

Fill in this information to identify the case:

Debtor 1 Mississippi Phosphates Corporation

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Mississippi

Case number 14-51667-KMS

Official Form 410
Proof of Claim

04/16

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached 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. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor? Jerry Don Scudder Jr.
Name of the current creditor (the person or entity to be paid for this claim) _____
Other names the creditor used with the debtor _____

2. Has this claim been acquired from someone else?
 No
 Yes. From whom? _____

3. Where should notices and payments to the creditor be sent?
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Jonathan E. Sholtis</u> Name _____	_____ Name _____
<u>P.O. Box 1031</u> Number Street _____	_____ Number Street _____
<u>Mobile AL 36633</u> City State ZIP Code _____	_____ City State ZIP Code _____
Contact phone <u>251-432-6020</u>	Contact phone _____
Contact email <u>jsholtis@dshfirm.com</u>	Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one):

4. Does this claim amend one already filed?
 No
 Yes. Claim number on court claims registry (if known) 115 Filed on 02/11/2015
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?
 No
 Yes. Who made the earlier filing? _____

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor? No
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim? \$ 1,000,000.00. Does this amount include interest or other charges?
 No
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
 Limit disclosing information that is entitled to privacy, such as health care information.
workers' compensation claim - pending hearing

9. Is all or part of the claim secured? No
 Yes. The claim is secured by a lien on property.
Nature of property:
 Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment (Official Form 410-A)* with this *Proof of Claim*.
 Motor vehicle
 Other. Describe: _____
Basis for perfection: _____
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)
Value of property: \$ _____
Amount of the claim that is secured: \$ _____
Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)
Amount necessary to cure any default as of the date of the petition: \$ _____
Annual Interest Rate (when case was filed) _____ %
 Fixed
 Variable

10. Is this claim based on a lease? No
 Yes. Amount necessary to cure any default as of the date of the petition. \$ _____

11. Is this claim subject to a right of setoff? No
 Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check one:

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that 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.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 08/15/2016
MM / DD / YYYY

/s/Jonathan E. Sholtis

Signature

Print the name of the person who is completing and signing this claim:

Name Jonathan E. Sholtis
First name Middle name Last name

Title Attorney for Creditor

Company Deakle, Sholtis & Hamil, LLC
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address P.O. Box 1031
Number Street

Mobile AL 36633
City State ZIP Code

Contact phone 251-432-6020 Email jsholtis@dshfirm.com

MISSISSIPPI WORKERS' COMPENSATION COMMISSION
PETITION TO CONTROVERT

PLEASE COMPLETE ALL INFORMATION

MWCC #: 1205358

Claimant Name: Jerry Don Souder, Jr. Address: 6921 Pinchum Dr. City: Ocean Springs SSN: ██████ 1637	State: MS Zip: 39564 Date of Birth: ██████-██-██	Insurer Name: The Insurance Company of the State of Pennsylvania Address: 2595 Interstate Drive, Suite 103 City: Harrisburg State: PA Zip: 17110
Employer Name: Mississippi Phosphates Corp. Address: P.O. Box 849 City: Pascagoula State: MS Zip: 39568	Claims Administrator (TFA) Name: Charis Clifton Address: P.O. Box 2158 City: Alpharetta State: GA Zip: 30023 Phone: (770) 870-2508	

Comes now the claimant and controverts this cause and in support thereof alleges the following:

- On the 1st day of June, 2012, claimant received a compensable injury while in the employ of the captioned employer.
- Claimant's Occupation: supervisor Average Weekly Wage: at least \$1,215.27
- County and place of accident or illness: County: Jackson Place: Pascagoula
 - Nature of work in which claimant was engaged at the time of injury or illness: supervisor
 - Description of accident or illness and how it happened: explosion
 - Accurately describe the part or parts of body involved or injured, or type of occupational disease: both legs, abdomen
 - Date employer first notified of injury or illness and name and title of person notified: June 1, 2012
 - Name and addresses of witnesses: Jeffrey Duck, 814 McKinley Avenue, Pascagoula, MS 39567
- Names and addresses of attending physicians and hospitals with dates medical treatment rendered: Singing River Hospital, USA Medical Center
 - Was medical treatment furnished by employer? Yes No
 - Is medical treatment presently being furnished by employer? Yes No
- Compensation has has not been paid for temporary total disability from June 4, 2012 to present at the rate of \$ 438.68 per week
 - Period of temporary disability: June 1, 2012 to the present
 - Date of maximum medical improvement: maximum medical improvement has not been reached
 - Date able to resume employment: not able to resume employment at the time of filing this Petition to Controvert
 - Nature, degree and extent of permanent disability: undetermined
 - Loss of wage earning capacity, if applicable: undetermined
- Injury did did not result in death. Date of death (if applicable):
- Are penalties demanded: Yes No . If yes, why?
- Other matters in dispute are as follows:

