

UNITED STATES BANKRUPTCY COURT Southern District of Mississippi		PROOF OF CLAIM
Name of Debtor: Mississlpl Phosphates Corporation	Case Number: 14-51667-KMS	
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): Hoerbiger Service, Inc. d/b/a Revak Turbomachinery Services		COURT USE ONLY
Name and address where notices should be sent: Eric Kristiansen 811 Main St., Suite 1100 Houston, TX 77055 Telephone number: (713) 751-1600 email: ekristiansen@bakerlaw.com		<input type="checkbox"/> Check this box if 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): Eric Kristiansen 811 Main St., Suite 1100 Houston, TX 77055 Telephone number: (713) 751-1600 email: ekristiansen@bakerlaw.com		<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.
1. Amount of Claim as of Date Case Filed: \$ <u>31,774.29</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.		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED JAN 30 2015 BMC GROUP </div>
2. Basis for Claim: <u>Goods provided</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: 4 9 8 1	3a. Debtor may have scheduled account as: _____ (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: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> 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"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5). Amount entitled to priority: \$ _____
<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)(____).
*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.		
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:

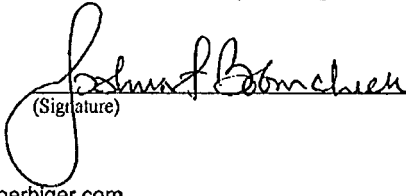
8. Signature: (See instruction #8)

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: Joshua Bobincheck
 Title: Controller/ Vice President
 Company: Hoerbiger Service, Inc. d/b/a Revak
 Address and telephone number (if different from notice address above):
12204 Fairmont Parkway
La Porte, TX 77571

 1/12/15
 (Signature) (Date)

Telephone number: (713) 582-9119 email: joshua.bobincheck@hoerbiger.com

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.



Purchase Order

CONFIRMATION
OF ORDER
PLEASE ACKNOWLEDGE

Date	PO #
1/10/2013	MPC-13000193

Purchasing
Phone: 228-712-3330
FAX: 228-762-6037

REMITTANCE:
ACCOUNTING DEPARTMENT
Mississippi Phosphates Corp
PO Box 848
Pascagoula MS 39568
Tax ID # 64-0794981

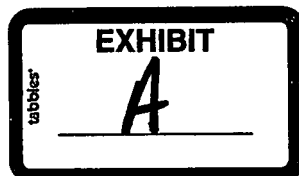
Vendor
REVAK TURBOMACHINERY SERVICES
6726 PAYSPIRE CIRCLE
CHICAGO IL 60674
United States

Ship To
Mississippi Phosphates Corporation
601 Industrial Road
Pascagoula MS 39581-0848
United States

Receive By	Vendor #	Terms	Ship Via
3/7/2013		Net 30	

Stock #	Row	Bin	Qty	Description	Rate	Amt	
82620136	1	226-001	1	TURBINE, COMPLETE, COPPUS TYPE RLVA-20L S/N 88 T 3266 80 H.P. CW - ROTATION FROM PUMP END 2400 RPM TRIP SPEED WOODWARD - TG-13 GOVERNOR 550 LB. INLET STEAM 80 LB. BACK PRESSURE EXHAUST MAX. REPAIRABLE ITEM. REQ: C. BUDINICH / 8282 REQ.# NONE PROPOSAL #22986	31,525.00	31,525.00	1
<i>Carol Jute</i>						Total	\$31,525.00

CONFIRMING ORDER: Duplicate Shipments WILL NOT be accepted. Please Confirm Price and Delivery to Tim Mason at FAX 228-762-6037. Purchase Order will be considered firm if no response is received. Routine deliveries are accepted Monday thru Thursday 7:00 AM - 12 Noon and 12:30 - 4:00 PM. Friday 8:00 AM - 12:00 Noon and 12:30 - 3:00. Thank you for your timely attention in processing this order. MPC TERMS AND CONDITIONS WILL APPLY ON ALL ORDERS.





