI
 PHOSPHATE CORP
 PO BOX 848
 PASCAGOULA MS 39568-0848

Make checks payable to:

AT&T
 P.O. BOX 105262
 ATLANTA, GA 30348-5262





AT&T Services, Inc.
P.O. Box 769
Arlington, TX 76004

AT&T, Inc.
Attn: Karen Cavagnero
One AT&T Way, Room 3A104
Bedminster, NJ 07921

EYF36A880



Proud Sponsor of the U.S. Olympic Team

From: (206) 516-3300
J.L. Aboitiz
BMC Group
600 1ST AVE STE 300

SEATTLE, WA 98104

Origin ID: LKEA



J142214092303uv

Ship Date: 24DEC14
ActWgt
CAD: 2450524/NET3550

Delivery Address Bar Code



Ref # MissPhos
Invoice #
PO #
Dept #

RECEIVED

DEC 26 2014

BMC GROUP

SHIP TO: (952) 404-5722

BILL SENDER

Eric Gilhoi
Analytics Consulting llc
18675 Lake Drive E

CHANHASSEN, MN 55317

FRI - 26 DEC AA
STANDARD OVERNIGHT

TRK# 7723 7884 1705

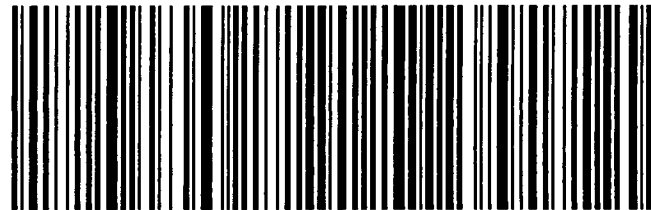
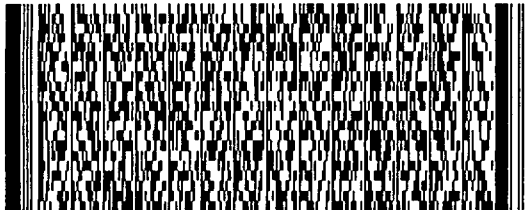
0201

55317

MN-US

MSP

XH FB LA



522G2/DC75/8AC9

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

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