This the 26th day of June, 2012

RECEIVED

JUN 27 2012

M. W. C. C.
RECEPTIONIST

Signature of Claimant or Representative
Name, address, phone number, & bar number of attorney:

Jonathan Sholtis, Esq. (MSB#99866)

Deakle, Sholtis & Hamll, LLC

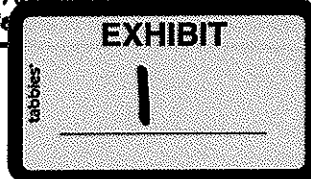
Post Office Box 1031

Mobilo, AL 36633

(251) 432-6020

MWCC Form B-5,11 (Revised 3-15-2008)

Medical records are no longer to be filed with the Petition to Controvert. A party to a controverted claim shall not file medical records with the Commission unless attached to a Prehearing Statement, or unless required by the Commission and attached thereto as an exhibit.



MISSISSIPPI WORKERS' COMPENSATION COMMISSION JACKSON, MISSISSIPPI

CLAIMANT: JERRY SCUDDER

EMPLOYER: MISSISSIPPI PHOSPHATES CORPORATION

MWCC FILE NO. 1205358-M-1175

INSURANCE CARRIER: THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

ANSWER TO PETITION

The Employer and/or Carrier above named, for answer to the Petition to Controvert herein, respectfully states:

1. It is Admitted that claimant sustained an injury or occupational disease on or about the date set forth in the Petition to Controvert.
2. It is Admitted that the relationship of employer and employee existed at the time of the alleged injury or occupational disease.
3. It is Admitted that the parties were subject to the Mississippi Workers' Compensation Act at the time of alleged injury or occupational disease. If denied, state reason: _____
4. It is Admitted that at the time of the alleged injury or occupational disease the employee was performing service growing out of and in the course of his employment.
5. It is Denied that the accident causing the disability for which compensation is claimed arose out of the alleged employment.
6. It is Admitted that notice of injury or occupational disease complained of in the Petition to Controvert was received.
7. It is Admitted that the employer was insured under the Mississippi Workers' Compensation Act at the time of alleged injury or occupational disease, or was a Self-Insurer under the Mississippi Workers' Compensation Act.
8. It is Denied that the average weekly wage as set forth in the Petition to Controvert is correct. If denied state average weekly wage and attach hereto a wage statement or state reason not furnished: to be furnished
9. It is Denied that claimant was temporarily disabled for the period stated in the Petition to Controvert. If denied stated temporary disability admitted. Undetermined.
10. It is Denied that claimant is permanently disabled to the extent and for the period stated in the Petition to Controvert. If denied state permanent disability admitted. Undetermined.
11. It is Denied that claimant sustained the loss of wage earning capacity stated in the Petition to Controvert. If denied state loss of wage earning capacity admitted. Undetermined.
12. Affirmative defenses, special pleadings or matters in dispute (use additional sheet if necessary) _____
Please see Exhibit "A".
13. Has any Compensation been paid to date? Yes If yes, state amount and inclusive dates: _____

This the 5th day of July, 2012.

IF EMPLOYER IS SELF-INSURED, STATE NAME AND ADDRESS OF SERVICING AGENCY:

CHARTIS
POST OFFICE BOX 1821
ALPHARETTA, GA 30023

Mississippi Phosphates Corporation, EMPLOYER
The Insurance Company of the State of Pennsylvania, CARRIER

Karl R. Steinberger
By: Karl R. Steinberger, Esquire
Address: P.O. Box 1407, Pascagoula, MS 39568



**BEFORE THE MISSISSIPPI WORKERS' COMPENSATION COMMISSION
MWCC NO.1205358-M-1175**

JERRY SCUDDER

CLAIMANT

VS.