STRAIGHT BILL OF LADING

DRIVER PLEASE NOTE
IF SINGLE SHIPMENT
CHECK BOX BELOW

SHIPPER
PLEASE NOTE

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

COLLECT

ORIGINAL - NOT NEGOTIABLE

Page 1 of 1

Driver's signature acknowledges receipt of freight only. Received shipment is subject to terms of a written contract, if any, otherwise subject to the terms, conditions and limitations of liability set forth in Tariff CNWY 199. (See www.con-way.com/tariff)



Dest SIC: NML

DATE 06/05/13	P.O. NO. MPC-13000193	SHIPPER NO. 42447
CUSTOMER'S SPECIAL REFERENCE NUMBER		

SHIPPER (FROM) HOERBIGER SERVICES	CONSIGNEE (TO) MISSISSIPPI PHOSPHATES
STREET 12204 W FAIRMONT PKWY	STREET 601 INDUSTRIAL ROAD
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) LA PORTE, TX 77571-6004 (US) (281) 474-4458	CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) PASCAGOULA, MS 39581-0848 (US) (228) 712-3330
BILL TO HOERBIGER SERVICE AMERICA INC	CUSTOMS BROKER
STREET 5613 DCT PARKWAY STE 1050	STREET
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE) GREENWOOD VILLAGE, CO 80111 (US)	CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)
ACCOUNT CODE	<input type="checkbox"/> Guaranteed

NUMBER SHIPPING UNITS	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO INSPECTION AND CORRECTION)	NMFC NO.	CLASS OR DENSITY OF ARTICLES	WEIGHT (Subject to Correction) X lb _ kg
1		CRT (S) TURBINE @ 50X48X56		50	500-1,010

\$249.29

COD AMOUNT: \$ _____	COD <input type="checkbox"/> Prepaid Fee: <input type="checkbox"/> Collect	REMIT COD TO
<input type="checkbox"/> U.S. <input type="checkbox"/> Canadian		ADDRESS
NOTE: Consignee's company check made payable to the Shipper will be accepted by Con-way Freight and forwarded to shipper unless otherwise directed to do so by the shipper.		CITY STATE/PROVINCE ZIP/POSTAL CODE

Notice: Unless the Shipper completes the requirements as provided below, Carrier's liability shall be limited as stated herein and in Tariff CNWY-199, which may be obtained by request. Carrier shall in no event be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages. Where the rate or NMFC classification is dependent on value, shippers are required to state specifically in writing the declared value of the property. For this purpose the declared value of the property is hereby specifically stated by the Shipper to be not exceeding \$ _____. Also, paragraph number 2 on the reverse side of this Bill of Lading sets forth released value terms and conditions.

Carrier liability with shipment originating within the United States: Unless the Shipper declares excess value on the Bill of Lading below, requests excess liability coverage and pays an additional charge, Carrier's maximum liability is \$25.00 per pound per individual lost or damaged piece within the shipment, subject to \$150,000.00 maximum total liability per shipment, and provided further that Carrier's liability on articles other than new articles, including but not limited to used, remanufactured or refurbished articles, shall not exceed ten cents (\$.10) per pound per individual lost or damaged piece within the shipment. And, provided further, that Carrier's liability on household goods and personal effects shall not exceed ten cents (\$.10) per pound per individual lost or damaged piece within the shipment. For this purpose the declared value of the property is hereby specifically stated by the Shipper to be \$ _____, and Shipper agrees to pay an additional charge for excess liability coverage. Total declared value may not exceed \$650,000.00 per shipment.

Carrier liability with shipment originating within Canada: Unless the Shipper agrees to a Special Agreement, declares the value in the box below and agrees to pay the excess liability charge by initiating where indicated, Carrier's maximum liability is CAN\$2.00 per pound (CAN\$4.41 per kilogram) per individual lost or damaged piece within the shipment, subject to a maximum total liability per shipment of CAN\$20,000.00, and provided further that Carrier's liability on articles other than new articles, including but not limited to used, remanufactured or refurbished articles, shall not exceed ten cents (\$.10) (CAN) per pound per individual lost or damaged piece within the shipment. And, provided further, that Carrier's liability on household goods and personal effects shall not exceed ten cents (\$.10) (CAN) per pound per individual lost or damaged piece within the shipment.

SPECIAL AGREEMENT: Declared Value: CAN \$ _____ per pound. (Declared value may not exceed CAN \$100,000.00 per shipment.)
Shipper agrees to pay excess liability charge: _____ (Shipper's Initials)

