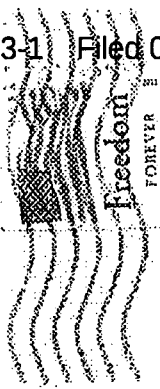


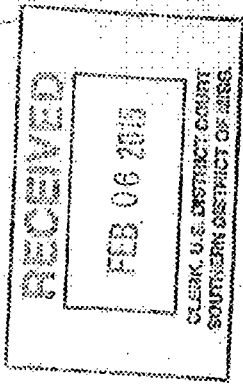
<b>UNITED STATES BANKRUPTCY COURT</b>		<b>PROOF OF CLAIM</b>
Name of Debtor: <u>MISSISSIPPI Phosphates Corp</u>		Case Number:
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative 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>Richard C. Green</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.  Court Claim Number: <u>14-51667-KMS</u> (If known)  Filed on: _____
Name and address where notices should be sent: <u>12009 Saracennia Rd, Moss Point, Ms 39562</u>		
Telephone number: <u>228-217-2153</u>		<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.
Name and address where payment should be sent (if different from above): <b>RECEIVED</b> <u>BMC GROUP</u>		
Telephone number:		U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF MISSISSIPPI FILED FEB - 9 2015 DANNY L. WILLEN, CLERK BY <u>[Signature]</u> DEPUTY CLERK
1. Amount of Claim as of Date Case Filed: <u>\$ 2,600.00</u>		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.
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 itemized statement of interest or charges.		Specify the priority of the claim.
2. Basis for Claim: <u>SEVERANCE 24 yrs service.</u> (See instruction #2 on reverse side.)		<input type="checkbox"/> 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: _____		<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).
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		<input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).
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.		<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).
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other		<input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).
Describe:		<input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)( ).
Value of Property: \$ _____ Annual Interest Rate _____ %		Amount entitled to priority: \$ _____
Amount of arrearage and other charges as of time case filed included in secured claim,		*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.
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>2/4/15</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>Richard C. Green Richard C. Green</u>	<b>FOR COURT USE ONLY</b>

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.

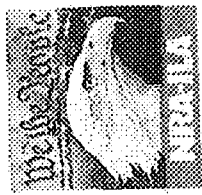




GULFPORT MS 395  
05 FEB 2015 PM 2:7



Mr. Richard C. Green  
12009 Sarcennia Rd.  
Moss Point, MS 39562-7759



*U.S. Court  
Dan M. Russell Court  
2012 15th Street  
Gulfport, MS 39501  
ATTN: Mr. S. Prosser  
Claimant*

*BK COURT*

## 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

<b>Creditor:</b> (3897454) RICHARD C. GREEN 12009 SARACENNIA RD MOSS POINT, MS 39562	<b>Claim No:</b> 113 <i>Original Filed</i> Date: 02/09/2015 <i>Original Entered</i> Date: 02/09/2015	<b>Status:</b> <i>Filed by:</i> CR <i>Entered by:</i> Wanda Watson <i>Modified:</i>
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Amount claimed: \$26000.00

**History:**

<b>Details</b>	113- 1	02/09/2015 Claim #113 filed by RICHARD C. GREEN, Amount claimed: \$26000.00 (Watson, Wanda )
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**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

<b>Total Amount Claimed*</b>	\$26000.00
<b>Total Amount Allowed*</b>	

\*Includes general unsecured claims

**The values are reflective of the data entered. Always refer to claim documents for actual amounts.**

	Claimed	Allowed
<b>Secured</b>		
<b>Priority</b>		
<b>Administrative</b>		