MISSISSIPPI PHOSPHATES CORPORATION

EMPLOYER

AND

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

CARRIER

EXHIBIT "A"

1. All allegations in the Petition to Controvert which have not been expressly admitted or denied and Employer and Carrier demands strict proof of all such matters.
2. Employer and Carrier denies liability for all unauthorized medical treatment.
3. If the proof in this case establishes that the Claimant has a pre-existing physical handicap, disease or lesion which was occupationally disabling and the sole cause of Claimant's alleged disability, if any, or a material contributing factor thereto, Employer and Carrier asserts entitlement to apportionment pursuant to Miss. Code Ann. Section 71-3-7, Miss. Code of 1972 as amended.
4. If the proof in this case establishes an independent, intervening, non-industrial source of the alleged disability, if any, Employer and Carrier asserts that such independent, intervening, non-industrial source is the sole cause of the alleged disability, if any.
5. If the Employer and Carrier has overpaid temporary total disability benefits, then credit is demanded for such overpayment of benefits as against future liability, if any, respecting this claim.
6. Employer and Carrier expressly asserts all applicable statutes of limitations.

AMENDED PREHEARING STATEMENT OF CLAIMANT

- 1. *STYLE:* MWCC No.: 1205358-M-1175-D
Jerry Scudder v. Mississippi Phosphates Corp.
and The Insurance Company of the State of Pennsylvania
- 2. *CLAIMANT DOB:* [REDACTED] 1968 3. *ADDRESS:* 3807 Lincolnshire Street, Pascagoula, MS 39581
- 4. *EDUCATION:* Graduated from Moss Point High School in 1986.
- 5. *PRIOR JOBS/OCCUPATIONS:* Stock person, automotive painter, patrolman, apprentice electrician, field operator, shift supervisor
- 6. *DATE OF INJURY:* On or about June 1, 2012 7. *ADMITTED INJURY:* Yes 8. *AWW:* At least \$1,215.27.
- 9. *CLAIMANT'S OCCUPATION ON DATE OF INJURY:* supervisor
- 10. *HOW INJURY OCCURRED and BODY PARTS FOR WHICH CLAIM IS MADE:* Claimant injured both legs, both feet and his abdomen when a turbine exploded.

11. *DATES and RATES OF TTDB and PDB PAID TO DATE:*
Temporary total disability benefits in the amount of \$438.68 per week paid from June 4, 2012 through the present.

12. *SURGICAL PROCEDURES PERFORMED AND DATES OF SURGERY PER SURGEON*

1) On June 1, 2012 Dr. Perry performed the following procedures to Claimant's Left Lower Extremity:

- a) Open treatment of distal tibial articular surface, and lateral malleolus
- b) external fixation of tibial shaft fracture
- c) open treatment of subtalar joint disruption
- d) open treatment of ankle dislocation using the same external fixator
- e) open treatment of talar dome fracture
- f) irrigation and debridement of open tibia fracture, including excision of bone number
- g) irrigation debridement of open talus fracture, including excision of bone
- h) application of negative pressure dressing

On June 1, 2012 Dr. Perry performed the following procedures to Claimant's Right Lower Extremity:

- a) open treatment with internal fixation of right calcaneal cuboid dislocation
- b) open treatment with internal fixation of the cuboid 4-5 articulations
- c) open treatment of the 1st TMT to medial cuneiform dislocation
- d) open treatment of the medial cuneiform to the navicular dislocation
- e) open treatment to the talus to the navicular dislocation

RECEIVED
JUL 22 2016
DOCKET ROOM
M.W.C.C.



- f) open treatment of the medial to middle cuneiform dislocation
- g) open treatment of the middle to the lateral cuneiform dislocation
- h) open treatment of the lateral cuneiform to cuboid dislocation

The following bones had open fractures which were treated with irrigation and debridement including removal of bone and other open fracture contents:

- a) Calcaneus
- b) Cuboid
- c) The 1st metatarsal
- d) Second metatarsal
- e) Third metatarsal
- f) Fourth metatarsal
- g) The medial cuneiform
- h) The middle cuneiform
- i) The lateral cuneiform

Additionally, the talar neck fracture was treated with internal fixation with a 220 mm medial column K-wire.