Shipper's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipment Received: The shipment is received subject to Tariff CNWY-199, Carrier's pricing schedules, terms, conditions and rules maintained at Carrier's general offices in effect on the date of issue of this Bill of Lading, as well as the National Motor Freight Classifications (NMFC), the Hazardous Materials Transportation Regulations (Title 49 - CFR, Subtitle B, Chapter 1, Sub Chapter A-C), and the Household Goods Mileage Guide (HHGB 105 Series), for shipments originating in the United States; and the Canadian Motor Vehicle Transport Act, the Transportation of Dangerous Goods Act, and the regulations in force in the provincial jurisdiction at the time and place of the shipment for shipments originating in Canada. The property described on this Bill of Lading is in apparent good order, but only to the extent that it is unobscured and visible without further inspection and except as noted or marked. The property is consigned and destined as indicated above. The word Carrier is defined throughout this contract as meaning any person or corporation in possession of the property under this contract. Carrier agrees to carry the property to its destination, if on its route, otherwise to deliver to another Carrier on the route to said destination. In the event no markings are indicated on the Bill of Lading stating that the shipment is to be billed as PPD or COL, all shipments will be billed as PPD. It is mutually agreed as to each Carrier of all or any of said property, over all or any portion of said route to the destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all of this Bill of Lading's terms and conditions in effect on the date of shipment, including, but not limited to, the "Terms and Conditions" listed on the back side of this Bill of Lading.

SHIPPER HOERBIGER SERVICES	CARRIER <input type="checkbox"/> CON-WAY FREIGHT INC. <input type="checkbox"/> CON-WAY FREIGHT CANADA INC.
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE DATE <i>[Signature]</i> 6-5-13

310

HOERBIGER SERVICE INC.

1224 PAYSPIHERE CIRCLE

CHICAGO, IL 60674

Phone: 281-474-4458

Fax: 281-474-5105

Invoice

Sold Mississippi Phosphates Corp

To: P.O. Box 848

Pascagoula, MS 39568

United States

Ship Mississippi Phosphates Corp

To: 601 Industrial Road

Pascagoula, MS 39568

United States

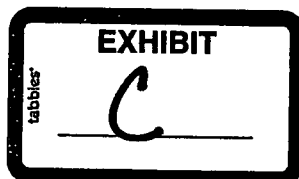
Invoice Number:	42447	Salesman:	INTERCOMPANY
Invoice Date:	06/24/13	Terms:	Net 30 Days
Customer:	MISS PHOS	Packing List:	42447
Order No:	42447	PO Number:	MPC-13000193

JOB 42447 - SUPPLY RECONDITIONED COPPUS RLVA20L TURBINE AS PER PROPOSAL 22986 AND CUSTOMER INSTRUCTIONS.

AS QUOTED \$31,525.00
CONWAY SHIPPING AND HANDLING \$ 249.29

TOTAL BILLING \$31,774.29

<u>Item</u>	<u>Quantity</u>	<u>Description</u>	<u>Revision</u>	<u>Unit Price</u>	<u>Amount</u>
1	1	RECON COPPUS RLVA20L TURBINE - Coppus RLVA20L Turbine		\$31,525.00 / EA	\$31,525.00
					Sub-total: \$31,525.00
					Sales Tax: \$0.00
Shipped Via ppd Conway# 354748450:					\$249.29
					Invoice Total: \$31,774.29
					Paid To Date: \$0.00
					Balance Due: \$31,774.29



BakerHostetler

Baker&Hostetler LLP

811 Main Street
Suite 1100
Houston, TX 77002-6111

T 713.751.1600
F 713.751.1717
www.bakerlaw.com

Thomas A. Donaho
direct dial: 713.276.1668
tdonaho@bakerlaw.com

January 26, 2015

VIA FIRST CLASS MAIL

BMC Group, Inc.
Attn: Mississippi Phosphates Corporation
Claims Processing
P.O. Box 3020
Chanhassen, MN 55317-3020

Re: **Case Number: 14-51667-KMS, Debtor: Mississippi Phosphates Corporation**
Proof of Claim of Hoerbiger Service, Inc. d/b/a Revak Turbomachinery Services

Dear Ladies and Gentlemen:

In connection with the above referenced Case Number and Debtor, enclosed please find Proof of Claim for Hoerbiger Service, Inc. d/b/a Turbomachinery Services.

Please return a copy of the Proof of Claim with your receipt file-stamp affixed thereto in the enclosed self-addressed, stamped envelope.

Thank you for your attention to this matter.

Sincerely,

Baker & Hostetler LLP



Thomas A. Donaho

Enclosures

Thomas A. Donaho

BakerHostetler

Baker & Hostetler LLP

811 Main Street
Suite 1100
Houston, TX 77002-6111

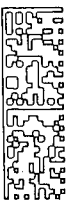
BMC Group, Inc.
Attn: Mississippi Phosphates Corporation
Claims Processing
P. O. Box 3020
Chanhassen, MN 55317-3020

mepost^{us}

01/26/2015

US POSTAGE

\$01.61¹²



ZIP 77002

04111219317

PERMITTED

JAN 30 2015

BMC GROUP