- 2) On June 4, 2012 Dr. Perry performed irrigation and debridement including bone of left open pilon fracture and bone of right multiple foot fractures
- 3) On June 6, 2012 Dr. Aaron Mates performed irrigation and debridement of left distal open wound, left lower extremity, with splinting of right lower extremity and evaluation
- 4) On June 27, 2012 Dr. Perry performed suture removal to bilateral lower extremities as well as eschar debridement with a pick-up and scissors
- 5) On August 20, 2012 Dr. Perry performed: (1) removal of external fixator under anesthesia; (2) pin removal; (3) M.D. Interpretation of fluoroscopic images
- 6) On September 24, 2012 Dr. Perry performed: (1) irrigation and debridement of right foot wound with excision of bone; (2) wound VAC placement to the right foot; (3) cast change under anesthesia
- 7) On January 9, 2013 Dr. Grant Zarzour performed: (1) deep hardware removal, left ankle; (2) irrigation and debridement with closure of right foot wound; (3) MD review and interpretation of C-arm images
- 8) On January 28, 2013 Dr. Perry performed: (1) osteotomy of distal tibia to remove protruding tibial bone; (2) retreatment of the tibial nonunion/malunion with an additional 200% time/effort/difficulty secondary to the degree of deformity, the extensive bone loss and poor quality of the bone; (3) imaging interpretation of fluoroscopic images; (4) incidental removal of 1 screw from the distal tibia
- 9) On December 9, 2013 Dr. Perry performed: (1) open treatment of left tibia with autograft from the lateral proximal tibia for treatment of nonunion; (2) removal of hardware, right foot
- 10) On September 8, 2014 Dr. Perry performed: (1) ankle fusion with increased level of difficulty of 200% secondary to prior injury, length of time, soft tissue issues; (2) talus osteotomy; (3) application of manual stress for radiography; (4) lateral malleolar osteotomy
- 11) On April 15, 2015 Dr. Perry performed: (1) R foot reconstruction including fusion of the 1st TMT joint, second TMT joint as well as 2nd naviculocuneiform joint; (2) patient also had a 2nd metatarsal osteotomy; (3) dorsal capsulotomy of the 1st MTP joint with tenolysis of EHL and

EHB due to significant scarring; (4) increased level of difficulty due to significant amount of scar tissue as well as the chronicity of the injury as well as foot deformity

12) On May 9, 2015 Dr. Perry performed: (1) irrigation and debridement with excision of skin and subcutaneous tissue with scraping of bone; (2) application of negative pressure dressing less than 50 sq cm; (3) removal of sutures under general anesthesia

13) On May 11, 2015 Dr. Perry performed: (1) irrigation and debridement, including bone of a wound measured to be 5 x 4 cm; (2) application of negative pressure dressing

14) On May 13, 2015 Dr. Perry performed irrigation and debridement including bone of 6 x 5 cm wound

15) On December 16, 2015 Dr. Perry performed: (1) removal of deep hardware, medial incision; (2) removal of deep hardware, central incision; (3) removal of deep hardware, lateral insert; (4) application of manual stress for joint radiography

13. MMI DATE(S); PERMANENT IMPAIRMENT RATINGS and PERMANENT WORK RESTRICTIONS PER DOCTOR:

(1) Claimant was placed at MMI on March 4, 2016 by Dr. Perry.

(2) He was assigned a 40% whole person impairment rating by Dr. Mark Perry on June 2, 2016. Specifically, 68% to the left lower extremity impairment which equals a 27% whole person impairment and a 44% right lower extremity impairment which equals an 18% whole person impairment.

(3) Permanent work restrictions:

Dr. Perry assigned permanent work restrictions per the Functional Capacity Evaluation performed at Physical Therapy Center of Ocean Springs on March 29, 2016 and March 30, 2016.

In addition to the restrictions listed on the FCE report, in his office note dated June 2, 2016 Dr. Perry further assigned a restriction that Claimant would need the ability to control his lower extremity edema by sitting or lying with his leg in somewhat of an extended position in order to allow fluid drainage of both his right and left extremities when in a dependent position as needed.

14. EXPERTS WHO WILL BE DEPOSED and DEPOSITION DATES:

Dr. Mark Perry was deposed on March 21, 2014 and September 29, 2015.

15. ISSUES, INCLUDING AFFIRMATIVE DEFENSES and DISPUTES OVER UNPAID MEDICALS

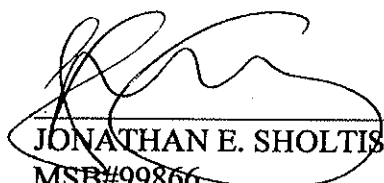
1. Nature and extent of work related injury.
2. Nature and extent of disability
3. Nature and amount of compensation due Claimant.
4. Whether Claimant has suffered a total loss of industrial use of both feet and/or both

legs thereby becoming entitled to permanent total disability compensation pursuant to §71-3-17(a).

16. COUNSEL HEREBY VERIFIES TO THE COMMISSION THAT HE/SHE HAS
a. SUPPLEMENTED DISCOVERY RESPONSES PER MRCP RULE 26,
b. ATTEMPTED TO CONFER WITH OPPOSING COUNSEL REGARDING THE PROSPECTS FOR SETTLING THIS CASE THROUGH MEDIATION BUT HAS NOT LEARNED OPPOSING COUNSEL'S POSITION ON MEDIATING THIS CASE.

17. IF NOT, WHY NOT?

18. ATTACHMENTS: Attachments 1-7 attached.



JONATHAN E. SHOLTIS
MSB#99866
ATTORNEY FOR CLAIMANT

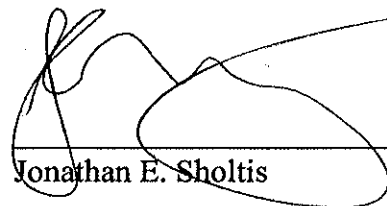
7/19/16

DATE

CERTIFICATE OF SERVICE

I do hereby certify that I have this 19th day of July, 2016 served a copy of the foregoing pleading on counsel for all parties by placing a copy to each in the United States mail, first class, postage prepaid as follows:

Karl R. Steinberger, Esq.
P.O. Box 1407
Pascagoula, MS 39568-1407



Jonathan E. Sholtis

RECEIVED
JUL 22 2016
DOCKET ROOM
M.W.C.C.

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

Creditor: (3898315) Jerry Don Scudder Jr. c/o Jonathan E. Sholtis, Esq. Deakle, Sholtis & Hamil, LLC P.O. Box 1031 Mobile, AL 36633	Claim No: 115 <i>Original Filed</i> Date: 02/11/2015 <i>Original Entered</i> Date: 02/11/2015 <i>Last Amendment Filed:</i> 08/15/2016 <i>Last Amendment Entered:</i> 08/15/2016	Status: Filed by: CR Entered by: Jonathan E Sholtis Modified:
Amount claimed: \$1000000.00		

History:

Details	115-1	02/11/2015	Claim #115 filed by Jerry Don Scudder Jr., Amount claimed: \$1000000.00 (Sholtis, Jonathan)
Details	115-2	08/15/2016	Amended Claim #115 filed by Jerry Don Scudder Jr., Amount claimed: \$1000000.00 (Sholtis, Jonathan)
<i>Description:</i> (115-1) workers' compensation claim - pending hearing (115-2) Amended Proof of Claim			
<i>Remarks:</i> (115-2) Workers' Compensation Claim - Pending Hearing on 10/20/2016			

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*	\$1000000.00
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		

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DIVISION OF MISSISSIPPI**

**In re: Mississippi Phosphates Corporation
Case No. 14-51667**

DOCUMENTS APPENDED TO CLAIM

On 8/18/16, the document(s) identified below were appended to Claim 206 for the reason(s) indicated:

- Stipulation/Order: Docket No. _____.
- New Supporting Document(s).
- Letter dated _____ requesting of Withdrawal of Claim No. _____.
- Notice of Withdrawal of Claim filed _____, Docket No. _____, for Claim No. _____.
- Other: Amended claim has been filed and assigned image number 206-2.

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-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): Jerry Don Scudder Jr.		
Name and address where notices should be sent: Jonathan Sholtis P.O. Box 1031 Moble, AL 36633		COURT USE ONLY
Telephone number: (251) 432-6020 email: jsholtis@dshfirm.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):		<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.
Telephone number: _____ email: _____		
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px;">FEB 17 2015</div> <div style="border: 1px solid black; padding: 5px;">BMC GROUP</div> </div>		
1. Amount of Claim as of Date Case Filed: \$ <u>1,000,000.00</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>workers' compensation claim - pending hearing</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	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.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____
Value of Property: \$ _____		Amount of Secured Claim: \$ _____
Annual Interest Rate _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		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		

MISS PHOSPHATES

 00206

B10 (Official Form 10) (04/13)

2

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: Jonathan E. Shollis

Title: Attorney

Company: Deakle, Shollis & Hamil, LLC

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

/s/Jonathan E. Shollis

02/11/2015

(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.

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

Creditor: (3898315) Jerry Don Scudder Jr. c/o Jonathan E. Sholtis, Esq. Deakle, Sholtis & Hamil, LLC P.O. Box 1031 Mobile, AL 36633	Claim No: 115 <i>Original Filed</i> Date: 02/11/2015 <i>Original Entered</i> Date: 02/11/2015	Status: <i>Filed by:</i> CR <i>Entered by:</i> Jonathan E Sholtis <i>Modified:</i>
---	--	---

Amount claimed: \$1000000.00

History:

Details: 115- 02/11/2015 Claim #115 filed by Jerry Don Scudder Jr., Amount claimed: \$1000000.00 (Sholtis, Jonathan)

Description: (115-1) workers' compensation claim - pending hearing

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*	\$1000000.00
------------------------------	--------------

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		